

Running head: THE ULTIMATE ALTERNATIVE: JASON'S JOURNEY

THE ULTIMATE ALTERNATIVE: A SINGLE CASE STUDY
UNDERSTANDING JASON'S JOURNEY FROM ADDICTION TO
SELF-RECOVERY

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DEDICATION

This thesis manuscript is dedicated to my mother, Patt, who has offered endless support and motivation. She continues to believe in me and support my journey. This is also dedicated to Darrell, who, throughout this process, has been my biggest ally and my number one fan.

ABSTRACT

The purpose of this research was to understand the lived experience of a person with a substance addiction that uses or has used alternative therapies for treatment. A single-case study approach was used to understand the lived experiences of Jason, a male in his mid-forties who is healing from a substance addiction. Through in-person interviewing and reading personal manuscripts written by the participant, data were collected. The data were analysed and interpreted using phenomenological and integral hermeneutics. Through the interpretations, it was clear that a major contributing factor to Jason's drug use was the negative experiences he was carrying from his past. Once he was able to let go of the negativity and let his higher power guide him, his healing journey took a positive turn. Today, Jason lives in the moment and does not need drugs to heal the hurt he is feeling inside. He uses his ultimate alternative method, derived from within himself, to guide his journey in recovery.

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CHAPTER ONE

Reflections on Research Topic

Chapter one of this thesis manuscript briefly outlines addiction, recovery, and processes that lead a person with an addiction to begin healing and recovery. The chapter also summarizes alternative and complementary therapy choices. Next, the chapter describes how these topics relate to the research topic of interest. Then, chapter one introduces the researcher and a brief preamble to the research approach. Lastly, this chapter outlines the following chapters.

Addiction and Recovery

A person is said to be affected by an addiction when he or she is dependent on a substance or behaviour that has pleasant or unpleasant attributes, but is unable to control desire for its use and it negatively affects the person's ability to function (Jiang, 2008; Smith 1979 as cited in D'Albeto, 2004). According to the DSM-IV (American Psychiatric Association, 2000), a behaviour is considered a substance addiction when a dependence on a substance develops that involves a combination of symptoms such as increased tolerance for the substance, withdrawal effects when one stops use, along with severe consequences in social and occupational functioning. The DSM-IV also classifies addiction as a dependence on a substance that can be a symptom of a traumatic experience or mental disorder and used as a means to self-medicate (American Psychiatric Association, 2000). This implies that some people may use substances to mask, or as a means to escape from, feelings associated with trauma or with mental disorders.

After a person acknowledges that he or she has an addiction, he or she may seek treatment for the addiction. There are multiple forms of treatment varying from mainstream to complementary and alternative therapies. According to the Cambridge University Dictionary, mainstream refers to the societal norm or something that uses the beliefs that are accepted by the majority (Cambridge University Press, 2011). Some possible examples of mainstream approaches for addiction recovery are the 12-step approach as can be seen in Alcoholics Anonymous (AA) or Narcotics Anonymous (NA), and other similar treatment programs. In treatment, the DSM-IV affirms that no treatment method is better than the next, but social support in any treatment is important (American Psychiatric Association, 2000). Though mainstream treatment methods have shown more successful results in preventing relapse in comparison with alternative methods (American Psychiatric Association, 2000), why is it that not everyone chooses to use mainstream treatment methods in treating an addiction?

Turning Points

When one is facing an addiction of any sort, a major turning point towards the recovery process is the decision to seek help and decide on a treatment method (DiClemente, Schlundt, & Gemmel, 2004). This, essentially, is admitting that one has a problem, which can be traumatic (DiClemente, Schlundt & Gemmel, 2004). In today's society, there is an abundance of treatment modalities ranging from the mainstream twelve-step programs to mind and body therapies that are considered as an alternative therapy (Manheimer, Anderson & Stein, 2003).

Alternative and Complementary Treatment Choices

When using the term “alternative therapies” in addiction treatment, the idea is that the therapies are not mainstream as defined previously. The operative word, alternative, is used in reference to mainstream treatments like AA or NA. Manheimer, Anderson and Stein (2003) describe alternative and complementary therapies as methods that are non-conventional and therefore are not commonly taught or practised in healthcare contexts in Western cultures. Alternative therapies are holistic in that the therapies incorporate the idea of mind, body, and spiritual healing as a whole (Giordano & Geiss, 2004), whereas mainstream treatments generally focus on healing each portion of the self individually. Though 12-step programs address the dimensions of health, there is a separation of the dimensions that differs from alternative therapies. Many mainstream treatment models identify a physical symptom like a physical addiction to a substance and will focus on treating the symptom, whereas alternative treatments focus on the physical as well as the mind and spirit (Giordano & Geiss, 2004), creating a more holistic therapy model.

Complementary therapy is a treatment model used with a mainstream therapy modality. Complementary medicine works with mainstream medicine to provide what mainstream medicine may be missing to establish holistic treatment (Ernst, Resch, Mills, Hill, Mitchell, Willoughby, et al., 1995 as cited in Bardazzi, Merluzzi, Voller, Fontana, Abenavoli, Leggio, L. et al., 2006). A person may combine complementary treatments with mainstream methods because he or she identifies with aspects of each type of treatment. Alternately, a person may

start the healing process using one type of treatment and move to another, thus changing from mainstream to alternative treatments in the healing process.

In regards to addiction treatment, a person with an addiction may choose mainstream treatment out of convenience or due to a lack of knowledge about other treatment types. As Eastern culture merges with Western culture, the customs and traditions are also shared and merged, including treatment modalities (Lu, Liu, Zhu, Shi, Ling, & Kosten, 2009). Many complementary and alternative treatments and therapies are less pharmacologically focused and are mind and body focused; they are holistic in nature and speak to the need for a balance and harmony in one's life (Wang, 2006). This conceptualization resonates strongly with Chinese and other Eastern medicinal methods.

The Research Topic

Understanding the lived experiences of someone that uses alternative therapies to treat an addiction can offer a glimpse into the personal journey through addiction and recovery. First, it is important to understand the experiences and the events that lead up to the admission that one has an addiction and that treatment is an option or necessary. Beyond that, what guides the choice of treatment modality? If the person begins treatment in a mainstream modality, such as a twelve-step program, and then changes to an alternative or complementary treatment method, what guides that choice? Perhaps it is guided by beliefs, personality, experience or the possibility that recovery was not achieved through the mainstream method. Knowing the decision path and events that lead to the preference for alternative or complementary treatments over or in

combination with mainstream methods is important. This knowledge may then be applied in other addictions counselling settings and create greater resources for people by providing information and options to guide a person to the most appropriate treatment type.

The Significance of the Research Topic

The benefits of understanding the lived experiences of a person with an addiction using alternative methods to heal are far reaching and profound because of the insight it can bring to addiction and the process of healing. The life stories of a person who chooses alternative methods to treat addiction could inform the field of addictions as well as offer support to other people that are affected by a substance addiction. Professionals in the addictions field could use this information to address addiction from a wider scope as alternative medicine becomes more prevalent and better understood in the Western world. Not only is this research providing an opportunity to fill in some of the gaps within the research regarding alternative therapies and addiction, but it also has the potential to directly impact the addictions counselling field.

Finding a strong fit between person and treatment method may provide less stress and more positive results in the treatment process. This may be particularly true if the person with an addiction does not feel as if the treatment method is helpful or beneficial with his or her own experience with addiction. Understanding the experiences of a person with an addiction that chooses alternative treatments can assist the counselling and treatment process as it will

shed light on the type of person and the background that might influence the journey to seeking alternative therapies.

The Researcher

As a researcher, it is important to clarify where my interest in the topic comes from and where my biases related to the topic lie. The interest in this topic comes from various experiences within each element of the research topic. My interest in addiction stems from personal experience in which my father spent most of my adolescent years battling alcoholism. As a teen, I did not understand what addiction was or what my father was going through. When my father was in the healing process, I took it upon myself to understand and educate myself on addiction and thus became passionate about learning about addictions.

During my struggles with my father's addiction, I was diagnosed with obsessive compulsive disorder and as a product, anxiety and paranoia. In an effort to address my obsessive compulsive disorder, I was faced with the decision to use medication to alter my brain chemistry. I had no desire to use the medication, but was desperate and therefore, started on a daily dose that put me in a constant zombie-like state. I slowly started to realize how I was losing myself in a desperate effort to "fix" myself. At that point, I turned back to my original instinct and tried alternative treatment methods. I started meditating and using yoga techniques as a means to calm my mind, body and spirit.

I acknowledge that my experiences with addiction and treatment mould who I am as a researcher within this topic. I have biases due to my past and my

understandings of addiction and alternative medicine that may impact and influence my interpretation of the research.

The Research Approach

In undertaking research on the topic, the information was gathered and interpreted from an interpretive/constructivist paradigm and a transpersonal paradigm. Both utilize qualitative methods for knowledge construction. From an interpretive/constructivist perspective, realities are constructed and are unique to each individual based on life experiences and how one interprets the world around him or her (Mertens, 1998). From a transpersonal perspective, reality is understood to include the spiritual realm and ineffable experiences beyond what the mind interprets and constructs (Braud & Anderson, 2006).

In this research, the process of addiction was explored through in-person interviewing of a man who used alternative processes to heal from a drug and alcohol addiction. The information gathered was interpreted by this researcher. The interpretation process was influenced by the researcher's life experiences and understanding of the world. The purpose of this approach was to understand the concept of the research question through listening to the reality of the person with the addiction. The topic was expressed through his or her use of language and descriptions of experience as well as acknowledging the position of the researcher in the interpretation.

The research question that was answered through conducting this research process was: What is the lived experience of a person who uses alternative methods to treat a substance addiction?

Overview of the Thesis

The following chapters of this manuscript will further describe the existing literature on the topic as well as the method with which this topic was explored to expand the understanding of the existing literature. Chapter two of the thesis manuscript describes the existing literature regarding addiction, various mainstream and alternative treatment modalities, and a critique of the literature based on what is currently published and where there are gaps in the research. The third chapter of the manuscript outlines the methodology by reviewing critical paradigms of understanding, the research framework and the method by which the data was gathered and interpreted. Chapter four of this manuscript includes the findings and interpretations that were developed through the process of analysis and interpretation described in chapter three. After describing the findings, chapter five of this thesis manuscript offers a discussion of the research and the results, and a suggestion for implications for further research in this topic area.

CHAPTER TWO

Probing into the Existing Literature

Alternative and complementary therapies have been used in Eastern cultures for many years, but did not integrate into Westernized cultures until the last 200 years and, more recently, into the field of addictions (Lu, Liu, Zhu, Shi, Ling, & Kosten, 2009) . There are various types of therapies that people choose in addictions treatment that encompass the multiple impacts that addiction can have on a person. Mainstream treatments include examples like the more commonly known 12-step programs such as AA and NA or using medications prescribed by a medical doctor. Alternative therapies like acupuncture, yoga, religious counselling, art therapy, or music and dance therapy are some options pursued as an alternative to prescribed medicines or mainstream treatment methods (Fontaine, 2000). It is important to understand that each treatment or therapy has strengths and weaknesses and some treatment options are more favourable to certain people with addictions.

Substance addiction to drugs or alcohol is a multi-stage process that develops over time, from less severe use to a full-blown addiction in which the person is dependent on the substance and help is needed (drugrehabadvice.org, n.d; Butler, 2009). Recovering from habitual behaviour or an addiction to a substance is a process that requires the person with the addiction to reflect on his or her addiction and behaviour and move through stages of change in recovery (DiClemente, 2003). Though not linear, the stages of change model in addiction recovery outline a process of behaviour change starting with the person

not considering change, moving through the change process, and attempting to keep the change permanent (DiClemente, 2003). Ultimately, regaining health is the focus in addiction treatment and how health is viewed and defined is based on the theoretical model guiding the treatment.

This chapter focuses on defining addiction and the progression of addictive behaviour from the development of habitual substance use through the stages of change in recovering from substance addiction. This chapter also explores complementary and alternative treatments that may be viable choices for a person in recovery from an addiction in their movement toward regaining health. Also included is a critical analysis of the literature and a discussion regarding possible gaps in the current literature and where there is a need for further research, including the proposed research in this proposal.

Understanding the Process of Regaining Health

In defining health and the process of the recuperation of health, the ideas and information vary depending on the theoretical lens through which one is looking. Conventional or mainstream medicine practitioners look at health in a much different light than practitioners in alternative and complementary medicine (Fontaine, 2000). Complementary therapies may use both conventional treatment methods in conjunction with alternative therapies to aid in the recovery process (Ernst, et al., 1995 as cited in Bardazzi, et al., 2006). One's own beliefs about what health is and what defines health may have an influence on what type of treatment he or she prefers to use.

Biomedical Model

When looking through a biomedical lens or using conventional medicine, health and the process of treatment for any illness is based on the idea that the mind and body are separate (Fontaine, 2000). Therefore, a physical illness may be treated as separate from a mental illness. In conventional medicine, the state of one's health can be defined by being disease-free (Fontaine, 2000). When there is an illness, Fontaine (2000) mentions that practitioners in conventional medicine treat the body as if it is a machine with individual parts that can be fixed using drugs, radiation, surgery, or replacement. In essence, the body only needs to be treated when there is a problem to be fixed. Once the illness is cured, health is achieved.

Holistic Model

In alternative and complementary medicine, health is understood to be holistic and the concept of alternative medicine is based on a whole systems paradigm in which the human being is understood to be more than simply a physical body (Fontaine, 2000). In alternative and complementary medicine, the decisions about health care are not as directive as mainstream medicine and, in effect, the client or patient makes more of the decisions on his or her own (Eliopoulos, 1999). Health is not considered to be an end state that is achieved, but is rather a lifelong process that is not linear (Fontaine, 2000). According to Fontaine (2000), in alternative and complementary medicine terms, health is defined as a balance and harmony between the various parts of a person including the mind, the body and the spirit.

The understanding of healing as a deeper process has been in the history of healing since the times of medicine men or women and shamans (Eliopoulos, 1999). Medicine men or women and shamans still are used to this day and share the belief of mind, body and spirit being an integrated whole (Eliopoulos, 1999).

The curative process also differs between conventional and alternative or complementary medicine models. In conventional medicine, external treatments like prescribed medicines or surgeries often cure the disease (Fontaine, 2000). Conventional medicine is helpful, especially in cases of emergency, as it does have more instant results with definitive evidence to back up the success of the treatment (Fontaine, 2000). In this way, alternative and complementary medicine is often considered more beneficial in chronic illnesses because it is a process in which harmony and balance must be restored and, therefore, there is no "quick fix" as biomedical treatment provides (Fontaine, 2000).

In terms of the process of recovering health in relation to treatment modality, there are clear differences in each type of therapy as well. In conventional or mainstream medicine, the concept behind optimal health has a goal of disease eradication (Fontaine, 2000). The goal is physical health with no physical symptoms or ailments due to illness or disease. In alternative and complementary medicine, being healthy is a lifelong process to achieve optimal development of all parts of the self including the body, the mind, and the spirit (Fontaine, 2000). The difference between the two views relates to the underlying philosophy. The decision to use one type of treatment may be based on the beliefs about health and which type of treatment one identifies with. A person

may find that they prefer the more commonly used or the mainstream methods in treatment using prescribed or over the counter medicines to cure an illness or even a twelve-step treatment program to treat an addiction. On the other hand, a person might lead a different lifestyle and identify more with allowing the body to heal itself and being part of the healing process in more than one dimension.

Self-Recovery Model

The self-recovery model outlines the idea that with the purifying of mind, body, and environment, it is possible to have an awakening in which a person may realize an individual potential and there is societal harmony. This type of awakening encompasses both a restoration of self-esteem and self-worth, but going deeper into re-discovering the self as something beyond the physical (O'Connell & Alexander, 1995). In self-recovery, one may connect to a deeper self, something from within, a deeper self that, by experiencing the basic underlying level of existence, the levels of life can be healed from within. The body has physical mechanisms built in to repair itself, but also, there are mechanisms that, when the mind, body, and spirit are balanced, one has the ability to heal wholly within his or her self.

Addiction

In understanding the choices for treatment that a person with an addiction makes, it is helpful to first understand what addiction is and the progressive development of an addiction. West (2001) describes addiction as not being able to cease use or participation in behaviour, though the behaviour is known to have a negative impact on the person. Addiction has an impact medically,

psychologically and socially. It can invade one's personal freedom in that it impacts all aspects of one's life (West, 2001). It is important to understand what an addiction is and how it can be treated, not only to improve treatment strategies and centres, but also to influence policy changes around addiction and the treatment of people with addictions (Chassin, Presson, Rose, & Sherman, 2007).

West (2001) outlines that an addiction begins with an initial exposure to a stimulus that was pleasurable or eased pain, which leads to behaviours that are seeking to repeat the experience. This sets up a cyclical process which can get more severe over time and the stimulus may need to be stronger or more powerful to achieve the same satisfaction (West, 2001). The person seeking the effect may build tolerance and, thus, need a stronger stimulus to produce the same feelings or experiences. Some processes characterizing addiction include the initial cravings for the addictive substance or the stimulus, a tolerance of the stimulus and, thus, a growing need for more than the initial exposure, and withdrawal in which the body reacts to the lack of the stimulus and cannot function properly (Chassin et al., 2007).

The Progression of Addiction

Each person who is affected by an addiction goes through experiences that are often unique to the individual, but there is a common process that one follows through his or her addiction (drugrehabadvice.org, n.d.; Butler, 2009). There are four general stages that outline the progression of a substance

addiction that start with casual substance experimentation and move to dependency on a substance.

According to drugrehabadvice.org (n.d.), the first stage that chemical dependency counsellors identify as the beginning of an addiction path is the experimentation stage. At this point, the person may experiment with a substance and not experience any negative consequences. Using the substance is enjoyable and it is easy to get high because of a low tolerance (Butler, 2009). An example of experimentation may be a social drink or smoking marijuana casually with friends. Many people may continue this way their entire life and not be affected by the downfall of addiction. It is common that this stage occurs during adolescence, when the frontal cortex is not fully developed and, therefore, risk perception is minimal (drugrehabadvice.org, n.d.), so the consequences of experimentation are not fully recognized.

The second stage often experienced by a person developing an addiction is the misuse of drugs (drugrehabadvice.org, n.d.), or recreational use (Butler, 2009). The person starts with experimenting, and moves to more than social drinking or casual use. This stage is when drinking becomes excessive and the person experiences a negative occurrence due to the use of the substance (drugrehabadvice.org, n.d.), tolerance increases, and the person makes plans to use (Butler, 2009). For example, this is the stage that a person would drink a substantial amount at a party and get pulled over by a police officer on the drive home and be charged with a criminal offence for driving while impaired. This is a negative effect of the misuse of alcohol.

In the third stage outlined in the stages of addiction, at some point, a person transitions from misusing a substance to abusing the substance and is in the stage of early dependency (Butler, 2009). Butler (2009) mentions that at this stage, the use of drugs shifts to abuse. This stage is evident when a person continues to use a substance, although the substance has had and continues to have a negative influence on his or her life (drugrehabadvice.org, n.d.). The threat of the consequences from the misuse of the substance is not enough for the person to be deterred from use of the substance. At this stage, the substance abuse can affect work, friendships and relationships, and one's health and there is a daily preoccupation around obtaining and using drugs (Butler, 2009).

The last stage in the development of addiction is the dependency on the substance or full dependency (Butler, 2009). The abuse is self-destructive and can lead to overdose, accidents, legal troubles, and take a toll on family relationships (Butler, 2009). At this point, a counsellor can use the criteria and symptoms outlined in the DSM-IV to make a diagnosis.

Diagnosing an Addiction

By the time the substance abuse is harmful in the life of the person with the addiction, there are a number of signs and symptoms that allow for a diagnosis to be made. The DSM-IV has identified many criteria, the main points of which include that the addiction has a negative effect on the person's physical health, the person with the addiction has built up a tolerance and requires more and more of the substance to feel the effects and, if the substance is not used for a period of time, the person may feel symptoms of withdrawal, depending on the

substance of choice (American Psychiatric Association, 2000). As outlined by Butler (2009), this is when the use begins to take a negative toll on family, work, and potentially all other aspects of one's life.

Stages of Change

In a study done by DiClemente, Schlundt, and Gemmel (2004), the researchers found that the motivation of the person with an addiction and his or her intentions play an important role in enacting change in the recovery and healing process. By being motivated, the person with the addiction recognizes the need for change, thus seeking treatment or therapy. With motivation, one is more likely to achieve success in treatment and healing (DiClemente et al., 2004). Depending on life experiences, the motivation for treatment and regaining wellness may change as well as the type of treatment sought may differ.

Once treatment is sought out, the process of change has already begun. DiClemente's (2003) transtheoretical model of intentional behaviour change describes the process of changing a habitual behaviour and the development and maintenance of a new behaviour (DiClemente, 2003). There are five steps in the change model that are consecutive, but not linear in that a person can regress in any stage. The regression is often referred to as "relapse". If a person moves to a successive stage of change, this does not mean that the person cannot revert back to the prior stages. The stages of change can be applied to habitual behaviours including addictive behaviours like substance addiction. Within the stages of change model, DiClemente (2003) identifies the stages, the tasks that need to occur to move through the stage and the goal of each stage.

The first stage in the stages of change model is precontemplation (DiClemente, 2003). In this stage, the person is content with the behaviour and there is no intent to change in the near future. This is characterized by the person with an addiction who is in denial about his or her addiction. The person participating in the behaviour requires increased awareness and concern about the behaviour in question to reach the goal of even considering a behaviour change (DiClemente, 2003).

The second stage of DiClemente's (2003) model is contemplation. In this stage, the person now considers the possibility of change and weighs the possible outcomes; the pros and cons of the behaviour change. The goal of this stage is to re-evaluate the behaviour and make a decision to change (DiClemente, 2003).

The third stage of change is a preparation stage (DiClemente, 2003). This is the stage in which the person makes a plan and commits to change. This stage requires the development of a plan for change and the goal is to implement the plan developed (DiClemente, 2003).

The fourth stage of the model is the action stage (DiClemente, 2003). In this stage, the person puts the plan into motion and moves through the process to encourage the new behaviour. The goal is for the new plan to establish a new behaviour within three to six months (DiClemente, 2003). The last stage of the model is considered to be the maintenance stage (DiClemente, 2003). This is the stage in which the new changed behaviour becomes habit and is maintained as a

part of the person's new life. The goal of this stage is a long-term change without relapse to prior stages (DiClemente, 2003).

Understanding Relapse in Addiction

According to Griffiths (2005), relapse is characterized as a tendency for a regression to earlier patterns. In substance addiction, this is the tendency for a person with an addiction, after a time of sobriety, to revert back to previous patterns of substance use or abuse. Griffiths (2005) suggests that the prior patterns of behaviour during the time of substance use can be regressed to almost instantly. The length of time a person with an addiction had been sober was not indicated as being a major factor in predicting relapse behaviour (Griffiths, 2005). Relapse can occur any time in the healing and recovery process and cannot be predicted as each person will experience the process of addiction and recovery differently.

Why do so many seek out treatment for an addiction when relapse is so likely? What treatment models have shown the greatest successes in relapse prevention? In a study by Comfort and Kaltenbach (2000), the researchers examined treatment outcomes for substance abusing women and discussed the personal characteristics as well as the treatment styles that are predictors for success in treatment. Some of the predictors found of outcome in treatment program included the woman's medical and psychiatric needs, family and parenting issues, criminal activity, feelings of victimization, and the age of first use (Comfort & Kaltenbach, 2000). Comfort and Kaltenbach (2000) found that women often enter treatment because they were worn out, sick of the lifestyle

they have become accustomed to and are in need of a change. Relating back to the stages of change model by DiClemente (2003), the woman, if in treatment, went through pre contemplation and contemplation and, as a patient in a treatment facility, would be acting on her contemplations and putting her plan into action by seeking help and change in her life. However, at any point in this process, the person may relapse back to behaviours and attitudes of previous stages.

Theoretical Models and Addiction

Treatment programs for those working on recovery from an addiction are guided by a theoretical model that explains addiction depending on the paradigm of origin. Two of the theoretical models are explored in the following sections.

Disease Model

The disease model of addiction has been a prominent model for treatment in the United States since around the 1960s, but has been used since as early as the 1930s in Alcoholics Anonymous programs (Sunshine Coast Health Centre, 2005; Ford, 1996). The main idea that resonates throughout this model is that addiction is a disease and some people inherently have physical and psychological characteristics that cause an inability to use substances in moderation (Sunshine Coast Health Centre, 2005). For instance, often disease models mention the theory that addiction is genetic and there is an addiction gene that is passed down through generations (DiClemente, 2003).

Because of the underlying themes of the disease model, often treatment centres that use the disease model as a basis of treatment will encourage people

with addictions to commit to a life of abstinence (Sunshine Coast Health Centre, 2005). An example of a recovery model that uses the disease model is Alcoholics Anonymous. The disease model also suggests that morality is a factor (Ford, 1996). In this vein, because addiction is seen as a disease, the person with the addiction cannot be blamed for the addictive behaviour because it is not in his or her control (Ford, 1996). Related to this, Ford (1996) asserts that explaining addiction as a disease offers a glimpse into the severity of the addiction, but this may leave a sense of helplessness because the person with the addiction does not have control over the behaviour. This model runs parallel with the biomedical model as it views the addiction as a physical symptom and thus, treats the physical addiction, but may not address other possible dimensions of the addictive behaviour.

BioPsychoSocial Spiritual Model

In this research, addiction was explored as a multidimensional phenomenon and therefore, used the biopsychosocial spiritual model. The biopsychosocial spiritual model can be related to alternative treatment approaches, whereas the biomedical model can be associated with mainstream models of treatment. In the biomedical model, addiction is viewed as having one cause that is treatable (Sunshine Coast Health Centre, 2005).

In the biopsychosocial spiritual model, the addiction is seen as having its source in multidimensional factors and, as a result, many factors must be considered in treatment (Eliopoulos, 1999). The biopsychosocial spiritual model corresponds to a holistic treatment approach, targeting multiple contributors to

the addiction, not solely the physical. Giordano and Geiss (2004) state that Western culture focuses on the idea that physical symptoms are to be treated, whereas Eastern medicine is more holistic in that it addresses an imbalance in one's equilibrium between mind, body and spirit. This conceptualization resonates with the biopsychosocial spiritual model.

Griffiths (2005) states many factors influence the process of addiction and each person experiences the process differently. Addictions are part of a multi-faceted process that, according to the biopsychosocial spiritual model, includes biological, social, psychological and spiritual influences. These four dimensions are part of the person as a whole and cannot be treated as individual parts or be separated (Sulmasy, 2002). In alternative therapy research, this holistic view is comprised of the dimensions of mind, body and spirit (Giordano & Geiss, 2004).

The biopsychosocial model, developed by George Engel (Sulmasy, 2002), was developed in the late 70's, but did not include the spiritual aspect that will be considered an important aspect of addiction and recovery in the research proposed by this author. However, it is important to first understand the basis or foundation of the biopsychosocial spiritual model to better understand the critical inclusion of the spiritual dimension.

According to Griffiths (2005), there are many contributing factors to addictive behaviours and, accordingly, addiction is a biopsychosocial process. Addiction is thus seen as an interaction between factors like biological and genetic predispositions, psychological factors like a person's personality, attitudes and beliefs, a person's social environment, and the addictive behaviour

itself (Griffiths, 2005). From this perspective, one can assume that addiction must be treated comprehensively to address each factor; biological factors, social factors, and psychological factors.

The biopsychosocial model has a variation that includes an additional spiritual component as a factor in addiction. In an article discussing the biopsychosocial-spiritual model, Sulmasy (2002), explains that the disease model does not consider the whole human, but only the physical dimension and though the biopsychosocial model addresses the vast dimensions of the human, it lacks the spiritual aspect. Eliopoulos (1999) uses a Venn diagram to illustrate how each dimension of the biopsychosocial-spiritual model is separate, but all connect into a whole model. The four aspects of the model are outlined, but are not seen as segregated, rather interconnected.

Spirituality. To understand the added spiritual dimension, one must understand what spirituality is. Often spirituality is confused with religion (Miller, 1998). Spirituality is considered to be a relationship with the transcendent and a spiritual person seeks a meaning through the transpersonal (Miller, 1998; Sulmasy, 2002). Religion consists of a set of beliefs and practices and contains a social aspect, whereas spirituality is individual and each person has his or her own relationship with spirituality (Miller, 1998; Sulmasy 2002).

Religion and spirituality are often incorporated into addiction treatment modalities. Miller (1998) relates spirituality to addiction and treatment and mentions that Alcoholics Anonymous does address the idea of spirituality and a

transcendent higher power as a part of treatment. Often people with addictions turn to a higher power for guidance in the process of treatment.

Additionally, Sanchez and Nappo (2008) found that people afflicted with addictions underwent an existential and behavioural crisis in which they could no longer find pleasure in the drug of choice and chose to explore the role of Catholic and Protestant religious interventions as a means for recovery. Many participants in the research did not seek any other treatment methods because religious treatment is free and immediate. In religious intervention, constant prayer and mass attendance is what is believed to support sobriety (Sanchez & Nappo, 2008). Participants pray constantly, especially during times of withdrawal symptoms like cravings. Similar to dance and music therapy, religious therapy gives the person with an addiction a sense of belonging to a group and a sense of unity in what may have been a long and lonely journey to seeking help (Sanchez & Nappo, 2008).

Amaro, Magno-Gatmaytan, Meléndez, Cortés, Arevalo, and Margolin (2010) looked at the effects of incorporating spirituality among people who were addicted to substances as well as affected with human immunodeficiency virus (HIV). After the eight week individual intervention, Amaro et al. (2010) found that there were positive changes in levels of spirituality, motivation and HIV prevention knowledge when spirituality was incorporated into treatment. The mention of levels of spirituality refers to the idea that someone may have started the treatment with having no connection to a spiritual self and his or her understanding or connection grew or developed.

Further, Winkelman (2001) observed that while AA is a mainstream recovery approach that incorporates a higher spiritual power into the 12-step process, it often encourages participants to go further and begin meditation and to feel spiritual awakenings. Winkelman (2001) relates this type of spiritual experience in treatment to Shamanic approaches in which one has a relaxation response using an altered state of consciousness to access one's own spiritual reality. Similar to what occurs in the meditation process incorporated into the 12-step program, the brain wave discharges move into the theta range and there is a natural endogenous opioid production similar to the altered state of consciousness that substances provide for the addicted person (Winkelman, 2001).

Spirituality does not only play a role in treatment, but there is research to show that spirituality influences various stages of the progression of an addiction. According to Miller (1998), spirituality has a role in risk and protective factors, elements of the course of addiction, the use of alcohol or drugs, and in components of recovery. If spirituality has such an influence in the overall picture of addiction, it is an important factor in understanding the life experiences of a person that utilizes a treatment type, including the spiritual experience.

According to McCoy, Hermos, Bokhour, and Frayne (2004), the beginning of recovery starts when the person with an addiction recognizes his or her emptiness or lack of purpose and acknowledges the need for help. In religious intervention, admitting one has a problem and that there is a profound emptiness requires one to embrace Jesus Christ and sustain a relationship with God

through prayer and through one's actions (McCoy, Hermos, Bokhour, & Frayne, 2004). This type of religious therapy requires one to be associated with some type of religion that acknowledges a certain higher power. This is more specific than some spiritual therapies that simply acknowledge that there is dimension beyond what can be observed.

Spirituality does not necessarily identify with an organized religion. Often there are associations with a higher power. According to Kissman and Maurer (2002) spirituality is transpersonal and a major characteristic of emotional health that helps in the cleansing of the mind for self-nurturing and coping. In spiritual healing, one finds a connection between one's self and a higher power, which may enable resilience in the symptoms associated with addiction like stress or trauma (Marcotte, Margolin, & Avants, 2003) as there is a belief in something that is constantly accessible and available for support. Marcotte, Margolin, and Avants (2003) mention that a strengthened spiritual self allows the person with the addiction to secure the work of the person's recovery as the addictive self is weakened.

There are many theoretical perspectives related to the development and treatment of addiction. Griffiths (2005) argues that because addiction is multifaceted it cannot be explained by uni-dimensional theoretical perspectives such as suggested by the disease model. Therefore, for the purposes of this research, addiction and its treatment will be observed through a biopsychosocial spiritual theoretical framework. This framework parallels with the perspective supporting alternative and complementary therapies where health is facilitated or

reclaimed through a combination of mind, body, and spiritual healing. Often mainstream treatment programs do not address the dimensions discussed in the biopsychosocial spiritual model and thus, a person may seek alternative or complementary therapies to supplement for what may be lacking in the mainstream treatments he or she chose.

Wilber's spectrum of development. Wilber (2006) asserts that there are various states of consciousness that can range from meditative to altered states. For example, this can range from the use of drugs to alter one's mood to the occurrence of "peak" states, like when someone is experiencing euphoria from a connection with nature or love. Therefore, throughout one's day, an individual may experience multiple states of consciousness, aside from the commonly thought of sleep and awake stages of consciousness. According to Wilber (2006), these states of consciousness may be unimportant in the big picture, or may present motivation and act as a determining factor in transforming one's life, as in peak consciousness or a spiritual awakening. It is possible that in the process of addiction, a person may be seeking altered states of consciousness that compare with the feelings associated with peak consciousness.

Wilber (2006) outlines three linear stages of development that people progress through that represent a movement from being egoic to a spiritual orientation of being. The first stage is termed pre-conventional and represents an ego-centric way of thinking and being where the young self is primarily self-absorbed. The conventional stage follows and the self, at this level of development, is considered to be more ethnocentric, identifying more with its

immediate group or culture and is more exclusionary to those who are different. Lastly, development proceeds to the post-conventional stage where an individual's identity expands to a world-centric orientation, which includes an acceptance and caring of all people, regardless of culture or race (Wilber, 2006). Thinking moves beyond the understanding of "us" and moves to "all of us" and an idea of wholeness. Wilber (2006) describes this as the spiritual stage of human development where the spiritual component of all sentient beings is recognized. At this point, the human being is living in a more whole state with the conscious integration of body, mind, and spirit. Individuals at the further stages of this developmental spectrum are considered spiritually awakened (Wilber, 2006)

Alternative and Complementary Therapies

Alternative and complementary therapies are not new concepts, but are fairly new to Western medicine and even more so in the field of addictions. Fontaine (2000) outlines the basic beliefs within alternative and complementary medicine. The concepts mentioned are balance, spirituality, energy, and breath (Fontaine, 2000). Alternative therapies assert that the body has its own healing mechanisms and health is not a destination, but more of a lifestyle (Giordano & Geiss, 2004; Fontaine, 2000). Complementary therapy combines the mainstream methods of treatment with alternative (Ernst, et al., 1995 as cited in Bardazzi, et al., 2006). Complementary treatment may be a primary choice to treatment, as a person chooses multiple treatment methods in both alternative and mainstream treatment paradigms, or can be a choice made based on experience. For instance, a person may start his or her treatment in a mainstream treatment

program and decide that the program is not addressing his or her needs as he or she wishes, so a decision is made to try an alternative therapy method.

According to Eliopoulos (1999), there was a tendency to oppose alternative and complementary medicine in the past due to the lack of scientific evidence as compared to mainstream medicine. Some of the main points in alternative and complementary medicine are that the body has internal healing components, there is more to healing than physical healing, and healing is a process and health is a lifestyle, each person should be treated differently and each person should direct his or her healing process (Eliopoulos, 1999). There are many types of alternative and complementary therapies that are used and each has its own strengths depending on the person, the type of healing necessary, and the resources available. For instance, according to Fontaine (2000), alcohol abuse is best treated with acupuncture, milk thistle, kudzu, meditation, or yoga.

According to Osborn (2002), addiction is becoming more prevalent within Western society. There are several alternative and complementary therapies that focus on many of the areas of person as a whole. Some include journaling to address emotional expressions, yoga and exercise for the physical body, homeopathic therapies for the mind, and acupuncture for the physical and spiritual body and to encourage the body's own healing mechanisms (Osborn, 2002). These alternative and complementary therapies bring treatment back to basics of healing with relaxation and using non-pharmacological methods in healing the mind and body (Osborn, 2002). A person with an addiction can

address many areas of his or her addiction through exploring alternative or complementary therapies and using mixed methods of treatment to target different aspects of oneself whether it is physical, mental and/or spiritual and use a more holistic approach. The following introduces some of the more common types of alternative and complementary therapies.

Chinese Medicine

There are many natural approaches to treating addiction that are becoming increasingly popular in Western society. Various herbs and plants have proven healthy and safe alternatives to pharmacological drugs. Meletis and Zabriskie (2008) mention many herbs like kudzu, St. John's wort, or Chinese ginseng. These herbs create changes including affecting neurotransmitters and hormones (Meletis & Zabriskie, 2008). Chinese herbs combined with other Chinese treatments like acupuncture are natural therapies that have potential applications to diverse types of addictions (Meletis & Zabriskie, 2008).

Chinese medicine focuses on the relationship between the mind and body and various energies are affected by the different types of substances (Jiang, 2008). According to Jiang (2008), desire is guided by the heart and is an internal feeling. When an abnormal desire becomes out of control like a substance addiction, the result is a dysfunction in the body, which throws off the body's energy (Jiang, 2008). Different substances create different effects in the body and therefore, require different treatments like biomedical, alternative, complementary, or support (Jiang, 2008). Treatment is not only a choice based on personal beliefs and preference, but may be affected by the type or severity of

addiction. Some treatment methods are more successful for certain types of addiction than others.

Acupuncture. One complementary therapy that is growing in popularity in the Western culture and in scientific research is acupuncture. This method combines both mind and body therapies as well as physical treatments. Acupuncture, in Chinese medicine, incorporates and acknowledges the importance of the integration of mind and body healing. Ramsay, Bowman, Greenman, Jiang, Kushi, and Leeman (1998) write about how patterns of energy flow are important for health. These patterns are addressed through acupuncture by targeting certain points on the body with the treatment (Ramsay, et al., 1998). In acupuncture, the practitioner stimulates various points on the body by monitoring the placement, depth, and angle of a needle to address the necessary points (Freeman, 2009).

There are many different styles of acupuncture treatments. One example is auricular or acupuncture localized to the ear. Auricular acupuncture targets points on the ear to produce various healing effects on the participant (D'Albarto, 2004). According to various research studies, auricular acupuncture is beneficial in treating drug addiction (Editorial Staff, 2005). A research article in *Acupuncture Today* (Editorial Staff, 2005) found that after using auricular acupuncture up to five days a week, people with addictions reported a reduction in withdrawal symptoms like cravings, depression, anxiety, etc. This article addresses the physical ailments that come with addiction and how acupuncture can lessen the effects of these ailments to make the recovery process less physically daunting.

By reducing the physical pains that are associated with recovery, the person may be more likely to continue with treatment and recovery.

Ashton, Nodiyal, Green, Moore, and Heather (2009) examined the characteristics of people with addictions and the types of treatment the people choose; acupuncture or counselling. In the acupuncture group, the results showed that there were fewer participants in full-time employment and more participants with previous legal problems. The most common drug of choice was heroin in the acupuncture group (Ashton, H., et al., 2009). This is one example of quantitative research on the topic in which the researcher looked at the various characteristics and demographic information that might contribute to the decision to use specific complementary therapies. This information is useful in understanding the types of people that may choose this therapy, but does not take into account experiences in other treatment models.

Margolin, Avants, and Kleber (1998) make the point that acupuncture is a healthy option for people with addictions who are not sure about seeking treatment or not comfortable with the idea of a mainstream group or 12-step treatment process. Acupuncture is nonverbal and therefore, less threatening in the area of self-disclosure and social acceptance (Margolin, et al., 1998). People with addictions who are deterred from treatment because of a lack of self-esteem or a discomfort with personal sharing and exploration may benefit primarily from acupuncture. As stated before, acupuncture has shown to have positive effects on withdrawal and anxiety associated with treatment, so by using this treatment to get past the first stages without the anxiety of social pressures as well, the

person with an addiction may then move into a more calm and comfortable place in self-disclosure and try more verbal therapeutic treatment techniques.

Herbal medicine. Another distinct type of Chinese medicine that parallels acupuncture is the use of herbal medicine to treat a substance addiction. According to Lu et al. (2009), herbal medicine was brought into substance abuse treatment about 200 years ago, but has more recently been more accepted after various clinical trials testing the herbal medicines produced more scientific evidence in the results. The researchers found that though there was insufficient evidence in this research study that alternative therapies should be used as a primary care source, when used as a complementary therapy with mainstream treatment methods, alternative methods are beneficial for healing and recovery (Lu, et al., 2009).

Substance addiction can be addressed with more than one form of Chinese medicine like using herbal medicine in conjunction with acupuncture (Lu, et al., 2009). As Lu, et al. (2009) mention, there are advantages of herbal medicine over pharmacological medications like the fact that herbal medicine can be safer than pharmacological medications, there are fewer side effects and often, it is less expensive than mainstream medications within treatment. One major point about Chinese herbal medications compared to most pharmacological medications is that herbal medications are non-addictive and therefore, less perilous when being used by a person with an addiction (Lu, et al., 2009).

Chinese medicine uses herbs to address ailments in the body and mind. In a study regarding heroin addiction and traditional Chinese medicine, Wang (2006) discussed the effectiveness of the U'Finer capsule, a pure mix of herbs that was used as a possible alternative treatment for heroin addiction. Similar to other herbal medicine techniques reviewed, results are positive in that some of the damage in the brain caused by heroin use was restored after 6 months of use, the relapse rate for the people with addictions was low, and the herbal capsule was a safe and affordable alternative to pharmacological treatments that have been used prior (Wang, 2006).

Homeopathy. Often, herbs are used to stimulate the body's natural defences to disease, which is the basis for homeopathic medicine (Freeman, 2009). Natural substances like plants, minerals, and animals are diluted and prepared for some time, depending on the substance and given to the person as a means to stimulate healing and allow the body to heal naturally (Freeman, 2009).

Lennihan (2004) states that homeopathy is deeply healing and does not interfere with conventional or mainstream treatment. Therefore, homeopathy could be used as a complementary treatment method. Homeopathy is non-addictive and not habit forming, there are no side effects as it is a natural method. It is economically effective in that it is not expensive to use (Lennihan, 2004). By combining mainstream, complementary, or alternative treatments, many dimensions of the person with an addiction can be addressed in a more holistic approach.

Yin & Yang. According to Lyons (2007) much of the psychology and mind/body relation of addiction can be explained through a perspective related to the ideas of Yin and Yang. Ying and Yang refers to a Chinese medical theory that explains how things function continuously and naturally (Freeman, 2009). The two sides of Yin and Yang represent various characteristics that are symbolized as a circle with one half light and one half dark in colour. Yin is the dark side of the Yin and Yang symbol and represents a more introverted trait like rest, responsiveness, and inwardness, whereas Yang is the lighter side of the symbol that is characterized as stimulation, excitement and movement (Freeman, 2009). Yin and Yang must be seen as a whole and thus, relate to the concept in alternative medicine that no one part of the whole can be understood without considering all parts of the whole (Freeman, 2009). The addiction is conceived as a product of a void or a hole in the soul in which the person with an addiction needs to fill up with everything that one can like the drug of choice (Lyons, 2007). Treatments based on this perspective emphasize that there is a soul that is part of but also apart from the body and needs to be addressed as such (Lyons, 2007). The concept of filling a void in one's soul is similar to mainstream treatment 12 step notions that a person with an addiction is without a higher power and must succumb to the higher power for healing.

Two theories about addiction come out of Yin and Yang ideology. First, there is the assumption of the Yang in which there is too much pressure from the outside world as opposed to the Yin in which the pressure is from within in that the deeper issues of the addiction are held within oneself (Lyons, 2007). Yin and

Yang offer an understanding of the mind/body relationship in Eastern medicine and can be used as a basis for healing models and processes.

Creative Self-Expression as Therapy

Art therapy. Art therapy is a form of complementary therapy that is less biologically focused and concentrates on mind and body. Art therapy is often used as a complementary therapy as in a research study in which Matto (2002) integrated art therapy into a Christian based, inpatient substance abuse treatment centre. Art therapy in this setting created group cohesiveness and an atmosphere that encouraged self-disclosure, self-awareness and increased self-esteem (Moore, 1983; Virshup 1985 as cited in Matto, 2002). Art therapy can create insight to the feelings of a person with an addiction in the symbols and colors that emerge in art therapy sessions.

Music and dance. There are creative forms of mind and body therapies that contribute to healing and treatment (Manheimer, Anderson, & Stein, 2003). Body movements are often used as a nonverbal method of self-disclosure and can be therapeutic and expressive. Regularly in addiction, mental illness and addiction co-occur, but mainstream treatments only address the addiction as a physical issue and not the mental illness that may be present as well (Ross et al., 2008). Though researchers are unsure what the therapeutic mechanism is in using music to treat mental disorders and substance use disorders, music has been used in shamanistic rituals and treatment and proves to be beneficial for adherence to treatment and follow-up results (Ross et al., 2008).

Using music is also helpful in facilitating natural altered states of consciousness. Winkelman (2003) found that drumming is a musical and therapeutic addition to treatment as it gives participants a new outlet of expression. Participants embraced the drumming and created a sense of unity and a bonding among the drumming group. Drumming connects physical movements with a spiritual idea of wholeness and inclusion in the drum circle. Winkelman (2003) found that people with addictions who participate in drumming groups show a reduction in drug use and drug-related violence.

Dance is a therapeutic technique that incorporates body movement with various senses to feel the music and express deeper feelings nonverbally (Milliken, 2008). This would be appealing to people with addictions who are not comfortable with self-disclosure and have issues with verbalizing feelings or emotions. Milliken (2008) used a creative arts approach in including inmates in a jail system in dance/movement therapy. The dance groups encourage cohesion and relationship building because of the group dynamic. Through the dance, there is self-expression, a release of emotions through movement and the participants regain a sense of balance and strength in both the body and the mind (Milliken, 2008).

Yoga

A combination of physical strength and exercise and spirituality is found in yoga movements and positions. Often exercise is performed for physical health and strength. Khalsa, Khalsa, Khalsa, and Khalsa (2008) found that yoga movements are shown to help with a reduction of stress and anxiety in people

with addictions. When performing yoga movements, often people reach a high state of consciousness, self-awareness and self-esteem (Khalsa, Khalsa, Khalsa, & Khalsa, 2008). Yoga is similar to a combination of physical exercise and meditation.

Alternative and complementary therapies show positive effects on the mind, body, and spirit as a method for regaining and maintaining health. Though there is an abundance of information regarding how each type of therapy is helpful and many studies regarding the success in alternative and complementary therapies, there are gaps within the research that must be acknowledged to fully understand alternative and complementary therapies in relation to addictions.

Critical Analysis of the Research

What Is Understood

Mainstream treatments have proven successful in providing treatment for addiction that offers people resources and support to prevent relapse (American Psychiatric Association, 2000). There are people with addictions who undergo mainstream therapies and they are successful in sobriety, yet there are people that do not find recovery and healing in mainstream treatments, but still acknowledge that treatment for their addiction is necessary. Alternative and complementary treatments may be helpful for people with addictions who do not share the beliefs of the mainstream treatment models, but are still seeking recovery. Mainstream treatments are available, well-known, proven to be successful, and easily accessible to anyone. Knowing this, why would person

with an addiction seek out lesser known therapies for treatment of the addiction?

The research presented is thorough in explaining the successes and limitations of various types of treatments including alternative and complementary treatments.

Gaps in the Literature

In the addictions field, alternative therapies are fairly new topics in the Western world (Lu et al., 2009) and because of this there is limited knowledge about the how a person with an addiction chooses a treatment program. There may be a lack of information due to fear of bias or judgement. People that seek alternative therapies for depression or anxiety may mask other issues, possibly addiction, to avoid stigmatization. Addiction is stigmatized and, there upon, people with addictions are stigmatized (DiClemente, 2003).

There is a gap in the research around alternative medicine. As alternative medicine becomes more common in Western culture, more people are researching about the types of medicine and the benefits, but there is little research about why people might choose this over what seems to be fool proof; mainstream medicine. Though there is research about the effectiveness of complementary and alternative therapies (Giordano & Geiss, 2004; Sanchez & Nappo, 2008; Amaro et al., 2010), there is little research exploring the lived experience of a person with an addiction who uses an alternative or complementary process in healing. Research has been conducted regarding why people choose alternative therapies in many common ailments like arthritis or back/neck pain, or depression and anxiety (Eliopoulos, 1999). Much of the

information regarding the choice to use alternative medicine comes from the hospital setting or people that work in a mostly conventional medicine atmosphere like nurses or doctors (Fontaine, 2000).

It is important to understand the experiences that influence a person to use certain treatment methods over others. This information can help an addictions counsellor to guide a person with an addiction to a therapy model that will provide the most appropriate and fulfilling care to ensure the safety and health of the person seeking recovery. If an addictions counsellor understands the lived experiences that lead to making a decision about treatment and what life events or experiences contribute before or during treatment that trigger a decision for a certain type of therapy, a person suffering with addiction may be guided more directly to a treatment that will be appropriate. For some people, 12-step programs are the best way to combat one's addiction and sobriety is achieved and sustained, but there are people for who the 12-step treatment does not resonate and alternative therapies could perhaps provide the necessary support for success in recovery. Understanding the firsthand experience of a person with an addiction and the lived experiences that contribute to the decision to seek treatment can provide insight for professionals providing guidance to those seeking treatment. Being aware of alternative resources along with the choices a person makes to incorporate these approaches into his or her treatment and recovery process may assist the addictions counselling professional to have informed discussions about treatment options with his or her clients.

There is a common understanding around the type of people that choose alternative therapies and for which reasons, but these understandings are based on chronic illness like neck pain or back pain. There is little material looking into the relationship between addiction and alternative and complementary medicine. The underlying issues that contribute to the development of addiction may be why people seek alternative and complementary medicine. For instance, as stated previously, often people seek alternative therapies for depression and anxiety (Fontaine, 2000). Could the depression or anxiety be a precursor to addiction or a symptom of trauma that could contribute to substance use?

Bridging the gaps. Mainstream treatment methods have shown success, but do not encompass what is outlined as health in the biopsychosocial spiritual model. Mainstream or conventional treatments use the disease model and treat mostly the physical symptoms of disease, which is important as addiction is detrimental to the physical body (Ford, 1996). In incorporating the biopsychosocial spiritual model into treatment, a more holistic approach is used (Ford, 1996; Giordano & Geiss, 2004). In the disease model, health is based on being disease-free, as opposed to the alternative or complementary treatment style that is more focused on a lifelong journey of health (Eliopoulos, 1999).

It is apparent that addiction is not solely a physical process, but rather, it encompasses many aspects of the life of the person with an addiction (DiClemente, 2003), and thus, it is important to address all of those dimensions, rather than to solely focus on the physical aspect. By expanding the disease model to address more than the physical symptoms and to address more than

the physical addiction by looking at the biopsychosocial spiritual model in regard to addiction, treatment will be more holistic and encourage a lifestyle change. If the person with the addiction finds balance by working with the biopsychosocial spiritual approach and regains and maintains health, according to DiClemente (2003), after a certain time, behaviours should become habitual.

If there is more to addiction than simply a physical addiction and more to recovery than physical health, we must treat the addiction from all angles and dimensions. Each person with addiction will have different life experiences and processes that guided him or her to the point when the development of his or her addiction began and throughout its progression. By understanding the experiences and mapping out the imbalances within the dimensions outlined by the biopsychosocial spiritual model, specific mainstream and alternative or complementary therapies can be suggested for treatment.

The Research Question

This research explores the life experiences, choices, and healing of a person with an addiction who uses alternative therapies in treating addiction. The current literature focuses on what benefits alternative therapies have and why people may choose them over mainstream methods, but does not factor in the idea behind alternative and complementary therapies; mind, body, and spiritual healing and health as a lifelong process, not something static to be achieved as an end state.

Substance addiction is more complex than solely being a physical addiction, but rather, impacts many factors in one's life. Addiction progresses

with time, starting from experimentation and developing into abuse and addiction (drugrehabadvice.org, n.d.). While combating an addiction, one begins the path of what DiClemente (2003) outline as the stages of change model. The stages of change model outlines the various non-linear steps that occur through the pathway to changing a behaviour, starting with denial and moving through to maintenance of a new behaviour, with the possibility of regression or relapse throughout the process. When the choice is made to seek help and change, starting at the second stage of DiClemente's (2003) stages of change model, there are multiple routes to take in terms of choosing a treatment option.

Mainstream treatment is more commonly known and includes treatment models like AA, NA, or other 12-step program models. These types of programs use the disease model to treat the physical symptoms, but rarely address the deeper issues commonly associated with addictions. Alternative and complementary treatment methods are less common in conventional medicine and include therapies like acupuncture, meditation, or herbal medicines. This type of therapy comes from more holistic approach in an attempt to balance the mind, body, and spirit (Giordano & Geiss, 2004).

The biopsychosocial spiritual framework considers the various dimensions that are affected by addiction. By using both mainstream and alternative therapies, or using complementary methods, one can likely address the multiple dimensions of addiction and encourage recovery of health.

This research contributes to understanding the life experiences and events that influence a person with an addiction to choose alternative therapies

with or without using mainstream methods. The following chapter describes the methodology that informed this thesis research. The aim of the methodology chapter is to describe how using the biopsychosocial spiritual theoretical framework relates to the methodology of the research. The data collection method and how the researcher interpreted the information gathered to answer the research question is also discussed.

The research question that was answered through conducting this research process was: What is the lived experience of a person who uses alternative methods to treat a substance addiction?

CHAPTER THREE

Methodology

Chapter two discussed the research done about the research topic to provide a theoretical background that supports the research question. This encompassed a model of addiction along with a discussion of mainstream treatment and alternative and complementary therapies. The various stages of addiction and stages of change were reviewed and the importance of the research question was explored. These discussions all relate to the research topic regarding the lived experiences of a person who uses alternative therapies in substance addiction recovery.

Chapter three outlines the methodological approach to conduct research into the topic. First, a discussion of the implications of paradigms for research is offered. Next, the research framework guiding the completed research is explored. Following this, the method that the information was gathered with to best answer the research question is outlined. Last, the process for analysing data and a discussion of ethical issues is presented.

Paradigm of Understanding

Defining a Paradigm

A paradigm is a point of view; a way of looking at the world (Mertens, 1998). A paradigm provides a way to understand a "whole" in relation to the many small parts of the world that are discovered constantly. A paradigm is a way of understanding various life events to create an overall understanding of the

whole (Guba & Lincoln, 1994). A paradigm, supported by one's basic beliefs as a part of a collective, defines the nature of the world (Guba & Lincoln, 1994).

There are three questions outlined by Guba and Lincoln (1994) that define a paradigm:

What is the nature of reality? (ontological)

What is the nature of knowledge and the relationship between the knower and the would-be known? (epistemological)

How can the knower go about obtaining the desired knowledge and understandings? (methodological)

The answers to these questions define each specific paradigm and the philosophical assumptions associated with it. It is important to identify which paradigm of understanding is appropriate for a research topic to address all aspects of the research.

A paradigm is a natural way of working and doing things (Tart, 1975). The choice of a paradigm should be sensible (Tart, 1975) in that the researcher and the research should fit into the tenets of the paradigm comfortably. The paradigm that is used for the research should fit with both the topic of investigation as well as the researcher's beliefs about the research process.

It is important to articulate the paradigm with which the researcher identifies as it will guide the research framework and methodology within the research. All of the major viewpoints and ways of thinking within the research topic must relate in a way that will allow for the richest and most compelling results and answers to the research question.

“Eyes” of knowing. Wilbur (1998) describes what he sees as the three modes of knowing in his outline of the “three eyes” or ways of understanding the world. The three eyes that Wilbur discusses are the eye of flesh, the eye of mind, and the eye of spirit (Wilbur, 1998). The eye of flesh is the way in which the concrete world is perceived emphasizing the importance of time and measurement and sensory experience. The eye of mind is the means with which we acquire knowledge of philosophy and of the mind itself. Lastly, the eye of spirit is the perceptual and organizing capacity with which knowledge is obtained from a transcendent reality (Wilber, 1998).

Blended paradigms. Methods outlined in the research must be appropriate for the topic and address all aspects of the research question completely (Tart, 1975). The method and the topic must fall within the same paradigm. In this research, life experiences of people who seek alternative treatment in addictions fall into the interpretive/constructivist paradigm and the transpersonal paradigm. These paradigms will be discussed in more detail in the following sections.

In this research, the interpretive/constructive aspects of the research topic, such as the participant's interpretation of his experiences, relate most to Wilber's eye of mind, but the spiritual aspect of experience and healing would fit better with the eye of the spirit. It is important and beneficial to blend and borrow from more than one paradigm to best uncover the topic of research when conditions like this exist within a topic of discovery (Braud & Anderson, 1998). While the topic of this research falls into the interpretive/constructivist paradigm, this

paradigm does not fully support an understanding of one of the main aspects, that of spirituality. Therefore, in an effort to encompass the topic as a whole and describe the research paradigm completely, it was apparent that two paradigms must be blended. This allowed for all aspects of the research to be addressed fully and completely.

In the interpretive/constructivist paradigm, reality is socially constructed and each person experiences his or her reality differently (Mertens, 1998). Though much of the topic does fit into the interpretive/constructivist paradigm, the spiritual aspect of the theoretical framework and the biopsychosocial spiritual model is not addressed to the same extent as the biological, psychological, and social models in the interpretive/constructivist paradigm.

Spirituality is a part of the theoretical framework discussed in chapter two that relates to the topic. It is important that the paradigm guiding the research parallels with the topic and the theoretical framework. The biopsychosocial spiritual model suggests that being unwell, such as when affected by an addiction encompasses biological, social, psychological and spiritual elements of existence (DiClemente, 2003). Though spirituality can be understood as socially constructed and that one creates his or her own understanding of spirituality based on his or her own reality, it is not as concretely supported by the interpretive/constructivist paradigm and thus, a need for paradigm blending arises. To best encompass every aspect of the topic and address all of the dimensions of the research, transpersonal and interpretive/constructivist paradigms were blended.

Interpretative-Constructivist Paradigm

The interpretive/constructivist paradigm is one of the more commonly used paradigms within the research community (Mertens, 1998). The best way to define the paradigm is by answering the ontological, epistemological, and methodological questions. To answer the ontological question, the interpretive/constructivist paradigm asserts that there are multiple constructed realities (Mertens, 1998). Realities are socially and experientially based (Guba & Lincoln, 1994). Each person experiences the world differently and understands life experiences differently and thus, would understand reality differently. In the research conducted for this thesis, it was assumed that each person who uses alternative treatment methods for treating an addiction had unique life experiences.

In reference to the epistemological question, the interpretive/constructivist paradigm outlines an interactive link between the researcher and the participants (Mertens, 1998). Therefore, the inquirer and the inquired are intertwined in an interactive process which allows for an interactive mode of data collection and understanding.

In the third question regarding methodology, the interpretive/constructivist paradigm uses qualitative, often hermeneutical and dialectical methods, that describe contextual factors in the research topic (Mertens, 1998). However, the spiritual aspect that is so important in the research topic and outlined thoroughly in the theoretical framework is not adequately addressed by this paradigm because some spiritual experiences are understood to occur beyond the confines

of mind and language (Braud & Anderson, 1998). As stated previously, the paradigm needs to fit the research topic and cover all aspects of the research, and thus a transpersonal way of knowing needed to be incorporated.

Transpersonal Paradigm

The transpersonal paradigm provided a way to embrace an understanding of the spiritual aspect of the theoretical framework of the research topic. This paradigm allows an inquirer to delve into a profound and incomprehensible aspect of human experience that is often ineffable and on a deeper level than language and conversation (Braud & Anderson, 1998). A transpersonal paradigm allows for the exploration of the full range of human nature and experiences that are ordinarily thought of as spiritual, and are beyond conscious thought and communication (Braud & Anderson, 1998).

A paradigm requires identifying what knowledge is and how one claims to know (Mertens, 1998). The transpersonal paradigm legitimizes that ways of knowing are evolving with the expanded understanding of how humans grow and develop beyond ordinary consciousness (Hart, Nelson, & Puhakka, 2000). According to Hart, Nelson, and Puhakka (2000), knowing is multifaceted; there are multiple perspectives of knowing and multiple nodes of knowing. Similarly, Wilbur (1996) states that in that contemplative or spiritual knowing is experiential rather than cognitively constructed. Thus, spiritual knowing is different, which is where the transpersonal paradigm plays a significant role in the topic of this research.

From the perspective of the transpersonal paradigm, the researcher does not claim to know what the inquired person knows, but rather to have empathy and through this empathy, the researcher understands the inquired person's experience with a certain intimacy, to reach the point of feeling with the person telling his or her story (Hart, Nelson, & Puhakka, 2000). Knowing is not synonymous with being conscious. To clarify, learning can occur during various mental states and, depending on one's beliefs and experience, what a person knows can be based on various learning mediums. For example, a person can learn and obtain knowledge through a spiritual awakening that is beyond the physical world. Knowing and knowledge can occur in various states because knowing is an activity, not a state (Hart, Nelson, & Puhakka, 2000). Therefore, there is knowledge beyond what is present and conscious. Tart (1975) mentions that transpersonal knowledge is experiential and there upon, knowledge is ever-changing and is both conscious and unconscious as experiences continue beyond the conscious.

A Blend of Research Frameworks

The blended research framework that guided the research inquiry in this manuscript is phenomenological hermeneutics, which is housed within the interpretive/constructivist paradigm, combined with integral hermeneutics, which falls within the transpersonal paradigm. Research was undertaken to understand the lived experience of a person with a substance addiction who used alternative therapies in recovering from that substance addiction. I, as the researcher, acknowledge that my experience and my knowledge do not allow me to

completely remove myself from the research, giving reason to why hermeneutical phenomenology is most appropriate. Additionally, because the topic had the potential to involve spiritual aspects of addiction and treatment that go beyond cognition and language, integral hermeneutics was called for. The research question chosen to guide this research process is the following: What is the lived experience of a person who uses alternative methods to treat a substance addiction?

Phenomenological Hermeneutics

Hermeneutics refers to the process of interpretation, which is why the stance of the researcher is important to consider when undertaking a hermeneutical study (Chessick, 1998). My life experiences and the way I understand the world influenced the questions that I asked and the way that I understood the spoken and ineffable language exchange. In this research, I wanted to understand the whole experience by understanding the various parts and experiences within the life of the person with the addiction as well as how I fit into and interpret those pieces. This embraces the importance of the hermeneutic circle in the process of interpretation in that the whole is studied in relation to the parts, which leads to a more complete understanding of the whole (Chessick, 1998). In this case, the various experiences of the participant are understood to make sense of the entire lived experience. Thus, before delving into the research, I had to first acknowledge my biases and prejudices.

When utilizing the framework of phenomenological hermeneutics, a researcher gathers stories and experiences from individuals, but goes beyond

understanding the essence of these narratives. As the researcher, I understood that I could not sum up the experiences through the journey of addiction into essential ideas, but rather, there were multiple factors that would influence the interpretation including my own biases. The purpose was to interpret the personal lived-experience of the research participant and acknowledge that while there are similarities in the experience, there may also be deeply concealed ambiguities and differences. This relates to this research in that ultimately, the experience can differ for every person with an addiction and those differences may have been the only overarching essence of this research.

During the process of hermeneutic interpretation, a researcher not only focuses on the words being said, but what is meant by the words, and possible multiple meanings to statements (Grondin, 1994). It is important to step away from conventional language and understand the deeper messages that a person's description of the lived-experience is portraying completely by listening to the meaning beyond the words, observing language cues, and offering other means of disclosure like writing or drawing tools (Grondin, 1994). Language is not only a factor in interpretation, but also important in the process of asking questions and listening to and observing responses. By asking questions in a general manner, it allows for interpretation and therefore, the answer may not be what the researcher had interpreted the question to be seeking, but may reveal an answer different from what the questions intended. During the exchange with people describing a topic of interest, the researcher must listen with hermeneutically trained ears to not only what is said, but also what may be

meant (Grondin, 1994). In doing this, the researcher must learn to read between the lines of what is being said and go beyond what seems logical in language to fully interpret statements.

While a general understanding of the process of interpretation is required, the researcher must acknowledge that there is no specific formula to follow as each person interprets meanings differently. Rather than providing a formula, phenomenological hermeneutics provides an orientation for interpretation. The descriptions of the lived-experiences are to be interpreted based on the information gathered and the researcher's personal situatedness in the topic and in the world in general.

History of phenomenological hermeneutics. Phenomenological hermeneutics has grown and developed over time as various researchers interpret the meaning of the philosophical framework and change it to better fit evolving research. Heidegger is one of the earliest philosophers whose writings contributed to the development of phenomenological hermeneutics. The development of hermeneutic theory began in the 19th century and Heidegger embarked on his contribution in the 20th century (Grondin, 1994). Heidegger characterised hermeneutics as an interpretation of existence and that understanding comes from a prior understanding and therefore, is existential (Grondin, 1994). Where one comes from and how one views and experiences the world depends on how one exists in the world. Heidegger also mentions that by striving to interpret information, one is trying to help fore-understanding become transparent (Grondin, 1994), which is why a hermeneutic researcher

cannot bracket out his or her experience to gain an understanding about the topic of interest. Based on this researcher's understanding of the world and of reality, it is understood that personal experiences will influence interpretation and be a part of the research findings.

Another frontrunner in the history of phenomenological hermeneutics is Gadamer. Gadamer was concerned with how human sciences fit in with natural sciences. Because interpretation and understanding produced by human sciences are not able to be tested within the natural sciences, there is often question about the integrity of the research. Gadamer mentions that human sciences arrive at an idea or knowledge by using psychological interpretation and thus, not producing "hard knowledge" as a natural science based study would (Grondin, 1994).

Understanding is another vital aspect in using phenomenological hermeneutics and, as Gadamer asserts, it is necessary to distinguish between the types of understandings (Warnke, 1987). The two types of understanding as outlined by Gadamer are the understanding of truth content which refers to substantive knowledge and the understanding of intention and the knowledge of conditions (Warnke, 1987). Understanding truth content is to understand what happened. The understanding of intention is how it was interpreted or the meaning taken from the experience. To each person, these understandings in any situation can differ greatly based on his or her understanding of the truth content and the intention, which is why it is important to reiterate that the information gathered and themes developed were interpreted by the researcher.

Integral Hermeneutics

Integral hermeneutics, which is housed within the transpersonal paradigm, delves into experiences and processes that are beyond the bounded consciousness of the individual (Braud & Anderson, 1998). The transpersonal paradigm acknowledges that there is something beyond the individual as well as a connection between oneself and nature. According to Braud and Anderson (1998), this interconnectedness is an important aspect in understanding one's true self; not solely the physical, but the mind and the spirit as well. In this research, the spiritual component of the research topic is addressed through integral hermeneutics. Human experience is multifaceted and thus, must be understood on all levels, not solely observable and effable levels (Braud & Anderson, 1998).

Integral philosophy acknowledges the role of contemplation in generating data as well as the presence of both a relative truth and an absolute truth (Wilber, 1998). The attempt of integral hermeneutics is to understand the experience across a spectrum of understanding from the eye of flesh in which sensory experiences are discussed to the eye of spirit or contemplation in which experiences are "seen" in their spiritual domain. In the research conducted for this thesis, the experiences discussed and details of understanding arrived at come from embracing Wilber's (1998) three eyes of understanding. It was anticipated that some aspects of this topic may be difficult to access through language and dialogue and thus, other methods of understanding may be necessary to ensure the richness of the information gathered. For example, to

understand spiritual experience through the eye of spirit, it was necessary to use expression that is beyond dialogue like demonstration, drawing, and other forms of communication for the participant as well as the researcher. This allowed the information to be expressed beyond spoken language to understand the experiences from multiple dimensions.

Personal and Professional Situatedness

Personal Situatedness

My interest in this research on choices to seek alternative treatment for addictions came from my background in studying human development and psychology. When I started post-secondary education, I was working toward a degree in psychology. Then, I decided I was interested in human development and interactions that influence development. I changed my focus to studying human development. In understanding human development, I became curious about the journey of health, and specifically, how addiction impacts healthy development physically, mentally, and emotionally. Human development is more than understanding the biological changes that occur throughout a person's life, but the many dimensions of being that change over time, as well.

Also, through personal experience with addiction in my family and battles with anxiety and obsessive compulsive disorder in myself, I began to explore alternative methods to treatment in any illness. I do not identify with many of the postulates in mainstream treatment though the ideas and the successes are the status quo. Thus, I became interested in understanding why, although mainstream treatments are so popular and well-known, many people seek out

alternative treatment methods and therapies and what experiences guide these decisions.

Professional Situatedness

Through researching and educating myself about alternative and complementary treatment modalities, I have grown in my professional views of substance addiction and treatment therapies. My professional beliefs align closely with the biopsychosocial spiritual model, as discussed in chapter two, in assuming that any illness is an imbalance of multiple dimensions and not solely a physical ailment.

From my perspective, it is important to heal as a whole and address all symptoms, physical or otherwise. Personal experience with mainstream treatment and the disease model has contributed to my understanding of alternative and complementary therapies further. Especially in the addictions field, there can be more to a substance addiction than simply a physical addiction and the physical effects of the substance use.

Method

In the original research proposal, the planned method for data collection was to conduct 5-10 in-person interviews with individuals who are in recovery from a substance addiction and have sought out alternative therapies in treating the addiction. Due to extreme difficulty in recruiting research participants, the method was altered to use an in-depth single case study, which will be discussed further in this section.

Recruitment of Research Participants

1. Sample

The population that was originally targeted for this research proved to be difficult to access. It was decided to reach out to various locations within Washington and Southern Alberta assuming there would be a greater potential to recruit participants for the research sample. The population that was contacted would have come from Southern Alberta, and Seattle, Washington. Being from Seattle and living in Lethbridge allowed for the convenience to contact a wider variety of centres than if the recruitment had been limited solely to Alberta. By branching out to various locations, the type of person that chose to participate in the study was assumed to be more easily reached than if recruited from only one geographic area.

2. Inclusion/exclusion Criteria

Participants that were to be selected for the research had to:

- be 18 years old or older
- be fluent in English in order to understand and communicate the participant's story and allow for adequate interpretation
- have had experience with alternative therapies in treating addiction
- be available for one in-person interview, approximately 2 hours in length
- be available to be contacted for potential follow-up to the initial interview

3. Advertisement

To recruit a sample of research participants for person-centred interviews, letters for permission to post flyers as well as flyers advertising for participants were sent to alternative and complementary clinics, services, and programs in Southern Alberta, and Seattle, Washington (See Appendices A & B). The centres were alternative and complementary clinics, services, and programs that are not geared solely toward treating addiction, but possibly serving people with addictions.

Letters were sent to clinic, service, or program supervisors to ask for permission to post an accompanying flyer for potential participants to view and respond to. The flyer contained information about the study and contact information for potential participants to voluntarily contact the researcher. Ideally, the sample would have consisted of a few participants from each location, thus providing 5-10 participants in the sample. Though multiple centres were contacted and many flyers were sent out, only one person contacted and fit the outlined criteria to participate in the research.

Recruitment started after the ethics proposal was approved by the Human Subject Research Committee at the University of Lethbridge on June 9, 2011. Recruitment flyers were sent out to sixteen alternative therapy centres between Southern Alberta and Western Washington (See Appendix C). After about a month with no response, seven more flyers were sent out to more centres in the same areas, bringing the total to 23 centres contacted. Follow-up phone calls were made to the initial sites where flyers were sent to. Three of the initial sixteen

centres agreed to post the flyers; two in Lethbridge, AB and one in Seattle, WA. After a week of waiting for the second round to reply, follow-up phone calls were made. Two more sites in the Lethbridge area posted the flyers, both also mentioning they would forward the participation letter and research flyer to colleagues in the field of addictions. In mid-August, one person contacted this researcher via email to self-refer for the research. From August to September, a third round of flyers were sent out to a new group of centres and three of the newly contacted centres posted the flyer, but there was no response from potential participants. Between mid-September and mid-October, five flyers were sent out to various centres that had not been contacted previously in Lethbridge. The supervisors at the contacted sites were very helpful in stating that they would mention the research to clients and other people that may be interested. Even with the fourth round of flyers sent out, bringing the total to thirty four flyers sent out and about fifteen flyers posted total, there was only one response from a potential participant.

4. Self-Referral of Participants

The flyers sent to treatment and alternative therapy centres provided an email address to contact the researcher. This allowed the potential participants to directly self-refer. After the potential participant emailed this researcher, a phone conversation was scheduled via email. The purpose of this phone call was to discuss the purpose and the process of the research as well as make sure that the potential participant met the inclusion criteria. This ensured that the participant was selected based on his understanding and willingness to

participate as well as the researcher's understanding of the fit of the person. The researcher also outlined what was required of the participant and answered any questions. The participant was required to be available to meet in a local area that was agreed upon by both the researcher and the participant. The participant was required to be available for an in-person interview for up to two hours in length. The participant had to also be available for a follow-up and contact to discuss the findings and give feedback. Those meeting the criteria and expressing an interest were to be invited to schedule an in-person research interview.

As stated previously, there was a lack of response to the flyers and the recruitment strategies, and thus, one person contacted the researcher and was selected to participate. After the initial interview that was scheduled and through analyzing the findings, it was decided that the information was so insightful that an in-depth single case study would be so rich with meaning that it, alone, could represent a "revelatory" case (Yin, 2003) in that the information gathered is a powerful expression of the phenomenon being researched. Though the method for information gathering was changed to a single case study (Yin, 2003), the option of including other participants if they contacted was not ruled out. Thus far, no other potential participants have responded.

Preparing for Data Collection

1. Location of Interviews

The in-person interviews with the single case participant were scheduled to take place in a location chosen by the interviewee and agreed upon by the

interviewer. The original location chosen was the public library, but was it closed upon arrival. A decision was made to meet at a local coffee shop which was quiet and private enough to allow for audio recording of the interview to be understandable as well as provide confidential conversations. By allowing the interviewee to choose the location, there was an element of respect in that the interviewee could choose a convenient location and one that was comfortable for the interviewee.

After the initial interview, the transcript was analyzed and various themes were pulled to guide a second, more in-depth interview that was agreed to by the participant. This interview was scheduled and held at the University of Lethbridge and the research supervisor, Dr. Marcia Rich, was in attendance with the informed consent provided by the participant. The purpose of having my supervisor present was to guide and help to probe deeper to gather the richest information possible. Because we had gone over the initial transcript and talked about some opportunities for further questioning, Dr. Marcia's role in the second interview was to point out those opportunities, offer suggestions of potential questions to ask, and open my eyes and ears to potential information that would support my research. Though Dr. Marcia was present and was offering suggestions, she was talking with me, as the researcher, and did not ask any questions directly to the participant. Instead, she made a few suggestions and allowed me to use my personal discretion to discern whether her suggestions spoke to the research in the way that I was hoping for. By doing this, I was given an option to reword the question and make it my own with my language and my

expression or alternately choose not to use the question at all and, at the same time, learn and grow as a researcher in being more aware of opportunities to thicken the research. As I am a new and learning researcher, having a more experienced researcher present to interject and provide advice was helpful and was beneficial to the research process.

2. Informed Consent Process

Upon meeting at the initial scheduled interview and prior to engaging in the in-person interviews, the participant was given a letter of informed consent (See Appendix D). The participant was asked to read the letter thoroughly. The participant was then offered an opportunity to ask any questions he had and was given the option to opt out of participation if he so chose. Once the participant was certain that there was a complete understanding of the letter of informed consent, the participant signed, indicating that there was a thorough understanding of his options as a participant in the research. The participant also signed to authorize that the interviews be recorded on a cassette tape recorder and transcribed. Prior to the second interview, the letter of informed consent was revisited to discuss the inclusion of consent to have my supervisor, Dr. Marcia Rich, present in the interview room as well.

The letter of informed consent included the information necessary to make the participant as comfortable as possible with engaging in the study. The participant was made aware of what would be asked of him, including time commitment, types of questions asked, the purpose of the interviews, and potential for follow-up. The letter of consent outlined possible risks and how they

would be avoided and also included contact information for the researcher. The participant was informed that the information that he provided was confidential, that the identity of the participant would remain anonymous, and any publication arising out of the research would use precautions to safe guard anonymity. The participant was informed that the interviews would be recorded and transcribed and the information gathered would be interpreted, which was included as part of the letter of consent.

Data Collection and Analysis

As is typical in research, things did not unfold exactly to what had been planned and a few barriers arose within in the research. Though barriers arose as part of the research, the outcome of the research was as thoughtful, if not more profound, than was originally predicted.

The first barrier in data collection arose when the centres that were contacted were completely uninterested in posting the recruitment flyer, some even going as far as to say that it was a breach of confidentiality for the patients. This required further research to identify additional services in neighbouring cities and a second round of recruitment letters and posters were sent out. In response to the second round of flyers, one person responded. A phone call was scheduled through email. After the initial phone interview, the participant was identified as meeting the inclusion criteria. I continued to send out information to more centres hoping to get at least two more people to participate in the interview process. After five months of recruiting potential research participants, there was a point when it became apparent that there was little possibility that

there would be much more response. As a researcher, this necessitated a change in approach. The original method planned for this research was in-person person-centred interviews with 5-10 participants. Because there was only one person that responded to the research flyers, person centred interviewing was used as a means to inform the single case study research informed by the research approaches of phenomenological and integral hermeneutics.

Fortunately, the participant that had already interviewed had an incredible story with profound life experiences. He was willing to complete a follow up interview as this was part of the initial expectation. Agreeing to an in-depth second interview allowed the use of a single case study approach. I did not close the door to other potential responses, but I did not want the research process to become stagnant, so I moved on to do the single case study.

Often when research is proposed in the beginning it does not always turn out how it was planned in the end and it may change based on the information gathered. My proposed research was no exception. Through changing and rearranging the research approach, the information gathered through the case study approach provided profound information that sheds light on this topic in a way that was not anticipated, but brought a renewed passion to the topic for me, as the researcher.

Case Study Research

The method of data collection for the case study research involved using an interpretive framework as discussed earlier. This consists of gathering information about participants' lived-experiences using in-person person-centred

interviewing (Levy & Hollan, 1998) as well as using various tools and resources to learn as much about the participant as possible to best understand the lived experience (Yin, 1984). According to Stake (1995), this research would be considered an instrumental case study in that the aim of the research is to understand a topic through a single case. The research is not solely to look at Jason's story, but understand the lived experience and allows the topic to speak through Jason's story.

In case study research, the population from which the sample is drawn is an essential factor in the process as the population defines the inclusion/exclusion criteria from which the sample is drawn and pinpoints the potential participants in the research (Eisenhardt, 1989). Gillham (2000) asserts that case study research uses a case defined as an individual, a group or a community as a single entity and uses the case to learn about and answer the research question posed. Case study research is valuable for developing theory, evaluating programs, and developing interventions (Baxter & Jack, 2008). In the case of this research, the single case study shed light on lived experience of someone seeking alternative methods to treat addiction and thus, can be valuable in developing theory in regards to alternative process to treating addiction, evaluating addiction recovery programs, or developing early interventions based on the lived experiences shared through the case study research.

The case study method in research is a main method that is composed of many sub-methods which, in this research, includes person centred interviews,

using personal manuscripts written by the research participant, and phenomenological and integral hermeneutics as a blended framework for data analysis and interpretation (Gillham, 2000). Because various resources were used, it was important to check for triangulation in that the information that was gathered should all agree in context (Gillham, 2000). It is not uncommon that information will not match up entirely because often people may say one thing and do another, which brings in the importance of the interpretive framework of phenomenological hermeneutics. A person may experience a situation and relay it through language which is then interpreted by the researcher (Gillham, 2000) and thus, the information can be muddled through the recollection process, through the sharing process, and through the interpretation of experience by the researcher. Therefore, the information from different sources may not always be in alignment. In this research, it was important to consider that many emotions and situations may have been distorted upon the participant's recall due to the level of painful experiences involved and because of this the experiences may have been described as to what was believed to have happened in the participant's reality and not a factual description of what occurred.

This discrepancy can be a positive aspect of case study and phenomenological hermeneutic research but can have negative impact as well (Gillham, 2000). In the positive aspect, the raw emotions and memories come through the participant whether the information shared is accurate or not, it is the reality and the lived experience of the participant. The downside of this fact is that there may be discrepancies and a lack of triangulation because, as Gillham

(2000) mentions, people do not always tend to do as they say and vice versa.

The information that was shared by the participant was his own interpretation and thus, his own reality. In that way, the story that is shared was his lived experience. As the researcher, it is important to acknowledge this possibility and understand the shared story as how the story happened in the participant's lived experience.

Yin (1984) makes a valid point that relates case study research back to phenomenological hermeneutics when he mentions that listening in an interview setting is not limited to the audible language. Listening includes observing and sensing various feelings and energies and not solely relying on the language to understand what the interviewee is trying relay (Yin, 1984). In bringing in multiple forms of data, case study research allows the researcher to maximize learning and draw from within his or her self for interpretation (Stake, 1995). This resonates with the idea of hermeneutical phenomenology in that the researcher cannot bracket his or her self out of the research and thus, interpretation is influence by the researcher's own personal background.

Much of the research around the case study method mentions that case study research lacks rigour (Yin, 1984) because it lacks the ability for generalization. In this case, it is already understood and acknowledged that the participant lived through his experience and will have a different story to share than others and thus, the information was specific to the participant's life. In conducting case study research, the single case participant is interviewed in an in-depth fashion to learn the most intimate parts of the experiences the

participant has had in his life. Because it is a firsthand telling of the experience, as the researcher, I am interpreting the experience through the participant's stories and divulging of information. I was not part of the experience nor was I present at the time, nor could I understand the feelings and the emotions of each experience and thus, I must empathize and interpret the experiences based on my own lived experience. The language used in the stories and recollections of this person's life were only understood and interpreted in a way that I understood them and therefore, are intertwined with my preconceived notions and biases (hermeneutic interpretation). Because this was an in-depth case study, more information was shared on a deeper level but there is still an element of interpretation as stated previously because I was not in the situation and therefore, can only understand based on my own experiences and how I may have felt in that situation and how I understood the language that was presented in both speaking and in ineffable language cues.

For this research, information for the single case study was gathered through two person centered interviews as well as through documents written by the participant. By including various sources of information, the researcher is able to look at the topic of interest through various lenses (Baxter & Jack, 2008). In this research, a comparison between spoken and written word proved to shed light on the topic in various dimensions.

Person Centred Interviewing

The participant was interviewed in person on two occasions to gather information about his lived experience and his journey through his addiction and

into treatment. Through this method of gathering information, I can understand the experience directly from the participant. Using open-ended questions to solicit information, the experience was understood through the narration of the person's lived experience of the research topic. Person-centred interviews allow for the lived experience to be expressed in the words of the person that lived through the experience. In a vulnerable population like people with addictions, it is important to hear the whole story, rather than make assumptions. By using person-centred interviewing, the participant had an outlet to discuss the experience.

Though some of the data was gathered through person-centred interviews, it was not considered to be a research methodology by this researcher, but rather a tool for data collection. As a tool, it guided the interactions and intersections between the researcher and the participant. Though I used some of the tools of person-centred interviews, I went beyond this technique in that I approached the interviews using hermeneutically trained and aware ears and eyes. The words and language of the participant were interpreted, revisited, reinterpreted, analyzed and again revisited as observed in the idea of the hermeneutic circle, as the interview conversation unfolded.

Person-centred interviewing is related to phenomenological hermeneutics in that the researcher/interviewer is not studying individuals within themselves, but rather the individuality related to sociocultural contexts (Levy & Hollan, 1998). The research is not about the people but how the topic of interest is expressed through the stories told and the language used. The topic is given a voice

through the stories of the participants. In this case, the researcher was not only trying to understand the person and his life story, but rather the experiences and choices of the person within the culture that lead to his decision to use a certain type of treatment. The aim was to understand the individual experience and how possible social and cultural influences were present and how the various influences impacted the decision process. For instance, if a person with an addiction comes from a wealthy area and upholds a high status job, as the researcher, I want to understand how the experiences and stigma associated with the addiction may have influenced the progress of the addiction as well as decision process. The questions are used to probe for experience and information, but the information is specific to the individual and each person will have a different story to tell.

Person-centred interviewing and hermeneutic research is not an empirical, but a human science, in that results are not definitive, but rather rely upon the researcher's ability to interpret the data and reveal a deeper understanding of the topic under study (Levy & Holland, 1998). There is no scientific process or experimental design followed in person centred interviewing. Additionally, the case study approach provides for an in-depth look at the single case and aims to gather as much information about the topic as possible (Gillham, 2000).

Interview #1. The information disclosed by the interviewee was not predictable, and could not be analyzed using statistical tests and measures, and needed to be interpreted. There were no variables altered or manipulated, but rather the interviewer provided a venue for the interviewee to tell his story and

share his experience within the research topic. Through this method, the information was gathered and interpreted using the transcripts from the audio tapes of the interviews. This process is personal, thus why the researcher must mention any personal biases prior to the research to situate the researcher in the subject matter. There is no hard factual scientific data in this process, but rather interpretation and understanding through disclosure and through listening.

To conduct the interview, the researcher relied upon an interview guide (See Appendix E), but as the interview progressed, the questions changed to better understand ideas or concepts that were talked about and therefore, were not set in stone. The questions in the interview guide were guidelines, and changed during the interview depending on what the interviewee shared and what questions arose from the various experiences. In the initial interview, the questions started as general questions about health and addiction and moved into more personal recollections of experiences for the participant.

The questions that were created for the first interview were partially based on the researcher's prior knowledge and personal situatedness with the topic. This is why it was important to understand the topic through research and looking within for personal bias to be sure appropriate and fruitful questions are posed. The information gathered through this interview was rich with data and sparked some interesting thoughts and questions from the researcher regarding various life experiences like the explanation of spiritual guidance which informed the questions for the second, more in-depth, interview.

The transcript from the first interview was analysed by reading and rereading the material and making notes with colours and symbols to start to develop themes. Initial themes were developed that seemed to be common throughout the participant's experience with addiction. From these themes, questions were developed for the second interview to allow the researcher to delve deeper into the subject and really understand the information and experiences.

Interview #2. The second interview was also guided by previously created questions, but the information guiding the questions was taken from the initial interview and thematic analysis of the interview transcript. By creating a second interview guide with more probing questions, the intention was to gather information that was more in-depth and rich.

In the second interview, the questions were of the same topic as in the initial interview, but the questions were drawn from the information gathered from the initial interview. Those questions took the information from the first interview and probed further. The information was briefly summarized to remind the participant of what had been said and then the researcher asked an open-ended question to invite the participant to share deeper and more personal information. In the first interview, the information shared seemed safe and more like surface information, so in the second interview, the questions had to get beyond the surface and really dig deep into the participant and elicit more personal information.

Interviewer's perspective. Prior to conducting the interviews, I, as the researcher, had to understand the various social and community issues associated with addiction and alternative processes to healing that were addressed in the interview to be sure that I was asking appropriate questions (Levy & Holland, 1998). To gather relevant data and probe appropriately, the interviewer must ask questions that will evoke conversation and disclosure. To do this, the researcher must be familiar with the subject matter and have some knowledge of the topic to ask questions to ultimately explore the research question (Levy & Hollan, 1998). In this research, it was important to me to understand the experiences that influence the process of addiction. This was also where it was important to look within myself to find out what I thought I knew and whether this information was relevant to the research or if it can hinder the data collection process. This process was hermeneutical in that my curiosity and interests influenced the outcome of the interview guide.

In person-centred interviewing for interpretive work, the person being interviewed acts as both an informant and a respondent (Levy & Hollan, 1998). The interviewer asks questions about the research question regarding the population and moves the questions into more personal and experience based questions (Levy & Hollan, 1998). This was beneficial for the topic of this research because this was about stigmatized experiences and could have been difficult for a person with an addiction to discuss. By asking more general questions and moving to specifics, the interviewee was given an opportunity to talk about the topic as a whole and discuss knowledge of the topic and build rapport. As the

questions got more specific to the person with an addiction, the participant was less likely to be taken off guard because the topic had been discussed prior. By asking general questions first, the interviewee was also given a way to showcase his knowledge of the topic and established that there is not a power dynamic as the participant knew about the topic and was an expert in his own right. When more personal stories were shared, it was less like an interview and similar to a shared conversation and explanation. In this way, a hermeneutical stance was present as a process of understanding, rather than on the specifics of what was understood. Therefore, the stories that were told and the experiences shared may not have been logically related, but are what the interviewee understands and expresses, which the interviewer then interpreted and understood, thus a process of understanding.

The questions in a person-centred interview are open ended, which allows the interviewee to share to whatever capacity he or she is comfortable. There are no multiple choice or "yes or no," questions, but rather a question is posed and the interviewee is able to respond to his or her comfort level. If the interviewer hears a phrase or a comment that he or she would like to know more about, then the topic can be explored deeper and questions can be asked to clarify or better understand the statement (Levy & Hollan, 1998). By posing a general question, it allows the interviewer to share specific experiences that may not have come through by asking direct and specific questions that may elicit short answers or guide an artificial response. According to Grondin (1994), it is important in hermeneutics to see past the universal and what is known, to understand

experiences and related meanings that reveal themselves through the person telling the story. By giving the interviewee an outlet, the common concepts are being set aside to understand the genuine experience without restriction. The research is not about the research participants specifically, but rather about how the topic of research is expressed and given voice through them. The question was not specifically geared toward a specific person, but understanding the lived experience through the participant's expression. In this case, the research was about how addiction and alternative approaches to addiction treatment or recovery were expressed through the interview and the data collection.

In using person-centred interviewing for interpretive work, it is important to acknowledge the impact of language, which ties back to phenomenological hermeneutics. The way the questions were developed, worded and delivered through my language and tone could have influenced the meaning and the response from the person being interviewed. In listening and understanding the response, I had to be attentive. According to Jean Grondin (1994), Heidegger expresses the importance of language asserting that in order to understand a statement hermeneutically, one must attend to what is literally said as well as what may be meant by the statement (Heidegger, 1996). In this lies the differentiation between the sole uses of person-centred interviewing and attending in a hermeneutically trained manner. As the interviewer, I had to strive to understand what was said as well as what was trying to be said, though it may not seem logical through conventional language (Grondin, 1994). According to Grondin (1994), Gadamer describes language as an inner dialogue, which, in this

research can be beneficial to understanding and giving the experience voice, rather than just hearing the words of the interviewee.

The original intent was to have 5 to 10 participants take part in one main interview each with follow-up contact after. As stated previously, due to a lack of response to the recruitment efforts, the method was altered to be a single case study. Thus, the participant was invited to be interviewed a second time as the mode of follow-up contact. In the initial contact with the participant, manuscripts written by the participant were shared with the researcher and then used as part of the case study research as well. The manuscripts that the participant provided were excerpts from a large piece of writing he had created over time as a way of connecting with his sister. He shared two segments of the larger manuscript. The end of data collection culminated with myself as the researcher transcribing each audio-taped interview.

Analysis & Interpretation

Analysis

In analyzing the transcripts from the interviews and the manuscripts written by the participant, using a phenomenological hermeneutic stance, as the researcher, I considered myself as influencing the research and acknowledged that there is no way to completely remove myself from the research. Rather, I become a part of the research and results and my experiences and biases had to be recognized. My understandings of the findings were influenced through my understanding of the topic and my personal experiences within the topic. I interpreted the data, looking for statements and stories that were profound and

stood out in the lived experience of the participant. The life stories and lived experience with an addiction and alternative choices for recovery were the root of the research question.

The questions posed held purpose in exploring the person's mind, body and spiritual experiences, encompassing various dimensions of the addiction experience and using alternative modes of addiction treatment or recovery. The experiences that lead to the decision may be the physical addiction, the psychological effects of the addiction or the spiritual effects of the addiction. The information was interpreted through the understanding of the three dimensions of health; mind, body, and spirit.

By interpreting the stories using the information provided by the interviewee as well as by using my personal situatedness, an overall interpretation of the process emerged to provide insight into the research question. As more information was gathered and interpreted through the manuscripts as well as the second interview, various themes within the participant's life experiences became very apparent. The interpretable experiences were more than just physical events and actions that took place in the interviewee's life, but included the mind and spirit as well.

Hermeneutic circle. An important aspect of analysis using phenomenological hermeneutics is understanding the importance of the hermeneutic circle. The hermeneutic circle is a reiterative relationship between interpretation and understanding as means to work through personal pre-conceptions about a topic and bring them forward in interpretation (Grondin,

1994). This opens a path of dialogue between the pre and current conceptions and understandings and between the particular aspects of participants' experiences that relate to the topic as a whole (Grondin, 1994). In the case of this research, the hermeneutic circle was considered and appeared through the stories shared as well as throughout the analysis process. The transcripts were read, interpreted, and reread to develop more interpretations and evaluate fore-understandings. Each transcript offered a look at a part of the whole experience. According to Mueller-Vollmer (1998), interpretation of an idea or a statement is successful when one is competent in linguistics and has ability for knowing people. The interviewer must be trained to understand beyond what is said literally as well as be personable to elicit deep information that can be interpreted through dialogue with the topic.

According to Gadamer, the hermeneutic circle is universal as every act of understanding is changed through motivations and the realities of our human existence (Grondin, 1994). The interpreter of the information must examine his or her own biases and prejudices from his or her own situation (Grondin, 1994). In this research, examining my prior conceptions and ideas about alternative therapies was important. If I was partial or biased to using alternative treatment methods, I may have heard and interpreted statements in a more positive light toward alternative treatments when that may not be what the interviewee was expressing. Gadamer makes a relevant point that our personal history happened and cannot be taken back or avoided, so we must face it rather than attempt to

avoid it (Grondin, 1994). This process of evaluating our history was an important and eye-opening step in self-understanding and application.

Integral understanding. In addition to interpreting the participants' lived experience with hermeneutically trained ears and eyes, the researcher was mindful of identifying ineffable characteristics of the spiritual aspects of human experience in substance addiction and treatment. Language is more than words and sounds. It goes beyond into gestures and various forms of expression that the researcher must be attuned to in an effort to best understand and interpret the lived experiences of the participants.

My spiritual understandings guided my interpretation of the participant's spiritual journey. What my higher power is to me is comparable to what his high power is to him, though we may not share the same belief of a higher power. Although we may not have had the same beliefs or share the same ideas of spirituality or religion, as the researcher, I could relate in that the participant had a spiritual belief and what the participant believed informs his life and his journey. In the same way, my spiritual beliefs guide my decisions and my journey. Thus, we may not have shared the same beliefs about spirituality per se, but I could understand and interpret the relationship based on my own personal spiritual understanding. In the case study research, because it was more in-depth and involved learning more about all aspects of the participant, beliefs about spirituality and spiritual experiences were identified as deeper issues able to arise through the interview process.

The Process of Interpretation

To develop the themes from the shared lived experience of the participant, first, the interviews were transcribed by the researcher to allow the researcher to be fully immersed into the analysis process. By transcribing the interviews, the researcher was able to listen to the tones and language of the research participant, which evoked memories and feelings from the initial conversation.

After the first interview was transcribed, the transcript was read through completely without making any pen marks or notes on the pages. Then, the transcript was re-read and notes were made about some quotes that stood out or statements that were reflective on the research topic. Next, the transcript was reread again to develop overarching themes that were apparent throughout the conversation. Then, using the initial themes, the transcript was reread to identify any quotes that relate to the themes or any other themes that may arise. These themes were used to develop questions for the second interview, using the themes as the foundation for more probing questions.

Once the second interview was scheduled, my research supervisor, Dr. Marcia Rich, and I went over the transcript to discuss possible questions and ideas to revisit during the second, more in-depth interview. Questions were developed based on the themes from the transcript as well as to delve deeper into finding answers to the original research question.

After the second interview, the researcher again transcribed the audio recording. Then, the transcript was read without making any notes or marks on the transcript. Next, index cards with the original themes written on the back were

created. Quotes were taken from the second interview transcript and written under the appropriate theme onto the index card. After that, the transcript was reread and colourful pens, corresponding to the colours of the index cards, were used to mark directly on the transcript. Quotes were underlined or circled, profound information was noted, ideas and thoughts were written in the margins, and various other symbols and etchings were made on the transcript. This process was used to develop multiple themes that expressed the many aspects of the participant's lived-experience of the topic.

After developing multiple themes, it was apparent that there were some major themes and some sub themes that related to the major themes. From the analysis process, ten overarching themes were developed and various subthemes fell within those themes.

This theme building process of interpretation was circular in that after the transcripts were read and themes are pulled out, I returned back to the transcripts and reread the information to ensure that the themes are correct. In moving back and forth between themes and text I was able to continue to deepen and uncover further themes. This cycle occurred multiple times until I felt satisfied with the themes in terms of interpreting the information as it was through the language and expressions used by the participant. By using smaller parts like the transcripts and manuscripts to influence my understanding of the lived experience, I was engaged in the hermeneutic circle in the process of interpretation.

In the first email contact, the participant sent two of his personal manuscripts that he had written. With his permission, the manuscripts were brought in as another source of information that provided valuable insight into the lived experience of the participant. The manuscripts were read and analysed, bouncing ideas from the manuscripts to the transcripts and vice versa. Because the manuscripts were written by the participant in his own space and time, the writings gave a different perspective as the words were not a part of a conversation as in the interview, but rather a well-thought out essay. Thus, the information that was shared through the interviews was supplemented with the manuscripts and the manuscripts were given tone and voice from the transcripts. By using the transcripts and the manuscripts to interpret the lived experience, triangulation occurred to help to develop strong, meaningful themes that shed light on the participant's lived experience with addiction and alternative treatment methods.

Throughout the thematic building process, I kept a journal to reflect on thoughts and ideas that come up during reading and interpreting the transcripts. This helped to keep a record of what was done as well as to understand the researcher's thought process and situatedness in the process of the research. Journaling helped to understand the interpretive process and the thoughts throughout that may influence interpretation as a source for reflection, later. It also helped to release some of the stress and emotional turmoil that may have occurred through reading and rereading and empathizing with the participant's hardships. By journaling, I was given an outlet to vent and leave the emotions

and the baggage related to the thesis manuscript and not take it into my personal life.

When the themes were developed through the rereading and interpreting of the transcripts and personal manuscripts, I emailed the themes and the transcripts back to the participant to be read. This gave the participant an opportunity to check for accuracy of the transcript as it occurred through the interview and through his recollection. This process also allowed the participant the option to reflect on the themes for further input.

I contacted the participant through email to address any questions or concerns the participant may have had and for feedback on the themes. By doing this, I was hoping to check for the participant's resonance with my interpretation of his experience as well as re-evaluate and add to my interpretation with the participant's response. The participant was sent an email with the interpreted themes to give him an opportunity to expand on the themes or offer clarifying information. He responded by acknowledging receipt of the email and stated that he would respond at his earliest convenience. After not receiving a response after the first email from the participant, a follow up email was sent as a reminder to check for accuracy in the previous email. Again, after not receiving a response, a second follow-up reminder was sent. The participant did not ever respond to the follow-up email.

Evaluating the Strengths of Interpretive Findings

Braud and Anderson (1998) state a straightforward, yet complex process approaching validity in regards to the interpretive research findings that applies

directly to the topic presented in this manuscript in suggesting that sympathetic resonance offers a type of validity. Because the information gathered was a personal account based on experiential knowledge, it was not possible to prove or refute the information that was shared through the person-centred interviews. Instead, using sympathetic resonance, the researcher acknowledged that each person has a unique expression and recount of an experience, which allowed the researcher to see the experience as valuable, even if the researcher has not had this experience in his or her life (Braud & Anderson, 1998).

That being said, because the participant had a unique life experience and a personal path that guided the journey and life experiences, I, as the researcher, have not been exposed to the experiences that were shared and therefore, cannot confirm or deny that what was said is truth. Rather, I can sympathize with human feelings and experiences. This type of validation offers a sense of trust in the interviewee as well as acknowledges that each person experiences and constructs reality differently and thus, hearing the stories and recounts from the person that lived the experience is accurate as he or she experienced it.

A second consideration relating to the strength of the research findings relates to reliability of the information gathered. Lincoln and Guba (1985) suggest a conventional method of checking for reliability which was incorporated into this research. After the information was gathered and interpreted, the discussion and the transcript of the interview was sent back to the participant to read through along with a copy of the themes. By doing this, the interviewee was given an opportunity to correct any misinterpretations or confirm what was in the

discussion as appropriate as he or she understood the discussion to have occurred. This step also allowed the participant to reflect on the themes generated by the interviewer and confirm or more fully elaborate on them. After offering this opportunity, the participant in this research expressed that he would review the themes as soon as he was able. After this point, contact was lost with the participant.

A third consideration relates to the conferring of validity that occurs when an empathic resonance arises in readers of any published material who may have had similar experiences (Shapiro, 1986). Readers may be able to identify with the shared experiences of the participant either in having been through similar experiences themselves, or sharing in the overarching themes that arise. Others that read the material published through this research will determine the validity of the material through feeling compassion for the shared experiences.

Ethical Issues

Once the research proposal was approved by the researcher's supervisory committee, an ethics proposal was submitted for review by this researcher and approved by the Human Subject Research Committee at the University of Lethbridge. The following were the main ethical considerations and safeguards that were incorporated within the research. One concern for this area of research was the use of a vulnerable population in the research. A person with an addiction may have endured trauma prior to or during the addictive process. In the interviews, the trauma may have been revisited through the telling of the life experience. Resources for counselling services in the area were offered to

the participant as a means to avoid revisiting the traumatic past in a way that will spark further issues or a possible relapse to the addiction.

The research data collected and all related information was stored under lock and key in a graduate space to which only the researcher has access located in the Faculty of Health Sciences at the University of Lethbridge, Alberta. All transcripts used an alias or pseudonym and did not reveal the identity of the participants. The transcripts and audio tapes from the in-person interviews were only able to be accessed by the researcher and the research supervisor. All confidential research information was securely kept for a length of time in accordance with the guidelines outlined by the University of Lethbridge Ethics department.

Conclusion

In chapter three, the methodology that guides this thesis research was explored. First, paradigms were discussed, outlining the questions that define each paradigm. Then, paradigms were related to the research and the concept of blending paradigms was discussed. A blending between an interpretive/constructivist paradigm and a transpersonal paradigm was necessary to best encompass all aspects of the proposed research topic. Next, the blended research framework was discussed to define both phenomenological hermeneutics and integral hermeneutics. Following the research framework, the personal and professional situatedness of the researcher was discussed to position the research within the research topic.

After the methodology was outlined, the method for conducting the research was discussed including the recruitment of participants, the preparation for data collection, and the process of data collection. Once the data was collected, the information gathered was analysed and interpreted using a phenomenological hermeneutic stance. The process of interpretation included transcribing the interview audio tapes, reading and analysing the written manuscripts, and the cyclical process of theme building and interpretation of the transcripts and written manuscripts.

Chapter three also offered a discussion of the strength of the information gathered and the interpretations that arose by considering how validity and reliability relate to interpretive research.

We now turn to chapter four of this thesis manuscript for the final analysis of the information gathered for the single case study research including interviews and manuscript analysis. The information describes the themes derived from the participant's account of his lived experience as well as my interpretation of the themes and quotes from the participant to substantiate the interpretations and a summary of my experience from journal entries and reflections.

CHAPTER FOUR

Introducing the Research Participant

The pseudonym, Jason, is being used in this analysis to refer to the single case participant and identifying information has been minimized to protect his identity. Jason is a male in his mid-forties who is healing from a substance addiction. He does not currently use drugs, but started using at a young age and his drug use spiralled out of control in his 20's and 30's. He has been in and out of jails, penitentiaries, and treatment programs.

Jason was born into a family that was affected by drugs. His upbringing would be considered less than ideal by most. His first experience with drugs came when he was three years old when he smoked his first joint. At the age of seven, his mother completed suicide so he moved away to live with his father and stepmother. He started dealing drugs when he was around twelve years old and continued selling into adulthood. By the time he was sixteen, his one role model, his grandfather, passed away.

Jason's childhood was plagued with loss, drugs, and abuse. When he reached his twenties, he was using drugs daily. He was in and out of jail throughout his twenties and thirties. By the age of thirty, the drug use had moved from recreational to the dependent stages of addiction, Jason was living in Vancouver, selling and using any drug he could get his hands on.

In his late twenties, he wound up in a penitentiary because his anger got out of control and he nearly killed a man. During his time in the penitentiary, many things changed for him and now, as a forty-four year old man, his past

does not define him. The information included in this manuscript is interpreted from two in-person interviews with Jason and two personal manuscripts written by Jason.

The Researcher's Reflection

When talking with Jason, he exuded a calm that carried over in the way that he told his story and shared his memories. He seemed to enjoy talking about his journey through his life into addiction and through his recovery and healing. In learning about his lived experience with addiction and using alternative therapies and hearing his story, his peaceful demeanour was quickly explained. Looking back and rereading the journaling that was done by this researcher, it is clear that speaking with Jason brought about emotions. Journaling, as the researcher, enhanced the interpretation of Jason's lived experience with substance abuse and alternative therapies for treatment.

Plans for the initial interview with Jason were a cause of stress from the beginning due to issues finding a location, having a few bumps along the way, but once we sat down and started talking, there was tranquility in Jason's presence. After the initial interview, there was excitement not solely because it was the first interview for this research, but also because the information that was gathered was so rich and profound. In reflecting and rereading the journal entries that this researcher wrote after the first interview, the overwhelming sense of excitement and passion for the topic was clear. Jason and I, as the researcher, seemed to be connected by our interest in the topic being discussed. The journaling also exposes a bit of the nerves that were associated with meeting

someone new and talking about such a heavy topic, but, as stated previously, the nerves quickly subsided.

Going into the second interview, there was much more emotional and mental preparation for the peaceful feeling that was present in the initial interview. Less of a shock was felt when Jason's energy filled the room. Through reading the journaling written after, it is obvious that, for the second interview, it felt more like a conversation and less formal, which eased the nervous energy.

After the interviews and analysis, knowing his story in-depth and personally, as the researcher, it is amazing how positive and the genuinely calm Jason's presence proved to be throughout this highly emotional process. The stories Jason shared allowed for rich interpretation and intense thematic analysis. The following are the major themes that were developed through the analysis of the story of the lived experiences of Jason, a man healing from a tumultuous past. Each theme is described in depth, through the interpretation of the words and the feelings of Jason and how the story was understood as the lived experience through the language he expressed.

As the researcher, it was eye opening to realize how, through learning about this topic through Jason, my understanding of health and the process of addiction and recovery changed, as well. In the beginning, I had ideas about types of alternative treatments and processes to addressing addiction, but had never considered the type of healing that Jason describes through his manuscripts and through his personal recounts in our interviews. Through this research, it is now apparent to me that my interpretation and understanding went

on a journey as well and the ideas I had when the research question was developed changed and flourished as more information was gathered and interpreted. It was clear that in the beginning stages of this research, I, as the researcher had biases that I was completely unaware of and fortunately, through this research, have come to evaluate and understand better.

Thematic Analysis

Family Mass: Intergenerational Chaos and Pain

While growing up, Jason endured a pattern of violence, loss, anger and an overarching constant pain that impacted his experiences from childhood into adulthood. His emotional maturity was stunted and his experiences and immaturity followed him through his development, into his addiction, and into his process of recovery. His childhood was plagued with violence from family members, loss of people around him, and an underlying sense of pain. During his childhood, Jason carried an abundance of baggage. As Jason explains, "They were baggage from my parents...the things that I saw when I was growing up, the lessons that I learned...most the lessons...were from a child's reasoning."

Today, Jason can see that his coping strategies were not his own, but ones he had learned from the behaviour of the people around him. He recognizes how immature his thoughts and actions were. The lessons that he learned as a child were the same lessons he took into his adulthood. Jason mentioned they were from a child's reasoning, resulting in immature behaviour and coping into adulthood.

In Jason's words, the drugs he used "matched" the chaos he was experiencing internally. In this researcher's understanding, when Jason described his experience with drugs as "matching" the chaos, he was describing the emotional and mental disarray he was living with. He had bottled up his emotions and experiences from his life and never healed from them. His internal struggle was being matched by using the drugs. The chaos that came externally was part of the drug lifestyle. By using the drugs, he was able to give reason to the internal chaos he was experiencing. Because he did not have the tools to cope with the internal chaos, he found an outside source, drugs, to temporarily numb the chaos.

The chaos Jason described that he matched with drugs did not arise in his adulthood, but was part of his early life with his experience with loss and an early exposure to drugs. The coping behaviour that was modeled to Jason from a young age was drug use, so that is the way he knew to cope with the pains he felt inside. The pain he felt throughout his life, as it was left buried inside and never dealt with, mounted and contributed to more chaos which soon got out of hand, so Jason turned to drugs to try to fix and release the chaos, creating a vicious cycle of addiction.

Dealing with pain through anger and violence. To manage the pain he was feeling, Jason resorted to being angry and violent because he was not taught the proper coping skills as a child. He mentioned that throughout his childhood and into adulthood he was angry and violent as a means to protect himself. People began to fear him and he used this to manipulate and get what

he wanted. For Jason, being angry, violent, and intimidating toward people was the best way he knew of to not get hurt any more than he already had been.

Jason experienced pain from an early age and the pain kept mounting with time. He was exposed to drugs at a very young age and continued to be surrounded by drug addicted family members and experienced drug related hardships. His mother completed suicide and passed away on Christmas Eve, when Jason was only seven years old. Jason and his sister were sent to live with his father and step mother. His new life proved to be just as painful. He endured mental, physical, and emotional abuse from the people that were supposed to be his biggest support system. He was surrounded by drugs and began using and selling to numb the pain.

In his teenage years, Jason's biggest role model, his grandfather, passed away. That was the first time Jason had cried since his mother passed. Rather than grieving and coping with his pains and losses, defensive walls were erected and Jason used his anger and violence to protect himself from further loss. His emotions were astray and rather than take a step back and re-evaluate his emotions, he used anger to drown out the other emotions he was unaware he was feeling.

When he described his anger and violence, though he had moved past and healed from the pain, it seemed that he was proud of how well he protected himself with his defensive behaviour. This is not to say he was proud of the pain he caused or his lack of emotional maturity, but more that he was proud of how he was able to protect himself. When Jason talked about his anger and violence,

the tone in his voice changed and it started to sound like he was bragging about his behaviour. Knowing where Jason is now in his recovery and his healing process, it is clear that he is not in pain anymore and is not angry or violent. The pride and bragging tone may come from the fact that this anger and violence was the only thing that kept him alive and thriving. It was what protected him for so long so that he could come to the place he is now and look back on it. Perhaps the pride does not come from the actions, but the outcome of the actions.

Jason described an instance in which his pains directly affected his anger and violence. He told the story as follows:

What happened is at Christmas time, there was a guy that was all excited right? About Christmas and whatever and I got mad and almost killed him...he came back...once he got out of the infirmary...it was before Christmas and he actually came and we talked and I realized that day that something was wrong...Something wasn't right and it was me.

After describing this violent act, Jason acknowledged that at the time of this incident, he was thinking of his mom. He was annoyed because the man that he hurt was happy and cheerful around Christmas time, which was a time that Jason associated with pain and loss relating to the death of his mother. Instead of dealing with those emotions as a child or even into adulthood, Jason lashed out in anger toward someone that had no understanding of the pain he was feeling at that time. After this incident, Jason voluntarily joined a violent offender's program that would prove to have a lasting impact on his life.

Dysfunctional coping strategies and defense mechanisms. Jason talked about his various coping strategies and defense mechanisms and how they changed as his life experiences changed. He realized that his early coping mechanisms were not his; they were his parents' and he had learned them through observation as a child. He took them into adulthood as these coping skills were all he knew. He did not have his own coping skills and thus, used anger and violence as a defense mechanism because the coping skills he used were not productive for him. In one quote, Jason talks about why he used anger to protect his pain. "I used to be a very scared, very guarded person. It came out as anger because that was the easiest way to keep somebody from approaching me..."

As stated previously, Jason seemed to be proud of how he was able to defend and protect himself from the people and the situations that caused his chaos. During our conversation, he would chuckle when he explained how people feared him and how he could clear a room with just one look.

After the death of his mother, Jason told himself he would not cry again as this was showing weakness. When his mother died, he was not given the support for grieving or taught helpful coping skills and instead, turned to the coping skills he had learned from his parents' modeling behaviour. Jason even recalled that he was not allowed to go to his mother's funeral because he was told he was too young. By telling a small child that he was too young to attend may have sent the message that he was too young to grieve.

He kept his promise to himself and did not cry again until he endured another painful loss when his grandfather passed. He explained that when he cried, at that time, he cleared out his grandfather's funeral because people feared him so much. "I started to cry and my whole [...], everybody left. Like, running away left 'cause they have never seen me cry." His family abandoned him at this time of grieving because he had created a barrier and wall with violence and anger and they feared him. He created a facade to protect himself and did not realize what he was protecting himself from until his most recent healing process began.

Throughout his life, Jason identified with Zen Buddhism. While he was in a penitentiary, he sought out a Buddhist nun to come and talk to him. He mentioned that Zen Buddhism says that if something is in your way, remove it and don't ever let it get in your way again. Jason took this quite literally and thus, removed things physically with violence. The nun continued to visit with him for a few years and he would listen to her ideas and her words. After some time, though she continued to visit Jason, the tables turned and Jason started talking while the nun listened. "I got a lot from her." Jason described his identifying with Zen Buddhism as something that helped him to justify his violence. After speaking with the nun, he started to realize that not letting things get in his way was a mental and spiritual process, not a call for violence.

Lacking confidence and self-esteem. This inability to trust may have contributed to Jason's lack of self-esteem and confidence. The anger and violence masked the real issue; the lack of self-esteem and confidence. "I believe

that I was afraid of myself so I tried to be someone else." The defense mechanisms were put into place to protect a scared and guarded person. Because those pains were not dealt with until adulthood, the defense mechanisms followed Jason through his journey.

In a quote from Jason's manuscript, he writes "I am finding that to be the man I know I am meant to be, I must be vigilant. I must protect myself from my ignorance." Prior to Jason's healing journey, he was protecting himself from others and guarding himself from the potential of more pain from the people around him. Now, his life is geared toward trusting in himself and guiding himself to make logical and clear minded choices and the only protection he needs is against his own ignorance and potential negativity. He does not protect himself from other people by using anger or violence because the people in his life are positive and encouraging.

Learning who to trust. As he was growing up, the pain Jason endured as well as the defense mechanisms used to protect himself impacted his ability to trust. Instead of trusting people, he seemed to rely on others' distrust of him. He seemed to feel most comfortable and safe when people did not trust him and he did not have to trust others. He stated "I trusted my mom and I trusted my dad and they both let me down and that's why I didn't trust anybody." This is a profound statement as the two people that brought him into this world let him down and thus, his view of the rest of the world was severely tainted. He was let down and abandoned by the two people that are supposed to be a child's biggest support system. If the people that you are supposed to be able to trust with

everything let you down, it would be difficult to trust anyone else. As he recounted, "I was cautious of people even though they had never done anything to me because of what someone else had done." It was not until Jason's adulthood that he felt a sense of trust and ultimately, learned how to trust.

One person that he talked highly of and said he trusted throughout his childhood was his grandfather. After his grandfather passed away, it was not until his life experiences in his adulthood that Jason started to trust people again. It seems that the people that he started to trust were the people that did not fear him and saw through his defensive behaviour.

The first person he mentioned that he gained trust for was during his participation in the violent offender program. While in this program, he met a counsellor that, looking back, he realized how much she changed his life. He stated, "And she wasn't not even the least bit afraid of me...I ended up trusting her." In the beginning, he thought she was "dumb as a post" and did not think highly of this counsellor. He thought she was dumb because she did not fear him. She saw through his defense mechanism and did not back down or react to his anger and violence. As Jason's life was spiralling out of control and he was at a low point after a violent act that almost left someone dead, he met someone that saw through his anger and empathized with his pain. Jason reiterates that at the time he met her, he thought she was stupid to not fear him, but looking back, he has a much different opinion.

As he progressed through his journey and made conscious efforts to change his violence and anger, Jason started to let people in and learned to love

people. Jason had to learn how to trust and what trust meant. Once he learned how important trust was, he concluded that the only person that he needed to trust was himself in his life and his journey. He reported, "My journey is mine and the only person I need to trust in that journey is me because no one can make me feel, do, be anything."

The Family Heritage

The baggage of family relationships and abandonment. Jason's family played a major role in his childhood, both positive and negative, as any family would. His family was defined by drugs. His parents used drugs, his uncles used and sold drugs and eventually Jason started using and selling drugs as well. During his childhood, Jason experienced a great loss and abandonment when his mother completed suicide and died on Christmas Eve. From there, he endured abuse, both physically and mentally, from his father and step mother. Jason reported:

I had an inherent need to hurt people...there's actually one thing from my childhood that motivated a lot of it. My one baby sister, I slapped her across the face when I was seven or something and she was five...the look on her face I seen it when I looked down at her, I still see...and it helps me in my need to be a good person.

When Jason described this incident, he mentioned that seeing his little sister cry from some pain he caused made him never hit a woman or a child, but he also said it made him more violent. It seems that seeing the pain he could cause unto others by his violence deflected the pain he was feeling inside onto something else. He seemed to feel guilt from causing pain to his sister, but he made sure to add that this episode perpetuated his violent behaviour further.

Later, he mentioned that when he talked to his sister about the incident, she didn't remember it, which hurt Jason because this was his most special memory from his childhood. Jason's most treasured childhood memory was an act of violence that perpetuated his violent behaviour further.

The one positive family relationship he had was with his grandfather who passed away in his teens. Looking back, he reminisced about what a good person his grandfather was and Jason even mentioned that his grandfather was his role model and someone he strives to be like. His grandfather was a Baptist pastor who was kind, gentle, and did not drink, smoke, or use drugs. Jason looked up to him. Though he does not want to be him, this was a male figure in his life that Jason truly admired.

Drugs were the norm. It seems that often people do not realize how big of an impact family relationships have in moulding a young child. Parents are role models for young children and thus, when a child sees behaviour, he or she will learn from it and mimic the behaviour whether it is positive or negative. In Jason's family, the experiences he had were products of drug use within his immediate family as well as his extended family including his uncles.

As a child, drugs were the norm in that Jason was surrounded by them with his parents and his uncles and all of his peers were involved in drugs. This pattern related to drugs followed Jason into his adolescence when he started dealing drugs alongside his uncles. When asked if all of his peers were using and selling drugs as well, he referred back to his defense mechanisms. He reasoned that the only people that were allowed to hang out with him were drug users and

dealers because other people feared him. His friends had to be involved with drugs or he would scare them off. If he did not scare them off, his uncles would. Jason's life revolved around drugs.

Moving into adulthood, drugs became a norm in a different way. Drugs became Jason's life. It was not solely because of his familial influence anymore, but now drugs were all he knew, so that is what he did. He used what he considered daily recreational use and eventually moved into habitual addictive behaviour in that he used as a way to control his thoughts and dampen his emotions. Looking back to chapter two of this thesis manuscript, at this point in his life, by the DSM IV outlines as well as the definition provided, addiction was present. His life was being affected negatively by his drug use. Jason was homeless, living on the streets and selling drugs to make money. He continued to use drugs and sell drugs even though the drugs had a negative effect on his life including his ability to work, his friendships and relationships and his health (Butler, 2009). Butler (2009) describes some signs and symptoms that parallel with Jason's behaviour like acting out in violence and getting into trouble with the law as another sign of drug abuse and addiction. Jason talked about his violent past and how he used violence as a defence mechanism, but into his adulthood, it seemed that the violence that stemmed from his anger worsened with the progression of his addiction.

As Jason described his drug use, he talked about how he would have to use more drugs to feel the same high, another sign of addiction (AMA, 2000). It is clear that at this point in his life, between selling drugs and abusing drugs, his

drug habits had developed into addiction and were negatively affecting his ability to function physically, mentally, and emotionally.

It seemed as though Jason was using his drugs as protection. He was protecting himself from his thoughts. In that way, drugs were his norm. He was never without drugs. Whether drugs brought his family close to him, protected him from others, or protected him from himself, drugs were always a part of Jason's life. The very thing he was protecting with, he should have been protecting against.

In Jason's experience, it is clear that there were many contributing factors that influenced his addiction process. As understood through the biopsychosocial spiritual model, addiction is a product of many factors including personality, attitudes and beliefs, social environment, and the behaviour itself (Griffiths, 2005). For Jason, he had learned that drugs were the way to cope with his pains and thus, his attitudes and beliefs toward drugs influenced his journey through addiction. Also, his social environment was based off of his uncles' and thus, the people he was surrounded with and chose to be friends with had a common denominator; drugs.

Easing the Pain with Drugs

Jason talked about the chaos in his life and how his drug use matched that chaos. He did not realize it at the time, but he was using drugs to self-medicate for the chaos created by the pain in his life. In his adulthood, when his drug use began to show symptoms of addiction, he had so much chaos surrounding him that he was chasing that ability to calm the chaos with drugs. By

that time, he had been in and out of jails, penitentiaries, and even a violent offender program.

The addiction process was cyclical for Jason. When there was chaos in his life, he used drugs to match the chaos. The chaos was a product of the underlying pains and emotions that were stirred up further by drug use, which then lead to more drug use and more chaos. Along with the emotional chaos, the drug life he was leading was chaotic in that he was surrounded by people that were using, he was cycling through jails and penitentiaries, he was selling drugs and all the while, the chaos kept mounting leading to increased drug use.

Moving Towards Three Dimensions of Health

In the first interview with Jason, one of the questions discussed was what it means to be healthy. Jason outlined three distinct areas in which one can achieve health; emotional, physical, and mental health. Jason's overall health was lacking because he was not healthy in each of these three dimensions. Before he began his healing process, Jason did not realise how interconnected all of these health dimensions are. He did not realise that his emotional health was affecting his health in other areas. Jason talked about how he experienced emotion but not in a way that society might view as "normal." He talk about how his "backward" emotions were when he stated, "...For most of my life my emotions were backwards. The things that would make a person happy didn't make me happy and the things that would anger a person, I laughed about."

Jason did not realise his emotions were backward until his adulthood. He may have maintained his physical health throughout his life, but, as he asserted,

one must be healthy in all dimensions to achieve health. As in the hermeneutic circle, the small parts of health affect overall well-being. When the whole is not healthy, each part of the whole will be affected and vice versa.

Developing mature emotions. Because he was living in the past and held onto the negative influences of his lived experiences, Jason's emotions were distorted and controlled his present thought. In one of his writings he states, "I could never seem to have emotion that really made sense to me. But I eventually came to accept that as normal." Jason did not understand why his emotions were backwards, but he accepted it because he knew no other way.

A major part of Jason's journey and healing has involved learning about healthy emotions and healthy beliefs. Jason talked about how his emotions were not his own and were modeled from the baggage and lessons he acquired from his family. His emotions were distorted because of his lack of understanding what emotions really were. In talking about his emotions, Jason recalled, "It was a defence mechanism. But I didn't understand my emotions at all." His reality was based on his observations and constructed based on his personal experiences and learning through those experiences. The way he understood the world was based on his experiences from childhood growing into adulthood (Mertens, 1998).

He now can look back and recognize that what he was feeling when he was growing up and the chaos he had to match with drugs was impacting him more than he realized. The past experiences that he was holding onto were

influencing his present in the way of relationships, self-esteem, and personal growth.

Jason recounted, "When I started to live in the moment, I started to become aware of emotion." This relates to a turning point in his healing when he started to feel his pure, raw, emotions. He emphasized the realness of the present emotion as it is not muddled by the negative of the past. Before this realization, he reported that his emotions were not only backwards, but were not his own. It seems that the emotions he was showing and claimed to feel were only present as a means to adhere to a societal norm, but he did not understand the emotions he was portraying. His emotions were what he thought he was supposed to feel, based on what he saw from his parents and what he had learned from others.

At one point in his life, Jason started to feel rich emotion and, at that point, knew exactly what he was feeling and why he was feeling it. It had nothing to do with anyone else but Jason. When he talked about his present emotions he stated, "...they're *the* emotions of *the* experiences rather than...a little bit of this and this and this and this from past experiences intertwined with now." In his process of healing, there is no past influence to interfere with what he is feeling. The emotions Jason feels are his own.

Prior to this explosion of raw emotion, Jason was closed off and used defense mechanisms to protect himself from relationships and being hurt. Once he was able to feel and understand emotion, his relationships with the people around him changed. He speaks of the differences in relationships solely

because he has emotions that are his own and he feels them deeply. He has positive relationships with people and continues to integrate his idea of wholeness into all aspects of his life, including his personal relationships. He had anger toward many people and now, instead, Jason loves. He reported, "Now, I am very inviting, I enjoy people...I'm always trying to help because I love." He has restored relationships with his family and talked about how he will not go a day without talking to the members of his family. He is in a place now that he does not need anger and intimidation because he has love. Jason even talked about how sometimes, if someone does fear him or is intimidated by him, he writes to the person in hopes that the person will listen through a different form of language and the fear will subside. Jason is hopeful, he smiles, he laughs out loud and he loves openly. In reading through the journals that were kept by this researcher, it is clear that the calm energy that came from interacting with Jason was coming from a place of acceptance and genuineness.

Healthy beliefs. Jason relies on his healthy belief to give him health in all other aspects of his life. With healthy belief, he can now understand the emotions that are new to him. He also talks about his physical health and how, with healthy beliefs, he continues to be physically healthy. His thoughts are clear and rational. "It's healthy beliefs that give me my health in other things."

Prior to his recovery journey, though he remained physically fit, his mental and emotional health was lacking and thus, his overall health was lacking. His thoughts were not clear and were intertwined with the negative experiences he had had in his past. His emotions reflected his lack of clarity in his thoughts. His

brain was clouded because of the drugs and he was unable to make positive choices. As part of his healing journey, he used healthy belief and positive self-talk as his form of alternative therapy to treating his drug addiction.

His ideas about healthy beliefs are his own. Jason realises that health is in the eye of the beholder and thus, if you believe yourself to be healthy, then you are. Jason believes he is on a path to being healthy. With healthy belief comes positive self-talk. Jason uses self-talk to make sure he is staying positive and not falling back into negative patterns. His healing process has been long and he continues to work at it, but he believes that he will be healthy and thus, he continues to lead a positive and healthy life, striving for health in all dimensions of his definition.

The Ultimate Alternative

In developing a research question and writing a literature review, various forms of alternative therapies and treatment methods were outlined. When delving into the research topic, biases lead this researcher to believe that the potential participants would be taking part in a treatment program that was based on alternative beliefs. Jason was the exception, which caused honest reflection to help to recognize some of the biases that were carried into the research project. The process that Jason used to find wholeness within himself was based out of the idea of the self-recovery model in that he found a connection between the three dimensions he outlined as health and had an awakening in which his individual self and his connection with the world was in harmony (O'Connell & Alexander, 1995).

Jason did not seek out an alternative treatment center or a counsellor working with alternative therapies. His alternative could be considered the "ultimate" alternative in that, even in the alternative realm of treatment, it was not mainstream. His method of treatment cannot be outlined in a book and no therapist guided him in his healing journey. Jason's alternative treatment method came from within. He had a number of spiritual awakenings that slowly led him to the point where he was during the interview discussions. Just as in any therapy or treatment, Jason's healing journey takes time and is a continuous and non-linear process. He must continue to reflect and learn from his past. In this case, his healing method came from within and is his own. Jason's alternative treatment method is unique to him and thus, it is the ultimate alternative. As his life is his own and his experiences are exclusive to him and his journey, so is his alternative treatment method.

Learning to be Guided by "Life"

Jason describes his life experiences as being part of a bigger whole. His life is his journey and "is for him, not to him." In his manuscripts, Jason describes himself as trying to control his life in the past. He tried to control where his life would end up. He wrote, "Fear of the past made me want to control things, but that was an illusion. I can only control my interpretations of life's guidance." Because he did not realise how chaotic his life was, he did not realise that it could not be controlled. He had to let go of the need for control and let life guide him.

Jason describes his journey as a road with a series of forks in the road. Each fork in the road represents a choice. Therefore, life is full of choices. Prior to his healing journey, Jason used to hit the forks in the road and almost always ended up taking what he considered the negative path. Fortunately, Jason also acknowledged that, though he took those negative paths, at the beginning of the path was a choice and he was always able to go back to that original fork in the road and take the positive route. However, when Jason was holding onto his pain and treating his symptoms with drugs and alcohol, his path continued to take negative turns and he never went back and corrected them, but rather moved forward to the next fork in the road and continued down a detrimental path.

Through his healing, Jason has learned that he must relinquish his need for control and simply allow life to guide him. If he ends up in a negative place, he knows he is not where he is supposed to be and he corrects it. He reported, "You just have to progress in your journey. Your journey is made to make you, is to get you there." Life speaks to Jason. When Jason listens with a clear and open mind, he makes positive choices and is lead down positive roads. According to Jason, his whole life was headed in a positive direction and he just did not realize it in the beginning. Now, looking back, Jason can see that and knows that he is exactly where he is supposed to be because life brought him to this place and his journey is just as it should be.

Tidal-waves and Turning Points of Transformation

But you know what? One day I got tired. And I didn't keep going. And then...things fell into place, right?...I didn't realize I was unhappy, I didn't realize I was scared. I didn't realize any of that. Because I was so caught up in the past stuff, I couldn't see what was right in front of me.

Jason's journey moved in a continuous forward motion, but was interrupted constantly by moments that changed his path or his journey. Wilber asserts that these awakenings may be called peak states of consciousness in that the moment is pivotal and can provide deep motivation, but come and go as any other state of consciousness (Wilber, 2007). Whether the turning points were conscious decisions or tidal-wave-like events, Jason believes that each change in his path was guided by life and was part of the bigger whole; his journey. As in the hermeneutic circle, Jason's life events affected his journey and his overall journey lead him to places that created his life events.

The three major chaotic themes in his life were anger, pain, and violence. Each one of these was ultimately changed by an 'ah-ha' moment that instantaneously altered his thinking into a healthier emotional thought pattern. It seemed to be a common trend in his experiences in that prior to his turning points, there was a lack or an abundance of something in his life that was creating negative energy and chaos. At some point, there was a tidal-wave-like experience that changed his path and from that experience came a sense of calm.

Embracing higher power. Using Jason's understanding of spirituality, some of these major changes in his life were about letting go and letting his "higher power" take control. When speaking of these tidal-wave-like experiences, it seems that life always sent a message and communicated with Jason to change his negative thought pattern through these experiences. In each major change in which a piece of Jason's past was slowly let go, there was something

inside of him that changed to create a domino effect, causing a mental, physical, emotional, and spiritual shift. For example, when he made a conscious decision to be nonviolent, though it was a conscious decision and it may not have come without having to put an effort forth, the decision did come from somewhere. In Jason's view, life was speaking to him and communicating with him. Though he did not realise it at the time, he was being guided by life.

The same can be said with Jason's latest tidal-wave-like experience in which he was overwhelmed with an opportunity to let the negative of his past go and live within the moment. In his understanding, this was Jason's higher power connecting with him and guiding him. These tidal-wave-like experiences are all moments in Jason's life in which life intervened and guided him to be the person he is now. At the time that the tidal-wave hit, he was unsure about what it was, but he is slowly learning about his journey and is listening to where his higher power is guiding him.

Embracing emotions. In Jason's life, it seems that his process consists of a lack or abundance of something that creates chaos, followed by an abrupt change that creates a turning point that leads to a calm and positive place in his journey. As an example, Jason talked about his lack of emotional maturity and understanding when he was younger. He mentioned that his emotions were not his own. It took a tumultuous situation in which he almost killed someone based on unresolved emotions from his mother's death, for him to take a step back and realize that something was not right and had to change. From that point, he

began to acknowledge his emotions and feel his own feelings, rather than what he was taught to feel.

As a child, he was angry and violent. There was nonstop violence and anger in his life from childhood into his middle-adulthood. After his violent attack on a fellow inmate around Christmas time, he had a moment where he sat down and made a conscious decision about being nonviolent and from there, made an effort to stop being angry and to love. This was not a quick process and Jason had to work hard at being nonviolent. For his whole life, he relied on violence and anger to protect himself physically and mentally from everyone around him. Jason became vulnerable when he had to let his violent defence mechanism go. He learned how to love as a result of his emotional turning point and therefore, instead of being angry, Jason loves.

Jason used drugs to supplement the lack or abundance of the chaos. For instance, when he felt angry or pain, he felt chaos and supplemented that with more drugs to match that increased awareness to emotional hurt. At that time, the chaos was a negative influence that impacted the addiction process and fed his need for drugs to cope. Jason was chasing the original high that gave him the release from the pain and the chaos he was feeling. With that chase came more drug use, more chaos, and more pain.

There was one day, while Jason was living in Vancouver when he woke up and decided he had had enough. He said it wasn't a long and drawn out process. He awoke and made the decision that he was done with drugs. He sought out treatment. This was a major turning point in Jason's journey. It was a

conscious decision that came to him and he acted on it. Jason joined a twelve-step program and started to deal with his addiction. At the time, Jason thought this was a conscious decision, but it seems that this may have been another tidal-wave experience that was guided from his alternate consciousness. Because he was unaware of the influence of his higher power, he may not have recognized the communication he was engaging in with 'life'.

Moving beyond the limitations of mainstream treatment. Jason attended the 12-step program for some time and, while it helped in the beginning of his healing process, he eventually realised that he was stuck. He stated, "I tried to go through all those programs and then when I got to a certain amount of health, I realized that they were hurting me more than they were helping me." Jason does not discredit 12-step programs for the success in treating his addiction, but there were a few things that he did not identify with in the program. He did not believe he would "always be an addict" as insinuated by the 12-step recovery approach and he did not believe in a higher power as the 12-step programs described it. He had come a long way in his healing and made a decision to seek out alternative treatment.

Seeing the big picture. The decision to seek out alternative treatment methods was another turning point in Jason's journey. He had only used mainstream treatment thus far. During this transition away from 12-step treatment, another tidal-wave-like moment came over Jason and his direction was changed again. During this tidal-wave, Jason saw the bigger picture. He realized that throughout his whole life, he had only been looking at a small piece

of the whole. He describes the tidal-wave as showing him the bigger picture and allowing him to see all of the life lessons he learned in one flash and then he felt a freedom from his past. At that moment, he let go of his insecurities, let go of his pain and his baggage from the past, let go of his hard-headedness and started to truly hear and connect to life and let life guide his decisions. In some ways, his alternative treatment found him.

He let go of the negative, he let go of the stigma associated with addiction, he let go of the pain and the anger and started living in the present with a positive outlook. Jason did not turn toward alternative methods, per se, but rather, he turned away from mainstream to a healing path that felt right and healthy for him. He did not choose an alternative method off of a list or seek out an alternative treatment centre. Jason was hit with a tidal-wave, recognized that 'life' was trying to tell him something, listened to the profound messages that life communicated and surrendered himself to life and the journey that was set out for him. This tidal-wave-like moment was big because not only did Jason change his thought pattern completely, but he realized where this and his past life-changing moments came from; life, as a form of higher power, spoke to him.

Previously, Jason lacked emotions or his emotions towards life events were backwards. His lack of emotional response caused chaos and pain in his life because his reactions to situations were not his own and did not express his genuine emotion. On the day when the tidal-wave-like experience hit him, he stopped and thought about it, learned from it, and from there, he felt. He mentioned that his emotions were intense and "I have emotions now. Right? And

they're ten times more intense than they ever were", but they were emotions. With that came a change and a sense of tranquility. This also happened with his anger and pain.

After discussing the major turning points in his life, Jason made it very apparent that each turning point was just another stepping stone in his journey. No moment is more profound than the next and each moment is just another moment in his life that got him to where he is now. And, according to Jason, "this is exactly the way life's supposed to be. There is no other alternative, there is no other...this is exactly as it is, as it's supposed to be...and it's perfect."

As in the hermeneutic circle, each turning point affected his path in the bigger picture, his journey. His journey was guided by life, which informed his decisions. Each decision was a choice in which he was guided by life and thus, each turning point affected by the journey and the journey was impacted by each decision along his path in life.

Settling into "Higher Power"

Throughout our conversation, Jason's words and stories seemed to have a spiritual guidance. He mentioned he had identified with Zen Buddhism for much of his life, including meeting with a Zen Buddhist nun for multiple years while in jail.

When asked about his ideas and understandings of spirituality, he related religion to addiction. His higher power is life, as life guides him and informs his journey. What one might consider God to be as their higher power, Jason considers life. He seems very passionate about not following a religion as he

mentions that if one were to look into and understand fully all religions, they are really all the same. He does not identify with any religion anymore, and just follows the path that life guides him in a positive direction.

As Jason's lived experiences were shared, it was clear that the direction of his journey was guided by his higher power, life. Life communicated with Jason through powerful moments in which there was a connection and Jason was able to understand the message and guidance of life. His journey, as he understands it, is guided by life.

Jason's higher power is his spiritual connection with life. When he is guided by life, he talks about a language that he has to be in the right mental state to hear and understand. In order to connect and be guided, Jason must acknowledge this overarching consciousness that is beyond what he can see or touch. His beliefs in this guidance and his ability to connect and listen to the direction that is given has helped him to change his thought patterns and his life choices to a more positive place in which he does not need substances to function.

By having this overarching consciousness, Jason is more aware of living in the moment and has found a comfort in leaving the chaos of attempting to control his life up to something greater. Though leaving the negative in the past is a process that Jason must work through, he relies on the guidance from life to show him the right turns to take on his journey. He does not have to think anymore because this spiritual presence in his life guides this process.

Prior to his understanding of his higher power, Jason tried to control his life. Because there was so much chaos and pain that Jason was holding on to, he was unable to. He had a spiritual awakening in which he was shown how calm and enjoyable life could be, contrary to his beliefs. In that moment, he was able to connect and listen and learn how to let go of the negative and truly live in the present. When he let go of the pain that was causing chaos that led to drug use, he no longer needed the drugs to combat the chaos he was feeling.

Dancing is an “Antenna for Life”

One constant in Jason's life that did not submit to the chaos and emotional turmoil he endured was his love for artistic expression, especially dance. Dance was not only an artistic outlet, but also an avenue that allowed Jason to connect into an alternate consciousness with which life guided his journey. Throughout his life, though he did not realize it until later, dance provided an altered state of consciousness that allowed Jason to connect with and listen to his higher power.

Dancing is a passion of Jason's. Dancing was a major part of Jason's life. He danced professionally, he danced on the street, and he now dances as a way to clear his thoughts and center himself to have a pure understanding of what life is telling him and where his journey is heading. When he talked about dance he seemed to lighten up. Dancing was much more to him than a choreographed movement to a beat of the popular song at the time, but it seemed to be an outlet for his pain, anger, and negativity. Throughout his stages in his journey, dance played different roles.

Now, Jason refers to dancing as his antenna for life. During the interview process, a question was posed regarding Jason's artistic expression through dancing. He did not relate dancing to any part of his healing or his addiction, but rather to his journey as a whole. He talked about how dancing was an antenna for life. In summarizing the ideas back to him, Jason was quick to correct that dancing was just that; dancing. Seeming to have a loss of words to describe what he meant by that, Jason quieted, closed his eyes, and started moving his hands in a fluid motion. He then started to describe how dancing allows him to hear what life is saying. It is a language for him. When he is having a hard time hearing what life wants of him or where he is supposed to go, he dances and this alternate form of language clears the line of communication. According to a study by Winkelman (2003), music is helpful in facilitating natural altered states of consciousness. When he is having a hard time understanding life's cues and guidance, he dances and it becomes clear. It is almost, to him, like a different language to which he can understand and connect with life and find clarity in his journey. "When I'm dancing, I'm connected to the whole and then I better understand...I guess that the clarity is in me, not in life speaking to me...my dancing, like the movements, are all guided...by the flow of energy which is life."

After explaining his dancing, he then connected to mine and Dr. Marcia's energies. Jason talked about how he can sense people's energies and can feel what people are feeling. While he was dancing, his arms changed motion and his eyes closed again and he smiled and said, "cool," with a chuckle. When asked about what was going on for him when his dancing changed, he said that he

could feel the flow of our energies. He described what he felt and sensed through the dancing and the energy. With his clear state of mind, Jason is able to sense energies and connect to people on a different level. In his past experiences, he avoided and protected himself from connecting with people. Now, he openly and actively connects with people on multiple levels.

Aside from being a way to “plug in,” dancing seemed to bring happiness to Jason's life in ways that everything else missed. He lit up when he recalled that when he was dancing on the streets of Vancouver, his dancing brought people to him. People watched him and enjoyed his dancing. He met people through dancing. This stands out because for his whole life, his goal was to protect against people and he used violence and anger. When he danced, he drew people toward him. Dance is seen as a therapeutic technique that opens an avenue to interpret music and express one's self to nonverbally (Milliken 2008). It seems that, even though he may not have realised it at the time, when he danced on the street, he was connecting and listening to life, which was drawing positivity and encouragement from the public. He may not have realised it at the time, but in those moments when he was dancing, life was speaking to him and guiding him. He was not ready to listen, but there was a glimpse of the positive that came from his shifted mindset when he was dancing. He was happy when he was dancing. He was letting go of the negative and people were drawn to his dancing. People did not fear Jason when he was dancing.

Letting Go of the Negative

If you're hanging onto things that are, that have happened to you even yesterday...you're not fully focused on what's going on right now, right? You know, and you always miss something. Or I've found, you know, now that I'm in now and in the moment, I don't miss anything, I see, I see the full glory of my journey of my experiences, right? I believe that is part of health.

Jason was open to talking about the many hardships he had throughout his journey. He mentioned that for most of his life he held onto the negative influences of the past that lead him to be angry and feel pain and, ultimately, be violent as a defense. "By letting go of the past and free[ing] myself from that prison, I gained freedom, to live."

When he realised that the negative events and memories from the past that he was holding on to were ultimately causing pain in his present, he had to let them go. He did not let go of all of his past, but just the negative baggage that he was carrying with him for so long.

Before letting go of the past, Jason mentioned that his decisions to respond and react were based on those negative experiences that he carried with him. Now he talks about how he solely responds, but does not react. "I choose today not to react. I choose to respond...now my responses are logical."

When talking about his lived experience and discussing the tidal-wave that came over him that caused a shift in his thinking, Jason explained the experience as letting go of his past and only living in the present. When reading his transcript, it is apparent that what he meant by this letting go was that he let go of the negative aspects of his past because those were the memories and the

baggage that were dragging him into a negative place. He mentioned in his interviews that the tidal-wave moment was a quick event that allowed him to let go of his past and move on. In the way it was described in the interview, it seemed as though it was a one step process, but when Jason describes it in his manuscripts, the tidal-wave is explained as being a starting point for his journey to letting go. He wrote, "Since I have begun to rid myself of the past's baggage, I am finding my emotions make more sense to me. And I rarely feel overloaded anymore." This letting go of the negative influences of the past is a process for Jason and is part of his healing journey. Because his life, up until this point, was defined by pain and emotional turmoil, it would be impossible to think that in one moment, those influences could vanish. Instead, in that tidal-wave experience, he learned that he needed to let go and in that same moment, started the process of leaving the negative influences of the past behind.

As he is now, in the process of leaving the past behind, Jason relies on life to guide him into positive places where he will continue to grow and be healthier. He realises that life is about choices and he can make positive or negative choices that will take him to different places. If he stays on a positive path and listens to life's guidance, he will not end up in a negative place. He stated:

...if something negative happened, I knew it wasn't where I was supposed to be...And always before that, there was a choice for me...I could do this or I could do this. Everything in life is about my choices, my life.

His life and his journey have always been about choices, but prior to his understanding of these choices, he was on a negative path and never stepped back to question why he was there or how he could get onto a positive path in

life. He continued to go further on negative paths and it took a tidal-wave experience to hit him to make him realise that there were different choices and he needed to open up his mind and his body to life's guidance. To him, that was all he needed to get back on a path to health.

Parts, Wholes, and Wholeness

"I do believe we are connected together as a big picture or machine or organism.

We are each a smaller part of a bigger thing..."

In our first conversation, I asked Jason to define what it meant to be healthy. He outlined three major components of health; emotional, physical, and mental health. From this, he mentioned that in order to be healthy in all, you must be healthy in each one. There are multiple parts to health and they can only be achieved when they work in unison. At the time, I understood this idea just as he described it, but in our second conversation, he brought about the idea of wholeness in health, which added a new dimension and understanding to his definition of what it meant to be healthy.

In Jason's understanding, everything is a whole. According to him, most people do not understand that and until the world evolves to that point, we cannot truly be healthy. Jason talked about how one needs to be healthy mentally, physically, and emotionally before they can be whole. Once a person is whole within themselves, they can be whole within the rest of the world, the greater whole. The idea of wholeness parallels with Wilber's idea of the stages of development (Wilber 2007). In Jason's explanation, relating to Wilber's (2007) stages, most people are stuck in the pre-conventional or conventional stage and

have not moved to the post-conventional. From how Jason described it, once we can reach the third stage, we can connect deeply to other people and become whole.

This idea of wholeness as described by Jason is an example of the hermeneutic circle. Jason talked about each individual being in this world as part of the bigger whole. The whole, or life, influences each individual person which, in turn, affects the whole. We are all parts of a whole.

Achieving wholeness through recovery. Throughout his life, Jason has always remained fit physically whether it was through sports or now, his videogame work outs that he takes part in. He has always danced, which helped him remain physically fit as well.

Through his recovery, Jason gained a sense of emotional health. He mentions that he is not whole completely yet, but he is on the path to becoming whole within himself. His emotions are more real and pure and he is understanding himself on a deeper level as he is of clear mind and healthy belief.

His mental health is thriving as his negativity is no longer eating away at his thoughts. He has clear thoughts and is guided by life to make positive choices and continue to have positive self-talk. He works on maintaining his mental health and avoids negative situations that might drag him back into a negative space.

Jason talked about everything as being a whole. He emphasized that all things are made up of the same molecules and thus, everything is connected. He stated, "Everything that we consider as creation, space, everything. I believe that

is a whole." His belief is that everything is made up of the same material, so it is clear that we are not as different as society makes the world out to be.

Wholeness within ourselves. When talking about the various dimensions of health, Jason mentioned that as a world, we have to first be whole within ourselves to be whole within the world. To be whole within ourselves, it takes healthy belief. Therefore, you must be healthy mentally, physically, emotionally, and spiritually to be whole within yourself. The parts of the whole influence the way one thinks and thus, the large whole influences the parts of the whole, as in the hermeneutic circle.

Wholeness within the world. According to Jason, the world is not in a place to become whole. Our thinking is too separate and thus, we are not advancing into wholeness within the world. We must first achieve wholeness within ourselves to become whole within the world. Because each part of the whole is not completely whole within itself, the world is not able to achieve its potential whole state. In Jason's words, "Because of a lack of health in our thinking, we're stuck here."

Along the same lines, Jason postulates that all things must work in unison for the world to become whole. At this point in society, we are all separatists and are evolving into a new way of thinking. Evolution is taking us to a place of being whole, but we are not there yet. "Right now we're at the learning point of becoming whole." The parts of the whole are still learning and growing into having healthy belief and being whole within. Jason believes that eventually, people will grow to think as he does and start to see the world is a whole, rather

than each part as separate. He believes he is a walking example of this wholeness and is working toward becoming whole within himself so he can continue to encourage wholeness within others as well.

Conclusion

"...in each moment is there another part of the whole experience."

Jason's experience with alternative therapies is unique to him and his journey. The overarching idea is that addictions, as a process, is fairly universal, but healing is an individual route. This separation from the whole to heal allows growth to occur and for an individual to reconnect with the whole through health.

After listening to Jason's accounts of his healing process, it is evident that there is no one "right" type of treatment, but when the appropriate healing method is for the individual, it can be profound in healing capabilities. For some, alternative therapies are not beneficial in the journey to health. What is clear, through the interpretations and analysis of this data is that the connection between treatment type and the person using the method helps guide the journey to health. For Jason, using the ultimate form of alternative, he found healing from within. He relied on his communication with a version of higher power and he feels he was guided to a positive path. He did not seek formal treatment or counselling. He turned to something beyond this realm, something he could connect with through healthy belief, and changed his path.

The information shared by Jason is relevant to his lived experience through emotional turmoil, pain, addiction, and recovery. His journey is his own and where he was at the time of the interview, he believes, was exactly where he

was meant to be. His path has not always been positive nor has it been easy, but he does not dwell on those memories. Rather, he learns from them and moves on to learn more about letting go of his pain, finding positivity, and living in the present moment.

CHAPTER FIVE

Discussion

The information gathered from this research is powerful and unique and has the ability to make an impact on the field of counselling, addictions, and alternative medicine. By reading about Jason's lived experiences, one can empathize with his pain and struggles and triumph with him for his successes and growth. This account of Jason's lived experience takes the reader on a journey in addressing the research question while taking a walk in Jason's shoes. The information shared in the interviews and through the written manuscripts shed light on lived experiences of Jason, a man who used alternative therapies to treat a substance addiction.

Though this is only one case, it has the capacity to impact the counselling field. This research should open the eyes of many counsellors to develop preventative measures to combat addiction as well as to develop treatment styles that address the deeper issues, rather than solely the addiction itself. Jason made it clear that the substance addiction was the lesser of battles in terms of his journey. His healing from addiction was just another turning point in his journey. The hardest part to heal, the internal struggle, proved to be the most freeing for Jason. There was so much pain buried within Jason that drugs were the only way he knew to ease the pain.

The findings in this research provide an answer to the research question in a way that was not expected for this researcher. Jason did not use alternative methods of treatment in the mainstream way in that he did not go to an

alternative therapy centre or consult an acupuncturist, for example. Rather, Jason used an alternative method that was his own, handed to him by his understanding of a higher power and was successful. He used self-recovery methods and found a balance between his mind, body, and environment (O'Connell & Alexander, 1995). He did not learn about healthy belief and self-talk through a counsellor or a treatment centre, but rather, it came to him in the form of a tidal-wave-like awakening. He was shown the bigger picture and realised his biggest fears and demons were in his past, but were holding his present back with them.

In developing a research question and researching about alternative therapies, it was assumed that the participants would be actively using alternative methods that were of the status quo. Ironically, Jason was not using mainstream treatment or mainstream alternative treatment.

Through talking with Jason, it is clear that his lived experiences with addiction have some direct parallels with the information from the literature, but there are some distinct differences in his journey, as well. Though Jason's exposure to drugs was fairly early in terms of age, he progressed through stages of addiction similar to how they are outlined in the existing literature (Butler, 2009). He started with what he described as experimenting and quickly progressed into recreational use. As drugs became a more substantial influence on his life, slowly his addiction progressed into full dependency. Jason recalls being fully dependent in his mid-thirties, but, according to the literature and the definitions in the DSM-IV (AMA, 2000), it is arguable that he was in the

dependency stages much earlier, when he started selling and his life was based around drugs and drug use.

Jason used his own internal healing methods that he was guided to by his version of a higher power. It seems that this spirituality influenced much of his healing process and is guiding him toward health. The spiritual dimension of Jason's healing not only brought him to a healthy place within his mind, but it allowed him to connect with others' and develop relationships. This connection beyond the conventional can be related to the post-conventional stage of development as he sees wholeness within the self and the world (Wilber, 2006). This connection to people differs greatly from his past in which he disconnected from people and guarded himself from relationships using anger and violence. Throughout his life, he was hit with what seemed to be spiritual awakenings that guided his healing journey. Jason's connection with his higher power proved to be an important aspect of his health.

Though Jason used an alternative method of treatment that was derived from within, it seemed that activities in his life that were changed by his awakenings allowed his healing journey to flourish. Jason is a dancer. He has always danced, but as his journey progressed and he developed an understanding of his higher power, his dancing changed. His dancing was a method to connect with 'life' through a different form of language. Dancing was an antenna for life. When he was having a hard time connecting with his higher power, through dance, he connected. For Jason, spirituality and dance were two alternative therapies that contributed positively to his healing journey.

Dissemination Strategies

After the interviews were completed and the audio clips were transcribed, the data were interpreted using phenomenological hermeneutics and the understandings and interpretations of the experiences are expressed in the previous chapters of this thesis manuscript. This thesis manuscript will be published in the University of Lethbridge graduate thesis archives.

This thesis manuscript will be bound and made available for public reading. The information gathered may be developed into a journal article and submitted to addiction or alternative medicine journals. Doing this may encourage further research on the topic as well as provide the field with further information to substantiate alternative therapies as a legitimate treatment to addiction.

Implications for Further Research

In developing this research and performing the interviews with the participant, many other ideas for how to further the research or alter the design came to mind. The idea of alternative medicine is fairly new to the Western world and especially in addictions (Lu et al., 2009), so there is an abundance of opportunity to delve further into this topic. The following are a few of the implications for further research that were developed through the process of writing this thesis manuscript.

One major implication that came to mind was to interview more people with addictions that are using alternative therapies as a treatment method. As this research was initially designed, the method included learning about the lived

experience from 5-10 participants that had used or were using alternative therapies to treat a substance addiction. Because of unforeseen barriers including recruitment of participants, this research was altered to use the case study method. It would be interesting to use this research and create a project that would include different recruitment strategies and include more participants.

If a researcher besides myself researches this topic in the same manner that it was approached through this thesis manuscript, his or her biases and personal situatedness may differ. These differences could shed a different light on the topic and bring about different ideas and interpretations of the lived experience of a person that uses alternative methods to treat a substance addiction.

Another idea that arose involves using the barriers of this research project as a stepping stone to further research on alternative therapies to treating addiction. For example, a research project could look into why people that choose alternative methods to treating addiction may not have contacted to be a part of this research. It was a hurdle to get the centres to agree to post the flyers and even more of a hurdle to get participants. This proved to be the toughest barrier to the research. During the time in which there was no progress with the recruitment phase, it was necessary to reflect on why the barrier arose and think about why people may not want to participate. This research was developed out of passion for this topic and it was assumed that the same passion would come from people with addictions that use alternative treatment method.

Taking a step back, a few ideas came up as to why people may choose not to participate in research at all, but also why people with addictions that use alternative therapies may choose not to participate. One thought is that there are many alternative medicine centres and clinics, but that does not imply that people only go to these services for addiction treatment and thus, the population that was viewing the posters was diluted to begin with. Another idea as to why people may not respond to participate in this research has to do with the stigma attached to addiction. It may be the case that people with addictions that are using alternative methods and who would not choose to participate are protecting themselves from the social stigma of the label of "addict" and thus, would not want to bring attention to the treatment process.

A potential research project could look into the various stigmata associated with addiction as well as the stigma associated with alternative and complementary medicine and therapies. By understanding the stigma, one may be able to draw conclusions regarding why this population is hard to access.

The last idea for further research is to broaden the scope of the research study. My inclusion criteria were fairly specific, which may have limited an already limited population. For instance, a future research study could include people that use complementary therapies to addiction as well as alternative methods. This implies that the person uses both mainstream and alternative therapies in conjunction with one another. Another way to broaden the scope would be to include other types of addiction aside from solely substance addiction. My personal interest lies in substance addiction which is why I placed

that limitation on the research, but this may have limited my population too much. For future research, the research question could include all addictions which would allow for a wider range of participants and thus, a higher likelihood of recruiting participants.

Implications for the Addictions Field

This research can inform the addictions counselling field in many ways. The ideas developed through this research can have a profound impact on how research is done in the field as well as how counsellors approach treatment for a person with an addiction. One of the major points that came through this research was the idea that in a person with the addiction, the addiction is a symptom of a deeper rooted issue. Therefore, when a person is dealing with an addiction, it is important to remove the substance from the picture as a means to clear the person with the addiction's head, but it is more important to find out why the substance was in the picture in such a profound manner to begin with. When Jason talked about his addiction, he mentioned that the drugs matched the chaos he was feeling and helped to balance his internal with his external. The issue was his pain, but the drugs eased the pain temporarily. Therefore, as a counsellor working with people with addictions, it is important to look at the deeply rooted issues, rather than combat the substance addiction alone. In my opinion, had someone reached out to Jason at a young age and taught him how to deal with his pains and emotions in a more effective way, his journey would have been much different. The notion that the drug abuse is a symptom of a deeper issue is known, but is made very apparent through this research as the

one can see Jason's journey through pain, letting go of pain, and being free from the need for the substance to numb the pain.

Another implication for the addictions field that stems from this research is related to the idea of a higher power. It is easy to slip into the notion that there are religions and anyone that believes in a higher power is part of one of those religions. Jason made it clear that he does not associate with any religion and his higher power is not a being, per se, but life. He believes life guides him and he listens to life. It is important to be sensitive to various beliefs and views. The transpersonal aspect of healing is very important and as counsellors, it is crucial to continue to explore the transpersonal, but to be sure to keep an open mind as to what a person follows, whether it is a god or, as in Jason's case, another guiding principle.

The point that a counsellor can take from this is that not everyone needs what research, statistics, and bulky textbooks represent. Some people may thrive and heal through a twelve step program and attend meetings. Some may reach for alternative therapies as in the clinic setting. Others may simply have a profound moment and something changes within and healing begins. As counsellors, we are programmed to help people heal and we have tools and methods to explore people. Though there is proof in the numbers in terms of relapse, for example, the possibilities are not limited to the black and white.

Jason sought help through the twelve step programs and he recalled that his biggest critique of the program was the fact that while taking part in twelve step programs, the idea of "once an addict, always an addict" was drummed into

his head consistently. With that label comes the societal stigma. It seems that the label of being an “addict” is more detrimental to the healing process than the drugs are. As a counsellor, it is important to recognize the different beliefs that clients may have. Jason turned to alternative therapies because he felt that twelve step programs had helped, but he felt stuck. He was not using, but he did not feel healthy, in terms of his understanding of health. Thus, it is imperative for a counsellor to understand the whole story, the steps that have been taken to heal, the barriers that have arisen through the healing process, and what really works for the client. For Jason, although he did not seek out help through a counsellor, he needed to address his underlying pain, as the addiction was a symptom of that pain. If a counsellor was working with Jason, it would be most important to provide counselling with coping and emotional regulation skills to address the pains first, before even discussing the idea of addiction. The addiction is a symptom. If a counsellor is more concerned with the deeper issues, the stigma that sticks with being an addict sits on the back burner and the “real” problems can be addressed.

The most prevalent implication that comes through from this research process is that there are no absolute methods when it comes to how people with addictions seek help. Though some people use both mainstream and complementary therapies, some people have a spiritual awakening of sorts and something beyond this world guides them. As in the case with Jason, he dabbled in mainstream treatments as a preliminary method to heal his addiction, but ultimately, it took a profound experience to hit him, change him, and he moved

on from it and continues to heal. It seems that Jason got more out of that one moment in his life than he felt he would ever get from AA or any twelve-step program. Life spoke to him, his journey shifted, and he continues to live everyday based on the shift that took place in that one moment. He does not attend treatment programs; he solely chooses to listen to his version of a higher power.

Each person is different and thus, there is no recipe or quick fix when it comes to healing. With addiction, some people thrive in mainstream treatment, while others seek alternative methods. And yet, there are people like Jason who do not fall into either of the two therapies outlined, but rather, seek the ultimate alternative or the ability of the body to create the healing journey on its own.

Conclusion

This chapter created a discussion using the information gathered from this research study. Dissemination strategies for how this research were shared and implications for further research on the topic were described. Chapter five provided closure to this thesis manuscript.

Overall, this thesis manuscript has taken the reader on a journey, starting with discussing the focus for the research, defining key points relevant to the topic of interest, and diving into learning about addiction, progression, and change. Using this background information, the manuscript defined the key points within the area of interest through critiquing the existing literature. By doing this, we recognized the gaps, demonstrating the need for further research in the field of addiction and alternative therapies.

Taking advantage of these gaps, an interesting and passion driven piece of research was outlined, sharing the methodology through which the information was gathered, analysed, and interpreted. From this process came an opportunity for growth, not only in the field, but for the researcher as well.

The information that came from this research has the potential to make an impact on the field as it has already ignited further passion in this researcher. As suggested, there is an opportunity for development of research topics relating to this thesis to be explored. Alternative therapy research in reference to addiction is vast and relatively unexplored, leaving ample opportunity for further study.

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**Appendix A:
LETTER TO POTENTIAL FLYER SITES**

May 5, 2011

To Whom It May Concern:

My name is Siobhan K. O'Brien and I am a graduate level student in the Master's of Health Sciences program at the University of Lethbridge, Alberta. For my Master's level thesis, I am interested in understanding the experiences of people with addictions that guide the decisions to use alternative and complementary therapies in treatment (as opposed to mainstream methods). I will be reaching out to adults that have used alternative or complementary therapies in their healing process.

I am writing concerning the possibility of advertising in your facility as a means to contact potential participants for my research. The flyer contains a description of the study as well as my contact information. You may also contact my academic supervisor at the University of Lethbridge, Dr. Marcia Rich, at (403) 332-4059. By consenting to this, you will have no responsibility beyond posting the flyer. Please direct any questions to the contact information provided on the flyer.

If you are willing to participate, a flyer is also enclosed in this letter. Please contact me via email to let me know of your decision to post or not post the flyer in your facility. I appreciate your consideration and time.

Sincerely,

Siobhan K. O'Brien
s.obrien@uleth.ca

Appendix B:

FLYER FOR PARTICIPATION

*Have You Participated in Alternative or
Complementary Therapies for Treating an Addiction?*

If yes, would you like to share your story?

If yes, would you like your story to help other people who
may be in the healing process?

If you answered yes, you are invited to participate in a study:

The Lived Experiences of People with Addictions that
Guided the Decision to Use Alternative Treatment Methods.

To Participate:

- Must be 18 years or older
- Must Speak English
- Must have been in recovery for two years
- Must have used alternative or complementary therapies in recovery

If you are interested in participating in this research, please contact
Siobhan O'Brien at s.obrien@uleth.ca.

Thank you for your interest,
Siobhan K. O'Brien
MSc. Student, Faculty of Health Sciences
University of Lethbridge

**Appendix C:
LIST OF CENTRES CONTACTED**

| Centre | Location | Posted |
|---|------------|--------|
| The Aspen Centre | Lethbridge | Yes |
| The Medicine Tree | Lethbridge | Yes |
| Soulsations | Taber | No |
| Nirvana | Lethbridge | No |
| A Positive Alternative | Seattle | No |
| Seattle Acupuncture Associates | Seattle | No |
| Kirkland Acupuncture Clinic | Kirkland | No |
| Renton Acupuncture Clinic | Renton | No |
| Northwest Natural Health | Seattle | No |
| Acupuncture and Oriental Medicine Centre | Seattle | No |
| WA State Acupuncture and Chinese Medicine | Seattle | Yes |
| Calgary Holistic Health | Calgary | No |
| Hoffman Centre | Calgary | No |
| Naturomedica | Seattle | No |
| Natural Path to Healing | Seattle | No |
| Healthy Body Healthy Mind | Kirkland | No |
| Canmore Health & Wellness Centre | Canmore | No |
| Divine Light Reiki and Health | Red Deer | No |
| Harper Chiropractic | Coaldale | Yes |
| The Canadian Yoga Institutue | Lethbridge | No |
| Nadine Duckworth | Lethbridge | Yes |
| Terra Sol | Lethbridge | No |
| Deb Gazley | Lethbridge | No |
| Dr Kim | Edmonton | No |
| Gaia Health | Calgary | Yes |
| Nielson Homeopathic | Calgary | Yes |
| Calgary Naturopathic | Calgary | No |
| AANP | Alberta | Yes |
| The Nardella Clinic | Calgary | No |
| | 13-Sep-11 | |
| Dr. Wendy Takeda--Elements | Lethbridge | No |
| Dr. Tracey Pike | Lethbridge | No |
| Lifemark Health | Lethbridge | Yes |
| Integrated Health Group Inc | Lethbridge | Yes |
| Dr. Brendan Hoekstra | Lethbridge | Yes |

**Appendix D:
LETTER OF CONSENT**

May 5, 2011

Dear Participant:

You have been invited to participate in an interview to contribute to a study to understand the lived experience of a person with an addiction that guide the decision to use alternative or complementary therapies in healing from the addiction.

The purpose of this research is to understand the experiences and choices in your life path that contributed to your choice to seek help for an addiction as well as your choice to use alternative or complementary therapies as opposed or in addition to mainstream twelve-step programs.

The information that you provide in this interview will be used to interpret the lived experience of a person with an addiction in seeking and deciding on an alternative or complementary treatment method. The information gathered from this study will help to better understand what experiences and life events contribute to the decision to use alternative therapies and what type of people may be candidates for alternative or complementary treatment. Counsellors can use this information to guide a person with an addiction to an appropriate type of treatment that fits his or her lifestyle and experiences and will be most beneficial in the treatment process.

During the interview, you will be asked about the experiences that you believe guided and shaped your decision to seek treatment for the addiction as

well as the experiences that contributed to the choice to use alternative or complementary therapies rather than mainstream treatment methods. If at any time you do not feel comfortable answering a question or sharing personal information, please tell me and we will move on to a different question or end the interview with no repercussion.

With your permission, the interview will be recorded on a tape cassette. After the interview, the recording will be transcribed and analyzed by the primary researcher. You will be asked to provide an alias that will be used to mark your cassette and transcript to allow your information to remain anonymous.

The interview will take about two hours of your time. Also, your participation will involve a follow-up email dialogue that you will be asked to participate in.

There are no obvious risks to you in this study. The information gathered will be stored in a secure file cabinet for a length of time as per the guidelines outlined by the University of Lethbridge Ethics Committee. The transcript, cassette tape and any other information gathered from the interview will be stored in a safe compartment where only the primary research and the thesis supervisor will have access to it. Additionally, should emotional discomfort arise in the sharing of your experience, I will provide counselling resources that you can refer your self to for additional support.

The results of this study will be published and any information that is used will be altered as necessary, using pseudonyms to protect your identity and anonymity.

There is no monetary compensation for this interview. Your participation in this interview is completely voluntary and you may refuse to participate or back out of the study at any time with no risk of penalty.

If you have any questions about this research, you can email Siobhan O'Brien at s.obrien@uleth.ca. You may also contact my academic supervisor at the University of Lethbridge, Dr. Marcia Rich, at (403) 332-4059 or marcia.rich@uleth.ca

This study was approved by the Ethics Review Board at the University of Lethbridge. If you have questions about your rights as a participant in this study, you can contact Institutional Review Board Administrator at the University of Lethbridge. For further resources and contacts, please visit the Office of Research Services at <http://www.uleth.ca/rch>.

Thank you again for your time and your valuable contribution to this research.

CONSENT:

I have read (or have been read) the above information regarding this research study on the lived experiences that guide people with addictions to use alternative or complementary treatment methods.

_____ (Printed Name)

_____ (Signature)

_____ (Date)

I understand that the interview will be recorded on a cassette tape, transcribed and analyzed.

_____ (Printed Name)

_____ (Signature)

_____ (Date)

Appendix E:

INTERVIEW GUIDE

- How would you define “health” or what it is to be healthy?
- Can you describe how you interpret the process of addiction in general?
 - How do you understand how addiction starts and progresses?
- When and how did you start using substances?
- When did you notice that your pattern of use started to change?
- What was the turning point in your addictive process that led you to seek help?
- Are there any experiences that you can remember that stand out in your years prior to the addiction?
- Are there any events or experiences that you think may have contributed to your process of addiction?
- What experiences do you feel guided your decision to use alternative or complementary therapies for recovery?
 - Had you tried any other treatment methods prior to using alternative or complementary methods?
 - Which methods?
 - What about alternative and complementary methods was different for you?
 - What made these methods beneficial for your addiction recovery?