

Narratives of Identity Reconstruction Among Recovering Drug Dependents

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This study explored the recovery narratives and identity reconstruction of seven recovering Filipino drug dependents in a rehabilitation center. Extant literature on drug abuse in the country has been limited to etiology and treatment, as well as the difficulties experienced by drug dependents following release from the rehabilitation center. The narratives culled in this study, however, gave depth and continuity to the experiences during rehabilitation and recovery. This study highlighted the role of Filipino values in driving the narrative forward. Using narrative analysis and self-positioning theory, seven main plots of the recovery narrative and the respective self-positions emerged. The plot progressed from etiology, to admission, and to recovery. Meanwhile, the positions showed participants' transition from an addict identity to a non-addict identity, within the rehabilitation process. Findings from this study offer new insights into drug abuse recovery as an attempt to fill the methodological and epistemological gap in addiction studies; moreover, this research shows how the combination of narrative analysis and positioning theory offers researchers a rigorous method that can contribute to studies that focus on identity and change, thus expanding the understanding of drug abuse beyond pathology.

Keywords: drug abuse, addiction recovery, narrative analysis, positioning analysis, Filipino psychology

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Drug abuse is a serious public health issue. In the Philippines, there is an estimated 1.8 million drug users (Dangerous Drugs Board Philippines, 2015) with 18% of this population diagnosed with a drug use disorder (World Health Organization [WHO], 2015). The Diagnostic Statistical Manual 5 (DSM 5) characterizes the disorder as a “problematic pattern of [drug] use that impairs functioning - including relationship problems, failure to meet obligations, and tolerance/withdrawal” (American Psychological Association [APA], 2013). As of 2015, 5,402 Filipinos are currently enrolled in residential rehabilitation facilities. The admission rate had increased by 29.86% compared from the previous year (Dangerous Drugs Board Philippines, 2015).

The identity of an individual suffering from drug dependence is disturbed because of addiction (Bell et al., 2009; Nuske & Hing, 2013). Preoccupation with drugs has been known to lead to a “loss of identity” where the individual loses his or her sense of normality, resulting in distress and anxiety (Amodeo, 1997; Nuske & Hing, 2013). Drug dependent identities are highly stigmatized because of the negative consequences to the social, relational, and physical functioning of drug dependents and the community. Their identity reconstruction is a dynamic process of multiple interactions within their social environment (Gergen, 2001). Such identity is associated with an experience of degradation (Ettorre, 2004). Becoming aware of their degrading situation enables drug dependents to chart a path towards an identity reconstruction process and create agency through the interpretation of their experiences. This study explored drug dependents’ reconstructed identity--one endowed by both a victim identity and a sense of agency that involves both rejecting responsibility for past behavior and accepting responsibility for the present (Albertín, Cubells, & Iñiguez, 2011). Going through the drug rehabilitation process is a modern-day rite of passage for individuals recovering from addiction. Their identity undergoes a transformation--shedding off previous patterns of behavior and thinking to be reborn into society with an accompanying change in social status and roles (Erds, Gabor, & Brettner, 2009).

Rehabilitation as Transformative

The goal of undergoing treatment in a rehabilitation center is long-term recovery. Aside from medication, rehabilitation programs include therapies and techniques to modify internal patterns of behavior and thinking in drug dependents (Bell et al., 2009; Hanninen & Koski-Jannes, 1999). These treatment modalities, when combined, facilitate the reconstruction of the loss of identity that occurs at the onset of addiction (Nuske & Hing, 2013). Studies show that as the person immerses in the rehabilitation program, their “addict identity” is replaced with a “non-addict identity,” which is reinforced by the rehabilitation center community (Erdos et al., 2009; Matto, 2008).

The beginning of the program marks the drug dependents as “intakes” or new patients (Erdos et al., 2009). This stage is characterized by confusion and anxiety as the intakes are cut-off from the outside community and their dependencies. Throughout the program, their past patterns of thinking are devalued and they are forced to reflect upon the effects of their dependency (Bell et al., 2009; Erdos et al., 2009). During the program, the intakes actively participate in the change-making process in order to acculturate to the non-addict identity which they are rewarded for (Andersen, 2015; Matto, 2008). After going through these interim stages of recovery, the final stage or the “rite of passage” (Erdos et al., 2009) is social reintegration. To be considered recovered, the individual must be perceived by society and by themselves as changed from having a “problematic” (Selseng, 2015) or “diseased” (Matto, 2008) identity to a productive and reformed member of society (Bell et al., 2009). In Andersen’s (2015) study of the sociological shaping of narratives, stories of change in drug dependents were characterized by reflection on a past marked by heavy drug use, which subsequently serves an impetus for a better future as a non-addict.

Evidence for positive change in identity during rehabilitation programs is seen in narratives of recovered drug dependents (Erdos et al., 2009). Those who are new to the program are likely to have narratives marked by uncertainty, anxiety, uneasiness, and a lack of fluency in expressing their emotions as they are cut-off from the outside community and their dependencies (Erdos et al., 2009). Those who

graduate, on the contrary, are likely to have narratives characterized by stability, a shared community, and a commitment to long-term sobriety-related activities (Matto, 2008). The narratives link together multiple aspects of an individual's life to create a coherent sense of self.

Narratives and Drug Abuse

The journey of drug abuse has been documented as a journey of change (Järvinen & Ravn, 2015) as the person who uses drugs (PWUDs) reconciles past events in order to chart a path for the future (Nuske & Hing, 2013). Furthermore, narratives have been found to be a tool for therapy and healing (McGowan, 2003).

Self-Positioning and Identity Reconstruction

Within the narratives of recovery, positions may be extracted to reveal how drug dependents perceive themselves in a particular episode (Davies & Harré, 1990). Stets and Burke's theory of self claims that self-positioning shows that the self is reflexive--perceiving itself as an object, and positioning itself in relation to other social categories or classifications. By having one's meanings, roles, and expectations incorporated in this process, a recognizable identity is formed. Identity is composed of one's self-views from the reflexive activity of self-categorization within society and identification within the individual. The community plays a big role in promoting the discourses influential to an individual, which serves as the basis of self-categorization (Stets & Burke, 2000). Personal, relevant, and close communities, such as family, are some of the main sources of discourse shaping identity construction (Matto, 2008). In the context of this study, the current, most relevant, and influential community for drug dependents is the rehabilitation center, where they reside for the duration of their recovery.

Positioning is an important analytical lens as it allows one to track the recovery process of PWUDs in rehabilitation (Stevens, 2012). Recovery can only be possible when individuals identify and self-categorize themselves as part of the non-addict community and reject

their addict identity. In contrast, relapse is the behavioral consequence of conflict between the addict versus non-addict identities (Matto, 2008). In this study, changes in self-positioning are used as a basis for the transitions in the narrative of identity reconstruction.

Drug Abuse in the Philippine Context

The Filipino self is predominantly characterized by an interdependent conception of the self (Markus & Kitayama, 1991; Peña-Alampay, 2003). The Filipino core concept of *kapwa*, or shared identity, emphasizes the self as related with others (Church, 1986; Enriquez, 1992; Macapagal, Ofreneo, Montiel, & Nolasco, 2013). This is reflected in studies on the community's influence on both drug addiction relapse and recovery among Filipinos (Tuliao, 2008; Tuliao & Liwag, 2011).

At present, there is a lack of drug use-related studies in the Philippines, as most related studies are western (Nadal, 2000; Tuliao, 2008). It is plausible that there may be variations in the motivations and influences of recovery narratives due to the values Asians uphold (Tuliao, 2008). Moreover, related literature gathered on the topic have focused heavily on the etiology of drug abuse (Jadidi & Nakhaee, 2014 ; Järvinen & Ravn, 2015) or the difficulties experienced by drug dependents following release from the rehabilitation center (Tomori et al., 2014; Tuliao & Liwag, 2011). Despite the prevalence of studies that have exhaustively explored the deleterious consequence of drug abuse, limited qualitative research has explored the identity reconstruction of persons recovering from drug abuse (Bell et al., 2009; Järvinen & Ravn, 2015). The closest study to this topic is Steven's (2012) study on how offender rehabilitation involves identity reconstruction and narrative reframing to transform antisocial identities to crime resistant ones. However, Steven's (2012) work only emphasized the importance of prosocial changes to the offender's personal identity and did not focus on the storied experience of recovery and gradual reconstruction of identity. By focusing this study on how drug dependents' identities are actively reconstructed during the rehabilitation treatment, the aim was to fill a gap that would lead to a more nuanced understanding of the recovery process.

Theoretical Lenses

This study's framework made use of two theoretical lenses: Wong, Leung, and Lau's (2009) narrative analysis, and Harré, Moghaddam, Cairnie, Rothbart, & Sabat's (2009) intra-personal, or self-positioning theory. Narrative analysis allowed the construction of drug dependents' recovery story and the identification of critical, turning points of change; whereas intra-personal or self-positioning permitted the analysis to chart the course of identity transformation by identifying and extracting positions that individuals ascribed to themselves throughout the narrative.

To create a recovery narrative and model for identity reconstruction, Wong et al.'s (2009) narrative analysis, which accounted for a person's social context when identifying plot structures, was utilized. Narratives are particularly important at times of change as narratives provide a sense of continuity and meaningful progression from past events to a possible future. To document the reflexive activity of self-categorization, Harré et al.'s (2009) self-positioning theory was applied. The positions were extracted from episodes in the narratives (Davies & Harré, 1990), as when individuals position themselves, and as these positions are incorporated into the self (Stets & Burke, 2000). Self-positioning is done mindful of the societal aspects that occur in the plot structures. Harré et al. (2009) contended that private discourse should be viewed as being shaped by, and stemming from, public discourse. Therefore, this study took into account the cultural context of the narratives--an aspect often overlooked in previous drug use literature focusing on the recovery of drug dependents.

Research Questions

This research sought to answer the following research questions: (a) What are the narratives of recovery among drug dependents? (b) How was the self positioned within the plot structures of recovering drug dependents' narratives? (c) How does identity reconstruction unfold throughout the narratives of recovering drug dependents?

METHOD

Participants

Seven heterosexual adult men aged 26 to 38 years old who were living with their immediate families before admission to a rehabilitation center were interviewed. They are: Derek (31), a businessman; Leonard (26), who worked as a government employee; Omar (35), who worked for a non-government organization; Henry (28), a call center worker; Richard (33), a computer technician turned dumpsite manager; Kit (38), who watched over their family business; and Mark Vincent (26), who was unemployed at the time of the interview¹.

Participants were recruited from a Department of Health (DOH)-certified residential health and rehabilitation center in Antipolo, Rizal. The individuals interviewed are nearing discharge from the rehabilitation program (Phase IV). Each had stayed in the program for six to seven months out of the typical eight-month program. They started out as intakes, where they experienced withdrawal symptoms and where therapy began (Phase I). Eventually, their families were allowed to visit (Phase II). As they progressed, they were appointed leaders and given the responsibility of managing their peers in the center (Phase III). The rehabilitation center had endorsed the participation of six PWUDs, whereas one participant was from the pilot interview phase a month earlier.

Participants were deliberately chosen from Phase III of the program as they would have had progressed more in terms of recovery and experiences, and would therefore have a more developed recovery narrative. Residents in Phase III, aside from nearing program completion (Phase IV), are aware of their past behavior as heavy drug users, especially towards their loved ones, and the measures needed to repair relationships for long-term recovery. Another criterion was that participants had to have been living with their nuclear or extended families prior to their admission to the center as they would have had a richer impetus for change and deeper narratives due to the severe impact of drug abuse on their family and/or children (Wong et al., 2009). The study focused on adult participants because of their more

¹ Aliases were used to protect the identity of participants.

developed narratives and motivations and the increased likelihood to finish their rehabilitation program as compared to adolescents.

Data Collection Procedure

Interviews ranged from 20 minutes to one hour and were conducted in either English or Filipino. Interview questions explored significant experiences, feelings and thoughts prior to and throughout their stay in the program, their relationships with their significant communities, and how these and other important aspects have had an impact on their respective identity. Interviews were recorded and transcribed. An ethics review of the research protocol at the proposal phase was conducted by a committee panel prior to data gathering. Informed consent was obtained from the rehabilitation center and from each participant describing the nature of the study, its goals, and method. An alias was assigned to each participant to maintain anonymity.

Data Analysis Procedure

Interview data were first analyzed using narrative analysis to determine critical points in participants' recovery narratives. These critical points were then used as storylines to extract self-positions to document the process of identity reconstruction.

Narrative analysis. Adopting the holistic approach of narrative analysis identified by Wong et al. (2009), researchers first identified the basic structure of each person's recovery narrative. To answer the first research question--what are the narratives of recovery--the study compared plot structures and thematic categories across interviews, synthesizing shared recovery pathways to identify a shared recovery experience. The researchers then explored the participants' emotions and thoughts throughout recovery from the dominant images and beliefs made salient in their account to identify the cultural and societal context present in the meaning making of the recovery experience. This narrative technique was used to identify prevailing belief and value systems in society that played out in participants' lives (Elliot, 2005).

Self-positioning. After identifying the recovery narrative, the researchers then employed Harré and Moghaddam's (2003) procedures for positioning theory: (a) determining storylines present in their talk (i.e., stories present in the critical points were used as storylines); (b) surfacing the self-positions of the storyteller; and (c) understanding the meanings of utterances and the accompanying social force, or cultural values. After self-positions were identified for each critical point, a model for identity reconstruction was created, as these self-positions were found to be incorporated to one's identity (Stets & Burke, 2000).

Since this research took into account the cultural context of the participants, participants were encouraged to talk about themselves, their past, how they are as a person, as a family man, a career man, and how they got addicted to drugs. This stimulated understanding of their experiences during rehabilitation. To ensure validity, the procedures of Creswell and Miller (2000) to ascertain the credibility of the participants' account and the researchers' analysis were employed. The following procedures were performed: (a) data was collected through a combination of interviews and observations by the researchers at the research site; (b) thick descriptions of participants' narratives were obtained; (c) immersion in the research center was done by one of the researchers, who spent approximately 150-hours of non-paid practicum time in the research site over a four-week period, a month prior to data collection; (d) five visits across a five-week period in the research site by the research team during the course of data collection were conducted; and (e) two external evaluators were consulted during the design phase and data interpretations phase of the research.

RESULTS

The transcriptions explored each participant's main narratives and self-positioning during the following periods: (a) their life before drug use, (b) the normalization of drug use, (c) unmanageability of heavy drug use culminating in the admission to the rehabilitation center, (d) Phase I (Intake) in the rehabilitation program, (e) Phase II (Family Visits), (f) Phase III (Gaining Responsibilities) and (g) plans after Phase IV (Release and Planning Ahead). Table 1 shows the

narratives of recovery and their corresponding self-positions.

Narrative Analyses and Positioning Analyses

Each participant's interview was transcribed and analyzed individually using narrative analysis. Overarching themes between individual narratives were then used as plot structures for the final recovery narrative. Each plot in the recovery narrative was then analyzed using self-positioning theory. Once they were analyzed for each participant, the overall theme for the self-positions were used as the position for the respective plot, contributing to the identity reconstruction of the individual.

Participants manifested that they came from broken families, where their parents were either separated or absent; as a result, emotional relations were either distant or strained. Some were left in the care of guardians at a tender age, whereas others were shuffled from family to family. The plot structures and the corresponding self-positions were as follows:

Normalization of use. Prior to drug use, participants led regular lives as employees or students while spending extended time with their *barkadas* (immediate group of friends they usually associated with) who happen to do drugs as a pastime. As participants became increasingly exposed to their friends who would take drugs matter-of-factly, participants eventually gave in to their friends' influence and habits, thus marking the start of drug use. Leonard reported,

My friends use [drugs] in my home. I would come in-and-out my room and they would offer me to try. I would turn them down and tell them to go about their business. Then, one day, I asked to try. This started it all for me.

Before their addiction, participants identified with a non-addict identity and positioned themselves as ordinary people who were "unaware" of the effects of drugs. Their exposure to drugs stemmed from their immediate environment where peer influence and easy accessibility of drugs, piqued their curiosity. According to Mark Vincent, "I spent much time with the 'wrong' crowd. I learned [how to use drugs] eventually."

Table 1. Narratives of Recovery and Corresponding Self-Positions

	Plot Structure of Recovery Narratives	Position
Pre-Drug Abuse	Normalization of Drug Use	Unaware
Drug Abuse	From Habituation to Heavy Drug Use Turning Point: Admission to Rehabilitation Center	Drug User to Dependent Disabled
Rehabilitation	Phase I (Intake) Phase II (Family Visits) Phase III (Gaining Responsibilities) Approaching Phase IV (Release and Planning Ahead)	Sinner Expiator Person, Renewed People of the Future

From habituation to heavy drug use. Participants steadily started incorporating drug use in their routines after their first use. Richard, who was balancing work and family, found time to insert drugs in his weekly routine, and Omar used drugs as a way to be productive in school and at work. Other participants used drugs casually, to make themselves feel good or as a pastime, just like their *barkadas*.

Regular use eventually escalated to heavy use. The psychological and physical effects of drug addiction disrupted participants' normal functioning in school, work, and relationships. Moreover, alterations in attitude and personality characteristics began to manifest. Participants either lost their job or got kicked out of school because of addiction. Moreover, participants sought isolation because of constant fights and escalating disagreements with their families and significant others stemming from their manner of interactions, their estrangement, and their handling of finances. Despite their families' concerns about their welfare, participants blamed their families for their addiction and increasingly turned to drugs because of the stress within their respective families. Kit narrated how he and his first-born child fought about his addiction, "We fight and argue! She pesters me about drugs until I reach my boiling point and leave—not returning home until a week has passed." Omar shared about blame tossing and eventual eviction of his own sister from their home:

I hassled everyone in my family, especially my siblings. I could not understand why I am always the source of the problem. Why was it always me? I got fed up; until eventually, I rebelled against them and threw them out of our home!

The inimical psychological consequences of addiction--anger, impulsivity, and blame-tossing--that participants exhibited deeply strained family interaction. Events ranging from Omar's eviction of his sister, to losing a loved one in the cases of Henry, Richard, and Derek, became turning points that precipitated drug use and led to complete and unmanageable drug addiction. The preoccupation with obtaining drugs, volatile temperaments, and depressive episodes led to estrangement from loved ones and resulted in the manifestation of deviant behavior such as involvement in criminal organizations, theft, and violence. "I became worse, the people I surrounded myself

with were notorious; I did not care anymore!," according to Richard. Behavior intolerable to their families such as extramarital affairs, financial coercion, and frequent absences at work and in school brought about great conflict and stress between the participants and their loved ones. Participants shared,

I thought I was being productive because I was able to render straight shift work. Unbeknown to me, my attitude--the way I was relating to my family--and the way I was handling my finances was becoming worse. To get drugs, I had loaned from several people and I even sold all my personal belongings. (Derek)

After my wife died, I became unmanageable and was more hot-headed. One time, my kids caught me with a girl in the bedroom. My kids left me. With them not by my side and with my wife no longer around, the future looked bleak. To divert my attention away from my compounding problems, I turned to women and did drugs. (Henry)

As drug use became part of their ordinary routine, participants positioned themselves as "drug users." They still attended school, reported for work, and went about their relationships normally, while taking regulated doses of drugs only enough to boost productivity or for recreation. According to Leonard, "My body was looking for it because I was on shifting schedule for work; at times I would work in the morning, other times, I worked the night shift. To stay awake, I would need [drugs]."

With more frequent use, drugs began to take a greater hold of their lives. Drug users positioned themselves as being powerful. They brushed off concerns aired by their families regarding their excessive use. In denying that they had a serious problem, participants evicted family members from their homes, moved away, or estranged themselves from their families, choosing to stay with friends or associates who sympathize with their drug abuse. Drugs replaced the companionship that close family members used to give them; so much so that participants were convinced that they were better off alone with their drugs. Richard recalled saying, "At that time, I bragged to my family, telling them 'I don't need you!'" Family visits became sorely

limited to financial support to sustain their lifestyle.

As they spiraled out of control and as drugs became paramount to their existence, participants positioned themselves as “drug dependents.” While there were moments of awareness of their ordeal and of its consequences, they were often overwhelmed by the need to use drugs as a means to cope with problems and manage emotional pain. Some participants narrated how they could not muster the will to stay away from drugs whereas others reached the point where they took it daily and spent their time, energy, and finances procuring drugs, even if it meant loaning money or going through dangerous lengths. Their unmanageability culminated in deviant behavior, which deteriorated them physically and psychologically. Omar recalled saying,

Drugs became the center of my life. If I did not take it, I will be flooded with everything. At the height of my problems, it really seemed like my chest will burst in anguish, were it not for drugs. It’s (drug) truly a pain reliever--a mood stabilizer. When you are on drugs, you are happy and forget your problems!

Turning point: Admission to the rehabilitation center.

Their worsening behavior eventually resulted in admission to the rehabilitation center. Omar entered voluntarily saying,

Before I ended up here, I already knew that I would enter the center. I did not know they [my family] already found a center to admit me to. All they told me was Monday. I vividly recall May 11, Monday; after lunch, they told me to go change, let’s go the center.

Others, like Richard and Kit, were forcibly admitted by their families, whereas Leonard was reported by the authorities.

I came from a job interview. They [my family] had me drink pineapple juice. They added something to my drink. Then, the next thing I knew, I am already here in the center. I even had my resume with me when I entered. (Richard)

My landlord was a former NBI officer, so he knows people, he sounded off to authorities to monitor us. Of course, I laid low. As soon as I left my (then) residence, I was brought here. (Kit)

Once their lives became severely unmanageable, participants became not only a menace to themselves, but a danger to their families, friends, and romantic partners. At this point, either voluntarily or forcefully, they were admitted to rehabilitation. Participants positioned themselves as being “disabled” [by drugs], and completely identified with a dependent or “addict” identity, unable to take control of their lives and needed intervention. As Mark Vincent said, “I told my parents to admit me, because I was deep into drugs and might lose my sanity.”

Phase I (Intake). The admission to the rehabilitation center was described by participants as the lowest and most vulnerable time in their lives. Being stripped off of drugs--the very thing that had become their life--they felt as if they are left with nothing--an empty person. Without drugs, they were forced to reflect on personal pains stemming from a life destroyed by addiction, as well as the pain from the absence of and, for some, betrayal of their families in admitting them to the rehabilitation center.

In Phase I, intakes are forced to reflect upon their wrongdoings in the outside world, to start the recovery process. The process began with long periods of reflection, to releasing their emotions, to verbalizing their pains and telling their stories to the rehabilitation staff and therapists. Omar narrated, “What I intensely felt was longingness for my family.” According to Richard:

I realized [while I was made to face the wall] that you will really think about what had happened. Initially, I was telling myself, ‘am I made to face the wall, so that I will melt it with my gaze?’ But I was proven wrong, it took facing the wall, just like a kid, for me to realize everything that has happened to me. In going through that, you will really feel a deep sense of regret. I wept and felt extreme sadness.

Before, I really couldn’t accept why I was here. My case load adviser told me, ‘force yourself to bring it out!’ Initially, I hesitated to tell my story because it is personal, right? Why will I air my dirty laundry? But in the end, I admit, it really did help. (Kit)

Participants experienced a host of emotions as they entered

rehabilitation, ranging from disorientation (for some), anger, and confusion as to why they were admitted in the first place (for others). Without drugs, which had been the center of their lives, they were forced to cope with their problems, reflect, and left to their thoughts. It was during Phase I where they saw the reality of their actions for the first time. Participants positioned themselves as “sinners.” Realizing what they have done to themselves, their families, and their community, they felt immense shame, a deep sense of sadness and loneliness, as well as bouts of anger towards themselves for who they have become. According to Derek,

First two months here was extremely hard. I always ask myself ‘how can I leave this place?’ Before I sleep, I would always cry. It was truly sad! In terms of sadness, it was here that I was most sorrowful.

Phase II (Family Visits). Upon reaching Phase II, family visits were allowed. Participants’ narratives noticeably shifted in tone during this phase. Visits from their families made them happy and enabled them to seek forgiveness for their wrongdoings as PWUDs. Their families served as motivation for them to plan and propel their recovery forward to regain their families’ trust. Family visits were important to them, without which they would feel sad and lonely because of the perceived lack of faith and care for them.

Ultimately, this is for me and for my family. What I wouldn’t want is for them to feel hurt again because I have caused them much pain. If this would happen all over again, I honestly wouldn’t know how I will move on. This is why I am overjoyed that they are all there for me, despite everything that had happened. (Kit)

Actually, I was only visited three time. First was just a dialogue. Second time, I think was when I was going four months. It was just a ten minute visit. But last Sunday, it was a blessing because all of them were here. (Henry)

Participants’ desire to reconcile with their families stemmed from their realizations and repentance in Phase I. At this stage, they positioned themselves as an “expiator.” When family visits occurred,

participants realized the sacrifices and grief their family had gone through dealing with them through their addiction and visiting them in the center, as a result, they feel indebted to their family. To atone, they sought to redeem themselves to prove themselves worthy of their family's faith, once more. This sense of indebtedness to family served as motivation to change, to do better, and to envision a future that would fix their wrongdoings. According to Mark Vincent, "In the past, I let myself go. Now, I want to be healthy for my parents. I also want to finish my studies, if at all possible. For Kit, "This is all for my family. The last thing I would want is to hurt them again because I know I have caused them immense pain in the past and throughout this ordeal."

Phase III (Gaining Responsibilities). As they approached the stage before release, participants had gained trust and were gradually given more responsibilities within the rehabilitation center. These responsibilities, such as being "dorm master," enabled them to notice how far they have come; they now serve and act as models and guardians to others in the center. Because of these tasks and new stature, participants regained a sense of control and maturity in sticking to the rules and stifling impulses. According to Leonard, "I became hard working. I now follow what is being told to me; unlike before, where I was not. I was lazy."

Participants also grew increasingly excited to leave the rehabilitation center as their free time was preoccupied with thoughts and plans upon release. They gained newfound strength--a realization they can survive without drugs, as Richard elaborated, "I am now comfortable without drugs, because [I realized] it can be done. Before, I really couldn't live without it." Moreover, they gained a sense of responsibility to repay their parents and get their life back on track, positioning themselves as men whose lives are no longer controlled by drugs; rather, whose lives are (once again) controlled by themselves.

As they progressed further, participants noticed that they had regained control over themselves--their anger, impulses, and desires. Participants gradually mended their relationship with their family over succeeding visits, and looked forward to further repairing their relationship by showcasing their "renewed self." In realizing their capacity to survive without drugs, they have found their sense of self with dreams and values previously absent during their addiction

phase.

Approaching Phase IV (Release & Planning Ahead). As recovering drug dependents neared the end of their program, they reflected on how far they have come and how they have changed. While acknowledging that having been a drug dependent will always be a part of their lives, they were ready to move on with what they had learned from their (once) turbulent experience, and showcase their (new) redemptive identity to the world. Not wanting to let their past taint or tempt them once more, they sought to prove their worth and resolve having a new life. According to Mark Vincent “When I leave this place, I want everything to be new. New home, new life, and new friends!” Other participants sought to pick up from where they had left off, such as going back to finish school or jumpstart their erstwhile stunted career, or to start anew, armed with the insights gleaned.

The recovering drug dependents accepted that their addiction has blemished their reputation and will forever be a part of their story, yet they want to move on with their lives and recover lost time, trust, and opportunities. They sought to leave behind sources of temptation or people associated with their addiction by changing addresses and applying for new jobs or going back to school after they finish their program. Positioning themselves as “people of the future,” they manifested readiness to showcase their reconstructed identity--one characterized by agency (self-mastery) and one that is committed to the values they had cultivated within the center. In so doing, they yearned to recover fully and regain their position as members of the family, community, and society. According to Kit,

The real battle is outside, not here in the center. I feel that, now, I can face the future, with what I have gone through in the program and in the center; and more importantly, what I have proved to myself during my stay.

DISCUSSION

The narratives extracted encompassed events, thoughts, and feelings across plot structures in the stories of recovering drug dependents as they transitioned from a non-addict identity to an addict identity, and eventually rehabilitation. The self-positions that

emerged from the plot lines were found to have been influenced by Filipino collectivist values which propelled their narratives forward as being influenced by a motivation to reconcile with their families and redeem themselves to society.

Pre-Drug Abuse (Non-Addict Identity)

The initial phase of participants' addiction narrative was found to be consistent with findings from literature that noted how (future) drug dependents transitioned from a normal functioning life to a life afflicted by drugs. Similar to risk factors underscored in previous studies (Andrews, Tildesley, Hops, & Li, 2002; Chilcoat & Anthony, 1996; Neiderhiser, Marceau, & Reiss, 2013), parental separation, parental absence, emotional distance, and familial strain emerged as either contributing to security-seeking behavior from being left at a young age to be cared for by others, or exacerbating externalizing behaviors that suggest an increased risk for initiation to drug use. Peer influence during the the pre-drug abuse phase also played a salient role in participants' initiation into drug use. This is supported by studies that noted exposure to favorable attitudes to drug use from small, informal groups, and subsequent, "hanging out" with drug-using friends and acquaintances (Allen, Donohue, Griffin, Ryan, & Turner, 2003; Coggans & McKellar, 2009) as etiological factors.

During Drug Abuse (Transition to an Addict Identity)

During regular and heavy use, participants engaged in antisocial and impulsive behavior in pursuit of drugs (e.g., stealing; sabotaging finances, schooling, and career; compromising relationships; disappearing without explanation; and turning away significant others). This is consistent with literature findings that showed how drug use increases the likelihood of impulsive behaviors, which facilitates further drug use (de Wit, 2008; Mallet, Rosenthal, & Keys, 2005). Van Dijk (1980) explained that social consequences of drug addiction such as the disintegration of social groups, can further exacerbate negative feelings and precipitate isolation from others. Further, it cultivates the belief that one can eschew the concern and attention of one's social

groups. Consequently, one further identifies with the state of being a drug user, which in turn, reinforces drug dependency and addiction.

This phase also marked how drug dependence coincided with a transformation to an addict identity, in which participants remarked that drugs became the center of their lives. This validates Nuske and Hing's (2013) theory that drug addiction is a type of loss of identity in which previous activities and relationships that the participants deemed consistent are replaced or tainted with drug use and procurement.

During the Rehabilitation Program (Identity Reconstruction)

Confusion and anxiety marked the experience of newly admitted drug dependents in rehabilitation. As they were stripped of the substances, they became lost, confused, angry and disoriented. As confusion dissipated, participants were forced to face their problems and the reality of the consequences of their addiction--a common occurrence in newly sober PWUDs (Bell et al., 2009; Erdos et al., 2009; Hirschman, 1992). Shame from embarrassing family members and regret for mistreating loved ones in Phase I led to repentance as users positioned themselves in this phase as sinners.

In the process of sobriety, the realization of the burden they had placed upon their families struck them and elicited a sense of indebtedness and the desire to atone for their wrongdoings. Family visits fostered opportunities to express untold emotions and communicate regrets, and seek forgiveness. Participants' recognition of their family's love and patience throughout their addict selves stirred participants' intent to repay their loved ones by redeeming themselves in the eyes of the significant people who have stood by them throughout the ordeal and to express gratitude. This is consistent with literature stating that family support can influence recovery through motivation to change (Kelly et al., 2010).

Slowly, the combination of forced reflection, strict rules, responsibility-fostering tasks, and the therapeutic rehabilitation community, which included co-recovering drug dependents, psychologists and staff, empowered recovering drug dependents to regain a sense of control of their lives and enable them to seriously

concretize their plans beyond their stay in the rehabilitation center. Their compliance and determination to finish the program was a stark contrast from their previously impulsive and reckless selves, thus positioning themselves as renewed people. This is consistent with previous studies stating that this phase further facilitates transition into a non-addict identity by taking on mentorship roles and leading rituals and activities (Andersen, 2015; Matto, 2008).

As they approached release, recovering drug dependents accepted that while their addiction will be a part of their narratives, they can reconstruct their identities towards regaining what they have lost by maintaining long-term sobriety. They positioned themselves as “people of the future” in that they saw themselves as empowered to control their own fate--not letting their past define them. These realizations reveal a resilient disposition that drug dependents imbibe from their recovery experience. This positioning coincides with Bell et al.’s (2009) and Andersen’s (2015) study of former drug dependents seeing themselves as productive and reformed members of society. The rehabilitation program showed them that they can live a life without drugs, thus giving them a foundation to reconstruct their identities as renewed individuals ready to take on emotional and social conflicts maturely and regain their position as part of the family, workforce, and society.

Integration of Filipino and Addiction Psychology

Cultural context played a role in influencing self-categorizations and identifications (Macapagal et al., 2013; Stets & Burke, 2000) as recovering drug dependents made sense of their past as PWUDs and as they formed their recovery narrative. In this study, close friendship ties and increasing proximity with and exposure to a *barkada* who was involved in taking drugs, strongly contributed to participants’ entry to drug use. The *barkada* is largely held together by pakikisama, meaning “to go along or to give in” or “to go along with the group” (Pe-Pua & Protacio-Marcelino, 2000) to maintain smooth interpersonal relations. The *barkada* was construed as a positive influence--an enticing agent, contributing to the perception of drug use as a positive experience. This supports how positive expectations on drug use

affects eventual use (Stacy, Newcomb, & Bentler, 1991).

Once regular use escalated to heavy use, behavioral and attitudinal changes were observed. Participants' rejection of their families led to isolation. Kring, Johnson, Davison, and Neale (2013) reported that repeated substance use can lead to increased risk-taking behavior, impulsivity, and reinforcement of drug use itself. The combination of these outcomes may have contributed to feelings of invincibility that they can sustain themselves without need for external help; thus, explaining why participants drove their family away. Their bursts of anger is also consistent with mood alteration theories that theorize how drugs increase positive affect and decrease negative affect, creating the notion that drugs are all they need to feel good in their lives, thereby rejecting their family (Hussong, Hicks, Levy, & Curran, 2001). As drug use escalated to the point of dependency, drug dependents found themselves doing anything just to procure drugs. When drug dependency was at its most intense, the combination of isolation, antisocial behavior, and physiological decline led to their addict identity.

The next four stages focused on rehabilitation and recovery. Once participants entered rehabilitation, they were forced into self-reflection and were withdrawn from the influence of drugs. When drug dependents go through withdrawal, they manifest anxiety and restlessness (Kring et al., 2013). This detoxification process is marked by disappointment and sadness, as they become aware of their actions during their drug addiction (Dallery, Silverman, Chutuape, Bigelow, & Stitzer, 2001). The brewing disappointment and compounding sadness were likely contributors to participants' feeling *hiya* defined as the feeling of embarrassment, sensitivity to others and consideration of others' feelings (Bulatao, 1964). When the recovering drug dependents realized the effects of their actions to their loved ones, they gained the sense that they had placed a great burden upon their families, again emphasizing the interpersonal nature and identity of the Filipino. *Hiya* is also the likely explanation as to why they had positioned themselves as sinners during this stage. As they moved to Stage II, the family visit became a motivation for them to recover. *Hiya* is then transformed to *utang na loob* or the feeling of reciprocity or debt of gratitude (Macapagal et al., 2013). As they recover and become aware

of their wrongdoings toward their family who, nonetheless, still chose to visit them, recovering users felt obligated to repay their family in the future. This became a driving force for them to recover and is the reason why they positioned themselves as indebted or *may utang na loob* during this stage. It pushed them to get better faster, recover completely, and regain their families' trust. Because of *utang na loob*, the recovering drug dependents constructed a future wherein they have repaid their family in some way, mentioning that they would find employment, continue their studies, and prove that they have changed for the better. This hope for the future is what made them persist in their recovery and feel optimistic for the days to come, positioning themselves as people of the future.

Implications

This study sought to add to the growing number of studies particularly in the past couple of years on drug abuse in the Philippine and the process of addiction recovery. Findings from this study extended Tuliao's (2008) study on the etiologies of drug abuse disorder in the Philippines, by including the experiences of drug dependents after starting drug use, spiraling down into dependency, and identity recovery in rehabilitation. Another contribution is the study's focus on identity reconstruction as it happened and how it was formed. Past literature on drug abuse has been more general in scope, focusing on the collective experience of drug dependents before or after addiction rehabilitation (Tomori et al., 2014; Tuliao & Liwag, 2011). In contrast, this study included participants' experiences from their differing backgrounds in life during rehabilitation. Finally, the narrative-positioning combination proved to be a formidable research inquiry strategy for future studies seeking to explore mental health or identity-based dynamics in other addiction, therapeutic, or even correctional narratives and recoveries.

Through the narratives and self-positioning extracted from each plot, this study was able to identify Filipino values that played a significant role in the recovering drug dependents' narratives of recovery as compared to western literature. The results of the study emphasized the power of the family as a motivator for recovery, a

source of support, and a reinforcement and sustaining figure in the journey towards recovery. The motivation possibly stemmed from the values of *utang na loob* and *hiya*, which emerged from the narratives. It surfaced how participants felt the need to recover for their families and redress their previous wrongs. The results may give support for rehabilitation centers to strongly prescribe and actively organize more family visits or even just calls, instead of waiting for families to volunteer, especially in collectivist societies.

Reflexivity

The researchers recognized that the interpretation of results represents only one way of looking at and making sense of the narratives and positions of identity reconstruction among recovering drug dependents. The researchers acknowledge that there are other possible interpretations that can spring from immersion with the data. Hence, the interpretations should be understood as linked to our background as researchers whose exposure to recovering drug dependents is limited to infrequent interactions with relatives, or personal acquaintances. Nevertheless, as researchers, we repeatedly read and lengthily reviewed the interview transcripts multiple times for emergent points in the narratives and revised based on subsequent readings of the data. Furthermore, one of the researchers spent several hours in the week, for a period of time, to understand the center's program.

Limitations and Recommendations of the Study

A limitation of this study was that the pool of participants came from a private, therapeutic rehabilitation community. Despite the diversity of the backgrounds among the participants, a broader sample from differing facilities, socioeconomic classes and styles of rehabilitation could have been included. The goals of the study also prevented the research from touching on long-term results following release from the program that involves their conviction to sobriety and following through their goals.

Subsequent research on this topic would be best advised to

draw participants from more than one rehabilitation center or one demographic in order to have greater diversity in their sample. In addition, interviewing the families of the recovering drug dependents would also offer a different perspective on how recovering drug dependents were before the addiction phase and during the addiction phase, how they were as they were going through the program, and how they are as recovered drug dependents.

Conclusion

The recovery narrative showed an etiology consistent with western literature however, the uniqueness of the narrative from this study stemmed from the interweaving of Filipino values, culture, and addiction psychology. As participants entered the drug rehabilitation center, they positioned themselves as sinners seeking repentance for their wrongdoings and desiring reparation for strained or damaged relationships. As their families were able to visit them, participants became aware of the hope and support their loved ones have for them; thus, their desire to repay their loved ones became the driving force for their recovery. They were eventually reintroduced to a non-addict routine imbued with discipline and responsibilities. As they became leaders and role models for new intakes, they concretized their plans for a life outside the rehabilitation center and identify themselves as renewed. Finally, as they are about to leave the program, their reconstructed identity is one that is not completely similar to their pre-drug use identity but one that has incorporated their addiction and rehabilitation as part of their narrative. Thus, the narrative of identity reconstruction among recovering drug dependents is one of redemption over adversity. Couched underneath the redemptive narrative identity are storylines of communion (interpersonal connection with family) and agency (self-mastery). Their negative experiences as drug dependents were seen not as a part of their lives which was to be forgotten but it had made them humbly aware of their weaknesses in character and had become a stepping point for redemption. Through a process of meaning making, they learned lessons and insights from their struggle with addiction, as well as developed a sense of hope for the future.

AUTHORS' NOTES

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