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7-1-2021


## Identity Transformation Through Substance Use Disorder Recovery: Introducing the Six Stage Model

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### Recommended APA Citation

Watkins, N., McNeill Brown, A., & Courson, K. (2021). Identity Transformation Through Substance Use Disorder Recovery: Introducing the Six Stage Model. *The Qualitative Report*, 26(7), 2127-2151.  
<https://doi.org/10.46743/2160-3715/2021.4918>

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## Identity Transformation Through Substance Use Disorder Recovery: Introducing the Six Stage Model

### Abstract

Narratives of substance use disorder recovery experience can provide useful qualitative conceptual categories and novel theories about the way in which recovery is experienced by individuals. This information can better inform definitions, concepts, and supports for recovery processes. The current study reviewed 30 written personal recovery biographies which were contained within student applications to the collegiate recovery program housed in the Center for Young Adult Addiction and Recovery at Kennesaw State University. Using grounded theory methodology, common benchmarks, or topographic recovery features were revealed involving the evolution of identity as an inter-negotiated process throughout the addiction and recovery biographies (Charmaz, 2008; Glaser & Strauss, 2017). From this, a six-stage theory model of recovery identity is formulated and explored. The biographies contained accounts from pre-substance use through the full embracement of a recovery identity. This model may help to serve recovery program managers to classify incoming individuals, identify and address needs, and facilitate innovative programming to meet such needs as they relate to the identity transformation process.

### Keywords

recovery, identity, substance use disorder, collegiate recovery, narrative analysis, qualitative inquiry, grounded theory, six stage model

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### Acknowledgements

This paper is dedicated to individuals in recovery from substance use disorders, those who have not yet found recovery, and those who have lost their lives to this disease. It is the authors hope that this work provides framework to support individuals in their unique recovery processes and to normalize recovery in our society.

# Identity Transformation Through Substance Use Disorder Recovery: Introducing the Six Stage Model

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Narratives of substance use disorder recovery experience can provide useful qualitative conceptual categories and novel theories about the way in which recovery is experienced by individuals. This information can better inform definitions, concepts, and supports for recovery processes. The current study reviewed 30 written personal recovery biographies which were contained within student applications to the collegiate recovery program housed in the Center for Young Adult Addiction and Recovery at Kennesaw State University. Using grounded theory methodology, common benchmarks, or topographic recovery features were revealed involving the evolution of identity as an inter-negotiated process throughout the addiction and recovery biographies (Charmaz, 2008; Glaser & Strauss, 2017). From this, a six-stage theory model of recovery identity is formulated and explored. The biographies contained accounts from pre-substance use through the full embracement of a recovery identity. This model may help to serve recovery program managers to classify incoming individuals, identify and address needs, and facilitate innovative programming to meet such needs as they relate to the identity transformation process.

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## Introduction

Collegiate Recovery Programs (CRPs) provide support for students living in long-term abstinence-based recovery within the "abstinence-hostile" environment of higher education (Cleveland et al., 2010). CRPs support students in two fundamental ways: providing academic support and supporting the student's recovery, in turn fostering significant recovery capital. CRP students have a low inter-semester relapse rate of approximately 8%. CRP students also have higher grade point averages, retention rates, and graduation rates at both the institutional and national levels (Bugbee et al., 2016).

The Center for Young Adult Addiction and Recovery (CYAAR) at Kennesaw State University (KSU) is a CRP in Kennesaw, Georgia. Full CRP membership benefits include access to scholarships, priority registration, personalized academic advising, and various on-campus recovery supports. The CRP application includes a written recovery biography and demographics, history, academic advising notes, application form, signed waiver for the use of packet information for research, a commitment to recovery contract, and two letters of recommendation. The focus of this research was to identify the topographical elements that make individuals successful in their recovery journeys through exploration of personal recovery biography or PRB. Similar biographies are referred to as "recovery narratives" in previous literature (Dunlop & Tracy, 2013; McIntosh & McKeganey, 2000; Prochaska et al., 1992; Singer et al., 2013; Sremac & Ganzevoort, 2013). PRBs provide a written account of the

applicant's active use and evidence of their growth in recovery. In general, the PRBs were modeled after the dominant substance use disorder recovery paradigms; namely the "ruin to redemption" 12-Step format (McConnell & Snoek, 2018; McIntosh & McKegany, 2000). In this way, reframing personal adversity, and a devalued sense of self becomes the chief transformative agent for positive change (McConnell & Snoek, 2018). Researchers analyzed the PRBs of former student CRP members to surmise what major benchmarks, events, concepts, or themes (i.e., topography) were present within the narratives.

Analysis of these biographies opens with the intent of yielding novel theory that is rendered through grounded theory methods outlined by Glaser and Strauss (2017). This opening relied on the more objectivist lens, in that separate and apart from how the researchers themselves may be positioned, methodological rigor relies on a step-by-step process. Further exploration incorporated Charmaz (2008) in that the initial iterative coding bifurcates into uniform surface themes, and a deeper set of constructivist themes. These uniform surface themes are a product of commonalities among the biographies, namely shared group membership, common intent, and shared social processes, whereas the deeper social constructions involve forms of power, ways of being, and hierarchical arrangements. Thus, introduction of the researchers back into the fray serves two chief purposes. The objectivist lens offers an idea of "what" we are seeing, and the researchers themselves have situated and reflexive knowledge as to "how" and "why" these uniform surface themes exist, where they emanate from, and how these uniformities affect the style, form, language, incorporated by authors of these biographies (Charmaz, 2008, pg. 398). Taken together, objectivist lenses illuminate what exists in the text as common themes, this compels the researcher to then apply their reflexive positionality as part of the procedural analysis. Ultimately this is essential to unearthing deeper aspects of the narratives. Whereas a recovery naïve researcher, with no knowledge of collegiate recovery, may have been drawn to these alluring commonalities, we understood these objective uniform commonalities as a product of social forces we were familiar with, and, therefore, could bracket or suppress these initial layers to get at deeper elements, namely common topographical elements of identity and the identity processes.

### **Reflexive Statement**

All authors have an affiliation with collegiate recovery in some respect as either students, community members, or employees. All authors are also in long-term recovery from substance use disorders. While this presents an obvious challenge to the validity, it is essential to note that the goal of our analyses was to go beyond the classic findings of recovery biographies mentioned in the introduction, superseding the more obvious emergent concepts and themes. The two primary obstacles we had to overcome were the heavy influence of 12-step language, framework, and style, and the implicit power dynamics involved in the application process whereby such biographies "prove" an applicant's recovery. We were not the intended readers of the PRBs. These essays were written to gain entrance into the CRP and the collegiate recovery program's ensuing benefits. As such, we considered ourselves "credible insiders" who could look beyond these dynamics to establish and discover deeper elements of the PRBs that unaffiliated or impartial researchers may not be able to suppress due to their lack of parlance, familiarity with 12-step processes, or of CRP admission process knowledge. Our positionality regarding the research is that we are an ethnocentric team of Caucasian, college-educated individuals with a high degree of social capital who have experience in and around recovery and collegiate recovery programs. Courson and Watkins were graduate research assistants and members of the KSU CRP with Watkins being a former CRP member and employee at another institution, and Brown was a KSU CRP employee and a former CRP

student at another institution. To avoid bias, the PRBs were chosen by Brown from an application period several years before all three researchers' involvement in the KSU CRP.

### Literature Review

Several key areas were identified in both the literature reviews of existing CRP studies and in the meta-synthesis of qualitative CRP literature (Brown et al., 2018). These include navigating the binary created by the conflict of an abstinence-based lifestyle in an ecology dominated by a discourse of "partying" on campus, developing social relationships supportive of recovery, and meeting the academic challenges of higher education while balancing a recovery lifestyle.

Current research on collegiate recovery lacks qualitative accounts of individual student recovery experiences *before* applying to a collegiate recovery program. While some research has captured descriptive information such as treatment history, mental health history, and recovery affiliations (Laudet, Harris, Winters et al., 2015), no studies have been initiated that capture individual stories of recovery for future CRP students.

The limited studies of general recovery narratives have been compelling. Narrative studies on recovery contain predictive elements (Dunlop & Tracy, 2013) and provide characterizations of recovery narrative typology (Hanninen & Koski-Jannes, 1999). More importantly are the influences of such narratives as a heuristic function of recovery itself (Giddens, 1991; Riessman, 1993; Singer et al., 2013), with narratives serving as a function of identity negotiation (Sremac & Ganzevoort, 2013), and narratives serving as a means of creating congruence while aligning new values and meanings with recovery group ideology (Martin, 2002). Identity Transformation is discussed by Biernacki (1986) as a critical recovery process that lies in the individual coming to understand that their damaged self must be restored with a reawakening of the individual's old identity concurrent with establishing a new one.

Upon completing the current research study, another literature review was conducted, and uncovered a near-identical GT narrative analysis conducted within the Alaska Native population. Mohatt et al. (2007) developed a six-stage recovery model that aligns with the current CRP research under discussion. The remarkable similarities in models developed validate findings from both analyses.

### Methods

The researcher's main goal was to glean authentic meaning in the PRBs beyond both the hierarchical appeal to authority and beyond the 12-Step structural frame's influence to reveal deeper conceptual structures and theories. The lead researcher, Brown, conducted an initial literature review on qualitative collegiate recovery research, general qualitative recovery research, qualitative research on higher education, and 12-Step qualitative research.

From the pool of selected applications (initially  $n=13$ ), the lead researcher redacted all identifying information. The redacted files were then coded with numbers 1-10, with three narratives discarded due to incompleteness. For rounding purposes, the entirety of each CRP application was considered in full, thus placing the PRB in the context of other data points such as age, sexual orientation, mental health history, and recovery length. Upon the addition of research team members, 20 more narratives were chosen at random. The current research examined  $n=30$  applications to the collegiate recovery program at Kennesaw State University's Center for Young Adult Addiction and Recovery. Each author accepted 10 files to review independently. Notable information, including demographics, history of substance use, treatment history and type, mental health and history, and academic history, were recorded. Once categorical saturation was achieved in the first 10 PRBs, the researchers formulated

interpretations then cross-referenced their memos with the remaining 20 PRBs; the researchers reconvened and discussed the conceptualized categories. Common findings were analyzed collaboratively using contextual analysis and categorical coding.

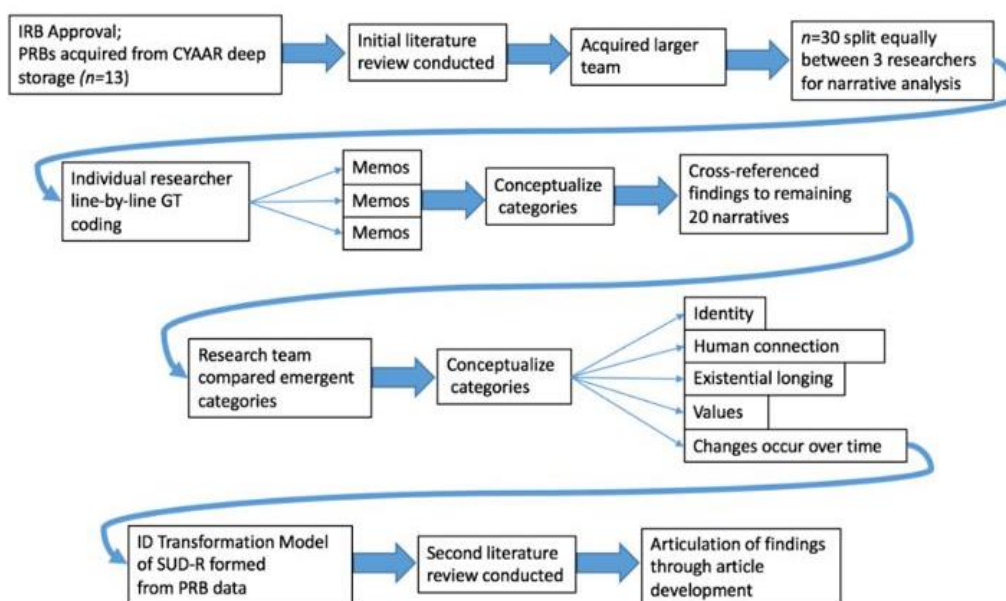
Grounded Theory (GT) methodology, specifically Charmaz's (2008) method, was employed to discover a novel theory that phenomenologically and ontologically emerges from patterns, conceptualized categories, meanings, and interactions between qualitative data captured. The generation of novel theory, or hypothesis, results from the analysis rather than more empirical forms of scientific hypothesis testing (Charmaz, 2008, p. 161). Text is coded, then grouped and sorted in ways that allow deeper relationships to emerge (Glaser & Strauss, 2017). This grouping and sorting are instrumental when examining formulaic stories such as PRBs. See Table 1.0 for full GT process of this research study.

While qualitative researchers such as Strauss and Corbin (1994) insist that actual data is only partly explanatory; thus, relying on the researchers' reflexive interpretation, Charmaz (2008) introduces the role of social constructivism and the separation between the researcher and the subject. The experiential overlap between the researchers and the subject in this study allowed for the incorporation of reflexive knowledge in line with Strauss and Corbin (1994) and Charmaz (2008) in the following ways: (a) Explore deeper relationships of recovery as a process or collection of processes, (b) Account for the power dynamics of the biographies themselves, and (c) Engage the stories and central organizing elements as they unfold through each PRB and across the sample of PRBs as a whole. These aims allow for the researchers to establish "what," "why," and "how" (Charmaz, 2008) of change for individuals in addiction recovery as told by themselves.

For the data to present novel theory, the researchers agreed that the dominant formulaic themes (12-step ideology) of the PRBs should be set aside, along with any emergent features reflective of the power dynamics inherent in the PRBs as "proof of recovery" for admission into the CRP, should also be set aside. While these factors are essential in how the structure, shape, and conveyance of the PRBs are written, the researchers agreed that deeper contextual understandings of what recovery means to individuals, why individuals entered and stay in recovery, and how this has come to manifest, is ultimately the more critical phenomenological frame for this study.

**Table 1.0**

*Grounded Theory Process Model*





As shown in Table 1.0, initial coding by Brown established the major linguistics, themes, and style that is common in ruin to redemption recovery narratives. These included the mentioning of treatment, relapse, step work, sponsorship, meetings, and common phrases such as "one day at a time" and others. Seeking to move beyond these elements, Watkins and Courson were tasked with individual coding, and results were compared with the primary researcher findings. Saturation occurred mostly around two thematic poles—terms and concepts of change and identity. Each researcher had significant data evidence that fell into either category, linkages between the two, and consensus were achieved among all three researchers as to the bipolar organization of identity and transformation. Transformation and change are generally linked to concepts of time and relationships, which then informed alterations to identity. Thus, in the final analysis, identity was considered the primary theory as a time and change product. Furthermore, identity is evidenced primarily through relationship narratives.

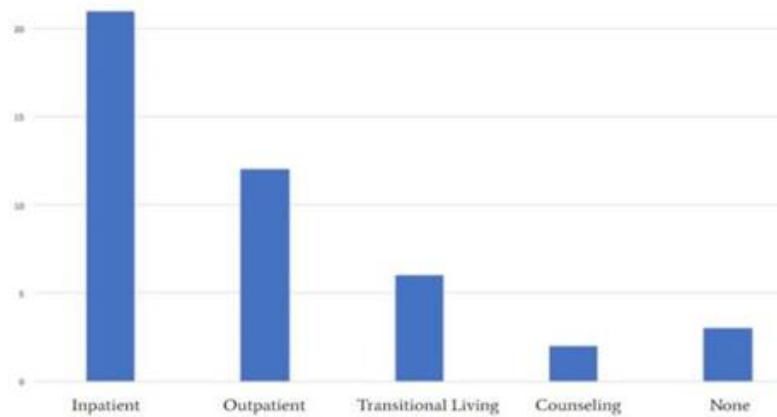
## Data

The demographics of the PRBs examined are listed in Tables 1.1, 1.2, and 1.3; all demographics are self-reported. The near-equal delineation between genders was preferred for rounding but not representative of the current CRC population of the Kennesaw State University CRC, which is 66.67% male and 33.3% female as of February 2018 (CYAAR, 2018). Over 90% have previous college experience before applying to the CYAAR. Previous research indicated that academic disruption in SUD populations is common (Laudet, Harris, Kimball et al., 2015). In our sample, primary diagnoses ranged from polysubstance and process addictions such as self-harm and disordered eating behaviors. This multiplicity of mental health and SUD diagnosis is an accurate representation of the growing diversity in addictive disorders supported at the CYAAR.

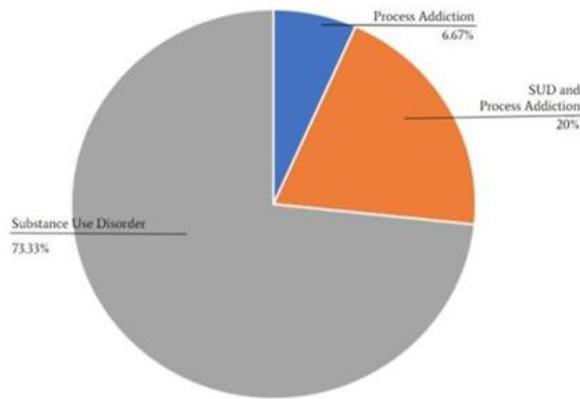
**Table 1.1**  
*Demographics*

<p><b>Gender</b></p> <ul style="list-style-type: none"> <li>•Male: 46.67%</li> <li>•Female: 53.33%</li> </ul>	<p><b>Recovery Time</b></p> <ul style="list-style-type: none"> <li>•&lt;1 year: 73.33%</li> <li>•&gt;1 year: 26.67%</li> </ul>	<p><b>Secondary School</b></p> <ul style="list-style-type: none"> <li>•HS Diploma: 76.67%</li> <li>•GED: 10%</li> <li>•No data: 13.33%</li> </ul>
<p><b>Age</b></p> <ul style="list-style-type: none"> <li>•Range: 19-55</li> <li>•Mean: 25.6</li> <li>•Median: 24</li> <li>•Mode: 25</li> </ul>	<p><b>History of Arrest</b></p> <ul style="list-style-type: none"> <li>•Yes: 50%</li> <li>•No: 46.67%</li> <li>•Not reported: 3.33%</li> </ul>	<p><b>Previous Higher Education</b></p> <ul style="list-style-type: none"> <li>•Some: 93.33%</li> <li>•None: 6.67%</li> </ul>

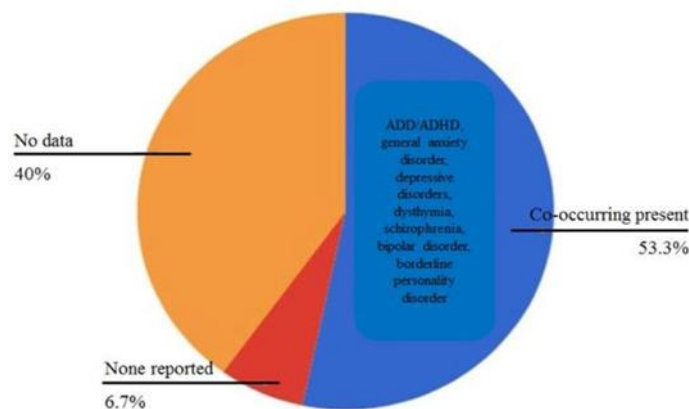
**Table 1.2**  
*Treatment Modalities*



**Table 1.3**  
*Types of Disorders*



**Table 1.4**  
*Presence of Co-Occurring Disorders*



In Table 1.4, the high number of "no data" entries are a result of differences between more recent and previous versions of the application that did not include questions relating to the occurrence of co-morbid mental health concerns. The presence of co-occurring mental health conditions in student applicants is likely greater than the available data indicated in this study due to the large amount of "no data" files.



### Findings

The *Identity Transformation Model of Substance Use Disorder Recovery* proposes topographical benchmarks that characterize and create a framework for understanding the progression of the conception of self through the adoption of recovery values for student applicants to the CRP. The major categories included, in chronological order, *Baseline Identity*, *First Use*, *Assimilated Identity*, *Moment of Clarity*, *Early Guided Agency*, and *Recovery Identity*, with subcategories in the last two stages in which *Potential Relapse* exists. Further dissemination of themes exists within each benchmark and characterize each phase of the Identity Transformation process. The Identity Transformation Model of Substance Use Disorder Recovery emerged from the data (see Table 1.5).

The model emerged from the clustering around transformative change and identity. The context of each stage was identifiable mostly through the temporality and contextual framework of the narratives themselves. However, in the more profound GT process of discovery, additional relationships emerged. A great example is the baseline identity stage, whereby all the narratives preset the stage of transformative change by designating the conditions of their lives before the onset of addiction. This condition served as an a priori and was an initial coding discovery. The PRBs discussed this preset in positive or negative characterizations of their youth. This comparison to the previous state then would be an example of next-level coding. However, the characterizations of their upbringing (whether in positive or negative terms) mattered little when taken in aggregate. A concurrent theme across all PRBs in the sample involved a pervasive sense of existential lacking. This latter point is an example of the deeper relationship revealed through the GT analysis. The next section discussed each phase of the model in depth.

See Table 1.5: Identity Transformation Model of Substance Use Disorder Recovery for cohesive reference of the six stages.

**Table 1.5**  
*Identity Transformation Model of Substance*

Stage 1: Baseline Identity	Stage 2: First Use	Stage 3: Assimilated Identity	Stage 4: Moment of Clarity	Stage 5: Early Guided Agency	Stage 6: Recovery Identity
Demographics	Sense of connection with the substance or high	Actively using substances	Brief, does not always lead to Stage 5, may return to Stage 3	Substance free	>1 year abstinent from substances
No substance use	Pleasurable experience of substance use	Protection of substances	Can be experienced many times	Baseline identity problems resurface and are addressed	New perception of human connection
Family System	Satisfaction not previously known	Anthropomorphism	Mortality concerns become more important than social	Publicly negotiated change	Embracing bidirectional relationships
Learned codependency	Lacking/longing fulfilled	Self-serving connections	Social loss	Evidence through others	Become guiding agency for others
Sense of lacking/longing	Relief	Social systems shift towards substances	Material loss	Learning bidirectional relationships	Abide by social norms
Trauma, loss, and/or separation	Priority renegotiation of values and substances	Angst	Anxiety	Building community ties	Compassion
Core values developed		Yearning	Extreme tension between behaviors and values	External locus of control	Trust
		Tension	Consequences are presented	Learn management of feelings associated with Assimilated Identity	Integration of spirituality
		Seeking satisfaction of first use		Counterintuitive	Purpose
		Motivation shift		Uncomfortable	Acceptance
		Prioritize substance over core values		Introduction of spirituality	Hope
				Trust	Gratitude
				Hope	Achievement
				Introduce concept of finding purpose	Internal locus of control
				Face consequences	Exemplifies values of recovery
				Make amends	Honesty
					Integrity
<b>Key:</b>					
Human Connection: Purple					
Existential Longing: Green					
Values: Gold					
Quantitative measures: White					
				<b>Stage 5a: Return to Use</b>	<b>Stage 6a: Return to use</b>
				Moderate risk of relapse	Low risk of relapse

## **Stage 1: Baseline Identity**

The “Baseline Identity” phase of the model presents foundational topography and general positive or negative trends and sets the position from which the rest of the biography will be contrasted. The stage begins by illustrating the desired conception of themselves before the onset of their substance use. Students targeted and illuminated a conceptual foundation that outlined significant factors of their early lives deemed relevant for the recovery authority to glean the desired understanding. Research exists extensively on identity development in adolescence and is widely regarded as a critical and even pivotal moment in identity development through the lifespan (Erikson, 1968; Josselson, 1987; McCabe et al., 1991). Adolescents who manage to escape this phase in identity development without major complications do so possessing higher degrees of self-esteem, moral reasoning, discovering their interest and developing talents, and recognizing future possibilities (Deaux & Burke, 2010; Kroger, 2007).

Conversely, other scholars have found that those adolescents who cannot complete successful identity development at this stage have severe consequences for the lifespan that include feelings of hopelessness, negative time management skills, academic challenges, and substance use (Archer & Waterman, 1990; Schwartz et al., 2005). This latter finding validates the current study of PRBs of adolescents who have experienced substance use disorder. These PRBs varied from very troubled to ideal childhoods. Some of the students gave descriptions of their families as very healthy and well-rounded family systems:

... it is sickening at times to think of all I threw back in the faces of loving, caring, supportive, stable, all-things-one-looks-for-in-a-parent, parents. I never wanted or needed anything. The best schools, vacations, really an all-around upbringing centered on faith and family. (PRB 26)

I was raised in an amazing family, and I always knew I was one of the lucky ones. (PRB 25)

Conversely, some of the students cited awareness of their apparent perceived lack of familial ties and health. They seemed to understand these early losses and trauma experiences as contributors to the existential longing they felt and consequently setting the stage for their substance use:

I lived in a pretty dysfunctional family. My parents divorced when I was 7 and were constantly fighting bringing me into the middle of it. They were both alcoholics, especially my dad. (PRB 15)

My childhood was split down the middle between careless summers, and the abuse that happened behind closed doors. (PRB 20)

In either circumstance, it was evident that the students conceived their family backgrounds as integral to their framework of identity and conception of their original self. This finding agrees with existing major research on identity formation in adolescence. The parents were considered of paramount importance and influence on child identity development (Beyers & Cok, 2008; Beyers & Goossens, 2008; Erikson, 1968; Smits et al., 2008). Schachter and Ventura (2008) assigned parents the name "identity agents" to depict the significance of adolescent identity formation. Some of the narratives described disruptions in the parent-child relationship:

My life's turmoil was compacted with news that my dad wasn't my real father. My identity was going through crisis after crisis. (PRB 21)

So, we packed up everything, and that's what brought us to [current residence]. I hated being down here. All I wanted was to be near my family and Mommom in [previous residence]. (PRB 29)

We moved to [new city] before kindergarten started & things seemed great from a kid's perspective... In the summer of third grade mom & dad sat us down & said they were getting a divorce which was a word I had never heard & didn't know what it meant. When they told us my mom & dad were going to live different places, my life as I knew it, shattered. (PRB 27)

This loss is significant due to its integration within the base structure of their identity construction or their original self. Other losses are in the form of separation from some sort of social identity or community:

I was constantly moving and floating between geographic locations and social circles. My identity was based off the crowd I chose to surround myself with that day. (PRB 21)

Youth group was a huge part of my life and Jesus was my guiding force. I was involved in church, mission work, trips, bible studies you name it. This part of my life is very crucial to my story. See being involved in everything kept busy and gracefully sheltered. (PRB 25)

Peer groups' significance to the identity development of adolescents is apparent in the PRBs and is described in previous literature (Josselson, 1987; MacPherson et al., 2016). Since parental influence and peer groups are so influential to identity development as validated in previous studies, it is inferred by these findings and understood through the PRB data to indicate that loss of one or both influences would disrupt the fragile identity of adolescents.

If trauma is present within the PRB, it was discussed as necessary in the development of the self and how the subject understands and perceives the otherwise unknown causes for internal longing and sadness that is part of their experience of existence.

I spent 13 years in that home, where my mother hit me, dragged me, and called me nasty names. (PRB 20)

My dad is an alcoholic as well and throughout my childhood I remember (sometimes vaguely) him drinking and trying to watch his emotions to see how he would act towards me. A few times I remember him drinking and then coming up into my room and picking fights with me and calling me names. (PRB 23)

Other causal attributions of emotive longing ranged from unstable social connections, general dissatisfaction with the self or others, isolation, need for acceptance, being specially gifted, shame, boredom, or unnecessarily taking on pain of the world:

Ever since I can remember I always felt like I was destined to do something great. It was a constant unnecessary pressure always in the back of my mind. (PRB 25)

As a young boy, I was addicted to sports and the competitive nature behind them. I loved the feeling behind winning, and more importantly, I loved the attention that came with success. (PRB 17)

In January of my senior year of high school I felt as if there were not enough hours in the day with maintaining a 4.0 GPA, baseball, applying for colleges, and a steady girlfriend. (PRB 17)

I always wanted to numb myself of all my family's problems, so I began drinking when I was in the ninth grade. (PRB 15)

By senior year, I was smoking pot before school every day to get me through the monotony of the week. (PRB 19)

Throughout my childhood, I always felt like an outsider. Even in first grade, I remember telling my family that I didn't think that I had any friends. I always felt separate and not a part of. (PRB 28)

The period directly before the First Use is when the elements of emotive longing and the losses or traumas conferred upon the Baseline Identity combine to formulate a critical mass that leads to searching for relief from the resulting emotive experience:

My parents divorced in May of my 8th grade year. This took a drastic effect on my life. (PRB 17)

In the summer on 9th grade, my life as I knew it would change... [at a party with childhood friends] I stepped outside with my coke & after drinking my coke found myself not able to control my muscles. The man that made the coke, picked me up, carried me to another apartment 2 buildings away & proceeded to rape me. (PRB 27)

## **Stage 2: First Use**

The "First Use" normalizes the internal state and brings equilibrium to this painful period in the PRB. The substance creates a positive experience and a sense of freedom from the existential pain rampant in the "Baseline Identity." For the first time in the PRB, the author describes an internal state of relief and normalcy of their subjective experience of existence; their emotive longing is fulfilled. This moment is pivotal in the PRBs due to the extreme satisfaction experienced that had not been previously known. The PRB author places value on this relief and wishes to recreate the experience:

I took my first drink of alcohol in fall of 2008, and I truly felt as if I had arrived. (PRB 17)

I can now see so clear that if I had pushed through these self-conscious, hungry for acceptance, years, I wouldn't have picked up that first drink and wouldn't have believed it was the change, the alteration of my world, that I long desired. (PRB 26)

I loved the feeling it gave me. I felt so right, so normal; I had every bit of confidence I was ever lacking, and it was all in that drink. (PRB 14)

The following stage describes how the “Baseline Identity” and the “First Use” experience unite to promote the renegotiation and construction of an identity that allows for more substance use.

### **Stage 3: Assimilated Identity**

The “Assimilated Identity” is born out of the desire to find relief and normalcy in lived experience. During this stage, the PRBs express various changes that take place in the way the subject understands and portrays the self. At this stage of the PRB, the need to act out this new identity and experience the relief of the internal state begins to consume the “Baseline Identity.” Formal priorities such as school, work, family, and relationships with others outside of the new framework for understanding the “Assimilated” self were neglected to create even more room for the “Assimilated Identity”:

I planned my schedule around when I could drink. (PRB 28)

...I would notice myself not wanting to go to practice or a game so I could drink with my friends. (PRB 23)

When I turned 15 [friend] had moved and I found a whole new group of guys to hang out with. They were my age and were into getting messed up all the time so of course I fit in. (PRB 14)

It was the early 80s ... & cocaine was in all the circles I ran with. Lawyers, business owners, politicians, doctors, having the time of my life. (PRB 27)

A notable phenomenon that occurs during this stage of the PRB is that the substances of choice adopt an anthropomorphic property. One possible explanation might be that the loss of human connection during this stage of identity transformation leaves a widening gap between the subject and other humans. This gap leaves the student without the connection vital for identity development, and thus the student assigns human qualities to the substance that provides relief from the emotional longing: "Then I started with pills. My new best friend..." (PRB 17).

Social renegotiation appeared constant throughout this stage and was centered around substance use levels, higher tolerances, and prioritization of substances above social values. The pre-existing “Baseline Identity” values are still present, but they are no longer a dominating factor in behavior. The “Assimilated Identity” is performed through socially disruptive behaviors such as lying or manipulating and increased engagement in illegal activities:

My use of pot became so heavy that I began to sell it so I could afford my habit. (PRB 24)

I had a little bad luck one night & got pulled over drinking too much ... I did not collect \$200; I went straight to jail... I worked hard, had a few broken relationships, got 2 more DUIs over the next 16 years & started drinking shots of liquor & beer at my neighborhood bar. (PRB 27)

The reality of impending death resulting from the “Assimilated Identity stage's behaviors” escapes a person in this stage of identity formation. The individual continues to hold their “Baseline Identity” value structure; however, the need to act out the new behavior of using substances becomes more important than relationships, laws, and daily responsibilities:

I began spending my mortgage money at the bar. I would say every day I was going home after work & meant it. Unfortunately, my car would turn into the bar parking lot almost every day. I didn't want to do the things I would do, didn't understand how to stop and didn't feel I was worthy of being the woman God wanted me to be... (PRB 27)

This paradox between values and behaviors creates immense tension between the person and their loved ones, responsibilities, and ethical code of conduct. Initially, the substances used in “Assimilated Identity” serve as a “solution” to the existential longing present in the “Baseline Identity.” As this stage progresses, the internal state returns to feelings of guilt, hopelessness, loneliness, isolation, pain. The shame associated with the inability to assimilate behavior to value structures compounds the re-emergent negative feelings. This tension lays the groundwork for the “Moment of Clarity”:

As a result of my arrests, I was not able to work at the hospital for my nursing school, so I was forced to drop out of school and move home with my parents. By that time, I felt pretty devastated. I did not recognize the person I had become. (PRB 27)

#### **Stage 4: Moment of Clarity**

This phase of identity transformation is characterized by extreme discomfort regarding the present state, in which the narratives describe experiencing intense anxiety and fear of current or future losses:

When I prayed that night in jail, God showed me the last 27 years of my life, allowed me to take off the blinders & see that I had a problem with alcohol. The obsession was removed that night & that is a gift I will be forever grateful for. (PRB 27)

The person moving along this trajectory discovers their mortality is a more pressing issue than maintaining their newly constructed using identity. Literal and figurative mortality becomes the primary concern during this stage (Florian & Mikulincer, 1997). This inherent fear of death exhibited itself in the narratives as physical health repercussions, legal repercussions, social loss, material loss, and loss of specific human connection: “My family couldn't even look at me in the eyes anymore. My son was hurt and sad that he didn't have mommy around like the rest of his friends at school. I knew I wanted sobriety more than anything” (PRB 29).

Regardless of the type of loss or “death,” it was related to an aspect of their life that was vital to their baseline value structure, and the fear that they will, or have already, lost connection with it (Pyszczynski et al., 2004). The fear of continuing action in a current manner became greater than the fear of change. During this very brief window, the person must connect with resources to foster the possibility of hope and provide opportunities for action and change to facilitate the transition onto the next phase of identity renegotiation.

I was so dead inside, but I could muster up the courage to admit I was wrong.  
(PRB 25)

Eventually, the people around me had had enough of my antics. My fraternity expelled me for selling drugs out of the house, and my parents caught word of this. They asked me if I had had enough and wanted to go to rehab. Well, I had, and I agreed. (PRB 24)

People with substance use disorders often experience several moments of clarity before recovery is sustained. The recurrence of Stage 4 alludes to the fact that this model is somewhat cyclical; a person can move from Stage 4 to Stage 5, then to Stage 5a (see below for more information on “Potential Relapse”) and back to Stage 3. This cyclical effect is described in Mohatt et al.'s (2007) research as the “experimenting with recovery” stage of change. This same cycle can happen even when a person goes all the way to Stage 6, as relapse is a risk at any time in recovery; however, this risk does diminish over time: [Coming out of a self-reported relapse] “A couple months ago I had kind of an epiphany. I decided I wanted to give this thing a real shot and to quit screwing around” (PRB 24).

### **Stage 5: Early Guided Agency**

In the “Early Guided Agency” stage, the presenting issues are congruous with the unmet existential need in “Baseline Identity”; however, it is more complicated due to the additional trauma that likely occurred during the “Assimilated Identity.” Drastic behavior shifts exhibited were reportedly based around trusting others and increased hope for the future, which are exceptionally counterintuitive to the general thoughts or reactions in the “Assimilated Identity”: Recovery has been a long and confusing journey for me, a path that I would not have willingly chosen” (PRB 10).

This trusting and hoping is related to a shift in social groups towards revolving around recovery-oriented activities. During this time, it became clear that the previous self-guided thoughts and behaviors were no longer useful, and the student was forced to look externally for their guiding agency:

...on the weekends I hang out with my recovery friends and family. I'm really enjoying what I'm doing and who I'm becoming. My life is finally becoming manageable. (PRB 24)

I attended the beginner's meeting on Monday night, someone bought me a Big Book & I saw over 100 happy people & people expressing what I had felt. They invited me back the next night & I came & have kept coming for almost 8 years.  
(PRB 27)

From an agentic perspective, social support of personal agency assists in the individual's empowerment while supporting and affirming protective factors (Benight &



Bandura, 2004). The role of group affiliation, particularly peer mentorship, functions as a guide for the exercise of personal agency, thereby fostering self-efficacy and shift in meaning and values while buffering the individual from their destructive reactions and patterns, allowing them to contextualize their self-construal by distancing themselves from the guilt and shame associated with their former identities (Howard, 2006): "I have grown to appreciate that I am an addict as it has forced me to recognize my true potential in life and has brought me to a higher purpose of service to others" (PRB 19).

### **Stage 6: Recovery Identity**

In this research, not all PRBs proved full achievement of this stage; however, each PRB did display some aspects of this phase of SUD recovery. A combination of elements pulled from PRBs combined to form the "Recovery Identity." This process began by realizing that specific PRBs displayed advanced identity development at the end of the narrative. This part of the story includes intrinsic and extrinsic elements of the newly emerged identity that the PRB author provides as "proof" to the recovery authority. The authors reviewed the notes and pulled narratives that displayed at least four of these elements of intrinsic and extrinsic proofs. This criterion met the developmental, qualitative criteria of the stage. A quantitative standard of at least one year of abstinence from behaviors was also applied to this subgroup. These emergent themes of intrinsic and extrinsic "proofs" included emphasis on faith, hope, gratitude, service, achievement, surrender, change in perception of human relationships, and a variety of bidirectional relationships:

...share my courage, strength, and hope with newcomers who are trying to escape the way of life that almost killed me. I get involved and stay connected in many different ways. (Service, bi-directional relationship; PRB 21)

I get the benefit of being reminded of how far I have come and how far I can still go. (Hope, achievement; PRB 21)

The Human Services degree option is a perfect fit with my desire to give back to community and the less fortunate. (Service, bi-directional relationships; PRB 18)

I am not sure what the future holds for me, but I know that everything will be alright as long as I stay sober and continue in my recovery. (Faith, hope, surrender; PRB 28)

God has me on a journey and the past 8 years have been a gift. (Surrender, faith, gratitude; PRB 27)

I am honored to have another chance to get recovery right. (Gratitude, hope, achievement; PRB 18)

Sobriety has completely changed my life. I am back in nursing school at KSU, and I feel like I've been given a second chance at life. (Gratitude, achievement; PRB 28)

"I give all the credit to my higher power who has empowered me to maintain a 3.66 GPA." (Faith, achievement; PRB 18)

I believe the program is part of my journey. I work fulltime, attend school part time at night, but I will do everything I possibly can to be of service. (Bidirectional relationships, service, faith, achievement; PRB 27)

...all the people that attend meetings along with my higher power were the answer to staying clean. (Change in perception of human connections, bidirectional relationships, surrender, faith; PRB 14)

The generosity of my professors and fellow students inspire my daily walk as an aspiring collegiate graduate. (Hope, perception of relationships, faith; PRB 18)

While at the second sober living house I completed my 12-steps and held/attended many meetings. (Achievement, service; PRB 14)

One of this stage's defining characteristics is the solidified recovery identity state that allows a socially constructed ability to define oneself more accurately in terms of their recovery stories: "After working the steps with a sponsor, I truly felt like a new man" (PRB 21); "I finally was able to look at life differently. It provided me with something I didn't have, which were new perspectives" (PRB 21).

Such self-construal around recovery that becomes internalized to the self is supported in other studies such as Prochaska, DiClemente, and Norcross' (1992) stages of recovery model whereby the final stage entails "consolidation" of the "non-using behavior" or achieving full differentiation in one's narrative between pre-addiction, addiction, and post-addiction selves through the very act of narrative sense-making itself (Mcintosh & McKaganey, 2000). The comprehensive conceptualization of self therefore displays external traits ranging from an internal locus of control and intimate bidirectional relationships to the ability to offer unconditional love and trustworthiness while abiding by social norms. The study by Van der Gaag, Albers, and Kunnen (2017) also validates the importance of emotional experiences in developing favorable identities and associated outcomes. The narratives in this phase of identity formation describe feelings of acceptance about who they are and their role in the world, despite an inability to predict or control their environment: "Today, I'm a freshman at KSU at 50, employable, sober, respected, a hard worker, a good friend, & family member & most of all I'm grateful..." (PRB 27). The exemplification of recovery values enables the shift towards becoming a guiding agency for others in earlier stages: "I try to listen to that inner voice inside that tells me to be kind, forgiving, patient, tolerant, loving, & grateful" (PRB 27).

### **Stages 5a & 6a: Potential Relapse**

When the PRBs were written, all students had maintained or nearly reached 6 months of continuous abstinence from substances with the intention of long-term abstinence-based recovery. A significant number of the PRBs recounted their prior attempts at recovery in which one or more self-defined relapses had occurred:

After 4 months clean, I relapsed on spice and kratom for a weekend. (PRB 24)

On January 14, 2008, I contacted my psychologist about treatment after a 3-month binge of pathological gambling and drinking alcohol...After this relapse, when previously having 3 years of sobriety, I was scrambling for support without insurance. (PRB 18)

The relapse rate in collegiate recovery programs is uncommonly low compared to other recovery-affiliated organizations, hovering between 0-25% nationally (Laudet, Harris, Kimball et al., 2015). Relapse remains present in even well-supported recovery, yet some elements of the recovery processes seem to present temporal moments of higher risk. According to White (2013) and other researchers (DuPont, 2014; DuPont et al., 2015), the relapse rate decreases over time with a significant drop between one year and five years of continuous abstinence. According to Brown and Bohler (2018), the relapse rate drops below 15% in collegiate recovery communities in tandem with the support services and community provided by such programs. Sub-stages 5a and 6a do not always have to take place; however, with the cyclical fashion of the disease, relapse is common and should be accounted for and normalized (Mohatt et al., 2007) in order to decrease stigma and shame that may impact a person's ability to seek support services.

## Conceptual Categories

### Human Connection

Throughout the identity construction, deconstruction, and reconstruction processes in the “Identity Transformation Model of SUD-R,” human connection, existential longing, and value structures were emergent categories. Human connection emerged in the “Baseline Identity” as familial or peer group relationships. The PRB first explains the relationships' quality immediately followed by the initial loss or separation from the relational group. Codependency first displays itself as a function of human connection in Stage 1 and appears to be derived either from dysfunctional family elements or from the perceived loss and separation before “First Use”:

I began to seek my mother's approval since I no longer had the closeness of my dad. I missed him terribly and would call and cry on the phone because mom was blaming me for the divorce. I couldn't understand what I had done to cause the separation of my parents. (PRB 27)

In middle school and elementary school, I got made fun of a lot and would often cry. My mom always told me that I was too sensitive, and my feelings were wrong. (PRB 28)

Melody Beattie (1992) defines codependency in her book, *Codependent No More*, as a person "who has let another person's behavior affect him or her, and who is obsessed with controlling that person's behavior" (p. 34). Beattie offers other definitions in her 1992 book, including those by Robert Subby and Ernie Larson: "those self-defeating, learned behaviors or character defects that result in a diminished capacity to initiate or to participate in loving relationships," and "an emotional, psychological and behavioral condition that develops as a result of an individual's prolonged exposure to, and practice of, a set of oppressive rules—rules which prevent the open expression of feeling as well as the direct discussion of personal as well as interpersonal problems," respectively (p. 30). The current authors combined and elaborated on these definitions; the following codependency definition is for this research:

Engrained cognitive, emotional, and behavioral patterns learned within dysfunctional family systems in which a person becomes dependent upon an external source of validation to obtain self-worth. In turn, an individual attempts to control and predict family members and loved ones' behaviors to the extent that it becomes problematic or harmful.

In Stage 3: Assimilated Identity, codependent human connection, reemerges and brings about the adverse reformation of identity. This adverse reformation is characterized by new social connections and interests based on the normalization of using substances: "I felt cool because I felt like I fit in. I would have overwhelming feelings of loneliness at times and not understand why" (PRB 16).

These human connections were shallow, without longevity, and typically lead to isolation:

Sophomore year of college is when my drinking became really bad. I began to drink by myself to cope with my feelings of loneliness, depression, and anxiety. I became a frequent black out drinker and a lone wolf. I always had a lot of friends in high school, but in college I barely had any friends. People got sick of me and my antics. (PRB 27)

Moving into the Early Guided Agency stage, human connection has described the conduit for favorable identity reformation through community ties such as 12-Step or other mutual aid groups. Although, still reminiscent of codependency, the external locus of control and evidence through others is used as a tool for modeling recovery-oriented behaviors. During this stage, the PRBs disclose how new ties within a community bring about the potential for substance abstinence:

I have a network of friends through [treatment center] and [mutual aid group]. I have also met a lot of people from meetings as well. I cannot wait to expand my sober network hopefully with the CRC and get back into school so I can finally achieve my goal to become a vet one day. (PRB 15)

These new ties highlight the importance of CRPs functionality as a community that fosters and encourages continued recovery. The most significant characteristics of Recovery Identity include the shift away from codependent relationships towards intimate, bidirectional relationships based around compassion and understanding:

I understood why dad couldn't ever make it to visit us. He didn't get sober until I was 18. (PRB 27)

I have been able to reestablish a relationship with my family that I thought had been destroyed forever, and I have been able to make better friends through my sober network than I ever have ever had before. (PRB 17)

Today I have 15 months clean... I have a wonderful relationship with my family... (PRB 16)

The joy of belonging, the friendships and conversations with intelligent people, and the experience of knowing what life really is and how God's grace can redeem me from a hell that I casted myself in for so many years. (PRB 21)

## **Existential Longing**

The category of existential longing runs concurrently to human connection and becomes emphasized later. In Stages 1-3, existential longing could only be satisfied by substance use and becomes so intense in Stage 4 that it plays a vital role in recovery motivation.

During the Baseline Identity, the PRBs describe internal states of discomfort, yearning, and tension. They describe a feeling that something was missing in their life, which we categorize as an existential longing:

I can remember always feeling different, never feeling comfortable in my own skin, no confidence. (PRB 14)

...I remember when I would try to sleep alone, I was terrified and just hide under the covers until I fell asleep. Although my childhood was a little rocky, I was naturally a happy kid. I was kind of naive to somethings but also really sensitive. (PRB 23)

The sense of longing and tension is satisfied in the First Use, leading the PRB author to seek relief in the Assimilated Identity repeatedly. The Moment of Clarity is characterized by the PRB authors discovering the inadequate and inconsistent acquisition of relief from existential longing compared to the awareness of their mortality correlated to their continued use. During the Early Guided Agency stage, the existential longing was satisfied by trust and hope for the future through models within the community and the externalization of control to a higher power. It is valuable to note the connection to healing from codependency by relinquishing control to a said spiritual entity. During the Recovery Identity, community ties facilitate the fulfillment of existential longing through the spiritual nature of group practices that promote a sense of connection that the group affiliation offers. Many of the PRBs are products of 12-Step recovery, and the concept of a God and a higher power is evident throughout the sample:

...I have a great relationship with my higher power. (PRB 16)

I know that I have the disease of addiction and my disease is cunning, baffling, and powerful and with the help of AA and God I can stay clean. (PRB 14)

The Recovery Identity characterizes this satisfaction through a publicly negotiated personal identification of spiritual values and behaviors. These values and behaviors displayed themselves as honesty, altruism, acceptance, and a sense of purpose:

Now it hasn't been a fairy tale but it's been pretty damn fantastic. In the past 6 months I've lost my house my best friend my job and it's been the best 6 months of my life. (PRB 25)

My mom died when I had 1½ years sober, I was able to care for her, tell her everything that needed to be said, forgive her & watch her cross over into paradise. (PRB 27)

## **Values**

The value structures that present themselves first in “Baseline Identity” are characterized by various Anglo-cultural norms that were retained through the progression in identity transformation:

Although my parents didn't really get along later on, I remember being raised with strong moral values. Always to never lie, be kind to other kids, never litter, etc.... (PRB 23)

I was really good, and I loved it [referring to participation in sports] ...When I played sports I was in love. And made a lot of friends almost immediately. I started having a way to release all of my energy and be good at something. (PRB 23)

God was my drug of choice, and my circle was all hooked. (PRB 25)

Upon "First Use," there begins a priority negotiation between substances and the long-standing core values. However, it is essential to note that values remain intact though they are no longer considered a priority in the Assimilated Identity:

My first real drink changed everything! I loved it so much I couldn't wait to do it again. (PRB 25)

Class and schoolwork became second tier on my priority list. I dove right into an ego filled lifestyle in which money, drugs, and women were the most important things to me. (PRB 24)

This retention of original values created an immense amount of tension through the Assimilated Identity, therefore, presented a potential for change during the Moment of Clarity. The Moment of Clarity allowed for the reprioritization of baseline values above their substance use; these baseline value structures heavily conflict with the mortality and loss culminated in the Assimilated Identity:

I couldn't remember my last month or so only to know that I had made a lot of bad decisions. I had barely any friends left, and the worst part is that I couldn't feel anything! That scared me straight up into the doors of AA, and I never looked back. (PRB 25)

The aftermath of escapades amounted to being forced out of college, kicked out of home, and running from everything under the sun. I finally reached the point that some people are luckily enough to hit, and just had enough. (PRB 21)

Eventually in my senior year I failed my class and was ineligible to play sports. I was devastated and broken. I lost my scholarship to play softball in college and started getting in a lot of trouble with the law. (PRB 23)

The juxtaposition of the Baseline Identity value structure and Assimilated Identity behaviors combine to facilitate the identity reformation observed within Early Guided Agency and Recovery Identity:

So today I am looking to grow and change and fulfill another dream that I foolishly thought I had lost. I want to go back to school and apply myself, to learn. (PRB 7)

I want to continue to make a better life for myself and follow my dreams. Graduating from college is one of those dreams. I am capable and super excited to get back on track. (PRB 16)

### **Discussion**

The experience of higher educational achievement is a transformative experience for the individual. So too is the experience of recovery. These alter the individual in profound ways and provide the context in which dramatic shifts in identity and sense of self occur. The study of such identity transformations is particularly pertinent to supporting evolving identity structures, particularly at the intersection of recovery and education, where collegiate recovery programs are located. The “Identity Transformation Model of SUD-R” outlined in this study is based on the subjective experiences captured in biographical accounts of students seeking support through a CRP.

Collegiate recovery, along with other support services, should identify and respond to students' and clients' needs in meaningful ways that are salient to the individual subjective experience of recovery. The utilization of the “Identity Transformation Model of SUD-R” to inform programming and CRP modeling may provide significant support and direction based on where students fall on the continuum. Assisting students in recovery to navigate campus life's social ecology while maintaining a recovery identity can relieve the tension of the binary created by living a recovery lifestyle in and amongst dominant norms of a "party culture."

Implications specifically for CRP's include developing and facilitating “Guided Agency” through programming in ways that stimulate complete identity reformation and the internalization of a “Recovery Identity.” Ideally, CRPs will foster students simultaneously being agents guided by others while promoting their ability to guide others, particularly newer students, lower classmates, and those early in recovery. This manifold development can be facilitated through recovery mentorship, service positions, employment positions, or public speaking opportunities, to name a few. Additionally, progression throughout the conceptualized categories will aid in establishing solidified “Recovery Identity.” CRPs can foster human connection and promote healthy relationships free from codependency in many ways: providing shared community space for downtime between classes, mentorship, and social events concurrent to offering mental health services to students. CRPs can foster the fulfillment of existential longing by providing access to recovery capital through education and bridging social bonding (Gittel & Vidal, 1998). Many PRB authors denoted higher education as a lifelong dream with desires for stable employment, housing, and overall financial security. Achieving a degree from an institution of higher education positions students to improve their socioeconomic standing and realizing a sense of purpose in their life. Spiritual supports within CRPs can be facilitated to manage existential longing through hosting various mutual aid support meetings on campus that promote a wide range of spiritual or religious ideologies such as Recovery Dharma, 12-Step (AA, NA, Y12SR), or Celebrate Recovery. CRPs can foster value reprioritization through skill-building seminars, mentorship, events, service opportunities, leadership opportunities, and exposure to different ideologies and lifestyles, all within the context of a safe, substance free environment.

A similar initiative, People Awakening Project (Mohatt et al., 2007), utilized grounded theory methodology during interviews with Alaska Natives. Participants had at least 5 years of continuous recovery and were derived from the state's five most prominent tribes. The cyclical model that Mohatt et al. (2007) created addresses identity in the context of traditional Alaska Native culture. Parallel to the human connection, existential purpose, and values from the current research, Alaska Native culture was identified as the facilitating factor in recovery development. Mohatt et al. (2007) described the nature of substance use disorders and SUD



recovery as fluid and existing on a continuum in which a person may move forward or digress at any point. Theoretically, when a person has fully internalized their Recovery Identity, they will not digress as far or as fast. The decreased risk of relapse over time is somewhat associated with progression through Stage 6: Recovery Identity, or "Stage II Sobriety: Life as it is meant to be lived" in the Mohatt et al. (2007) research. Discovering ways to foster these established recovery identities is invaluable to saving the lives of those who struggle with substance use disorders.

The use of GT methodology in the study of such a population is quite rare. As proposed by Bronfenbrenner's Ecological Theory (Bronfenbrenner & Morris, 1998), the central experience of the world and its systems must principally be understood through the individual's subjective accounts as the critical element. Systems, individuals, and institutions may create supportive programming and theoretically sound elements, but none of which will matter if the individual does not see such things as helpful and salient to their own experience. Deriving individuals' subjective experience within communities is one of the most useful GT methodology applications in the study of recovery. Given the combination of transformative processes that occur during the years spent in higher education coupled with the transformative recovery process, identity emerges as a key inducer of growth and change.

### **Future Research**

The research provides a framework for program development for CRPs nationwide and how to develop similar supports outside of the collegiate environment. To successfully support the students at a local level, we recommended beginning with qualitative inquiry in each CRP to assess where local students fall on the continuum of the "Identity Transformation Model." The development of assessments for incoming students to orient them within the continuum is essential for year-to-year program designing and milieu development. Exit assessments upon graduation of the CRP would indicate the efficacy of programming and operationalize the model. The development of program initiatives that utilize qualitative and quantitative data intake could validate the current research's categorical material. The current research fosters potential initiatives and theories for the field of recovery science. Future research may also include analyzing the six stages to extract non-essential information and create a potentially more generalizable model.

### **Limitations**

Some weaknesses of the current research include the narratives being written by a self-selecting cohort, written to a recovery authority, and the authors are both products of 12-step programs and collegiate recovery. These narratives are specific to collegiate recovery students in one institution in Kennesaw, Georgia, and currently, are not specifically generalizable to other populations. Any research that lacks significant representations of various populations, ethnicities, and recovery styles is ultimately incomplete.

### **Conflicts of Interest**

There are no known conflicts of interest in this research. However, the reflexive statement should illuminate the positionality of the researchers to the study and the data.

## Conclusion

We used grounded theory methodology to study written recovery biographies of college students' essays taken from their applications to a collegiate recovery program. We have demonstrated how to generate novel models and categorical stages of recovery identity processes and highlighted the linkages and movement through each stage. As former CRP students and as persons in long-term recovery, our social position allowed us to go beyond surface-level commonalities and accurately control for the power dynamics between the authors of the biography and the target audience. Understanding the topography of recovery as it exists in students' subjective experiences entering CRPs is invaluable for programming and for the further study of how people may recover from substance use disorders. Identity was a common theme established across the PRBs in the study, and the transformation of that identity in the PRBs presented standard benchmarks and concepts. The study of written recovery accounts as part of the application process into CRPs yields a rich contextual collection of experiences to study. The implications derived in qualitative experiences can inform programming by identifying the needs that evolve in recovery processes and designing programs to meet those needs. "The Identity Transformation Model of Substance Use Disorder Recovery" is just one example of how this may be done.

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### Author Note

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**Acknowledgements:** This paper is dedicated to individuals in recovery from substance use disorders, those who have not yet found recovery, and those who have lost their lives to

this disease. It is the authors hope that this work provides framework to support individuals in their unique recovery processes and to normalize recovery in our society.

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#### **Article Citation**

Watkins, N., Brown, A. M., & Courson, K. (2021). Identity transformation through substance use disorder recovery: Introducing the six stage model. *The Qualitative Report*, 26(7), 2127-2151. <https://doi.org/10.46743/2160-3715/2021.4918>

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