

Eötvös Loránd University, Faculty of Education and Psychology

DOCTORAL (PHD) DISSERTATION THESIS BOOKLET

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**THESES OF THE THESIS ON THE UNTAPPED ASPECTS OF IMPLICIT
PERSONAL ATTITUDE TO TIME IN PSYCHOLOGICAL RESEARCH**

Doctoral School of Psychology

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¹The co-authors of the publications agreed to the use of the studies in the present dissertation.

List of co-authored publications used directly in the dissertation²

- Bóna, E., Szél, Z., **Kiss, D.**, & Gyarmathy, V. A. (2019). An unhealthy health behavior: analysis of orthorexic tendencies among Hungarian gym attendees. *Eating and Weight Disorders-Studies on Anorexia, Bulimia and Obesity*, 24(1), 13-20.
- Szél, Z., **Kiss, D.**, Török, Z., & Gyarmathy, V. A. (2019). Hungarian Medical Students' Knowledge About and Attitude Toward Homosexual, Bisexual, and Transsexual Individuals. *Journal of Homosexuality*, 67(10), 1429-1446.
- Kovács, A., **Kiss, D.**, Kassai, S., Pados, E., Kaló, Z., & Rácz, J. (2019). Mapping qualitative research in psychology across five Central-Eastern European countries: Contemporary trends: A paradigm analysis. *Qualitative Research in Psychology*, 16(3), 354-374.
- Pados, E., Kovács, A., **Kiss, D.**, Kassai, S., Kapitány-Fövény, M., Dávid, F., Karsai, Sz., Terebessy, A., Demetrovics, Zs., Griffiths, M. D., & Rácz, J. (2020). Voices of Temporary Sobriety—A Diary Study of an Alcohol-Free Month in Hungary. *Substance use & misuse*, 55(5), 839-850.

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²The co-authors of the publications agreed to the use of the studies in the present dissertation.

List of conference presentations by the author used in the dissertation

- Kaló, Zs., Kovács, A., **Kiss, D.**, Kassai, Sz., Pados, E. & Rácz, J. (2018). Assessing Qualitative Psychology in Central Europe - Some Preliminary Findings. *SQIP Annual Conference on Qualitative Research Methods*, Pittsburgh, USA.
- Kovács, A. & **Kiss, D.** (2019). Meeting the mysterious mad lady of my childhood-experience of a researcher at a psychiatry, *Phenomenology of Health and Relationships*, Birmingham, UK.
- Kiss, D.**, Horváth, Zs., Kassai, Sz. & Rácz, J. (2019). Folk tales of recovery – From Addiction to Becoming a Helper: Deep Structures of Life Stories Applying Propp’s Theory: A Narrative Analysis. *Hungarian Addictological Society, XII. Congress*, Siófok, Hungary.
- Kiss, D.**, Horváth, Zs., Kassai, Sz. & Rácz, J. (2021). Folktales of Recovery – From Addiction to Becoming a Helper: Deep Structures of Life Stories Applying Propp's Theory: A Narrative Analysis. *Qualitative Research in Psychology in Europe (EQuiP)*, Thessaloniki, Greece.

INTRODUCTION

The four years spent at the Doctoral School of Psychology can best be described symbolically as a journey.

Over the years, my main focus of interest on a theoretical level involved the differences between quantitative and qualitative approaches (Kovács et al., 2019) and the philosophical and psychological background underlying qualitative methods (Kovács et al., 2019). On a practical level, my research focussed on addictions and the process of recovery from them (Kiss et al., 2021) alongside experiences of patients from the reality of psychiatric wards (Kiss et al., 2021).

The above sub-topics have been connected and arranged by a larger collective main theme, specifically, the psychology of time (Zimbardo & Boyd, 1999, 2008), and within that, personal time perspectives (Erdős et al., 2006).

During my doctoral years, I examined attitudes towards time in both quantitative (Kiss et al., 2020) and qualitative (Kiss, Horváth, Kassai et al., 2021; Kiss, Pados, Kovács et al., 2021) contexts, and I was amazed to see the wide-ranging presence of time in our personal lives, and how the temporal aspect defines the way we see ourselves and talk about ourselves (Kelemen, 2014).

Fortunately, I had the opportunity to participate in many different research studies (Bóna et al., 2019; Szél et al., 2019; Pados et al., 2020) under the extensive umbrella topic of the psychology of time, and I managed to conduct several previously cited research studies, hence I have acquired knowledge of a wide range of research approaches, methods and the topic itself.

This long journey, the studies and publications carried out during my doctoral process are summarized in Table 1 below. The table includes publications related to the topic of the dissertation and my other publications, as well.

Table 1

Studies and publications related to the doctoral process

1. The period of the doctoral process	2. Personal Attitude	3. Research projects	4. Research method	5. Place in the dissertation
First encounter with PhD	Engaging as much as possible	Semmelweis collaborations – co-authored publications (Bóna et al., 2019; Szél et al., 2019)	quantitative research studies	Introduction
Theoretical foundation	Getting to know the qualitative research approach and the science philosophical considerations behind it	Research paradigm (Kovács et al., 2019; Kaló et al., 2018)	analysis of the qualitative paradigm	Introduction
Methodological grounding	Learning qualitative text analysis and how to perform qualitative research in a methodologically appropriate manner	Dry November research (Pados et al., 2020)	qualitative thematic analysis	Introduction
Research projects by the author	Implementation of first-authored publications in the author's field of interest	Research on time perspectives (Kiss et al., 2019)	quantitative research	1. Presentation of research
Research projects by the author	Implementation of first-authored publications in the author's field of interest	Szentgotthárd research: long-term psychiatric residential experience (Kiss et al., 2021a; Kovács & Kiss, 2019)	Interpretative Phenomenological Analysis	2. Presentation of research
Research projects by the author	Implementation of first-authored publications in the author's field of interest	Propp's research: Narrative nodes of recovery from addictions over time (Kiss et al., 2021b; Kiss et al., 2019; Kiss et al., 2021c)	Qualitative narrative analysis	3. Presentation of research

INTRODUCTION TO THE SUMMARY OF THE DISSERTATION

Looking at the philosophical history of time (Boros, 2007) it is clear that as the history of thinking progressed, the relative and subjective nature of time and the widespread influence of time on our lives has become more and more pronounced (Ungvári, 2017).

Overall, it can be stated that it is not only the objective aspects of time that are important, but how we use the perspective of time to approach and live our lives considering its quality and length, to understand ourselves and the events of our lives, and to interpret phenomena of the world in terms of time (Augustinus, 2006).

In addition, the undisputed merit of psychology is that it has mapped how our approach to time affects our decisions (Zimbardo & Boyd, 1999, 2008).

PRESENTATION OF THE FIRST RESEARCH STUDY: RESEARCH ON TIME PERSPECTIVE

Kiss, D., Wind, Zs., Gyarmathy, A. V., & Rácz, J. (2020). Associations of time perspectives and attitudes towards seeking professional psychological help. *Polish Psychological Bulletin*, 51(1), 62-70.

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Theoretical background and research questions

My research on the psychology of time began in the quantitative direction of time (Zimbardo & Boyd, 1999) by exploring time perspectives and possible connections between decisions about time perspectives (D'Alesio, 2003; Holman & Zimbardo, 2009; Harber, Zimbardo & Boyd, 2003).

My first research study emerged from the idea based on the review of the literature that according to previous research, out of the various time perspectives, future-oriented time perspectives may affect the way we make decisions about our future (Arora, Metz, & Carlson, 2016; Vogel, Wade, & Hackler, 2007).

In addition to this research focus, as a practitioner I was concerned about what can facilitate (Topkaya, 2015; Cheng et al., 2018) and what prevents people from seeking professional psychological help (Lynch, Long, & Moorhead, 2018).

Given that this problem had not been researched before, combining my practical and theoretical interest, first, I began to explore whether time perspectives are in some way related to attitudes to seeking professional psychological help.

Therefore, this study focussed on examining the relationship between time perspectives, stigma (Heath et al., 2018; Lannin et al., 2016; Kelly & Jorm, 2007) and other socioeconomic factors (gender, age, place of residence) and attitudes towards seeking professional psychological help (Fischer and Farina, 1995; Gloria et al., 2010; Kim & Kendall, 2015; Cheng et al., 2018).

Research methods

This research was conducted on a Hungarian population sample (N=273), with an age distribution between 18 and 84. The mean age was $M_{kor}=28.47$ [SD=10.31]. The relationships by variable were examined by univariate linear regression. The results are summarised in Table 2. Multivariate linear regression was used for the regression model as a whole.

Table 2*Description of the sample and results of the univariate linear regressions*

Characteristics	Number of items (N) (%) or mean (M; SD)	Univariate linear regression	p-value
<i>Attitudes towards seeking psychological help (ATSPPH) (dependent variable)</i>	19.4 (6.0)		
<i>Time Perspective</i>			
Past Negativism - Mean (SD)	10.4 (3.5)	0.007	0.953
Future Orientation - Mean (SD)	14.0 (2.6)	0.008	0.959
Mean (SD) Sigma from Psychological Assistance	5.8 (3.3)	-3.075	>0.000
<i>Socio-economic variables</i>			
Age - Mean (SD)	28.4 (10.3)	<0.001	0.974
Gender		2.39	0.007
Male (reference)	58 (21.3%)	17.6 (6.7)	-
Female	213 (78.3%)	19.9 (5.8)	-
Missing data	1 (0.4%)	-	-
Residence		3.51	>0.001
Budapest (reference)	119 (43.8%)	21.4 (5.1)	-
Outside of Budapest	152 (55.9%)	17.9 (6.3)	-
Missing data	1 (0.4%)	-	-
Educational background		0.96	0.180
Elementary school	4 (1.5%)	17.0 (6.1)	
Secondary school	96 (35.3%)	18.9 (5.8)	
Higher education	171 (62.9%)	19.8 (6.1)	
Missing data	1 (0.4%)		

Note: * $p < 0.05$. In the column of univariate linear regression, the regression slope coefficients, as well as the p-values and, for categorical variables, the mean and standard deviations are indicated.

	B (S.E.)	β	p
Gender ¹	-2.05 (0.85)	-0.14	0.017
Residence ²	2.87 (0.72)	0.24	0.000
Age	0.13 (0.34)	0.22	0.7
Past-negative time perspective	-0.49 (0.11)	0.03%	0.64
Future orientation	0.00 (0.14)	0.00	0.98
Stigma ³	-2.22 (0.73)	0.18 *	0.003

Note: Non-standardised (B) and standardised (β) regression coefficients and associated standard error (S.E.) are indicated in bold, where they are significant at least at $p < 0.05$. Gender¹ was coded as follows: 0=female, 1=male. Residence² is coded as follows: 1=Budapest, 0= outside Budapest. Stigma³ was coded as follows: 0=up to 6 points on the stigma scale, 1=at least 7 points on the stigma scale.

Multivariate linear regression analysis has shown that the attitude towards seeking psychological help is inversely related to the stigma against receiving psychological help, as well as to residing outside the capital city of Budapest, and significant positive correlation was found with the female gender.

Despite our hypotheses, no correlation was found between any of the time perspectives or attitudes to seeking professional psychological help.

Discussion

The fact that we have found a significant negative association between stigma and help-seeking attitudes is fully consistent with the results of previous research on the subject, according to which stigma may have a significant negative effect on seeking help (Phillips, 1963; Surgenor, 1985; Komiya, Good & Sherrod, 2000; Pinto, Hickman & Thomas, 2015).

The facilitating role of women is also in line with previous research (Fischer & Turner, 1970; Surgenor, 1985; Arora, Metz & Carlson, 2016; Liddon, Kingerlee & Barry, 2018), which shows that women in general have a much more positive opinion about asking for help and about psychology, as such.

The results concerning the influence of residence can be explained by the effect of familiarity (Surgenor, 1985), as psychology is less prevalent in the countryside than in larger cities.

As for future orientation, the assumed relationship might not have been demonstrated due to the fact that people having predominantly future-oriented time perspectives are generally in a better physical and mental condition (D'Alesio et al., 2003; Holman & Zimbardo, 2009; Harber, Zimbardo & Boyd, 2003); therefore, there is no pressure of suffering to motivate seeking help.

Conclusions

All in all, no conclusions can be drawn from this research on whether personal time perspectives and attitudes towards seeking psychological help are related. The results, however, show that being male, residing in the countryside and perceived stigmatization may be inhibiting factors in seeking psychological help.

These results can certainly be useful in helping professionals understand the attitudes of individuals who would need to ask for psychological help and to motivate help-seeking, both before and during the process.

Reflections on the first research study

This research study served as a stepping stone in my doctoral process; even though it is probably not my main scientific achievement. This is mostly because the limitations of the concept of time perspective have become more and more apparent.

A premature definition of a patient's time perspective, in my opinion, delimits the individual variability and the complexity of the time experience. Therefore, subsequently, I distanced myself from the categorisation of the time perspective and the metricisation of the time experience. This thought process led me to a qualitative investigation of time perspectives.

PRESENTATION OF THE SECOND RESEARCH STUDY: SZENTGOTTHÁRD - THE TIME EXPERIENCE OF LONG-TERM PSYCHIATRIC STAY

Kiss, D., Pados, E., Kovács, A., Mádi, P., Dervalics, D., Bittermann, É., ... & Rác, J. (2021). "This is not life, this is just vegetation" - Lived experiences of long-term care in Europe's largest psychiatric home: An interpretative phenomenological analysis. *Perspectives in Psychiatric Care*, 2021; 1-10.

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Theoretical background and questions

We initially turned our research attention to Szentgotthárd because of the general negative situation of psychiatry in Hungary (Turnpenny et al., 2018), the views of Hungarian critical psychiatry (Bányai & Légmán, 2009; Légmán, 2011a,b) and the uniqueness of the Szentgotthárd Specialized Home (Kapócs & Bacsák, 2017).

Within the walls of Szentgotthárd, we focussed on the experience of long-term psychiatric stay (Talaslahti, 2015), and along these lines, on the change of time experience and identity.

Based on these interests, we formulated the following research questions:

1. *What are the common experiences of everyday life among long-term residents for a large mental institution?*
2. *How do participants make sense of being in long-term care?*

Research methods

In order to focus on the long-term experience, we decided to recruit interviewees who had been living in the institution for at least 20 years. The average length of stay in the sample was $M=27.66$ years. The minimum year of residence was 21 years, and the longest time a resident had lived in the institution was 37 years.

A total of 11 interviews were recorded, of which 6 interviews were finally analysed, as the other 5 interviews did not provide sufficiently detailed, quantitative or coherent data to analyse by Interpretative Phenomenological Analysis (IPA). The decision to discard the interviews was, of course, made by consensus of the research group. Of the 6 interviews analysed, 3 were recorded with female and 3 with male participants.

Results

Three master themes (the term used for main themes in IPA) emerged from the interviews: 1. *Perception of selves*; 2. *Experience and representation of the institution*; 3. *Maintenance of safe spaces*. The results, along with the main themes, sub-themes and quotations, are shown in the Figure 1.

Figure 1

Structure of results with master themes and subthemes

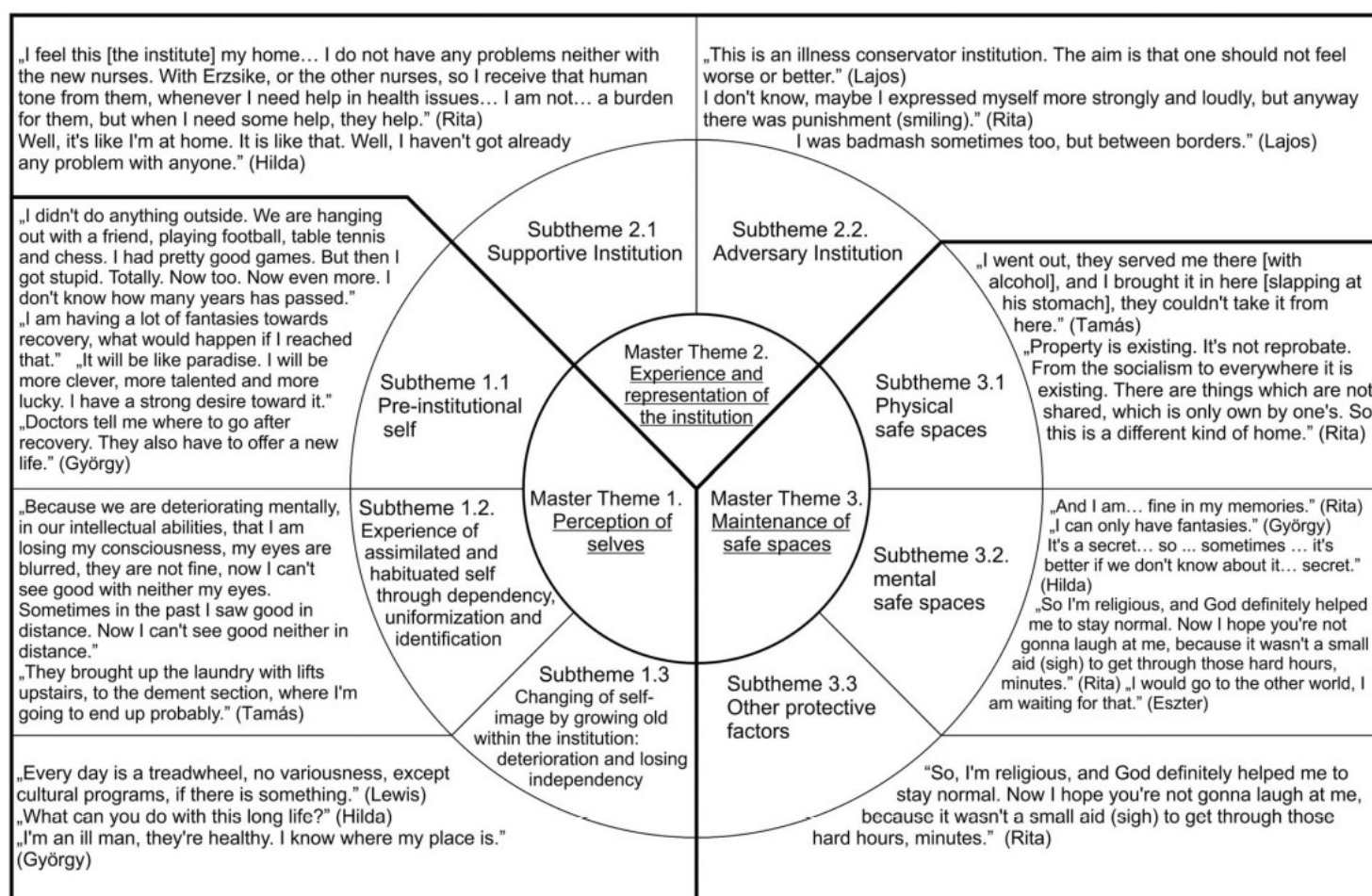
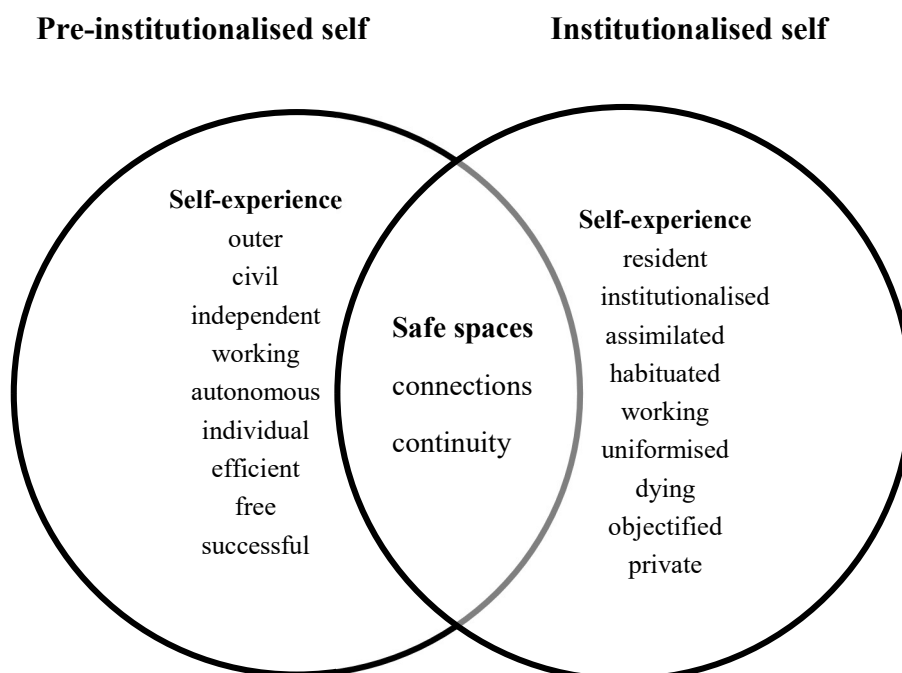


Figure 2

Interpretation of results



Conclusions

Based on the results, it can be concluded that patients undergoing long-term treatment tend to retain elements from their life before admission to the institution and try to maintain them embedded in their pre-institution selves. They often interpret their institutional experiences along this self, comparing their selves before and during life in the institution (past and present).

This creation of temporal and spatial continuity is vital, because the process of hospitalization is thus interpreted as a process of change rather than a breaking point in patients' life path narratives. The results of our research suggest that this can therefore be an adaptive coping strategy during long-term treatment.

Practical implications

It is worthwhile for nurses to facilitate patients' connectedness to their memories and past selves by performing activities in the present that are also related to their pre-institutional selves. These may include creative occupations, social interactions, communication and work-type tasks in the present, which may continue to make them feel powerful and important.

PRESENTATION OF THE THIRD RESEARCH STUDY: FOLKTALES OF RECOVERY - AN ANALYSIS OF TEMPORAL MILESTONES IN THE NARRATIVE OF RECOVERING ADDICTS

Kiss, D., Horváth, Z., Kassai, S., Gyarmathy, A. V., & Rácz, J. (2021). Folktales of Recovery—From Addiction to Becoming a Helper: Deep Structures of Life Stories Applying Propp's Theory: A Narrative Analysis. *Journal of Psychoactive Drugs*, 1-12.

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Theoretical background and questions

After examining time using both quantitative and qualitative methods, I thought that the methodology of narrative analysis should not be left out, since out of the qualitative approaches it is narrative psychology that is most closely related to the question of time.

The relationship between narrative psychology and time is best reflected in the continuity function of the narrative. Continuity represents the basic need for human thinking to perceive and experience their selves and the related events in their continuity and not as separate, island-like events (Sani, 2010). We want there to be bridges between the islands. Continuity can easily be perceived through our basic need to perceive a transition between the past, present and future, so that our constantly changing identity can be experienced as somewhat stable and permanent (Troll & Skaff, 1997; Kiss & Kiss, in press).

The recovery-based approach (Best & Lubman, 2012; Humphreys, 2000) has become increasingly embedded in the paradigm of qualitatively oriented addictology research in recent years (e.g., Kassai et al., 2017a,b; Larkin & Griffiths, 2002). The metaphorical representation of addiction and the journey-symbolism of recovery in the present are both in the focus of scientific attention (e.g., Best et al., 2016).

Previous research confirms that an analysis of the deep structure of recovery stories uncovers shared narratemes, thematic elements, turning points and vagabond motives (Rácz, Kassai & Pintér, 2016; Flaherty et al., 2014).

Based on these, numerous representations of recovery have appeared in the literature, most commonly with the V-shaped narrative at the forefront (Hayes et al., 2007; Stiles et al., 2004; Hänninen & Koski-Jännes, 1999; Strobbe & Kurtz, 2012), in which the letter “V” outlines the less and less enjoyable nature of substance use, then its dependent endpoint, and finally the development to recovery.

However, the question arises as to whether these narratives can be divided into more precise, more detailed sequenced structural elements than this triple, V-shaped division. Can

narrative research further explore the stages of recovery, or perhaps provide an alternative model to represent the path to recovery, whereby the different selves and changes in identity that surface during recovery process can be interpreted more adequately?

For this purpose, we used the theory of the morphology of the folk-tale and the specific narratemes proposed by the legendary structuralist, Vladimir Propp (2010), because we found the exploration of archetypal folk-tale structures applicable to the exploration of the recovery story structures. This choice is also supported by a range of research using the Proppian framework (e.g., Sreenivas, 2010; Bostan & Turan, 2017; Hunter, 2013).

Research methods

In this research, we analysed interviews with 6 recovering helpers (5 male, 1 female) who had been clean for at least 5 years and worked as helpers in the profession for at least 1 year. Semi-structured interviews were conducted about their active years and their becoming recovered helpers. The interviews were examined using the method of deductive content analysis, with the aim of exploring shared Proppian narratemes from the interviews and their connectedness through a jointly shared narrative.

Results

We found 28 of the 31 Propp narratemes in the recovery stories, which were then successfully integrated on a 28-step narrative thread. This means that despite all the differences and the fact that some of the interviews included more or fewer steps, these 28 steps appeared in every single interview, as shown in Table 3. The results of our narrative analysis, including the Proppian narratemes, and the active selves existing in parallel along the journey of recovery are detailed in the Discussion, in Table 4.

Table 4

Proppian narratemes in recovery stories

Narrateme	Meaning of narrateme	Quotation
I. Absentation	Someone from the family is absent from home.	<i>"...my parents moved away [...] therefore I'm rootless, [...] I am a dog..." (Feri)</i>
II. Interdiction (inverted form: order, suggestion)	An interdiction is addressed to the hero.	<i>"... I don't know, I got drunk at the age of 11, because I have older brothers and I went out with them [...] and they were like I shouldn't say that I also got (alcohol), I mustn't say it." (Sindy)</i> <i>"At that time, my father was a soldierly man, a sports coach, and he raised me, like, he formed my life as I've always wanted to comply with his rules"</i>

	A command often plays the role of an interdiction.	<i>or do exactly the opposite” (Peti)</i>
III. Violation (inverted form)	The interdiction is violated and a new character, the villain (drug, alcohol, gambling) enters the tale. The fulfilled order has the same function.	“... I could easily have become a sportsman. But I didn't do that, I was fed up, and I was like, “If you don't want me, then rot in hell!” and for this, it was a good way to use (drugs).” (Peti) “...I come from a dysfunctional family where it wasn't a thing to talk about feelings or even share my feelings so I used gambling to keep distance from my reality.” (Feri)
IV. Reconnaissance	The villain attempts reconnaissance.	“It began with medicines [...] I stole them from my mother. Then I got into this whole thing very early, so I've always been drawn to this world. To drink.” (Sindy)
V. Delivery	The villain receives information about its victim.	“I've tried them all, but my chosen substance is morphine, heroin and poppy tea.” (Zsolt)
VI. Trickery	The villain attempts to deceive his victim to take possession of him or his belongings.	“First it started as an adventure, then as a distraction, then it was part of our social life... excitement...” (Zénó)
VII. Complicity	The victim (the hero) submits to deception and thereby unwittingly helps his enemy.	“You cannot live in this world, you must drink or gamble, you can't be strong otherwise.” (Feri)
VIII. Villainy	The villain causes harm or injury.	“... I got worse and worse, I became more depressed, more and more bad things happened, overdose, hospital, gastric lavage...” (Sindy)
VIIIa. Lack	One member lacks or desires to have something.	“... it would have been great to have a mentor, or a father who says “Come on, let's go fishing” or “Let's go go-karting”, or I don't know what, but a bit of such a mentor was missing at the time. But not just for me, but for all the guys we used to hang out with.” (Zénó)
IX. Mediation, the connective incident (the problem is reported)	Misfortune or lack is made known; the hero is approached with a request or command; he is allowed to go or he is dispatched. This function brings the hero into the tale. The victim hero is becoming a seeker hero.	“... when my daughter was born and she was born with withdrawal, that was the first time I felt that this was not okay.” (Zsolt)
X. Beginning counteraction	The seeker (hero) agrees to or decides upon counteraction.	“And that was the moment when I felt there were two outcomes. [...] Death or jail. [...] so I knew that I didn't want to go to jail, and I don't want to die, I don't want to commit suicide [...] The point is, there and then, I decided that there had to be something else, something more to life, that I couldn't take it anymore, and I didn't want to do it, and I had to do something. And then the next morning I asked for help, I went... I went to my mother, she took me to a drug ambulance.” (Zénó)
XI. Departure	The hero leaves home (previous user life). A new character enters the tale, the donor, the provider.	“... I was motivated to stop, I went to Lipót [former psychiatric hospital in Hungary]. I ended up in Csernus's [famous psychiatrist in Hungary] department.” (Zsolt)
XII. The first function of the donor	The hero is tested, interrogated, attacked, etc., which prepares the way for his receiving either	“...I went to Komló (the rehab institution). Well, a lot of things I don't remember, I had a bottle of Rivotril before, and I remember sitting in the

	a magical agent or helper.	<i>interview, and okay, then stay here. And that's when I looked around, where? And then I gave them a bag of medicine, and I told them what and how I should get, and I took Lithium, and Rivotril, and they said, "Okay," and they took it and threw it in the trash. Uh, I thought I was going nuts."</i> (Sindy)
XIII. The Hero's Reaction.	The hero reacts to the actions of the future donor.	<i>"... I was terrified then, but I still felt that I should stay there (in rehab)."</i> (Sindy)
XIV. Provision or receipt of a magical agent	The hero acquires the use of a magical agent (self-knowledge / sobriety).	<i>"And then I thought, 'I'd ask for help, because I can't do this alone. And from then on, it was a straight road to being clean."</i> (Zsolt)
XV. Spatial transfer between two kingdoms, guidance	The hero is transferred, delivered or led to the whereabouts of an object of search (recovery).	<i>"And then I said to "Csorba" that we needed a better solution than Rivotril. And then he said that there were rehabs, I never said that before, and that's when we got our hands on a Ráckeresztúr[famous rehab in Hungary]leaflet. This is how it started."</i> (Zénó)
XVI. Struggle	The hero and the villain join in direct combat (internal fight within the individual, as by now the villain is interiorized – “junkie-self”).	<i>"Oftentimes I wanted to leave (the rehab), but it was always such a fight, it was always so hard, but still, the whole time I thought that I was going in the right direction."</i> (Sindy)
XVII. Branding, Marking	The hero is branded (as a recovering helper).	<i>"I used to speak as my "junkie" self, then I had a young professional self, then the graduate professional self, then the family self. They are built in, as layers."</i> (Zénó)
XVIII. Victory	The villain (the dominancy and leadership of the junkie-self) is defeated.	<i>"... I took a 10-month intensive self-awareness course, I arranged my relationships, both with myself and with people connected to me and it all went so well..."</i> (Zénó)
XIX. Lack ceases	The initial misfortune or lack is liquidated.	<i>"... you don't have to go to the end, you don't have to die from it, and you can have a good time in your skin even if you're sober."</i> (Zsolt)
XX. Return	The hero returns (over and over again) to self-knowledge.	<i>"I worked, if not on everything, but on a lot of things in my life. The reason why I can talk about these things so openly and honestly is because I have obviously dealt with them not twice, but many times, for several months. Then again, now I'm in family therapy, and I'm having the same thing with a family therapy issue. This family self-awareness is very important, and I have also taken a lot of care of my family, and I am confident that something will come up that has not yet been dealt with, in a different context."</i> (Zénó)
XXI. Pursuit, chase	The hero is being pursued (by former behavioural dynamics).	<i>"But then I saw that if I don't really deal with this, I won't be able to stay clean. 22 years of drug use caused me to become so fixated that I really had to watch out."</i> (Zsolt)
XXII. Rescue	The hero is rescued from pursuit (by self-knowledge and knowledge about the disease).	<i>"It's not the substance, it's the man. The goal is not to train clean junkies, but for them to get to know themselves..."</i> Balázs
XXIII. Unrecognized arrival	The hero, unrecognized, arrives home.	<i>"But I also believe – just as nothing is coincidental – that these mosaic stones were necessary for my journey to arrive at this present, so everything is just fine."</i> (Feri)
XXV. Difficult task	A difficult (professional) task is proposed to the hero.	<i>"Now I have a mentoree who is laughing at me, because for some reason we cannot get in tune with each other. Now we left Gyöngyös for Budapest in just such a state and we did not speak to each other"</i>

		<i>the whole way, I did not initiate it, and he did not talk, and when I tried to initiate it I got 1-2 sentence responses..." (Feri)</i>
XXVI. Solution	The task is resolved.	<i>"...because I had a mentoree with whom we could talk in this situation, and another one with whom I consciously go for a walk and he opens up while walking. And these are the small pleasures, when we have the key to someone." (Feri)</i>
XXVII. Recognition	The hero is recognized.	<i>"And obviously, the person I was helping and know from therapy turns to me or comes to me at a meeting more easily..." (Zsolt)</i>
XXVIII. Transfiguration	The hero is given a new appearance.	<i>"And then there was this amazement that they never would have thought that I used to be on drugs, because I don't look like that, and that I turned out all right." (Zénó)</i>

The addict could be placed in the narrative of this journey as a hero, the drug as the villain, and the helper as the donor, moreover, the functions of these actors gained meaning. The narrative represents the addict as a hero, initially as a passive, troubled hero who, with the starting of the tale, becomes an active agent on the journey in the quest to counteract misfortune or lack. After various trials (craving, relapse) and directly combating the villain (drug), with support from donors (rehab, helpers) and by acquiring the use of a magical agent (self-knowledge, control), he finally wins by resolving the task and develops his new – sober, recovered – identity (transfiguration).

Discussion

In addition to the identification of narratemes, another important research goal was to interpret – based on the results – which self is active in the different overarching stages of the recovery process. Previous research has shown that self-experience changes (Rodriguez & Smits, 2014) and that different selves are separated from each other (Hill & Leeming, 2014; Reith & Dobbie, 2012) at the various stages of the transformation as the non-user identity is constructed (McIntosh & McKegan, 2000; Vangeli & West, 2012). For this reason, we have identified various selves along the various narratemes that have led to the development of the donor self (in Proppian terms) in the recovery stories.

The various selves are integrated at the end of the narrative, since the recovering person leaves none of them behind permanently and completely, similarly to the AA paradigm, where addiction is considered to be a progressive (Torregrossa, 2019), lifelong disease (Schaefer, 1990). These selves become different layers of identity, as one of our interviewees, Zénó, presented earlier: *"I used to speak as my "junkie" self, then I had a young*

professional self, then the graduate professional self, then the family self. They are built in, as layers.” (Zénó).

Table 4 illustrates the relationships between selves and narratemes. The potential presence of such relationship was also reflected in our results, as Feri, for example, described: “... *the disease is such that sooner or later, if I do not work on it, it will take back the lead.*”

Table 4

Interpretation of results

The overarching sections of narratemes	Active self	Quotation
I-VIIIa: Absentation -> Lack	Junkie self (passive hero, the hero in danger)	“... <i>I was the worst heroin junkie.</i> ” (Peti) “... <i>I was a totally miserable child, even when I was committing a crime and robbing people, going to dealers, and I don't know, inside I was a tiny mouse, I was a miserable, scared mouse, outside of course I had to show that I was a tough guy, that I was cool...</i> ” (Zénó)
IX-XVI: Mediation -> Struggle	Recovering addict self (active hero, the hero in search of him/herself)	“... <i>this means that I will never be ready, so recovery for me is a lifelong process.</i> ” (Feri)
XVII-XXVII: Branding -> Recognition	Recovering helper self (active hero, the hero in search of others, as well)	“... >> <i>what am I? << I may have many titles, or I have many titles, but let's say what is closest to me is that I am a helper. And this is also the most valuable one here.</i> ” (Peti)
XXVIII: Transfiguration	Different selves are integrated into one coherent identity or meaning of life.	“... <i>because it's partly in me that I'm a recovered addict or that I was a user, but if you don't know me, it's not written on my forehead, it's such a positive... experience for me.</i> ” (Zénó)

Conclusions

Propp's narratives turned out to be well-suited to represent stories of recovery. Furthermore, the Proppian framework is consistent with the elements of addiction management that emphasize the importance of well-structured recovery stories in developing redemptive selves and reinforcing behavioural change. The Proppian archetypal framework has proved very adaptive for exploring common narrative stages of recovery from substance use.

OVERALL SUMMARY, GENERAL DISCUSSION

In the first study, I tried to present the classical, quantitative research approach to time and to bring my own research study example of working with time perspectives. Then, going beyond the – what I believe, is – controversial, metrised approach to time, I undertook to present a more complex role of and approach to investigating time using two different qualitative methods (IPA, narrative analysis).

Both in the title and the content of my dissertation, I aimed at highlighting the role of time in psychological research, as it has so far been a somewhat neglected area. This has been accomplished by using multiple research paradigms (quantitative-qualitative) and within the framework of a number of research topics.

In conclusion, I would like to emphasize the overall result of these studies – specifically from the qualitative research study – that in the psychological process of change (recovery, internal changes during long-term psychiatric stay), as we undergo transformations in the timeline of our lives, our attitude towards time has a crucial role. It is so decisive that our changing self-components and the communication between them are created by anchoring the various selves to certain points in time.

Taking these two qualitative publications into account, I would highlight as a closing reflection the most interesting and most important similarity beyond the methodological differences. In both research studies, both in Szentgotthárd IPA and in the narrative analysis of recovery, the interviewees used time as a tool for orientation (as discussed in the section on philosophy) to separate and arrange their selves.

In this respect, we return to one of the most useful ideas for the field of psychology in the philosophical theories of time, Leibniz's thoughts, the orientation and relational function of time (Boros, 2007b). Like Leibniz, we have seen in the qualitative interviews and their results that for one thing, time has an orienting function (what has happened to me since then, what is happening to me now, who was I then, who am I now?) and for another, it has a special relational nature (who am I in the light of my experiences?) as it was pointed out by Leibniz. Our results, clearly confirm the Leibniz side of the Leibniz-Newton debate (Leibniz & Clarke, 1956, as cited in Boros, 2007b) and support the idea that time – of course, psychologically speaking – remains a subjective phenomenon.

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