EÖTVÖS LORÁND UNIVERSITY
FACULTY OF EDUCATION AND PSYCHOLOGY

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USING INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS (IPA) TO ASSESS RECOVERY PROCESSES - QUALITATIVE ANALYSIS OF EXPERIENCE AND IDENTITY –

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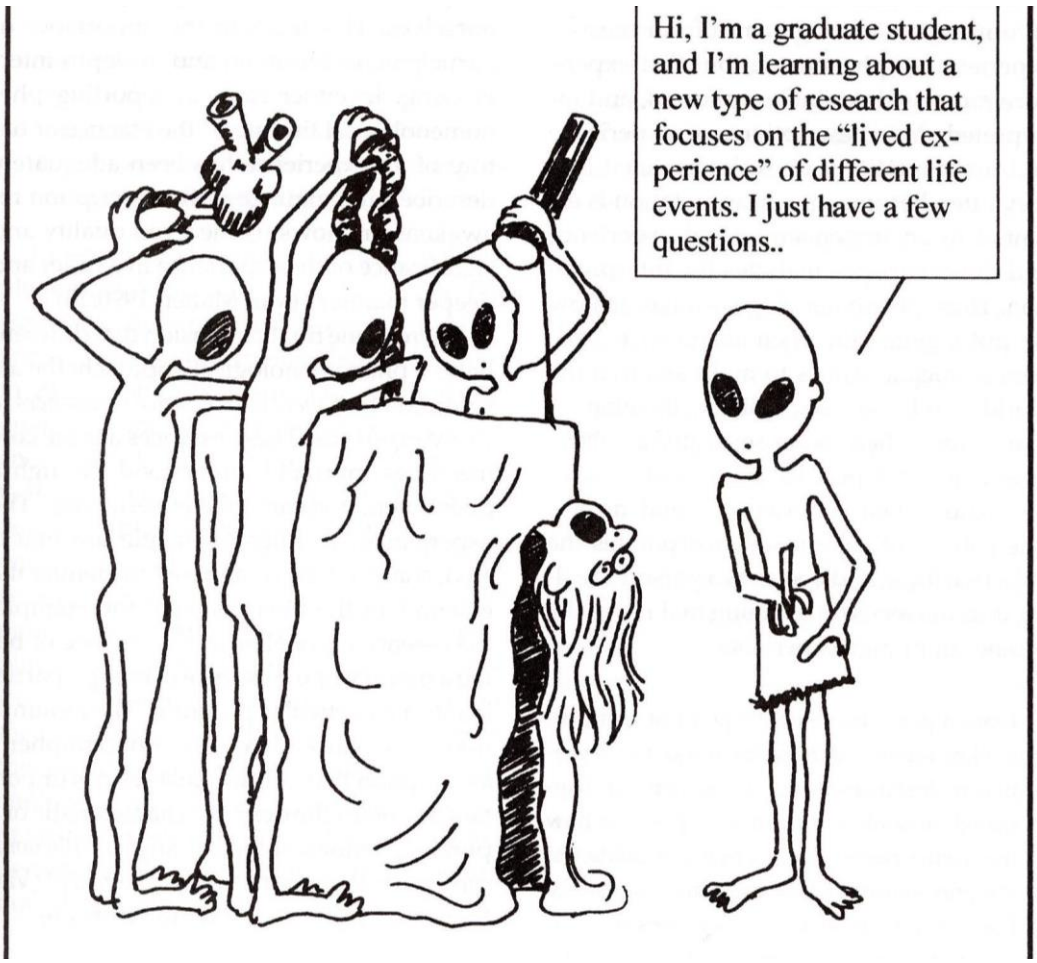

Michael Quinn Patton and Michael Cochran

"The client would prefer fewer open-ended questions."

EÖTVÖS LORÁND TUDOMÁNYEGYETEM
PEDAGÓGIAI ÉS PSZICHOLÓGIAI KAR
TANULMÁNYI HIVATAL
Oktatásszervezési Iroda

ADATLAP[1]
a doktori értekezés nyilvánosságra hozatalához

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Kelt: 2019. 02. 07.

a doktori értekezés szerzőjének aláírása

[1] Beiktatta az Egyetemi Doktori Szabályzat módosításáról szóló CXXXIX/2014. (VI. 30.) Szen. sz. határozat. Hatályos: 2014. VII.1. napjától.
[2] A kari hivatal ügyintézője tölti ki.
[3] A megfelelő szöveg aláhúzandó.
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[5] A doktori értekezés benyújtásával egyidejűleg be kell nyújtani a minősített adatra vonatkozó közokiratot.
[6] A doktori értekezés benyújtásával egyidejűleg be kell nyújtani a mű kiadásáról szóló kiadói szerződést.

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Content

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List of abbreviations

AA: Alcoholics Anonymous

AVH: Auditory verbal hallucinations

CBT: cognitive behavioral therapy

GT: Grounded theory

HVM: Hearing Voices Movement

IP: Interpretive phenomenology

IPA: Interpretative phenomenological analysis

NA: Narcotics Anonymous

NPS: new/novel psychoactive substances

SC: synthetic cannabinoid

List of publications directly used in the dissertation

Kassai, S., Pintér, J. N., Rácz, J., Böröndi, B., Tóth-Karikó, T., Kerekes, K., & Gyarmathy, V. A. (2017). Assessing the experience of using synthetic cannabinoids by means of interpretative phenomenological analysis. *Harm Reduction Journal, 14*(1), 9.

Kassai, S., Pintér, J. N., Rácz, J., Erdősi, D., Milibák, R., & Gyarmathy, V. A. (2017). Using Interpretative Phenomenological Analysis to Assess Identity Formation Among Users of Synthetic Cannabinoids. *International Journal of Mental Health and Addiction, 15*(5), 1047-1054.

Kassai, S., Pintér, J. N., & Rácz, J. (2018). Szerhasználat és felépülés–az élmény és identitás kapcsolatának vizsgálata az interpretatív fenomenológiai analízissel. *Magyar Pszichológiai Szemle, 73*(1), 111-121.

Rácz, J., Kassai, S., Pintér, J. N., Benedeczki, P., Dobó-Nagy, Z., Horváth, Z., & Gyarmathy, V. A. (2015). The therapeutic journeys of recovering helpers - an interpretative phenomenological analysis. *International Journal of Mental Health and Addiction, 13*(6), 751-757.

Rácz, J., Kaló, Z., Kassai, S., Kiss, M., & Pintér, J. N. (2017). The experience of voice hearing and the role of self-help group: An interpretative phenomenological analysis. *International Journal of Social Psychiatry, 63*(4), 307-313.

Rácz, J., Kassai, S., & Pintér, J. N. (2016). Az interpretatív fenomenológiai analízis (IPA) mint kvalitatív pszichológiai eszköz bemutatása. *Magyar Pszichológiai Szemle, 71*(2), 313-336.

Kaló, Z., Kassai, S., Rácz, J., & Van Hout, M. C. (2018). Synthetic Cannabinoids (SCs) in Metaphors: a Metaphorical Analysis of User Experiences of Synthetic Cannabinoids in Two Countries. *International Journal of Mental Health and Addiction*. doi: 10.1007/s11469-018-9970-0

Preface

I was 19 years old and I was spending my second year at University of Szeged. I have started attending a drug prevention lecture which was held by a policeman who tried to describe why using drug is dangerous week by week. One day he invited a girl from the local drug addiction center of Szeged to share her personal story of drug addiction and recovery with the students of the lecture. At the end of her presentation I felt that I could ask many more questions to get know her story and this phenomenon better; how drug addiction escalates, and what happens after quitting drug use. In the next days I have decided to do some minor research to fulfill my own interest: I have read all the books and literature related to drug addiction, prevention or recovery that were available in the library of the University. I have joined a research group to get some professional help for my research interest. At this time, I did not know anything about qualitative psychological research methods, but instinctively I have started doing interviews and participant observations in the local drug addiction center. Fortunately, after MA degree I opted for and got a chance to do a PhD in Clinical Psychology and Addiction Program in Doctoral School of Psychology, Eötvös Loránd University, having qualitative psychological methods and substance use as my main research focus. My aim was to examine how recovery from substance addiction is possible, and what subjective experiences the person has, who is healing from addiction. Qualitative research methods are beneficial during the examination of subjective experiences. The world of qualitative research methods has fascinated me from the moment I encountered it, because doing qualitative research enables me to be a mediator between science and practice, also to give voice to people, who have invaluable lived experience about certain topics.

During the three years of my PhD studies I had a chance to read the gist of the substance addiction and recovery literature. Moreover, I got involved in several qualitative psychological research projects and I met and had a chance to work with several great researchers from all around the world.

The present dissertation is the outcome and summary of my most important papers written during my PhD years and it concerns Interpretative Phenomenological Analysis (IPA – a qualitative psychological research method) and the recovery approach.

The first part, namely the Introduction describes IPA and the recovery approach. More specifically, it discusses the theoretical foundations and the research design of IPA, also

introduces what recovery approach is, and in what areas is it used. The last part of Introduction concerns why it is beneficial to use IPA in research assessing recovery stories.

The second part of the dissertation consists of four empirical studies related to the recovery approach. The first paper presents experiences of recovering helpers who are working in addiction field. The main concern of this paper was to assess the process of addicts become recovering helpers, and how they perceive their identity. It was published in International Journal of Mental Health and Addiction in 2015 (Rácz, J., Kassai, S., Pintér, J. N., Benedeczki, P., Dobó-Nagy, Z., Horváth, Z., & Gyarmathy, V. A. (2015). The therapeutic journeys of recovering helpers - an interpretative phenomenological analysis. *International Journal of Mental Health and Addiction, 13*(6), 751-757.). The second paper reports the expereince of using synthetic cannabinoids. The aim of this paper was to examine personal interpretations of experiences derived from the use of synthetic cannabinoids. It was published in Harm Reduction Journal in 2017 (Kassai, S., Pintér, J. N., Rácz, J., Böröndi, B., Tóth-Karikó, T., Kerekes, K., & Gyarmathy, V. A. (2017). Assessing the experience of using synthetic cannabinoids by means of interpretative phenomenological analysis. *Harm Reduction Journal*, 14(1), 9.) The third study investigates how the users of synthetic cannabinoids perceived themselves during the use of SCs and how their identity formation is affected by the use of the drug. It was published in International Journal of Mental Health and Addiction in 2017 (Kassai, S., Pintér, J. N., Rácz, J., Erdősi, D., Milibák, R., & Gyarmathy, V. A. (2017). Using Interpretative Phenomenological Analysis to Assess Identity Formation Among Users of Synthetic Cannabinoids. *International Journal of Mental Health and Addiction, 15*(5), 1047-1054.). The last study presents the recovery experience of people who are hearing voices. The study aimed to explore the lived experience of voice hearing, to examine how participants make sense of their voice hearing experience, to examine what does recovery mean in this context and to explore the role of voice hearing self-help group. This paper was pulished in International Journal of Social Psychiatry in 2017 (Rácz, J., Kaló, Z., Kassai, S., Kiss, M., & Pintér, J. N. (2017). The experience of voice hearing and the role of self-help group: An interpretative phenomenological analysis. *International Journal of Social Psychiatry, 63*(4), 307-313.). The co-authors of the four papers have all given their approval to use these studies in my PhD dissertation.

1. INTRODUCTION

In this chapter, the aim is to summarize the theoretical framework of the dissertation. This section aims to provide an overview of the recovery approach, the method of Interpretative Phenomenological Analysis (IPA), , and the connection between the two: why using IPA to examine recovery processes is beneficial. At the end of this sub-chapter, I would like to mention some of the Hungarian qualitative studies that examined psychoactive and novel psychoactive substance use.

1.1. Recovery

The main aim of this dissertation is to present why examining recovery is important and how suitable is IPA to examine recovery processes. In this sub-chapter I will introduce the main elements of the recovery approach, and what does it mean from the perspective of people who are in recovery and from what condition recovery is possible according to the existing literature.

1.1.1. About the recovery approach

The concept of recovery has emerged as a significant paradigm in mental health field when alcoholism and other addictions have been reconceptualized as diseases (rather than a failing of character) by twelve-step programs.. The twelve-step program is originally proposed by Alcoholics Anonymous (AA) as a method for recovery from alcoholism. The twelve-step is a guiding principle for recovery from addiction, compulsion and other behavioural problems. The concept of "recovery" has been applied to a process of learning to live a full life without alcohol or drugs or problematic behaviour by admitting that one cannot control one's addiction or compulsion, surrender to higher power that can give strength, examining past errors and making amends with the help of a sponsor (experienced member, who is also in recovery), learning to live with a new code of behaviour and helping others, who suffer from addiction or compulsion (Alcoholics, 2001; VandenBos, 2007). Based on the twelve-step principles recovery was started to be used in rehabilitation treatment setting to expand the reach of 12-steps to professionals in the treatment of addiction. It was

believed that treatment could be more comprehensive than past treatment methods which focused only on detoxification (Cook, 1988). Reaching abstinence after a prolonged usage of alcohol or drugs meant a major challenge for biomedical services. The recovery approach could offer a proper way of reaching abstinence and an opportunity to improve one's quality of life based on the own needs and strengths (Petke, 2018).

The meaning of the word "recovery" gained various nuances: restoration of normal health and functioning, the challenge of not allowing a long-term condition to consume or dominate one's life (Jacobson & Curtis, 2000). Application of recovery concepts to psychiatric disorders is recent and originate from ex-patient movement and self-help advocacy (Jacobson & Curtis, 2000).

Terry and Cardwell (2015) conducted an essential review study on recovery approach. Studies concerning recovery were under examination from different areas: mental health recovery, desistance from crime and substance misuse recovery. The review study found many universal concepts that describe what characterized recovery.

The study findings suggest that being in recovery from mental illness, substance addiction and desistance from crime take a considerable time and effort, because people in recovery have to maintain the decision in the face of stigma. Being in recovery from mental illness and addiction recovery involves building a meaningful life even with ongoing mental illness and addiction (without substance use). Thus, recovery is often described as an "*ongoing journey*" (the journey is a metaphor for the recovery process which is commonly used in literature. Metaphors are also the basis for construction of narratives. According to the conceptual metaphor theory of Lakoff & Johnson, 1980 the "journey" as a metaphor is could be considered as an extract of experiences of a recovering person.). The authors underline that this "journey" is highly *subjective*, it is about the lived realities of people's lives and not a prescribed intervention. That is why recovery often happens outside formal treatment settings. The role of professionals and helpers is to facilitate personal recovery journey. One of the most critical aspects of the journey is building a strong, coherent and positive personal *identity*. People in recovery has to be able to imagine themselves beyond being addicted, being an offender or a mental health patient. Overcoming the stigma of these identities emphasizes the importance of *agency* and *empowerment* and the capability to make decisions other than drug use, to take a legitimate job (over committing a crime).

Another essential factor of recovery is finding the "*meaning* in life", which reinforces new and positive identities and it makes people feel part of the "mainstream" and gives self-worth. There is often a spiritual dimension to this meaning-making. Narratives of people in recovery often emphasize powerlessness and surrender to "higher power" (especially in twelve-step programs: Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) groups) invoking fate or God. People in recovery from drug addiction often talk about identities what they "were meant to be" (e.g., becoming a recovering helper).

Finding the meaning in life cannot be separated from social capital. Social networks could provide emotional support, a chance to give and receive help. Supportive social networks are reliable predictors of long-term recovery from substance misuse. However, it is not enough to have some good friends, people in recovery has to find a role in the broader community and society. Belonging and social integration could help overcome external and internalized stigma.

The review underlines that recovery is a future-focused process. Because the future is not defined by people's symptoms of mental illness or addiction their future is hopeful. Thus, *hope* is an essential factor in the motivation of change, people has to believe that change is possible social communities and professionals could ensure this message.

The most influential model of behavioural change is the transtheoretical model of Prochaska and DiClemente (2005) is also should be mentioned here. This model suggests that change has temporal dimension and this process has six stages: precontemplation, contemplation, preparation, action, maintenance, termination. The recovery approach which was mentioned above also suggests that recovery is a process, that may have stages, but these stages or steps are not defined or prescribed for the individual who tries to change. Recovery approach emphasizes the subjective factor of this process.

1.1.1.1. Recovery from what?

There is a significant body of literature about what is the meaning of recovery, and from what condition is it possible to recover. Since recovery means a process of moving towards something more: a positive and meaningful life (Terry & Cardwell, 2015) it

could help people overcoming multiple problems or crisis. That is why many different areas apply the elements of recovery. Recovery processes differ across literature, the process of recovery from mental illness is not paralleled in addiction recovery, although they could convey essential insights (Terry & Cardwell, 2015).

In the literature, recovery from mental health illness is not primarily about recovery from the symptoms of mental illness. Recovery in this context preferably means recovery from long-term patient care, which potentially involves discrimination and has many effects. Services and systems are portrayed as the most significant barriers to recovery by undermining choice, personhood, hope, self-control, and a sense of purpose because the way of treatment reduces people to a cluster of symptoms. Recover from long-term hospitalization is harder than recover from symptoms of mental illness. Thus, recovery in this context means to recover from institutionalization and conceptualized as a social and political process rather than a medical one (Terry & Cardwell, 2015).

The approach of recovery from mental illness has an important message to recover from substance addiction too. Patient care in drug treatment could also undermine self-esteem and hope. For example, methadone clinics which give patients little privacy, dignity or respect often convey pessimism and discouragement by focusing solely on stabilizing people (Terry & Cardwell, 2015).

The study findings of Laudet (2007) highlighted what does recovery from addiction mean for them who were self-identified as being in recovery. (This study is one of the most critical studies concerning conceptualization of recovery.) The study findings suggest that recovery from substance addiction is not only a way to stop using drugs and alcohol. In this context, recovery means learning to manage addiction (which is considered to be a chronic disorder) without substance use. The 12-step programs (AA and NA) suggest "*once an addict always an addict*" and recovery is treated as a never-ending, lifelong process. That is why recovery requires total abstinence, being sober is necessary but rarely sufficient for the achievement of improved personal health and social function (B. M. K. Erdős, Kelemen, & Szijjártó, 2015; Laudet, 2007; McLellan, McKay, Forman, Cacciola, & Kemp, 2005). This is consistent with the World Health Organization's conceptualization of health as the state of complete physical, mental and social well-being, not merely the absence of disease (World Health Organization, 1985, p. 34). Recovery is could be considered as a process of "health learning" in which

identity change and gaining skills that are essential for recovery are incorporated (Erdos, Kelemen, Csurke, & Borst, 2011)

The approach of recovery is used in many fields to help people overcome multiple problems. For example, it is also used during desistance from crime (Farrall & Calverley, 2006), in recovery from divorce (Quinney & Fouts, 2004) and in recovery from a suicide attempt (Sun & Long, 2013). Since the empirical studies of the present dissertation examine the process of recovery from substance use and voice hearing in the next sub-chapter a summary of these fields is presented (the relevant literature is summarized at the introduction of each study). In this section, my aim is to highlight study findings that represent results from research where recovery processes were examined from a subjective perspective.

1.1.1.1.1. Recovery from substance use

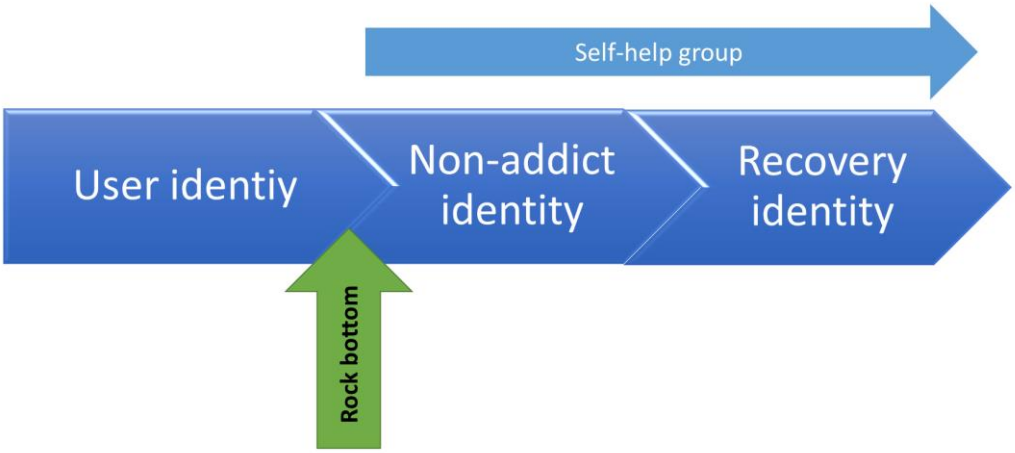
Recovery from addiction is often in the focus of narrative psychological and IPA research studies because with these methods the meaning-making process and identity formation (which are essential to recovery from addiction) could be examined beneficially.

According to narrative psychological studies the critical point of the recovery process is when drug users recognize that their damaged sense of selves have to be restored, and they should engage with a new identity (Biernacki, 1986). In other words, they have to transform the "spoiled identity" (as Goffman, 1963 described it) into the identity of recovery (J. McIntosh & McKeganey, 2001). The "turning points" are considered to be the essential steps on the road to recovery. These could help drug users to reconstruct meanings of their experiences, reflectively reconsider their lives and change their future (Hänninen & Koski-Jännes, 1999; Koski-Jännes, 1998; J. McIntosh & McKeganey, 2001). "Turning points" are incorporated in life history as motors of identity work (Hänninen & Koski-Jännes, 1999; Koski-Jännes, 1998, 2002). The experience of the "rock bottom" (the turning point which often emphasized by AA literature, e.g., Alcoholics Anonymous, 2001) facilitates the recognition of they have not cared for themselves before (Koski-Jännes, 2002). Recovery involves continuous self-care, self-monitoring, and reconstruction of life narratives (Larkin & Griffiths, 2002; József Rácz et al., 2015). The reconstruction of narratives means reinterpreting experiences of

addiction, and it is promoted by pre-constructed narratives of self-help groups, where peers' stories could offer inspiring models of how to forming a non-stigmatized identity (Koski-Jännes, 2002; Larkin & Griffiths, 2002; J. McIntosh & McKeganey, 2001). Self-help groups could be considered as a "normative narrative community," where identity transformation takes place through the use of metaphor and storytelling (Davis & Jansen, 1998).

According to J. McIntosh and McKeganey (2000) recovery is grounded in the formation of "non-addict identity". This new identity is a consequence of reinterpreted "user self" and reconstructed self-image. The alteration of experiences and the alteration of identity during substance use are parallel processes. Users' experiences of psychoactive substances are mostly positive at the beginning of the drug use career, and these positive experiences often relate to a positive identity or positive self-image. In the later stages of drug use, the drug (or the object of addiction) with many unpleasant symptoms lose much of its previous power and "mystic" (pp. 1504), thereby the users should reinterpret their "user self" which was perceived as being positive at the beginning of drug use carrier. Due to the reinterpretation, they keep distance from the "user self" and endeavor to evolve a more authentic self, thereby, evolve the "non-addict identity" (pp. 1504).

The identity change during recovery from addiction is a dynamic process, in which experiences and identity change during addiction and experiences of non-addict identity are equally important. In Figure 2. I try to visualize this process (of course this process is not as linear) according to existing literature.



1. Figure Process of identity change during addiction and recovery

1.1.1.1.2. Recovery from psychosis

Recovery from psychosis could mean different things for people who are in recovery. Previous qualitative research studies examined the experience of recovery from psychosis because qualitative examination could offer an appropriate way, how we could give a voice to people who are personally affected (Chadwick, 1997). Recovery from psychosis is a gradual and uneven process and involves turning points and milestones, without endpoint (Chadwick, 1997; Lam et al., 2011).

According to the research results of Pitt, Kilbride, Nothard, Welford, and Morrison (2007) three main aspects could emerge in this process of recovery from psychosis: rebuilding self, rebuilding life and hope for a better future. Since mental disorder potentially involves the loss of the sense of the self (which is often coupled with disempowering experience of mental health services) rebuilding the sense of self is a crucial element to the recovery process. Increased self-awareness, acknowledgment of the effects of psychiatric treatment and making sense of experiences of mental distress are needed to progress recovery (Lam et al., 2011; Pitt et al., 2007). People in recovery often talk about their conditions as resources that result in development in values, relationships and optimistic view of life (Lam et al., 2011).

The recovery process involves rebuilding of life through rebuilding social support and active engagement in life (Law & Morrison, 2014; Pitt et al., 2007). People with mental health problems are often socially isolated. Thus the development of social connection, such as support from friends and family could confirm the recovery process and could help to manage stigma. Recovery requires active participation in life, working for the network, helping peers (with the same conditions) could give a sense of purpose in life (Lam et al., 2011; Pitt et al., 2007; Wood, Price, Morrison, & Haddock, 2018).

Recovery process involves hope for a better future and a desire for change. The process of change means a change in relationships. Recovery means developing a higher sensitivity to others. Consequently, recovery is a journey that involves a process from social exclusion to social inclusion. It also involves a more collectivist outlook and a desire to see changes in mental health services and society in general. A more collaborative approach, more extensive choice of treatment, alternatives to the medical model and to apply a person, rather than a symptom-oriented approach is needed (Chadwick, 1997; Forchuk, Jewell, Tweedell, & Steinnagel, 2003; Pitt et al., 2007; Waite, Knight, & Lee, 2015).

1.2. Interpretative phenomenological analysis

Interpretative phenomenological analysis (IPA) is a recently developed and rapidly growing qualitative research approach. It is originated from health psychology but increasingly used by those working in the human, social and health sciences (Smith, Flowers, & Larkin, 2009). It has become one of the best known qualitative methods in psychology ever since the first IPA study was published in 1996 (Smith, 1996) in the United Kingdom (Smith et al., 2009), the developers of the method are also scientists from the United Kingdom: Jonathan A. Smith, Paul Flowers, Michael Larkin and Mike Osborn. The number of qualitative psychological studies has been growing in the last years (Willig & Stainton Rogers, 2008) and IPA is one of the most often used qualitative methods (Smith, 2004, 2011). IPA examines how people make sense of their significant life experience in its own terms. An IPA research tries not to fix experience in predefined or abstract categories it instead follows the lead of the philosopher Edmund Husserl to go “back to things themselves”. IPA is committed to examine

experience in its complexity and to uncover what happens when a lived experience takes on a particular significance for people (Smith et al., 2009).

This chapter is offering a brief overview of the theoretical foundations of IPA, its place between other qualitative methods, research areas where IPA is often used and a concise description of the IPA research design.

1.2.1. Theoretical foundations

The primary goal of IPA is to investigate how individuals make sense of their experiences. People are considered to be "self-interpreting beings" (Taylor, 1985) because they are engaged in interpreting people, objects and events of their life. In order to unfold these processes of interpretation, the approach of IPA is engaged in the fundamental principles of phenomenology, hermeneutics and idiography (Pietkiewicz & Smith, 2014; Smith et al., 2009).

Phenomenology is a science of studying experience which was one of the most determinative philosophical movements of the 20th century. Edmund Husserl developed it, and it is concerned what the experience of being human is like in all its various aspects. In other words, it tries to identify the essential components of the experience which make it unique and distinguishable from others. Phenomenological philosophy provides a rich source of ideas to psychologist how to examine a comprehend experience. Thus, phenomenological studies focus on how people perceive and talk about events and objects and try not to describe them by predetermined categories and scientific standards. The phenomenological inquiry also applies "bracketing" the own preconceptions, and attempt to understand what it is like to "stand in the shoes" of the subject (Pietkiewicz & Smith, 2014; Smith et al., 2009). There are many different emphasis and interests amongst phenomenologists (Husserl, Heidegger, Merleau-Ponty, Sartre), but to provide a detailed overview of these contributions is not the aim of the present dissertation.

The second principal theoretical root of IPA comes from hermeneutics which is a theory of interpretation. It is developed as a philosophical underpinning for the interpretation of a wide range of texts, such as historical documents. According to Gadamer (1975), some experiences are not able to be reached by standardized methods. The concept of

the “hermeneutic cycle” was improved by him, which means that the meaning of the whole text could be reached through its parts, and the meaning of the part could be understood through the whole text in which it is embedded. Thus, the process of interpretation is defined as a circular motion, new information could give new understanding to previous knowledge. The most critical hermeneutic theorists are Schleiermacher, Heidegger, and Gadamer. Hermeneutics offers an essential theoretical insight for IPA that is concerned with how the experience appears and makes the analyst to be committed to making sense of this appearance (Eatough & Smith, 2008; Pietkiewicz & Smith, 2014; Smith et al., 2009; Smith & Osborn, 2007).

Since IPA is based on ideas from phenomenology and hermeneutics, this is a descriptive method that tries to uncover how things appear and it is letting things speak for themselves and also interpretative because it is aware that there is no such thing as an uninterpreted phenomenon (Pietkiewicz & Smith, 2014).

The third significant influence upon IPA is idiography that is concerned with the particular. It is in contrast to the mainstream inquiry of psychology which is working with “nomothetic” approach (Smith et al., 2009). Idiography means an in-depth analysis of single cases and examines experiences in their unique contexts (Pietkiewicz & Smith, 2014). IPA’s commitment to idiography operates at two levels. First, there is a commitment to the particular in the sense of detail and the depth of the analysis. Second, IPA is committed to understand how the experience is understood from the perspective of particular people in a particular context. Subsequently, IPA is working with small and homogenous sample size. Due to the analysis is based upon a detailed case exploration the researcher could make specific statements about the study participants. At the same time, IPA does not eschew generalizations but presents a different way of establishing those generalizations (Smith et al., 2009). The idiographic inquiry is unusual even among qualitative methods. By utilizing IPA, the researcher could study group of individuals by moving between essential themes of the analysis and present examples from the individual narratives (Pietkiewicz & Smith, 2014).

1.2.2. The relationship between IPA and other qualitative approaches

The Sage Handbook of Qualitative Research in Psychology presents 13 qualitative psychological methods, and IPA is one of them (Willig & Stainton Rogers, 2008). IPA has been developed as a qualitative psychological research method in the border of phenomenology, hermeneutics and idiography. Therefore many common points emerge with other qualitative approaches. Hereby, I would like to present the most important ones to place the approach of IPA among other, ”older” and perhaps better known qualitative psychological approaches.

The interpretive phenomenology (IP) should be mentioned here, as one of the closest relatives to IPA. The method of IP was developed by Amadeo Giorgi (Giorgi & Giorgi, 2008), that is based on the theoretical work of Husserl and emphasizes recognition and description of the psychological essence of a phenomenon. While IP is committed to the pure, “Husserlian” description of the phenomenon, IPA draws on a range of phenomenological positions and strongly related to hermeneutic phenomenology (which was represented by Heidegger and Gadamer). Thus, applying the method of IP requires a comprehensive knowledge of phenomenology, IPA is feasible even if the researcher does not possess in-depth philosophical knowledge (Eatough & Smith, 2008).

The chapter of the Sage Handbook that presents the method of IPA (Eatough & Smith, 2008) places IPA between social constructionism, discursive psychology, and narrative psychology. According to the authors, IPA has a connection to social constructionism’s claim that sociocultural processes are essential to how people experience and understand their lives. Language is also an essential part of the individual making-sense process, and the sense of self emerges from intersubjective communication. Nevertheless, IPA’s features of social constructionism owe more to symbolic interactionism than to discursive and linguistic constructions of discursive psychology because according to IPA the lifeworld is more than just a linguistic interaction between individuals in a particular time and place. Due to IPA concerns with how discursive constructions are implicated in the experience of the individual it also has an active link with the Foucauldian discourse analysis (Eatough & Smith, 2008). The authors present an example, the metaphor of “container” of emotions, which is inside the person and in which emotions are considered to be “held” (Eatough & Smith, 2008, p. 185). When a participant describes that his/her anger “spills out” from this “container” it means

his/her emotions are beyond his/her control. In this case, IPA examines (from a Foucauldian discourse analysis perspective) how the construction of the "container" has been constructed, and what it is like to the individual (Eatough & Smith, 2008).

Since, IPA examines how reality appears to the individual and prioritizes examining narratives (as tools for interpretation) it seems to have a natural connection to the various forms of narrative analysis. According to Bruner (1991; 1990), narrative analysis aims to uncover how narratives operate as instruments of mind in the construction of reality. Bruner's narrative analysis highlights what IPA's primary concern is. For example, telling and re-telling a particular experience (constructing a narrative) during therapy or counseling session could make the experience more liveable (Eatough & Smith, 2008; Rácz, Kassai, & Pintér, 2016).

Many further qualitative approaches could be included here (ethnography, action research, Q-method, Grounded Theory), hereby Grounded Theory (GT) should be highlighted among them because this is one of the best-known methods in the Hungarian qualitative research field. According to Corbin and Strauss (2015), the approach of GT examines experiences in the context in which these are embedded, and GT follows how particular events influences the process of emotions and interactions. During GT study the aim is to produce concepts and theory, during IPA study the aim is to stay at the level of individuals/experiences, rather than abstracting and generalizing data.

1.2.3. Research areas where IPA is (often) used

There is now a considerable body of research employing IPA. Research utilizing IPA appears in many different types of outlet: peer-reviewed journal articles, book chapters, postgraduate theses (Smith, 2011). Health psychology is the field of psychology where IPA was established; now there is a substantial amount of studies that examine patient's personal experience of a particular condition and treatment. There are also many studies exploring the experience of being a helper and health professional (e.g., Hunt & Smith, 2004). According to the review of Smith (2011) nearly the quarter of IPA studies (which were published until 2011) was about illness experience (Figure 1). This is not surprising because illness is a significant field in health psychology (where IPA was developed) and the experience of illness is an essential part of people's life living with

the condition (e.g., Arroll & Senior, 2008). A significant part of IPA studies was published about psychological distress (e.g., Howes, Benton, & Edwards, 2005), and described the phenomenon itself, the experience of recovery from distress, the professionals' understanding and the institutional and cultural context (Smith et al., 2009). Since IPA is a suitable method for a sensitive research topic, IPA has also been widely adopted in studying sex and sexuality (e.g., Coyle & Rafalin, 2001). IPA's particular feature is that identity could be examined fruitfully, that is why many studies examining life transition and identity (e.g., migration (Timotijevic & Breakwell, 2000), homelessness (Riggs & Coyle, 2002)) utilized IPA (Smith et al., 2009).

Patient's illness experience[a]	69
Psychological distress[b]	45
Carers' experience	30
Client's experience of therapy	18
Reproduction	18
Genetics	15
Health professionals' experience	14
Dementia	14
Occupational psychology	14
Sex/sexuality	13
Gender	11
Eating disorders	10
Therapists' experience	9
Learning disabilities	7
Sport/exercise	7
Religion/spirituality	5
IT	5
Education	4
Addiction	4
Alcohol	4
Alternative therapy	3
Music	3

2. Figure Research topics where IPA is often used, based on the figure of Smith (2011, p. 13.)

The review of Smith (2011) did not explicitly underline the importance of IPA studies on recovery from addiction (maybe because the significant part of these studies were published after 2011), maybe because research inquiry of recovery from addiction is in the border of many basic research areas where IPA is used: health psychology, addiction, identity, recovery. The first influential IPA study about addiction and recovery was published by Larkin and Griffiths (2002) which argued that subjective accounts could have a value in the psychological understanding of addiction, in which

identity has an essential role. Also, the authors aimed to explore IPA's suitability as an approach to the analysis of observational data.

1.2.3. IPA research design

IPA is a new approach even in the international context of qualitative psychological research. In this sub-chapter of the thesis the aim is to give a summary of IPA's research design; the research plan and research question, the data collection process, the process of analysis and the ways of ensuring validity and trustworthiness.

1.2.3.1. Research plan and research question

When forming a research question the researcher should be aware of IPA's ability to examine the way people perceive and interpret their experiences. Therefore, the research question is open, explorative, focusing on processes (and not on results), and aims to unfold the meaning (and not consequences) of a phenomenon. The research question refers to a particular context (with IPA comparison of different contexts is not possible). According to Smith et al. (2009), two different levels of the research question could be applied. The primary (explorative and open-ended) research question is followed by a theory-driven (secondary) research question (Smith et al., 2009). For example, the primary question could be: How people interpret the experience of deciding on medical treatment? The secondary question could be: What theory could explain these interpretations?

1.2.3.2. Data collection

During an IPA study sampling must be consistent with the qualitative paradigm in general and with IPA's inquiry. A purposive sample is suggested, which means recruiting participants who could offer an insight into a particular experience, and they provide access to a particular perspective. That is why the homogenous sample is beneficial and recruiting participants for whom the research question is relevant (participants who have personal experience of the phenomenon) is inevitable. Due to IPA is committed to idiographic inquiry and examines each case in great detail small sample size should be involved (Eatough & Smith, 2008; Smith et al., 2009; Smith &

Osborn, 2007). According to Smith et al. (2009), a default sample size is *n* = 3-6 which is enough to discover similarities and differences across the cases.

For data collection, semi-structured or unstructured interviews are the most suitable. Since the aim of an IPA study is to examine how the participant talks about and makes sense of the experience during the interview the researcher should facilitate comfortable interaction and enable the participant to provide a detailed account. Open-ended and process-oriented questions should be asked, and questions should focus on the personal interpretation of the experience and how the participants perceive themselves during this experience. The schedule of the interview also has to follow the narrative flow of the interviewee (Smith et al., 2009).

1.2.3.3. Data analysis

The first step of the analysis involves immersing oneself in the data. This process requires reading and re-reading of the interview transcript and active engagement with the data to enter the participant's world. In the second phase, initial notes and comments could be added on the right margin of the interview transcripts which try to capture the meaning-making process of the participant. In the third step emergent themes develop by grouping notes and comments. The process of identifying emergent themes involves breaking up the narrative flow of the interview (which represents a manifestation of the hermeneutic cycle) and put the pieces together in another new whole. In the next stage, the researcher is looking for patterns, subordinate and super-ordinate themes across cases/interviews and I this way master themes emerge. The researcher should illustrate each master themes with interview quotation from at least the half of the participants (Smith et al., 2009).

1.2.3.4. Assessing validity and trustworthiness

There is a significant discussion among qualitative researchers about how to ensure the quality of a qualitative research. In the case of IPA Smith et al. (2009) suggest applying Yardley's (2000) criteria, which presents four principles for assessing the validity of a qualitative research. The first principle is "sensitivity to the context", which means the

researcher should show sensitivity to the socio-cultural milieu in which the research is situated, the literature on the topic, and the data collected from the participants. The second principle is "commitment and rigor". Commitment means a personal commitment and investment by the researcher, who ensures the participant to feel comfortable and attends closely what the participant says. Rigour means appropriateness of the sample, the quality of the interview and consistency of the analysis. The third principle is "transparency and coherence". Transparency refers to how clearly the stages of the research are presented in the publication, coherence of qualitative research is judged by the reader of the finished/published study. The fourth principle is "impact and importance" is also judged by the reader whether the study tells something relevant and useful.

Rodham, Fox, and Doran (2015) described how trustworthiness could be ensured in the analytical process of IPA. According to the authors, all researchers involved in the analysis should listen to the audio recordings of the interviews. That could prevent the presuppositions of the researchers influence the data analysis. The process of the analysis has to be shared where each researcher could express the own interpretation then consensus could be reached in case of emergent themes and master themes.

1.3. IPA and recovery

In the previous sub-chapter, the elements of recovery were presented. This section will highlight why IPA is a suitable method for examining recovery processes and what elements IPA is focusing on during a research study. Also, I would like to highlight what these mean in the research practice.

As it was presented, recovery is considered to be a process (Terry & Cardwell, 2015). With IPA processes of experience change could be examined beneficially (Smith et al., 2009). Therefore, IPA examines not just a particular event, it also examines the process in which it is embedded, because the meaning of a particular event (e.g., a turning point) could be captured through its context. In research practice, during an IPA study, the researcher should let the participants tell their stories in detail. During the data analysis processes should be discovered in participants' narratives.

Recovery is a subjective process, which could be different for everyone (Terry & Cardwell, 2015). IPA is working with a person-centered approach and aims to discover the subjective aspect of the phenomenon. During an IPA research study, the researcher should let the participants talk about their own experience and the way they see it. During the analysis the researcher should keep this subjective way. Thus, the results should represent what the experience is like to the participant.

IPA's central inquiry is the examination of how people make sense of their significant life experiences (Smith et al., 2009) and how they construct their narratives (according to Hänninen, , 2004 individuals interpreting their past events, present situations and future project by using cultural narrative models as resources). In recovery, the essential element is the meaning-making process. Making sense of the past, the condition or illness and making sense of life beyond the illness is essential in recovery (Koski-Jännes, 1998; Larkin & Griffiths, 2002). In research practice, the researcher should explore the meaning-making process of the participant and during the interviews question like these could be asked: What does this experience mean to you? What is it like for you? During the analysis, the researcher should collect these meaning and step into the cycle of interpretation (double hermeneutics).

With IPA the impact of a particular experience in one's identity and the process of identity formation could be examined (Smith et al., 2009). Identity change during substance use and recovery is important. The self is generated from moment to moment based on physical stimuli and thoughts. Psychoactive substance use has a high impact on these by enhancing perception and causes new thoughts, new experiences. Due to the novelty of these experiences, these start to belong to a new self. By expressing feelings and meanings and choosing how to think about them, the person creates her/his identity (Gray, 2005; Kassai, Pintér, & Rácz, 2018). In the method of 12-step groups "working" on identity is one the most important elements of the recovery process. Engaging with new identity could help keep a distance from the previous "spoiled" identity and helps to cope with stigma (Hill & Leeming, 2014). In research practice during the data collection questions like these should be asked: How did you see yourself at the beginning of the substance use/symptoms? How did you see yourself during substance use/illness? How do you see yourself now? During the data analysis, the process of the identity change should be captured.

1.4. Hungarian qualitative studies on alcohol and substance use

In this sub-chapter, the aim is to mention some of the invaluable research studies that were published in Hungary and in the Hungarian context by Hungarian Researchers. Bernadette Péley examined the role of initiation rite in identity change among adolescents (Péley, 1994). Gábor Kelemen has many remarkable research results on addiction therapy, on family context and alcohol policy (Kelemen, 2001, 2009). With Márta B. Erdős they analyzed speeches of patients from rehabilitation centers and life stories of recovering addicts (B. Erdős & Kelemen, 2005). Márta B. Erdős, Éva Vojtek, Gábor Kelemen, Linda Szijjártó (2017) discovered identities of novel psychoactive substance (NPS) users, and the results draw attention to the examination of identity constructions (by analyzing social networks and narratives) of NPS users. József Madácsy (2013) examined Hungarian AA groups with ethnography method. Zsolt Nagy (2015) discovered the agenda and values in 12-step groups and how people who are in recovery from addiction incorporate the values of recovery and being sober in their lives. Márta Csabai (2005) examined somatization, self-organization and verbal representation of illness. Zsuzsa Kaló has examined metaphors of drug users, interviews of pregnant drug users and experiences of mephedrone users (Kaló, 2009, 2014; Kaló, Mándi, Váradi, & Rácz, 2011; Kaló & Rácz, 2008; Kaló, Vida, Gogibedasvili, Van Hout, & Rácz, 2013). József Rácz has numerous important work on the qualitative examination of drug use (Rácz, 2006), injecting drug use (Rácz, Csák, Farago, & Vadasz, 2012; Rácz, Csák, & Lisznyai, 2015) and on recovery approach and peer helpers (Rácz & Lacko, 2008).

1.5 The aim of the dissertation

During Ph.D. research, I have examined recovery stories, and due to the way how IPA approach the data, it seemed to be the most suitable method for my research inquiry. Since recovery is a complex and dynamic process and a recovery story could have a significant meaning to the person who is in recovery, this is an excellent subject for an IPA study. As such, many previous IPA studies examined the experience of recovery (Hill & Leeming, 2014; Larkin & Griffiths, 2002; Newton, Larkin, Melhuish, & Wykes, 2007; Shinebourne & Smith, 2011a).

The concept of recovery has emerged as a significant paradigm in mental health field when alcoholism and other addictions have been reconceptualized as diseases (rather than a failing of character), "recovery" has been applied to a process of learning to live a full life without alcohol or drugs. The meaning of the word "recovery" gained various nuances: restoration of normal health and functioning, the challenge of not allowing a long-term condition to consume or dominate one's life (Jacobson & Curtis, 2000). Many additional concepts are associated with recovery, such as recovery is an "ongoing journey" (continuous process), that is led by identity change, agency, finding meaning in life (meaningful roles), rebuilding social networks, hope and focusing on the future (Terry & Cardwell, 2015). Application of recovery concepts to psychiatric disorders is recent and originate from ex-patient movement and self-help advocacy (Jacobson & Curtis, 2000).

In the first study experiences of recovering helpers were examined. Participants of the study were drug addicts and had problems with several types of behavioural addiction. Drug dependence is an adaptive state that develops from repeated drug consumption and results withdrawal upon quitting. Drug addiction is a compulsive behaviour, out-of-control drug use, despite negative consequences. Depending on the potential of the drug dependence could develop in both physical and psychological way (Malenka, Nestler, & Hyman, 2009). Problem gambling is an urge to gamble continuously despite harmful and negative consequences. The DSM-5 has re-classified the condition as an addictive disorder with individuals exhibiting many similar symptoms to those who have substance addiction (*Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*, 2013).

Since recovery from substance use disorder and gambling is a lifelong process, recovery from addiction requires constant work (Laudet, 2007; Madácsy, 2013) that is based on the adaptation of a new identity (Baker, 2000; Hänninen & Koski-Jännes, 1999; Hecksher, 2004; Koski-Jännes, 1998, 2002; James McIntosh, 2014; J. McIntosh & McKeganey, 2000, 2001). During the process of recovery, drug users have turning points – especially when users hit bottom after a downhill spiral – which helps them reconstruct the meaning and structure of their lives, rethink their lives and thereby change their futures (Koski-Jännes, 1998, 2002). New experiences and relationships are essential when starting a new life. Identity in this regard has two aspects: social and private.

Recovering helpers already existed in the 19th century in hospitals or other drug rehabilitation centers in the US. Currently, about 37–75 % of helpers in the USA are recovering users (Knudsen, Ducharme, & Roman, 2006; McNulty, Oser, Aaron Johnson, Knudsen, & Roman, 2007). In Hungary many drug rehabilitation centers, drug ambulances apply recovering helpers (e.g., Blue Point Foundation, Nyírő Gyula National Institute of Psychiatry and Addictions). Often they work within the frameworks of the Minnesota method (also known as the 12-step program) (White, 2000a, 2000b). Motivation is a very significant factor in helpers' lives: their life is a role, which helps other drug users to recover. Many previous studies have examined the experience of recovery, but experiences of recovering helpers, especially the aspects of identity are unexplored yet.

Consequently, the first empirical study included in my dissertation (Study 1)[1] had two main goals:

(1) to assess the process of how addicts become recovering helpers
(2) to examine what is the connection between recovery and helping by utilizing IPA

In recent years new psychoactive substances (NPS) have been increasingly used by people who use drugs in recent years, which poses a new challenge for treatment services (Corazza et al., 2013). NPS are sold as replacements for illicit drugs, but they often contain unknown compounds. In Hungary, NPSs appeared in 2010 and rapidly dominated the illicit drug market (Rácz, Csák, et al., 2016). The number of seizures of

[1] (József Rácz et al., 2015)

synthetic cannabinoids (SCs) - also known as “herbal”, “bio-weed”, or “sage” - was nearly double the number of seizures of herbal cannabis in 2014. The range of substances found in the products follows the changes in legislation: between one and two dominant active substances could be found on the market in each period. The dynamics of these processes changed in 2015, as the scope of the substances that could be traded without any criminal consequences was narrowed drastically by the expansion of the generic regulation. By the end of the year, the place of ADB-FUBINACA, which was legal until then and dominant in seizures, was overtaken by AMB-FUBINACA and 5F-AMB, regardless that these substances had already been controlled since October 2014 (in Hungary substances are banned compound-by-compound (Hungarian National Focal, 2015)). Users obtain drugs from acquaintances and friends or the internet (Hungarian National Focal, 2015). Following the emergence of new psychoactive substances (NPS) in the Hungarian drug market, these substances, which mainly belong to groups of synthetic cannabinoids, synthetic cathinones or amphetamine derivatives, have become as popular as established illicit drugs, in particular among young adults (EMCDDA, 2018; Paksi, 2017). According to the European School Survey Project on Alcohol and Other Drugs (ESPAD) the second most popular drug was synthetic cannabinoid among school age youth (Elekes, 2016). Phenomenon of novel psychoactive substance use is considered to be very serious by the professionals working in addiction field, but statistics show different facts. According to B. M. Erdős et al. (2018) further research (applying ethnographic methods) is required to discover the phenomenon.

While there is an increasing body of research on the motivation and the effects associated with SC use (Arfken, Owens, Madeja, & DeAngelis, 2014; Barratt, Cakic, & Lenton, 2013; Bonar, Ashrafioun, & Ilgen, 2014; Castellanos, Singh, Thornton, Avila, & Moreno, 2011; Meshack et al., 2013), and many papers published clinical case reports on withdrawal symptoms (Nacca et al., 2013; Van Der Veer & Friday, 2011; Zimmermann et al., 2009), psychosis (Every-Palmer, 2011) and psychotic symptoms (Müller et al., 2010) following SC consumption, there is a considerable lack of qualitative research that examines users’ subjective experiences. At the time of the examination, there was only one available study that employed a qualitative method, Bilgrei (2016) analyzed discussions on experiences of SC use in posts of an online drug forum and interviews with forum participants, but little was known about the subjective

interpretation of SC use by the people themselves who used SCs. Therefore, the second empirical study included in my dissertation (Study 2)[2] had one primary goal:

(3) to examine personal interpretations of experiences derived from the use of synthetic cannabinoids

Identity work, more specifically the perception and transformation of the "addicted self" are important processes during recovery from psychoactive substance addiction (Larkin & Griffiths, 2002). A key to the transformation of the self is the realization of the addict that the so-called „damaged self" has to be restored by reawakening the old identity or establishing a new one (Biernacki, 1986). The addict transforms his or her „spoiled identity" (as described by Goffman (1963)), with the aim of constructing the „non-addict identity", and the identity of recovery (J. McIntosh & McKeganey, 2001).

According to J. McIntosh and McKeganey (2000), the alteration of experiences and the alteration of identity are parallel processes. Experiences of users of psychoactive substances are mostly positive at the beginning of the drug user career, and positive experiences often relate to a positive identity/self-image. In later stages of the drug user career, the drug loses much of its previous „power" and „mystique", so the user needs to re-evaluate his or her user identity. By keeping a distance from the addict identity, the construction of the „non-addict self" is a central point of recovery. The role of identity work is essential both in addiction and recovery. The examination of identity work is only possible trough subjective accounts, which provide an insider perspective to investigate how the person perceives the identity. One such method is an interpretative phenomenological analysis (IPA) (Smith et al., 2009).

Due to the particular effects of SCs, such as the predominance of negative experiences and their strong mental influence, the identity work of SC users may be challenging. However, little is known about the identity work of SC users, and how and whether it could fit into the recovery process experienced by psychoactive drug addicts. Since the aspects of the work on identity could be fundamental in the treatment of SC users (12-steps groups and Minnesota models are building on identity change in the recovery process) the aims of the third study (Study 3)[3] included in dissertations were:

(4) to examine how the users perceived their selves during the use of SCs

[2] (Kassai, Pintér, Rácz, Böröndi, et al., 2017)
[3] (Kassai, Pintér, Rácz, Erdősi, et al., 2017)

(5) to assess how identity formation is affected by the use of SCs

The recovery approach is not only known in addiction filed, it is also used in recovery from mental illness (Bradshaw, Armour, & Roseborough, 2007), in desistance from crime (Farrall & Calverley, 2006), in recovery from divorce (Quinney & Fouts, 2004) and in recovery from suicide attempt (Sun & Long, 2013). The elements of recovery approach such as building a strong and positive identity, agency, finding meaningful roles, social integration, hope and focusing on the future (Terry & Cardwell, 2015) could help overcome multiple problems and moving towards something more, a positive and meaningful life without medical and psychiatric treatment, that often stigmatize patients. Recovery from mental health is not primarily about recovery from the symptoms. Due to it emerged from de-institutionalization it means recovery from long-term patient care, discrimination, and the effect of being a mental health patient. By undermining choice, personhood, hope and self-control services and systems could be the most significant barriers to recovery (Terry & Cardwell, 2015). Therefore applying the recovery approach in the mental health field originates from and supported by self-help advocacy (Jacobson & Curtis, 2000).

Psychosis is an abnormal condition that affect the mind, where could be some loss of contact with reality. When someone experiences psychosis, the person's thoughts and perceptions are disturbed, and the individual may have difficulty understanding what is real and what is not. Symptoms of psychosis could be delusions (false beliefs), and hallucinations (seeing or hearing things that others do not see or hear). Other symptoms could be incoherent or nonsense speech, and behaviour that is inappropriate for the situation. A person in a psychotic episode could also experiences depression, anxiety, sleep problems, social withdrawal, lack of motivation and difficulty functioning overall (David, 2018; National Institute of Mental Health).

In the interest of examining recovery stories of patients with psychosis, we have chosen a type of disorder that is unexplored in the Hungarian context. Voice hearing or auditory verbal hallucinations are transdiagnostic symptoms that could appear in psychotic disorders that exist along a continuum within psychiatric and non-psychiatric populations. Voice hearing is predominantly a sensory experience that occurs in the absence of external stimuli and is typically attributed to an external source. The experience of hearing voices is described as frightening that could lead to distress,

social isolation, and functional disability. 25-50% of patients have persistent voice hearing despite pharmacological treatment (Rosen, Jones, Chase, & Grossman, 2015).

Auditory verbal hallucinations have historically played an essential role in diagnosing psychiatric disorders. In the last few decades, however, there has been an increase in research on the phenomenology of hearing voices in multiple contexts (Woods, 2013). This change in perspective is due to three factors: (1) epidemiological data suggest several occurrences in the general population (Johns et al., 2014; Linscott & Os, 2010; Nuevo et al., 2012) and hearing voices can be a symptom of other psychiatric diagnoses (Johns et al., 2014; Larøi et al., 2012; McCarthy-Jones et al., 2014); (2) the new models of cognitive and social relationships (Chadwick, 2003, 2006; Falloon et al., 2006) and hearing voices have led to therapeutic changes and (3) the recovery model, the recovery movement of voice hearing persons and user-centered experiences (Holt & Tickle, 2014; Jackson, Hayward, & Cooke, 2011) play a crucial role in integrating personal experiences and understanding into therapy.

Patsy Hague and Eleanor Longden (whose story was not made public until the 2000s), the first self-identified voice hearers, considered the experience to be meaningful rather than the symptoms (M. A. Romme & Escher, 2000; M. A. Romme, Honig, Noorthoorn, & Escher, 1992). Their identities were built around voice hearing, and they distinguished themselves from the more common psychiatric portrayal of schizophrenic patients. They defined themselves as *experts by experience* (as opposed to experts by profession), and created a symmetric peer-to-peer relationship with other hearers, which led to the development of the Hearing Voices Movement (HVM) (Corstens, Longden, McCarthy-Jones, Waddingham, & Thomas, 2014; Woods, 2013). The role of Marius Romme, the first hearing voices therapist, is also essential as he was able to help legitimize voice hearing as a non-psychiatric symptom (M. A. Romme & Escher, 2000).

Qualitative findings have demonstrated interconnection between the relational theory, the HVM and the experience of recovery (Chin, Hayward, & Drinnan, 2009; Holt & Tickle, 2014; Jackson et al., 2011). The results of relationship therapy (Hayward, Berry, McCarthy-Jones, Strauss, & Thomas, 2013) and recovery experiences (de Jager et al., 2015; Holt & Tickle, 2014) could all be explained with the help of the relational theory. Chin and colleagues' (2009) IPA study explained the relationship between the 'I' and the voices using elements of Birtchnell's relating theory (Birtchnell, 1993, 1994): the personalisation of voices, the opposition or united relationship between the 'I' and the

voices, the proximity between the 'I' and the voices. A grounded theory study (Jackson et al., 2011) revealed three explanatory factors of the positive relationship between the person and the voices: reduction of fear, recognition of positive feelings and the establishment of control. These factors were grounded in different processes: personalization of voices, personal connection to the voices, strong self-sense (the sense of independence), connection to the community and a personal and meaningful narrative about voice hearing in the life story. Consequently, these experiences led to the recovery-centered approaches and the functional concepts of self-help groups.

In Hungary, the Semmelweis University Community Psychiatry Centre Awakenings Foundation operates a self-help group for voice hearers. This voice hearing group is self-organized based on the Mérey (2013) self-help books for voice hearers. Since there was no previous Hungarian research that examined voice hearing, and IPA is a suitable research method for research topics that are meaningful experiences, and many previous IPA studies examined the experience of voice hearing (Chin et al., 2009; Holt & Tickle, 2015; Rosen et al., 2015) the aims of the fourth study (Study 4)[4] included on my dissertation were:

(6) to explore the lived experiences of voice hearing
(7) to examine how participants make sense of their voice hearing experience
(8) to examine what does recovery mean in this context
(9) to explore the role of self-help group by utilizing IPA

[4] (Rácz, Kaló, Kassai, Kiss, & Pintér, 2017)

2. THE THERAPEUTIC JOURNEYS OF RECOVERING HELPERS – AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS (STUDY 1)

2.1. Introduction

Recovering helpers already existed in the 19th century in hospitals or in other rehabilitation centers in the US. Currently, about 37–75 % of helpers in the USA are recovering users (Knudsen et al., 2006; McNulty et al., 2007). Often they work within the frameworks of the Minnesota method (also known as the 12-step program) (White, 2000a, 2000b). Motivation is a very significant factor in helpers' lives: their life is a role, which helps other drug users to recover.

Adopting a new identity is a very important aspect in the recovery process (Baker, 2000; Hänninen & Koski-Jännes, 1999; Hecksher, 2004; Koski-Jännes, 1998, 2002; James McIntosh, 2014; J. McIntosh & McKeganey, 2000, 2001). In this stage, drug users have turning points – especially when users hit bottom after a downhill spiral – which help them reconstruct the meaning and structure of their lives, rethink their lives and thereby change their futures (Koski-Jännes, 1998, 2002). New experiences and relationships are essential when starting a new life. Identity in this regard has two aspects: social and private.

Interpretative phenomenological analysis (IPA) is a method that helps to describe and understand people's identity, whereby the researcher interprets how participants interpret their own lives (Smith et al., 2009; Smith & Osborn, 2007). An advantage of IPA is the ability to connect between different conceptions, to share with each other emotions, spiritual thinking, and moral awareness. The goal of this analysis was to assess the process of how addicts become recovering helpers by utilizing IPA.

2.2. Methods

The study was conducted in two drug rehabilitation centers involving five male and one female professional recovering helpers who have been in recovery for at least 5 years,

four of them working as helpers for at least 10 years and two for 1 year. Each helper participated in a semi-structured interview that lasted for about an hour. Questions assessed experiences as users, during the recovery process and while working as helpers. Common themes and topics were extracted from each interview. Topics were first ordered to each theme and then chronologically organized to reflect temporality or logic within the themes. Study results were given back to the participants for verification, who agreed with the contents. The Institutional Review Board at Eötvös Loránd University approved all study protocols.

2.3.Results

Four turning points were identified during the interviews: 1. starting using drugs or gambling, becoming an addict, 3. hitting bottom, and 4. becoming a helper. In addition, four themes related to being a helper were identified: 1. the recovering self and the helping self, 2. the wounded helper, 3. the skilled helper and 4. the experience of helping.

2.3.1. Starting Using Drugs or Gambling

Psychoactive drug use or gaming appeared in the interviews as a process, which is "exciting" and "special", but which later renders the user powerless. Several participants reported that this period was a natural part of their lives, and they often mentioned that they wanted to be seen as different, so they turned to using the drugs to achieve this.

This sentence refers to what psychoactive drug use or gambling showed from their personality to the outside, towards other people. This is in strong contrast with their inner hidden feelings, which they expressed as "depressed", "indecisive" and "fearful".

"I was a scared little mouse, but for the outside I had to show that I was tough."

2.3.2. Becoming an Addict

Using psychoactive drugs or gaming lead to addiction. Identifying the presence of this addiction was important in becoming an empirical expert.

"I was about 16 or 17 when I started smoking pot, first hashish. We had a basement club where we all met. Later came party drugs, then heroin was the big thing, which came to me real fast, really, I felt that this was what I was always looking for, yes, that was my drug."

2.3.3. Hitting Bottom

This turning point appears as a concrete and traumatic event, which is more tangible than the previous turning points. Hitting bottom is linked to a well-defined period or event, and it leads to the beginning of the recovering self.

"I had cardiac arrest… I, or my brain, or my soul, or I don't know what became clear… somehow I felt all feelings for one second".

"I had one or two… my daughter was born, she was born with withdrawal symptoms… I thought that was really not ok".

2.3.4. Becoming a Helper

Several interviewees said that recovery was a continuous, lifelong work and a learning process, something that helpers do to themselves along with the clients. Work and learning, therefore, are not separate at all. Four themes related to being a helper were

identified: 1. the recovering self and the helping self, 2. the wounded helper, 3. the skilled helper and 4. the experience of helping.

2.3.4.1.The Recovering Self and the Helping Self

The recovering self was described as a very important period in participants' lives. In this period, they reassess the past and absorb the events around and reasons for drug use. This period often coincides with time spent at a rehabilitation institute. The appearance of the helping self does not lead to the disappearance of the recovering self. On the contrary, the presence of the recovering self is the prerequisite of the appearance of the helping self. The recovering self and the helping self are present together: they complement each other. Which comes to the foreground depends on the situation. The helper goes along the road of recovery with the client, but he/she sees further than the client.

"I felt it there (in rehab) that this feels good, it feels good to talk to other people about their little problems, and if I give them a little from my experience, it may help them."

2.3.4.2.The Wounded Helper

According to most participants, addiction is a prerequisite to becoming an empirical expert. Helpers with previous addiction experience and their clients are members of the same community, and this previous addiction is important for the clients too. Experiences in the course of a prior addiction career can be useful in the helping relationship. In turn, helping relationships have a therapeutic effect on the helpers.

"I work for someone, and at the same time I work on myself with someone."

2.3.4.3.The Skilled Helper

Skills that characterize helping and helpers belong to this topic: the ability to ask, reflect, listen, pay attention, be present or be a safe point. Helpers' work on their own self-awareness contributes to an improvement in their qualification as helpers. Several participants, however, also considered it important to attain formal qualification, because they felt their experiences were not enough for helping.

"I felt that my own experiences were not enough for a conversation like that, so I was unable to be there 100 % in the helping process because I missed that background. So I decided to enroll (into a study program)".

2.3.4.4.The Experience of Helping

Participants explained that helping has two parts: the helper and the client. Being a helper means strengths and assets because clients listen to helpers; it also means acceptance, challenge and giving belief and hope. The other meaning is all about the client: how can the helper be present for the client? The helping experience was often referred to as a situation between two people, where the helper exerts an effect on the client primarily with his/her presence, from the "outside". The helper does not rule or save: the client is capable of changing. Giving was described as an important part of helping, sometimes in meaning of giving back: giving back something that they got from the community during their recovery. "Charging up", however, was important to be able to give.

"It is definitely not the role of some kind of a savior, it is definitely not about taking the responsibility over."

"I am just a safe point for them, a mirror. Not always a clean mirror, sometimes a dirty mirror, and I wait for them to go to the water. I am not leading them to the water, but I am there for them, touching their shoulders on the way."

2.4. Discussion

In this study, we assessed the process of how addicts become recovering helpers by utilizing IPA. Four turning points were identified during the interviews: starting using drugs or gambling, becoming an addict, hitting bottom, and becoming a helper. In addition, four themes related to being a helper were identified: the recovering self and the helping self, the wounded helper, the skilled helper and the experience of helping.

Recovery is a lifelong process, which requires constant work (Laudet, 2007; Madácsy, 2013). Shinebourne and Smith (2011b) described this activity as "self-care", which Foucault characterized with the term "technologies of the self". This so-called practicing takes a lifetime: testing, observing, and monitoring ourselves in terms of who we are, what we do, and what we can do (Foucault, 2001). The constant recall of the past as an addict serves the needs of the present; therefore, it is not actually recall, but it is a constant reconstruction (Shinebourne & Smith, 2011a, 2011b). The institutional background serves an important role here, where helpers constantly meet users, so they are always exposed to factors triggering drug use (Curtis & Eby, 2010; Doukas & Cullen, 2010).

Turning points that delineate a descending, hitting bottom and then ascending pattern are well known from international AA literature (Aaltonen & Mäkelä, 1994; Cain, 1991; Hanninen & Koski-Jannes, 1999; Jensen, 2000; Steffen, 1997). While the work is done on the drug user or gambler, the addict, and then the recovering self is in the centre, our participants also reported on other changes as well, which accompany these stages: changes in a lifestyle, values, and social connections. In their studies utilizing IPA, Dima and Bucuţă (2012) emphasize the role of the "therapeutic journey" in the professional development of psychotherapists. However, when someone wants to become a psychotherapist, they deliberately and consciously start this journey, while recovering helpers recover not with the aim of becoming helpers. However, understanding and experiencing the meaning and essence of helping is important for both professional and recovering helpers (Dima & Bucuţă, 2012; Oteiza, 2010; Rizq & Target, 2008). However, one of the main differences between becoming a professional

and a recovering helper is the relationship to intrapsychological contents (Dima & Bucuță, 2012; Oteiza, 2010).

There seems to be a contradiction between the active work that recovering helpers do on themselves and the passive role that they play as helpers. In this sense, the one being helped goes on his or her own path towards recovery, while the helper helps only by being there. However, an important prerequisite of being there is self-awareness: the constant work that helpers do on themselves. At the same time, when recovering helpers talk about their drug use or their addiction, they often mention an "outsider" (not real) and an "insider" (real) self – deep in their hearts they are different, as J. McIntosh and McKeganey (2000) put it.

Groesbeck (1975) and Barr (2006) highlighted the importance of helpers' prior "wounds", which motivate their choices of profession and professional careers. In our study, participants' past "wounds" (their wounded identities) also have an effect of the present: although the professional helpers have recovered from their wounds, but they do not want to get rid of their woundedness or scars (metaphorically speaking). On the other hand, they want to make them visible and use them during their work as helpers. According to Conti-O'Hare (2002), people with living wounds become healers ("wounded healers") by "walking wounded" on a certain path. Therefore, processing and transforming woundedness and pain is necessary for the helper to achieve the transcendence that enables him or her to heal others.

One popular metaphor in connection with addiction treatment, especially in 12-step communities – is that recovering from an addiction is a journey (Marlatt & Fromme, 1987; Weegmann & Piwowoz-Hjort, 2009). This also appears in our study as well: the helper is a companion for the client's journey, the mentor of a traveler, who touches the traveler's shoulder but does not designate the destination. The "recovery is a journey" and the "wounded helper" metaphors suppose a more complete destination, where the helper is capable of healing others.

One limitation of the study is the small sample size and that the sample was a convenience sample. Since our findings are consistent with the literature, there may only be limited sampling bias in our study. Another limitation is that because IPA is used mainly with specific subjects using specific questions, results may not be valid for

other groups or other questions, or to assess cause-effect relationships. In addition, this study is not capable of deducting conclusions about the effectiveness or efficiency about the work of recovering helpers – but this was not the goal of the study to begin with.

2.5.Conclusion

Recovering helpers play an increasing role in addiction treatment. They work can be best described as mentoring. Therefore, understanding the dynamics and background of their helping work may contribute to their training, to finding the most appropriate place for them in addiction treatment, and in drug and alcohol policy. This study contributes to their better understanding.

3. ASSESSING THE EXPERIENCE OF USING SYNTHETIC CANNABINOIDS BY MEANS OF INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS (STUDY 2)

3.1.Background

New psychoactive substances (NPS) have been increasingly used by people who use drugs in recent years, which poses a new challenge for treatment services and researchers (Corazza et al., 2013). NPS are sold as replacements to illicit drugs, but they often contain unknown compounds. They are produced in small laboratories or on a commercial scale in clandestine factories by organized crime groups (EMCDDA, 2015). One of the largest groups of NPS is synthetic cannabinoids (SCs), which are intended as a replacement to cannabis (Bretteville-Jensen, Tuv, Bilgrei, Fjeld, & Bachs, 2013). SCs appeared on the drug market in the mid-2000s and were sold as herbal smoking mixtures; since then, hundreds of different compounds have appeared (EMCDDA, 2015).

In Hungary, NPSs appeared in 2010 and rapidly dominated the illicit drug market (Rácz, Csák, et al., 2016). The number of seizures of SC - also known as "herbal", "bio-weed", or "sage" - was nearly double the number of seizures of herbal cannabis in 2014. The range of substances found in the products follows the changes in legislation: between one and two dominant active substances could be found on the market in each individual period. After the individual substances had become regulated, their presence on the drug market dropped considerably and their places were taken over by new substances (that were not yet regulated) within 1-3months in the period of 2011–2014 (Hungarian National Focal, 2015). The dynamics of these processes changed in 2015, as the scope of the substances that could be traded without any criminal consequences was narrowed drastically by the expansion of the generic regulation. By the end of the year, the place of ADB-FUBINACA, which was legal until then and dominant in seizures, was overtaken by AMB-FUBINACA and 5F-AMB, regardless that these substances had already been controlled since October 2014 (in Hungary substances are banned

compound-by-compound (Hungarian National Focal, 2015)). Users obtain drugs from acquaintances and friends or from the internet (Hungarian National Focal, 2015).

Motivations to use SCs include their easy availability, legal status, low price, and inability to be detected by standard drug tests (Arfken et al., 2014; Castellanos et al., 2011; Meshack et al., 2013). Other motivations to use include the wish to experience pleasant feelings, recreational effects, and relaxation (Barratt et al., 2013; Bonar et al., 2014). The lack of safety information may lead to the incorrect assumption that SCs are safe (Fattore & Fratta, 2011; Vandrey, Dunn, Fry, & Girling, 2012). Compared to cannabis use, the consumption of SCs may be associated with more adverse and unpredictable physical and psychological effects (Bonar et al., 2014; Castaneto et al., 2014; Fantegrossi, Moran, Radominska-Pandya, & Prather, 2014; Fattore, 2016), although people who use SCs reported subjective experiences that are similar to the use of cannabis, and they also described unique effects that are very different from other kind of drugs (Vandrey et al., 2012). In addition, in the study of A. R. Winstock and Barratt (2013) the effects of SCs last for a shorter time and they are more intense compared to cannabis, and many undesired effects have also been described by participants.

In a study by Vandrey et al. (2012), 87% of people who use SCs reported having positive effects (e.g., they felt a pleasant high, stimulated, and energetic), but 40% reported negative or unwanted effects (e.g., dry mouth, heart racing, and paranoia). A subset of respondents felt unable to cut down or stop SC use (38%), experienced tolerance (36%), used for longer periods than originally intended (22%), and had interference with other activities (18%). Barratt et al. (2013) found that 68% of the people who used SC reported at least one side effect, such as decreased motor coordination, fast and irregular heart-beat, dissociation, dizziness, and psychosis.

Winstock, Lynskey, Borschmann, and Waldron (2015) conducted a research study among people who used SC who sought emergency medical treatment following their SC use. They found the relative risk of severe side effects associated with use of SCs to be 30 times higher compared to that of cannabis (SC is a full agonist and THC is a partial agonist of the CB1 receptor (Huffman & Padgett, 2005; Loeffler, Hurst, Penn, & K, 2012)). Respondents reported more adverse symptoms after the consumption of SCs

versus cannabis, including panic, paranoia, anxiety, and aggression, and they used emergency services more often as well.

There is a growing body of literature on clinical case reports about severe consequences of SC use. The consumption of the drug leads to emergency room visits, though clinical treatment often remained short and symptomatic (Castaneto et al., 2014; Fattore, 2016). Castaneto et al. (2014) conducted a literature review on acute SC intoxication and found that patients reported that intoxication occurred within 2–5 h and lasted for about 24 h. Treatment to relieve symptoms included benzodiazepines and intravenous saline solution. In a systematic review, Tait, Caldicott, Mountain, Hill, and Lenton (2016) summarized the adverse events arising from SC use. They found that major complications included cardiovascular events, acute kidney injury, generalized tonic-clonic seizures, psychiatric presentations, and hyperemesis, and typically involved young males with tachycardia, agitation, and nausea requiring only symptomatic care with a length of stay of less than 8 h. High intoxication level was reported by cannabis users who reported floating feelings, being drowsy, a sensation of time alteration, less sociability, more talkativeness, worsening memory, inability to think clearly, paranoia, increased sexual pleasure, sleep difficulties, hallucina-tions, and decreased sexual drive (Green, Kavanagh, & Young, 2003).

According to clinical case reports, the withdrawal symptoms of SCs are similar to cannabis but more severe (Nacca et al., 2013; Van Der Veer & Friday, 2011; Zimmermann et al., 2009). Withdrawal symptoms including agitation, irritability, anxiety, and mood swings were reported by people who used SCs (Macfarlane & Christie, 2015). In a study by Van Hout and Hearne (2016) that examined the experience of SC withdrawal, participants described intense cravings, compul-sive all-consuming seeking, use and redose behaviors, and a fear of the psychiatric and self-harms caused during withdrawal. Cannabis dependence syndrome could occur with heavy chronic use in individuals who report problems in controlling their use and who continue to use the drug despite experiencing adverse personal consequences (Hall & Solowij, 1998). Wiesbeck et al. (1996) conducted a study in a large population to evaluate marijuana withdrawal symptoms. Almost 16% of the most frequent marijuana users (who had used the drug daily for an average of almost 70 months) experienced

withdrawal syndrome. These symptoms included nervous tense, restlessness, sleep disturbance, and appetite change.

Every-Palmer (2011) examined psychosis among people who used SC and found that anxiety and psychosis symptoms were reported after SC use and lasted between 2 days and several weeks. Müller et al. (2010) reported a case where a patient's psychotic symptoms that had developed as a result of prior cannabis consumption not only worsened after subsequent SC use but the patient also started experiencing auditory and paranoid hallucinations that he never had before. Bassir, Medrano, Perkel, Galynker, and Hurd (2016) compared clinical presentations of SC users with cannabis users in a psychiatric inpatient setting and found patients who had smoked SC where most likely to experience psychosis, agitation, and aggression than those who only smoked natural cannabis.

Bilgrei (2016) analyzed discussions on experiences of SC use in posts of an online drug forum and in interviews with forum participants. The study illustrates the process of alteration of experiences from positive to negative during the consumption of SCs. While there is an increasing body of research on the motivation and the effects associated with SC use (Arfken et al., 2014; Barratt et al., 2013; Bonar et al., 2014; Castellanos et al., 2011; Meshack et al., 2013) and Bilgrei (2016) examined experiences based on the forum participants' accounts, little is known about the subjective interpretation of SC use by the people themselves who used SCs. The aim of this study was to examine personal interpretations of experiences derived from the use of SCs. Meshack et al. (2013) suggests that qualitative research offers an excellent opportunity to uncover subjective aspects of personal motives and social norms in connection with drug consumption. Therefore, the aim of our study was to assess the experiences of SC use and analyze subjective interpretation of experiences of people who had problematic SC use, by means of interpretative phenomenological analysis (IPA), a qualitative research tool that works with a person-centered approach (Smith et al., 2009).

3.2.Methods

3.2.1. Participants

The current study was conducted in two Hungarian drug rehabilitation centers that work with a recovery approach and require abstinence. The participants attended the treatment voluntarily. Based on the methodology of IPA, a purposive sample was recruited (Smith et al., 2009) among the treatment participants. According to the methodology of IPA, the idiographic inquiry (Smith et al., 2009) requires a homogenous and small sample. According to Smith et al. (2009), the recommended sample size for an IPA study is three to six interviewees. Therefore, the current study involved six male patients (aged 20– 27 years) who were self-identified SC users. No female users were available. Before the analysis, they had been using SCs for at least 2–6 years, and at the time of the study they had been abstinent for at least 1 month. It was assumed that SCs were the dominant components of the substance that they smoked. The study focused on a particular subgroup of the SC user population: people who had problematic SC use and entered treatment. Due to their abstinence, the effects of the drug did not influence participants' responses, and they could describe their experiences also from an outsider's perspective. Additionally, by using IPA, the researcher could examine processes: how experiences could change over time (Smith et al., 2009) and over the addiction process, as many previous IPA studies explored experiences of people who used drugs in recovery (Hill & Leeming, 2014; Larkin & Griffiths, 2002; Shinebourne & Smith, 2009).

The participation in this study was voluntary, and we use pseudonyms for the participants to protect their identity. Information about their sociodemographic characteristics are presented in Table 1. The Institutional Review Board at Eötvös Loránd University approved all study protocols.

Name	Age	Sex	Marital status	Highest educational attainment	Duration of SC usage (year)	Time spent in treatment
Ricsi	27	Male	Single	High school	2	1 year
Attila	20	Male	Single	Elementary school	3.5	1 month
Zsolt	23	Male	Single	High school	6	2 months
Levente	22	Male	Single	Elementary school	6	1 month
Jerob	20	Male	Single	Elementary school	2.5	3 months
Szilveszter	21	Male	Single	Elementary school	2	6 months

1. Table Participants' sociodemographic characteristics. (Participants' names have been changed to protect their identities)

3.2.2. Data collection

For this study we conducted semi-structured interviews by using open-ended questions. The interviews lasted 45–60 min. In IPA studies, participants are perceived as experts on the subject, and therefore the interview schedule should allow ample opportunity for them to tell their stories, and should be flexible enough to go into novel areas and produce richer data (Smith & Osborn, 2007). The interview schedule contained the following questions (which were modified in the light of participants' responses; (Smith & Osborn, 2007)) "Tell me about your experiences of SC use", "How did you see yourself, when you used the drug?" How did others see you, when you used the drug?" "How are the experiences of SC use are different from using other drugs?"

3.2.3. Data analysis

The interviews were transcribed verbatim, and we analyzed data using IPA. During the analysis, we applied the aspects of IPA: the accounts of six participants were detailed enough to track the participants' sense-making of their experiences. IPA works with "double hermeneutics", where the participants try to interpret their experiences, and the researcher tries to interpret the participants' interpretation of their experiences.

During the analysis, initial notes or comments were added upon close and multiple readings of the interview transcripts. Through making initial notes and comments, the researcher captured the meaning of the experience in each participant's accounts. During this deep and intense analytical work (double hermeneutic), which is often explained by the "hermeneutic cycle" (the researcher steps into the participants' meaning making process and analyzes it from an interpreter's perspective (see (Smith et al., 2009)), "emergent themes" are formed. In the second stage, patterns and themes across the "emergent themes" are identified and clustered into more abstract "master themes" (Smith et al., 2009; Smith & Osborn, 2007). SK, JNP, and JR determined the themes and the emerging themes and reached consensus. Themes grouping to emergent themes were revised by the second group of authors (BB, TTK, KK, VAG). A consensus was then reached regarding the emergent themes. According to Rodham et al. (2015), the reliability could be ensured during the IPA analysis by the shared analysis of researchers. The analysis focused on participants' interpretations of their experiences derived from the use of SCs. The emergent and master themes are presented in Table 2.

3.3.Results

Master themes	Emergent themes
1. SCs are unpredictable	Unpredictable effects Rapid alteration of experiences from positive to negative
2. SCs take over people's lives	Interpersonal context: SCs both take away old friends and give new ones Interpersonal context: becoming asocial Interpersonal context: the drug becomes a friend Intrapersonal context: the drug hijacks the personality

2. Table Emergent and master themes

Participants in this study interpreted their personal experiences of using SCs. Due to the novel effects of the drug, they perceived SCs to be unpredictable (first master theme) and that the drug took over their lives (second master theme).

3.3.1. Unpredictable effects

Participants started using SCs by recommendations of others in their user group or this was the first drug they have tried. They reported that the effects of the drug were very different from those of other drugs; therefore, they perceived the effects of SCs to be

unpredictable and that big differences in the effect could be observed at each drug consumption episode.

„Everybody has different experiences about it, when I smoke, I feel normal, I feel it a little bit inside, but I do not look different. And he (a friend) smoked once and passed out for at least two hours." (Ricsi)

According to their accounts, the impact of the drug on the user was also unpredictable. They did not experience this unpredictability about themselves in case of other drugs.

„When I used mef (mephedrone) I got the same feeling as I had when I was young. I was in a good mood, I could talk to anyone, I was good with everyone, and I was just talking and talking…the bio (bio-weed) is dangerous I cannot realize myself, I don't care about anything. This is illusory, it can change you, it can make you sick, anything can happen, you can go crazy, and you can do things that destroy your life." (Jerob)

SCs are described as being unpredictable due to the novel effects, which could be different in comparison to the previous SC experiences and experiences of using other drugs. Participants mentioned multiple unpredictable physical and psychological effects. Even after prolonged use, SCs could still evoke some unusual experiences, which are more intense and faster than in case of cannabis and other drugs.

„Cannabis is usually… two and a half hours… the bio-weed has a forty-five–minute effect at most. This is a big difference. But it would be impossible to tolerate two and a half hours of this kind of effect that the bio-weed has. This experience is brutal". (Szilveszter)

Some participants' perception of the drug was paranoid, and they used metaphors to express their uncertainty of unpredictable effects of the drug and their vulnerability

against it. They often characterized it as a danger or compared it with a virus or an epidemic.

„This is a kind of virus or epidemic, or I don't know what… it can infect everyone and can take anyone to the bottom." (Jerob)

3.3.1.1.Rapid alteration of experiences from positive to negative

SCs are described as being unpredictable, because at the beginning, they had some positive effects, of which participants mentioned relaxation and recreational aspects. But after a few consumptions, their experiences rapidly turned negative, and addiction appeared. Then the aim of consumption was no longer to reach the positive effects, but to avoid withdrawal symptoms. The participants continued the use of the drug in spite of negative experiences due to the rapid appearance of addiction and also because this drug was mostly available.

„At the beginning you can eat more, you are in a good mood… you can see positive things. But later it turns into its opposite, I couldn't eat, I was lazy, even if I had the drug." (Attila)

„I had positive experiences about this, but as time went by, I saw many disadvantages of it." (Zsolt)

„I felt I became addicted…I couldn't sleep, I smoked it in vain, because I woke up in every hour in the night to smoke until morning. When I woke up in the morning my first thoughts were about how can I get some more again." (Levente)

2.3.2. SCs take over people's lives

The participants reported fast alteration of their experiences from positive to negative and felt that they had lost control over their behavior as well as their physical and psychological conditions. Due to these unpredictable effects, they felt the drug hijacked their lives. The hijacking effect of the drug was perceived in both interpersonal and intrapersonal contexts.

2.3.2.1. Interpersonal context: SCs both take away old friend and give new ones

Interviewees described that through using the drug they got involved with a company (a user group) that gave them a sense of belonging, though relationships had a purpose; they meant a sure source to obtain the drug.

„I belonged to a group where I didn't want to belong, but I was there, because the drug was there". (Zsolt)

Later participants realized that these relationships were worthless, but at the same time they lost their other relationships (such as family and friends), and they perceived the drug took them away, due to the turning inward and isolative effects of SCs.

„Sometimes we didn't think about it, that we can hurt people, who really loved us. People who raised us and always were there for us." (Levente)

2.3.2.2.Interpersonal context: becoming asocial

Social and personal effects of the drug that partici-pants reported included turning inward and becoming asocial. As this happened against the participants' will, they perceived that the drug hijacked them. In these accounts a process emerged, where first the drug gave new friends, but later it gradually took it away, because it strengthened participants' egoism and disinterest in social connections. They retreated from their social world, hid in their room, and pre-ferred to use SCs alone.

„I started to use the drug with my friends, then I became completely asocial. So, I bought my bio-weed and I smoked it at home at night." (Zsolt)

„When I smoked the bio-weed, I plunged in my ear-phone and the whole world switched off, and there was only me. During those times I did not like talking to anyone." (Ricsi)

„When I smoked I was wallowing in self-pity, I felt sorry for myself, I was alone, I didn't care about anybody else, I hated everyone." (Jerob)

2.3.2.3.Interpersonal context: the drug becomes a friend or a partner

Participants perceived the drug as a friend or a partner, which - even though it made them turn inward - could help overcome loneliness.

"*I was so lonely,... bio' was my friend, because it was always there, when nobody else was, it always made it pos-sible to be there for me." (Jerob)*

In later stages of participants' drug use carrier, SCs become the most important thing and the only thing that they perceive. Participants withdraw from their social world and everyday life, and all their thoughts and activities focus on SC consumption.

„You become unconcerned about your things, for example your clothing, your hair, and etc. you don't care about these things, only to have the drug. When I woke up I smoked, if I had it. If I didn't have the drug, I roamed until I got some." (Attila)

On the other hand, SCs become an elementary need, a basic part of life, without which withdrawal symptoms appear: *"When I had no money or possibility to get some, it felt like I was going to die without it. It was to me like food or water for normal people." (Zsolt)*

2.3.2.4.Intrapersonal context: the drug hijacks the personality

Participants mentioned the strong impact of SCs on their mental states, more specifically a temporally change in consciousness and behavior that lead to losing control. This is why they felt they were hijacked by the drug.

„During that time (of consumption), I felt like my body was controlled by someone else, like it wasn't me, I couldn't control it." (Levente)

„At the end I sank into it, I couldn't remember what I did ten minutes before, if someone asked me about it, I couldn't answer it, so it influenced my life so badly". (Attila)

„The drug totally distorted my personality, it turned myself inside out… it made me blunt, and switched off my brain." (Zsolt)

By saying that the drug hijacked them, participants tried to describe their experience of addiction, which was perceived as compulsive drug use.

„You become blunt, like if you don't know about yourself, your body desires the drug so much, so you smoke. You know it is bad, but you want the drug and it wants you, it is not good, but you smoke it compulsively." (Attila)

It is impossible to distinguish the experiences of drug use and addiction in these accounts. Due to the rapid development of addiction that was reported by the participants, the experiences of drug use are the same as the experience of addiction; thus, participants mentioned predominantly negative experiences.

„I think this bio-weed causes addiction the fastest, because I have not experienced this kind of addiction before, not with any other drug." (Levente)

Participants often mentioned their first thoughts in the morning were all about the drug: *"When I opened my eyes, it was already prepared around me in the bed: the filter, the paper and fresh tobacco" (Ricsi).* And every thought they had was about the acquisition and consumption of the drug: *"In the end I was so addicted that I went to bed with it, I woke up with it every hour, and I was unconscious, and then I woke up to realizing that I was smoking it." (Attila)*

Description about both the addiction of the body and psyche emerged in the accounts, especially in presenta-tions of withdrawal symptoms. The addiction of the psy-che became apparent in anxiety attacks, craving, feeling of guilt, and excruciating desire for the drug, which the participants perceived as the drug hijacking their thoughts. The addiction of the body was defined by withdrawal symptoms including tremor, passing

out, and insomnia. In both cases, participants felt unable to control the symptoms and their addiction, so they perceived being vulnerable.

„I was sweating, I couldn't sleep, my nap was numbing, I had many physical effects… I desired the drug more and more, I became stressful, I became neurotic, and at the end I could not live without it." (Attila)

„I smoked at night and I fell asleep, two hours later my body woke me up to smoke again." (Zsolt)

2.4. Discussion

In this study we assessed the experiences of SC use. During the analysis we utilized IPA, a qualitative research method that is able to assess personal experiences and examine how the participants interpret a particular experience which is significant for them (Smith et al., 2009), as such experiences of drug use or addiction could be a significant experience (Larkin & Griffiths, 2002; Shinebourne & Smith, 2009). IPA examines processes of personal meanings (instead of consequences), and how experience could change over time (Smith, 2011; Smith et al., 2009). Participants perceived SCs to be unpredictable and felt paranoid about the drug: their initial positive experiences quickly turned negative. They also reported that SCs took over their lives both interpersonally and intrapersonally: the drug took their old friends away, and while initially it gave them new ones, in the end it not only made them asocial but the drug became their only friend. At last, it hijacked their personalities and made them addicted.

Unusual physical and psychological effects, psychotic and dependence symptoms, which were described by previous research (Vandrey et al., 2012; A. R. Winstock & Barratt, 2013; Zimmermann et al., 2009), were also reported by the participants in this study. The appearance of negative effects happens rapidly; thus, participants barely

recount positive experiences (Arfken et al., 2014; Bilgrei, 2016; Castellanos et al., 2011; Meshack et al., 2013; Vandrey et al., 2012; A. R. Winstock & Barratt, 2013). The rapid development of tolerance, the experiences of addiction (e.g., craving and thoughts about smoking being the first things in the morning), lost control, and fears around adverse effects that we found in this study were also reported by Van Hout and Hearne (2016).

According to participant accounts, the rapid development of negative experiences is the biggest difference between SCs and other drugs. In a qualitative study with people who used mephedrone (O'Neill, 2014), participants recalled mostly positive experiences (including euphoria, wellbeing, talkativeness).

Adverse side effects were also reported as necessary components of the overall mephedrone experience, which was perceived as largely positive. Lee, Battle, Soller, and Brandes (2011) found that people who used ecstasy reported positive and predictable negative effects. The experience patterns of gamma hydro-xybutyrate (GHB) reported by people who used the drug were also very similar (Barker, Harris, & Dyer, 2007). The effects of GHB use were perceived mostly positive (such as euphoria, relaxation, increased sexual desire), but participants reported that negative effects were necessary in order to reach the desired effects of GHB. These risks could be controlled with the presence of a user group (Barker et al., 2007).

According to the accounts of participants in our study, the use of SCs evoked unpredictable and severe effects such as psychosis, as it was also described by Every-Palmer (2011). As such, the consumption of SCs could cause not only temporal psychotic symptoms but also persistent ones (Müller et al., 2010). Due to the rapid alteration of experiences and psychotic symptoms, participants perceived the effects of SCs unpredictable, which explains the paranoid perceptions. It is important to note that we did not have information about what kind of SCs participants use during their drug consumption - usually neither the people who use nor the dealers know what actual compounds are on the market. This also could be a factor of unpredictability. Furthermore, the changing experience of positive to negative effects could be related to legislative changes that have led to more toxic SCs being used to make the products. As Barratt et al. (2013) outlined, JWH-018 did not appear to have any more toxicity or likelihood to cause psychosis than natural cannabis. However, as Bright, Bishop, Kane, Marsh, and Barratt (2013) demonstrate, there is a complex interface between moral

panic in the media, reactive legislation, and increased harm. This interplay between legislative changes and Hungarian media - where the portrayal of NPS could enhance moral panic (Kassai, Rácz, et al., 2017; Pelbát et al., 2016) - could contribute to the emergence of new SCs with increased toxicity.

Participants experienced a strange sense of self (the drug changed them, they became asocial, and the drug made them do things that they would have never done when they are sober) and they felt they were controlled or even hijacked by the drug. The narrative of a drug "taking over" one's life is a personification of the drug (which is an old narrative of antidrug propaganda, see: (drugabuse.com; Sharecare.com), may have been used here as a rationalization or justification of their own problematic behavior.

Participants described asocial behavior as another im pact of SC use. Though addiction in general is associated with a retreat from social connections and an avoidance of the outside world (Kemp, 2001), people who used other drugs than SCs including mephedrone, ecstasy, and GHB reported increased sociability, talkativeness, and loss of social (and other) inhibitions due to the effects of the drugs (Barker et al., 2007; Lee et al., 2011; O'Neill, 2014). However, isolation and turning inward seem to be the consequences of SC use, and therefore SC use is a potential mediator of asocial behavior (Every-Palmer, 2011). Psychoactive substance user groups can function as a risk management strategy and a place to share the problems derived from drug consumption (Barker et al., 2007; O'Neill, 2014; Ribeiro, Sanchez, & Nappo, 2010). Although the presence of the user group could help to control the unpredictable effects of SCs, people who use SCs, however, often leave the user group.

Boserman (2009) analyzed diaries of people who used cannabis and utilized IPA to explore experiences of cannabis use. When we compare those results with the experience of SCs use in this study, some similarities and some differences emerge. The experience of cannabis use is mostly positive and serves as a ritual or social and recreational action. Cannabis is regarded vital in order to reequilibrate the lost balance of life. Due to fast alteration of experiences derived from SC use, however, participants in this study reported a predominance of negative experiences. The ritualistic approach provides a closer and intimate relationship with cannabis (the participants fondle and respect the drug), while users' relationship with SCs is rather paranoid.

Since the toxicity profiles of NPS may be also very different to those of traditional drugs and hard to identify its health risks, and it is difficult to estimate its consumption levels, which may not be detected by conventional drug screens (John- Smith, McQueen, Edwards, & Schifano, 2013), it may be important to involve personal reports of NPS use in harm reduction and clinical treatment which are rather provide services according to "classical" drug harms (Müller, Kornhuber, & Sperling, 2015). The described experiences by the participants of the current study outlined the subjective aspect of SC harms including clinically significant withdrawal, acute mental health, and overdose symptoms (e.g., (Macfarlane & Christie, 2015)) that reinforce the urgent need of harm reduction and treatment services' enhanced preparedness.

Our study has several limitations. Based on the methodology of IPA, a small homogenous sample was recruited, which may question the study's generalizability. In addition, only male participants attended, so our results may not apply to women. For this study, a purposive sample was recruited and consisted only of SC users who were in treatment (presumably they experienced problems with SC use). In addition, people who use SCs recreationally or who are not in treatment may understand their experiences differently. An additional important limitation is that our study participants had assumed but were unable to confirm that they had been using SCs. Therefore, the experiences may vary depending on whether they had actually been using SC or maybe another substance, e.g., URB-579 (see (Nakajima et al., 2013)) or various other chemicals that have been found on synthetic cannabis products (Castaneto et al., 2014; Dresen et al., 2010).

The narratives of drug use experience (such as drug "taking over" or "hijacking" personality) reflect the subjective views of the respondents, and this may be in part a result of the treatment setting, as well. Further research to explore the experiences of people who use SCs and not in treatment for drug problems is suggested. During the interviews, the participants of this study solely focused on the effects of the drug use, so an additional limitation of the study is the absence of information how other factors, such as individual factors, and biopsychosocial, social, and cultural contexts might shape the effects and harms of SC use. An additional limitation could be the absence of reports of other drug experiences which were not as emphatic in the accounts as experiences of SC use.

The importance of other factors in the examination of drug use is increasingly being recognized on research on other drugs. Duff (2007) used the word "assemblage" to describe drug use as an act that is a network with many persons and highlighted the context's impact on drug use practice and experience. The framework of "risk environment" developed by Rhodes (2009) describes drug harms as products of social situations and environments in which individuals participate. These suggest the shift of responsibility for drug harms and the focus of harm reduction from the individual alone to social and political institutions which have a role in harm production. In Hungary, there is a noticeable growth of new psychoactive substance use, while availability of harm reduction services is very limited (Gyarmathy et al., 2016; Rácz, Csák, et al., 2016).

2.5. Conclusions

Our study suggests that the comparison of SCs to cannabis may be misleading: many people who use SCs, smoke them as an available alternative for cannabis and/or other drugs, but the use of SCs is often associated with more negative experiences (that are different from other drug experiences). Due to the rapid development of effects, participants had difficulties interpreting or integrating their experiences. Since these experiences are mostly unknown and unpredictable, a forum where people who use the drug could share their experiences could have a harm-reducing role (e.g., (Móró & Rácz, 2013)). The rapid alteration of effects and experiences may explain the severe psychopathological symptoms, which may be important information for harm reduction and treatment services, where treatment staff should be aware of unpredictable mood changes.

From a harm reduction point of view, SC is underrepre-sented in harm reduction literature. Therefore, it is important to emphasize the impossibility of knowing the quantity, purity, or even the number of different SC compounds in a particular SC product (e.g., (Flemen Kevin, 2016). Another important aspect could emerge: people who use SCs do not (or rarely) access harm reduction services (while intravenous substance users visit these services, for example, needle exchange program, more often

(Gyarmathy et al., 2016; Rácz, Csák, et al., 2016). People who use SCs rather utilize emergency and toxicology treatments only when they experience very adverse effects. Therefore, nurses of health care services have the possibility to give messages of harm reduction, for example, that people who use drugs should do it in a user company (to control its effects), or people who use drugs should consume them in smaller quantities each time. Also, staff of emergency treatment and toxicology has the possibility to offer people who use drugs a treatment spot in rehabilitation settings.

Our study findings suggest that despite of the adverse effects, including a rapid turn of experiences to negative, rapid development of addiction and withdrawal symptoms of SCs, participants continued using the drug because this drug was mostly available and cheap. Therefore, a harm reduction approach would be to make available and legal certain drugs that have less adverse effects and could cause less serious dependence and withdrawal symptoms, with controlled production and distribution (similarly to cannabis legalization in the Netherlands).

3. USING INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS TO ASSESS IDENTITY FORMATION AMONG USERS OF SYNTHETIC CANNABINOIDS (STUDY 3)

3.1. Introduction

In recent years, new psychoactive substances, especially synthetic cannabinoids (SCs) have become increasingly popular among drug users. This means a particular challenge for treatment services and researchers as well (Bonar et al., 2014; Castaneto et al., 2014; Corazza et al., 2013; Fattore, 2016). According to clinical case reports, the cosumption of SCs may lead to unpredictable and severe intoxication (Castaneto et al., 2014), withdrawal symptoms (Nacca et al., 2013), temporal or persistent psychosis (Every-Palmer, 2011; Van Der Veer & Friday, 2011) and psychopathological symptoms (Müller et al., 2010). Users in surveys describe experiencing negative and unpredictable effects and the potential of being addicted (Vandrey et al., 2012; A. R. Winstock & Barratt, 2013). Other studies among SC users describe an absence of positive experiences related to intense and unpredictable effects (Arfken et al., 2014) and a rapid change of experiences from positive to negative (Bilgrei, 2016). Participants in a study by Van Hout and Hearne (2016) that assessed the experience of SC dependence and withdrawal reported changed effects over time and increased tolerance. The rapid development of craving and acute physical withdrawal symptoms were mentioned, and symptoms were resolved by resumed smoking of SCs.

Identity work, more specifically the perception and transformation of the addicted self are important processes during recovery from psychoactive substance addiction (Larkin & Griffiths, 2002). A key to transformation of the self is the realization of the addict that the so-called „damaged self" has to be restored by reawakening the old identity or establishing a new one (Biernacki, 1986). The addict transforms his or her „spoiled identity" (as described by Goffman (1963)), with the aim of constructing the „non-addict identity", and the identity of recovery (J. McIntosh & McKeganey, 2001).

Narrative psychological studies describe „turning points" as essential steps of identity change. Turning points are usually accompanied by some negative events which serve to stimulate or trigger the decision to give up drugs (Hanninen & Koski- Jannes, 1999; Koski-Jännes, 1998; J. McIntosh & McKeganey, 2001; József Rácz et al., 2015). These

turning points serve as incentives for the formation of identity and get embedded into the life history, where descending until „hitting rock bottom" and later ascending are all well described in the AA literature (Hanninen & Koski- Jannes, 1999; Koski-Jännes, 1998, 2002). The experience of the „rock bottom" results in the realization that the addict had not cared for herself/himself before (Koski-Jännes, 2002), while recovery includes a continuous care of self (Foucault, 2001; József Rácz et al., 2015) and a reconstruction of life narratives (Shinebourne & Smith, 2011a). The reconstruction of narratives and the interpretation of experiences derived from addiction are supported by preconstructed narrative patterns in self-help groups (Koski-Jännes, 2002; Larkin & Griffiths, 2002; J. McIntosh & McKeganey, 2001).

According to J. McIntosh and McKeganey (2000), the alteration of experiences and the alteration of identity are parallel processes. Experiences of users of psychoactive substances are mostly positive at the beginning of the drug user career, and positive experiences often relate to a positive identity/self image. In later stages of the drug user career, the drug loses much of its previous „power" and „mystique" so the user needs to re-evaluate his or her user identity. By keeping a distance from the addict identity, the construction of the „non-addict self" is a main point of recovery. As we have seen above, the role of identity work is important both in addiction and recovery. The examination of identity work is only possible trough subjective accounts, which provide an insider perspective to investigate how the person perceives the identity. One such method is interpretative phenomenological analysis (IPA) (Smith et al., 2009).

Many IPA studies have focused on the identity work of psychoactive substance users, which help us understand the addict self. These studies highlight the positive identity/self-image created or received by the participants related to the experience of drug use. In the study of Larkin and Griffiths (2002) becoming a „drinker" or a „gambler" filled a „void" of self, a lack of identity or self-knowledge. Alison, a participant of Shinebourne & Smith's study (2009), created the character of a „showgirl", a tool for accessing and expressing emotions that may have been previously repressed, which she could reach only trough drinking alcohol. The „showgirl" and the „normal" self occupied two separate domains of experience, and there was a sense of tension and conflict between them. The „multiple selves" described by Alison are similar to dissociative experiences. Following traumatic events individuals dissociate their subjective experiences into alternate personalities, as means of coping with the

emotional pain of trauma: the trauma of her alcohol consumption in case of Alison (Lilienfeld et al., 1999; Shinebourne & Smith, 2009). According to the study of Barros (2012), the use of heroin both gives and robs one's identity. Substance abuse means a tool for self-expression, but at the same time the drug strips users of their sense of identity.

Construction of the addict identity is based on the redefinition of self (and triggered by the experience of the „rock bottom"); thus, one is no longer the user of the drug (a particular kind of addict) but simply an addict (a particular kind of person) (Larkin & Griffiths, 2002). Simultaneously, the user self is replaced by the addict identity in order to understand and explain the struggles derived from addiction (Rodriguez & Smith, 2014), which promote the formation of the identity of recovery (Larkin & Griffiths, 2002). In recovery the addict identity helps to stay vigilant against the constant temptation of addiction, as it is often suggested in the AA literature: „once an addict, always an addict" (Shinebourne & Smith, 2011a). Therefore, recovery is a lifelong process, which requires constant work (Larkin & Griffiths, 2002; Laudet, 2007). The addict identity and the identity of recovery are parallel, and have an important role in the therapy of recovery: one can keep a distance from the old user self through this 'double' identity (Hill & Leeming, 2014; Larkin & Griffiths, 2002). According to Hill and Leeming (2014), distancing the unaware user self prevents the user from his or her self being impacted by this old user self. Thus, the accepted addict identity was rather a sign of self-awareness than social deviance.

Due to the particular effects of SCs, such as the predominance of negative experiences and their strong mental influence, the identity work of SC users may be very difficult. However, little is known about the identity work of SC users, and how and whether they could fit into the recovery process experienced by psychoactive drug addicts. In this study we utilized IPA to assess how self and identity formation is affected by the use of SC.

3.2. Methods

Based on the methodology of IPA, a purposive sample was recruited (Smith et al., 2009). The current study was conducted in two drug rehabilitation centres, that work with a recovery approach, and involved six male patients (aged 20–27 years) who were self-identified SC users. Before the analysis, they had been using SCs for at least 2–6 years, and at the time of the study they had been abstinent for at least 1 month. It was assumed that SCs were the dominant components of the substance that they smoked.

For this study semi-structured interviews were conducted and transcribed verbatim. We analysed data using IPA, which works with 'double hermeneutics', where the participants try to interpret their experiences, and the researcher tries to interpret the participants' interpretation of their experiences (Smith et al., 2009). The analysis focuses on how the participants perceive their identity (Smith & Osborn, 2007). During the analysis initial notes or comments were added upon close reading of the interview transcript and these were then grouped into „emergent themes". In the second stage, patterns and themes across the „emergent themes" were identified and clustered into more abstract „master themes" (Smith et al., 2009). Self and identity need to be evaluated in the context of identity work of recovery; therefore, this study assesses these two master themes in the context of SC use. The Institutional Review Board at Eötvös Loránd University approved all study protocols.

3.3. Results

The analysis identified in two master themes in relation to participants' interpretations of self and identity perception in the context of SC use: 1. The impact of SC use experience on self and identity formation, and 2. The transformed self and the user self.

3.3.1. The Impact of SC Use Experience on Self and Identity Formation

Participants had difficulties interpreting their experiences, because they described these through non-continuous accounts. Due to the consumption of the drug, they experienced unpredictable effects and they felt unable to control it. All of them reported the impact

on their self of positive experiences at the beginning, which diminished and became predominantly negative experiences later on.

„At first you are fine, you can eat more, you are in a good mood, you see everything in a positive way… but later it becomes the total opposite."

„So, I had some positive experiences, but later on, I felt it had many disadvantages"
„I pooped on the world, I didn't care about anything, I didn't go anywhere, I wasn't responsible for anything."

Participants described that the drug transformed and damaged their self. They felt that they lost control over their selves, and that the drug repressed their feelings, conscience and personality as it strengthened their egoism and gave them fake and inflated self-image.

„This makes you weak inside, you manipulate people and they manipulate you. The bad thing is that it strengthens the feeling not to care about anybody, not to care about what others think."

„It is totally destroys… how can I say… totally destroys your soul… like if I was only a body, nothing else… I have never met a kind of drug that causes such an addiction, even though I have tried a lot of drugs, I have tried almost everything… but this is very different… it totally destroys you."

Parallel with the alteration of experiences from positive to negative, participants became asocial, by which they meant a reduction of social relationships and a disinterest in everyday life.

„I was wallowing in self-pity, I was alone, I hated everyone, I didn't care about anybody."

„Suddenly I realized that I exterminated everyone around me, and I exterminated myself inside"

„It turns you inward, you eradicate every relationship with the ones you love."

Participants described the experience of addiction by saying that the drug directed and transformed them, because the only thing they could think about was the drug and they perceived their SCs use as compulsive.

„You became jaded, tired, like you didn't know anything about yourself, your body desires the drug so much, so you smoke more. You do know that it is not good, but it is more tempting, it is not good, but you smoke it compulsively."

Due to the transformative effect of SCs, users felt that the drug controlled them and altered their self. They often referred to their selves that it wasn't them anymore, because the drug gave them a negative self-image. They perceived an asocial, fake, self-destructive and transformed self, and they felt disgusted by it.

„I felt disgust…I looked into the mirror, I watched myself, I hated myself, I watched myself, and I just kept smoking."

„The drug distorted my personality… it blunts and numbs the brain, it turns off your mind…it destroys your relationships, you give up school and your girlfriend. In the end I was ashamed and I hated myself."

3.3.2. The Transformed Self and the User Self

The consequence of the drug use was the development of the „transformed self", but this separate from the „user self". The experiences of the „transformed self", which were paranoia and uncontrolled behaviors, became apparent when they didn't use the drug, so they felt compelled to more drug consumption. As such, the „user self" tried to protect the user from the strange „transformed self".

„I was afraid that if I didn't smoke again, my aggressive self would come out."

Participants expressed their vulnerability through personified characterization of the SCs, highlighting that they were unable to resist it. This also became apparent when they used externalizing explanations in connection with their bodies and their psyches: *„I had to smoke it, because my body demanded it", „my psyche needed it".*

Participants in this study, who were abstinent for at least 1 month at the time of the interviews, presented their drug use and addiction like things in the past. They perceived that their self was temporarily influenced negatively by SCs, but after they gave up using it they didn't perceive the „transformed self" any longer.

„It was really hard to come out from this… I wouldn't say I was a bad person, but it is hard to believe how I was capable of these things… now I am trying to ignore them."

3.4. Discussion

The aim of our study was to examine the identity formation of SC users and to assess how this fits into what we know about the identity work of psychoactive substance users in recovery. The analysis resulted in two master themes that represent participants' interpretations of the impact of SC use on self and identity perception: 1. The impact of SC use experience on self and identity formation, and 2. The transformed self and the user self. The identity work of SC users differs from the identity work of users of other drugs that we have seen previously in IPA studies. The experiences of SC users are similar to some aspects of traumatic experiences; therefore, our results can be interpreted in the theoretical framework of traumatic experience. Due to the breakdown of the self, the emptying of self, self-disgust, and broken narratives were reported by both SC users and trauma survivors (Ehlers, Mayou, & Bryant, 1998; A. Ehlers & Clark, 2000; Herman, 2003; Pintér, 2014). As such, the experience of SC use can be treated as a particular type of trauma. The effect of SC is inverse: the users' motives for consumption and relaxation have pleasurable effects, but after a short time they experience the opposite. The drug destroys them and strips them of a sense of self: „totally destroys our soul". The post traumatic condition is characterized by lost sense of self and destroyed identity where competence is paralyzed (A. Ehlers & Clark, 2000).

The retreat from social connections and disinterest in everyday life as described by the participants: „It turns you inward", reminds us of the compulsive characteristics of traumatic experience (A. Ehlers & Clark, 2000). The elimination of the everyday routine of SC users evokes the alienation that follows trauma (Pintér, 2014), because one effect of trauma is to alienate the survivor in his or her world (Herman, 2003). Another trait of SC use that is related to trauma is self-disgust: „I felt disgusted… I hated myself", similarly to the appearance of shame among trauma survivors (Herman, 2003). The representation of experiences derived from drug use are incoherent, unstructured, and disorganized, similarly to the narratives of trauma (Ehlers et al., 1998; A. Ehlers & Clark, 2000; Foa & Rothbaum, 1998).

The self-deterioration, the lost sense of identity and the experience of drug use reported by SCs users are similar to the experiences of heroin users. Experiences reported by heroin users – such as retreat from the world, and the emergence of the „addict lifestyle" where the drug becomes the most important thing that becomes the only thing that can give them relief but that simultaneously deprives them of identity and humanity (Barros, 2012) – were also reported by participants in this study. Nevertheless, the organization of experiences due to the absence of a positive user self, lack of turning points, and sense of control are different. With psychoactive substance users, as experiences change from positive to negative, identity changes in parallel from positive to negative (J. McIntosh & McKeganey, 2000). As a result of the rapidly appearing negative effects of SCs, no positive identity relates to the consumption of the drug, so the transformed self will be based on negative experiences and therefore will not be part of an emptied identity.

The use of psychoactive drugs gives a sense of control at the beginning (Barros, 2012), but later the recognition of fake control leads to the „rock bottom" (J. McIntosh & McKeganey, 2000). However, neither at the beginning nor in the later stages does SC consumption give a sense of control, so users try to control their transformed self by the user self. This experience relates to the one that was previously described at the study by Van Hout and Hearne (2016), where the craving and acute physical withdrawal symptoms were resolved by resumed smoking of SCs. Due to the transformative effect of SC, participants in our study experienced drift and vulnerability; thus, they did not experience the metaphoric battle with addiction described by psychoactive substance

users (Shinebourne & Smith, 2010b). The significance of the „rock bottom" is in formation of the addicted self, which helps to stay vigilant against addiction (Larkin & Griffiths, 2002; Shinebourne & Smith, 2011a), but this did not appear in the accounts.

This study has several limitations. Based on the methodology of IPA a small homogenous sample was recruited, which may question the study's generalizability. In addition, only male participants attended, so our results may not apply to women. IPA is committed to idiographic inquiry – each individual's account is examined in great detail (Smith et al., 2009) so the method is not able to measure frequency and causality. We did not ask about childhood or other life time trauma during the interviews; therefore, even though the experiences of SC users are similar to some aspects to traumatic experiences, we cannot disentangle childhood or other trauma from SC use as a particular type of trauma. Despite these limitations, however, the findings of this study may suggest some implications for recovery of SC users, but further studies are needed to explore the recovery process of SC users.

3.5. Conclusions

Our study suggests that due to the fast alteration of experiences and the unpredictable effects of SCs, users of SCs have difficulties organizing their experiences into definite meaning structures and constructing collective meanings. The experiences of SC users can be compared with some specificities of traumatic experience; therefore, the experience of SC use may be treated as a particular type of trauma. As a result, the resources of SC users to change their self and construct a new non-addict identity are limited, which may mean a significant obstacle in recovery. Hence, treatment should focus on identity work more emphatically.

4. THE EXPERIENCE OF VOICE HEARING AND THE ROLE OF SELF-HELP GROUP: AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS (STUDY 4)

4.1. Introduction

Auditory verbal hallucinations (AVH) have historically played an important role in diagnosing psychiatric disorders. In the last few decades, however, there has been an increase in research on the phenomenology of hearing voices in multiple contexts (Woods, 2013). This change in perspective is due to three factors: (1) epidemiological data suggest several occurrences in the general population (Johns et al., 2014; Linscott & Os, 2010; Nuevo et al., 2012) and hearing voices can be a symptom of other psychiatric diagnoses (Johns et al., 2014; Larøi et al., 2012; McCarthy-Jones et al., 2014); (2) the new models of cognitive and social relationships (Chadwick, 2003, 2006; Falloon et al., 2006) and hearing voices have led to therapeutic changes and (3) the recovery model, the recovery movement of voice hearing persons and user-centred experiences (Holt & Tickle, 2014; Jackson et al., 2011) play a crucial role in integrating personal experiences and understanding into therapy. Patsy Hague and Eleanor Longden (whose story was not made public until the 2000s), the first self-identified voice hearer, considered the experience to be meaningful rather than the symptoms (M. A. Romme & Escher, 2000; M. A. Romme et al., 1992). Their identities were built around voice hearing and they distinguished themselves from the more common psychiatric portrayal of schizophrenic patients. They defined themselves as *experts by experience* (as opposed to experts by profession), and created a symmetric peer-to-peer relationship with other hearers, which led to the development of the Hearing Voices Movement (HVM) (Corstens et al., 2014; Woods, 2013). The role of Marius Romme, the first hearing voices therapist, is also essential as he was able to help legitimise voice hearing as a non-psychiatric symptom (M. A. Romme & Escher, 2000).

Focus in the field has gradually shifted away from the external aspects and the meanings of the voices to a distinct and personalised understanding of voice hearing according to the cognitive (Chadwick, 2003, 2006) and interpersonal (Hayward et al., 2013) models. Although the cognitive model emphasises the concept that a voice hearer has about the voices, the personalisation model emphasises the relationship the voice

hearer has with the voices (Hayward, 2003).

Chadwick's (2003, 2006) cognitive model integrates four fields of voice hearing experiences: giving meaning to the voice, connecting with the inner experience (acceptance of the voice), schema (acknowledgment of the positive aspects of the self) and the symbolic self (understanding of the self as dynamic and changing). The basic assumption of the personalisation model is that the relationship between the voice hearing person and the voice can be identified with the same rules as in an interpersonal relationship between two people (Paulik, 2012). The cognitive models, predominantly those developed by Chadwick and Birchwood (Birchwood & Chadwick, 1997; Chadwick & Birchwood, 1994), focus on explaining the reasons of the distress of voices and the ways in reducing this distress with the cognitive behavioural therapy (CBT).

The interpersonal theory is more consistent with the HVM (Hayward et al., 2013). Qualitative findings have demonstrated interconnection between the relational theory, the HVM and the experience of recovery (Chin et al., 2009; Holt & Tickle, 2014; Jackson et al., 2011). The results of relationship therapy (Hayward et al., 2013) and recovery experiences (de Jager et al., 2015; Holt & Tickle, 2014) could all be explained with the help of the relational theory. Chin and colleagues' (2009) interpretative phenomenological analysis (IPA) study explained the relationship between the 'I' and the voices using elements of Birtchnell's relating theory (Birtchnell, 1993, 1994): the personalisation of voices, the opposition or united relationship between the 'I' and the voices, the proximity between the 'I' and the voices. A grounded theory study (Jackson et al., 2011) revealed three explanatory factors of the positive relationship between the person and the voices: reduction of fear, recognition of positive feelings and the establishment of control. These factors were grounded in different processes: personalisation of voices, personal connection to the voices, strong self-sense (the sense of independence), connection to the community and a personal and meaningful narrative about voice hearing in the life story. Consequently, these experiences led to the recovery-centred approaches and to the functional concepts of self-help groups.

Holt and Tickle (2014) emphasised the importance of the personal perspective and use of first-person singular in understanding voice hearing. The empty chair technique

offers a therapeutic space where hearers can personalise the utterances of the voices and explore and seek to change the relationship with their predominant voice (Hayward, Overton, Dorey, & Denney, 2009). Woods (2013) offered a Geertzian thick description of voice hearers through her study concentrated on the social and symbolic meanings of voice hearing. Kapur et al. (2014) investigated the role of mental health and psychiatric institutions in voice hearers' lives. They stated that hearers – in the initial phase of voice hearing – struggled with their providers. They anticipated receiving medical explanations for voice hearing but were met with confusion from these professionals ('What is voice hearing? Is it a disease?'). As a result, patients were primarily frustrated and dissatisfied with these service providers. Hearers recounted more positive accounts about having the opportunity to meet with a group of people with similar problems (e.g. self-help groups and communities). In summary, the hearers (and parents of younger hearers) expected more holistic services from psychiatric institutions (e.g. groups for voice hearers, destigmatisation programmes, family and inter-personal support groups).

The aim of this study was to explore the lived experiences of voice hearing individuals by applying the IPA method to examine the ways in which participants make sense of their voices, as was previously explored by several existing IPA studies (Chin et al., 2009; de Wet, Swartz, & Chiliza, 2014; Holt & Tickle, 2015).

4.2. Methods

4.2.1. Participants

Based on IPA methodology (Smith et al., 2009), a purposive sample was recruited. The research participants were from the Semmelweis University Community Psychiatry Centre Awakenings Foundation voice hearers' self-help group. Seven female and four male participants aged 31–57 years were selected by personal contact of the interviewer or by recommendation of the treatment team or staff psychiatrist. The criteria for participating were having both a diagnosed mental health problem and a personal experience of recovery. The exclusion criterion was the presence of acute symptoms. Ethical approval was obtained from the Hungarian Medical Research Council Scientific and Research Committee.

4.2.2. Data collection

The study interviews were conducted in a psychiatric institution where the recovery approach is used. The institution includes an outpatient service and a daytime care unit. Treatment is based on community psychiatry (Falloon et al., 2006; Harangozó, Gordos, & Bodrogi, 2006), in which a recovery approach is used. This includes self-help groups for voice hearers, persons with bipolar disorder, trauma survivors, and alcohol or drug addicts. The voice hearing group is self-organised based on the Mérey (2013) self-help books for voice hearers. The sessions of the self-help group of voice hearers are held every second week of the month. The group works with two professional experts (one psychiatrist and one expert of voice hearing) and two experts by experience. The sessions last for 2 hours. Participants share their experiences about voice hearing and learn how to apply the Voice Hearing Method. The Voice Hearing Method was translated by Mérey (2013) to Hungarian from study materials of the HVM (see Intervoice, 2017). These study materials, which consist of information about voice hearing and the Voice Hearing Method as well as stories of people who live with voices, are available for all self-help group participants.

To collect data, the study interviewer made an appointment with each participant. Semi-structured interviews were conducted. The initial question was a broad, generative narrative question: 'I would like to ask you to tell me freely about your life, and especially your psychic disorders, problems or difficulties and about the recovery'.

The participants narrated their stories differently. Some of them thought there was an expectation to talk in logical, coherent narratives and others talked in time fragments and did not have a complete recovery story. The length of interviews was between 38 and 77 minutes. The interviews were recorded and transcribed.

4.2.3. Data analysis

The interviews were analysed using IPA (this method is applicable for research on complex and dynamic topics Chin et al., 2009; Rosen et al., 2015; Smith et al., 2009),

which involves working with a small sample size so that each case may be analysed in great detail. Six interviews were rich enough in descriptive and interpretative narratives to be included in the analysis. Small sample was also applied in previous IPA studies (Chin et al., 2009; de Wet et al., 2014; Mawson, Berry, Murray, & Hayward, 2011). Double hermeneutics were used to explore how the participant interpreted their own experiences. The text transcript was analysed and primary themes, keywords and notes were identified. After active re-reading, emerging themes were characterised. By merging the emerging themes, master themes were defined and were illustrated with quotes from participants (who were assigned pseudonyms) (Smith et al., 2009; Smith & Osborn, 2007). According to Rodham et al. (2015), reliability of the IPA analysis could be ensured if conducted by multiple authors who are familiar with the research process and the method of IPA. Thus, all five authors participated in the analysis and reached consensus on emerging and master themes.

4.3. Results

During the analysis, four master themes emerged: (1) the role of the voice; (2) the relationship between the voice and 'I'; (3) the role of the self-help group and (4) the role of the voice hearing method.

4.3.1. The role of the voice

The role of the voice is to make the voice hearer pay attention to an inner crisis or to other problems that are suppressed but participants did not interpret it in this way when they first began to have voice hearing experiences. The narratives about the role of the voice included a change through time in how the voice was defined initially and how it was defined at the moment of the interview. At the beginning, some had an impression that „*hearing voices is normal. I found it normal because I know a lot of people are hearing voices*" (Csaba). Some participants recognised that this was something different: *„These are thoughts that differ from the average, something that excels from the others and something not ordinary*" (Iván). The voice, in almost all cases, was rough, negative, critical, direct, and in one case the voice gave positive feedback about the person being ill: „*The voice was always convincing me, that this is not a disease"*

(Veronika).

The role of the voice was reassessed over time. In contrast to the initial (mainly negative) experiences, the voice had a supportive and helper role in the present time. These changes have been largely attributed to the crucial role of the voice hearer method. In these narratives, the voice is described as positive, supportive and assisting. This encourages the person to move on, *„to get a new direction"* (Iván), *„to a functioning state"* (Veronika). To confront and solve the problems behind the voices requires a hearer to accept and control the voice itself.

4.3.2. The relationship between the voice and the 'I'

As voice hearers learn how to handle the voices, the relationship between the voice and the 'I' changes. As a result, a parallel, peaceful symbiosis develops.

Narrators personalise the voices. According to the literature and previous IPA studies on the experience of voice hearing (Chin et al., 2009; Paulik, 2012; Rosen et al., 2015), this personalisation offers an opportunity to analyse the relationship between the voice and the 'I' as an inter-personal relationship. Therefore, the analysis focused on how participants related to their voices, how they made sense of this relationship, and if the relationship changed over time. During the examination, two relational sub-themes were emerged: (1) the symmetric and asymmetric relationships and (2) position of voice.

The symmetric–asymmetric relationships. In some cases, especially in the initial phase of voice hearing, there was a one-way relationship between the voice and the individual. In this asymmetric relationship, the voice was direct and critical and several participants expressed feelings of vulnerability:

> *„At that time there was this symptom, which was not voice hearing, but it was only a thought, like, there were like, half-like strange thought could have been … I wanted to be good for these thoughts, these were criticizing and such and … umm … and then I was always trying to suit these, so I could stop the voices. Then I was doing everything, without thinking. And … umm … this was accompanying me along, and frustrating me as well. The voices, the apparition and that it was making the man a*

fool, I was making myself a fool. And how exposed I was, and really, how I was acting, and such." (Aszter)

Conversely, a symmetric relationship also existed. This is when the voice takes on the helper role and the person begins to recover with the help of the voice. When the voice hearer negotiates with the voice, it is defined as a symmetric relationship. Thus, the voice hearers could change voices' control over them by communicating with the voices, this inner conversation becomes adaptive throughout the recovery.

In the asymmetric relationship, the voice causes anxiety for the person. When the relationship becomes symmetric, the individual begins to view the voice as a governable phenomenon, considering it as an equal partner or friend. The application of the voice hearer method encourages the voice hearer to initiate conversation with the voice (Mérey, 2013). The role of shaping a symmetric relationship is to retrieve the control from the voice and allow the hearer to become less exposed and vulnerable.

The position of the voice. The participants' intentions to understand and interpret the voices was clear from their attempts to place their voices on the self-non-self axis (although not always consciously). The positioning of the voices changes as the hearer gains acceptance for the voice.

The identification of the inner voice was present in the interviews where participants discussed recovery and the evolved relationship with the voice. This revelation demonstrates recognition and acceptance of the disorder. Acceptance is a learning process in which the hearer has to cooperate with the voices.

4.3.3. The role of the self-help group

During the process of learning to handle the voices, self-help groups play a significant role. In the self-help groups, participants received guidance for and explanation of their condition, which is a great *crutch* in the learning process:

„The real breakthrough is the (Awakenings) group: they interpreted differently than the doctors … and here at the voice hearing group I come closer to what is this originating from. Let it be a symptom, for me this word is enough and also if it's an altered state or

it is caused by different troubles … this part of it began to set here. I think since I'm here at the Foundation, somehow this consciousness of the disorder, which was only depressing, it's starting to fade away." (Veronika)

In the self-help group, the participants recognised that other people also live with this condition and the group was the place where they first experienced the acceptance which helped them overcome the anxiety caused by stigma related to their condition. Other recovered peers stood as examples and as experts by experience, providing success stories and sources of joy, making activities and suffering more meaningful.

4.3.4. The role of the voice hearing method

The participants noted in the interviews that the voice hearing method is the most important tool in making the shift from a passive sufferer, enabling them to initiate contact with the voices and begin communicating with them.

If the method helps the person to challenge the voices and begin communicating, the anxiety often declines, and the relationship between the self and the voice will change. In the process, the intention of the voice is reframed, the hearer's own experience and the relationship to the self and the positive intentions are getting attention; thus, the persons regain their agency and they become able to integrate the message of the voices as a personal psychic state, emotion, thought and meaning.

The aim of the voice hearing method is to help the voice hearer learn to live with the voices. When participants recounted reconciling with the voices, subthemes emerged: building relationships with the outside world and reconciling with the outside world. The voice hearing method not only helped to control or master the voices, but also allowed some participants to live with the voices integrated into a full life. But the voice hearing also had a negative effect on some relationships with the outside world noted in one participant's narrative: „*It's not that I, that I was totally incapable (laughing) of functioning, but I had problems, and because of that I didn't have a harmonic relationship with the outside world'* (Iván).

4.4. Discussion

This study investigated the voice hearing experiences of individuals using the IPA data analysis method. IPA is often used to analyse the experience of voice hearers because it is applicable for research on complex and dynamic topics (Chin et al., 2009; Mawson et al., 2011; Milligan, McCarthy-Jones, Winthrop, & Dudley, 2012; Rosen et al., 2015; Smith et al., 2009). This study focused on how the recovery and self-help group experiences impacted the voice and the self, the change and the process of learning to coexist with the voices. Four master themes were identified: (1) the role of the voice; (2) the relation-ship between the voice and 'I'; (3) the role of the self-help group and (4) the role of the voice hearing method.

Existing studies of voice hearers are typically interpret and identify the voices. Both in recent studies and in this study, the voices have a different status and meaning for the hearer and the identification is different. The relationship with the voice is not static, but is dynamic as Milligan and colleagues (2012) have argued. The meaning can change with the help of the self-help group's different external stories, as well as with combating the condition. Finding the proper explanation has an important role in reducing anxiety and regaining control (Newton et al., 2007). Rosen and colleagues (2015) found that when hearers recognised real (e.g. family members') voices, they felt more ability to influence the voices. The personalisation makes it possible for the relationship between the voice and the self to be analysed using interpersonal relationship rules (Paulik, 2012). Hayward and colleagues (2013) emphasise that the voice hearer has to break the complementary role in the voice hearer relationship in order to end the voice's control over the self. This complementary relationship was identified through the symmetric and asymmetric relationships discussed in this study. Participants broke the voices' control by applying the voice hearing method. The hearer changes the relationship with the voice and its role and position by giving anti-complementary replies (i.e. asking the question or having a conversation) (Hayward et al., 2013).

Examining the position of voices, two types could be discriminated; the hearers' regard the source of the voice internal or external. Newton and colleagues (2007) connected understanding the source of the voice and role with the agency-based

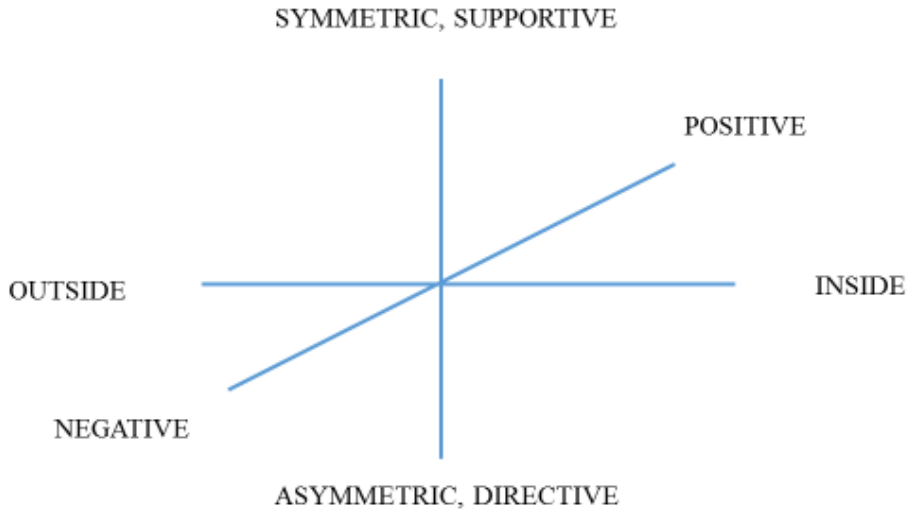
explanations in psychotherapy. The passive (non-agency) explanation of the voice and the self-relationship is that the source of the voice is external (‘*the voices are not inside me’*). Consequently, the hearer cannot exert control over the voice because it is beyond their physical boundaries. Thus, the voice overtakes the self (Chadwick, 2006). The agency relationship of the voice and the self relates to the internal voice; thus, the person does not feel threatened. This relationship allows the hearer to cope and successfully take control over the voices (Newton et al., 2007). In this study, the internal interpretation was a consequence of the acceptance of the voice hearing condition. It was also an adequate explanation for the voices when the relationship between the voice and the self changed and the role of the voice changed. Voice hearers who identify internal voices (thus have an adequate explanation) talk more often to the voice and feel a greater sense of control. However, it is important to note that in these cases the voice is positive and provides help during everyday activity; therefore, the hearer is less willing to control it (Rosen et al., 2015). This can result in a peaceful partnership with the voice, which Chin and colleagues (2009) called the construction of. The hearer recognises that the voice will not disappear (long-term understanding) and believes that it is therefore better to accept it than fight against it (Chin et al., 2009; Mawson et al., 2011; Milligan et al., 2012; Rosen et al., 2015). The self-help group significantly helped the participants identify and deal with the voices. Previous IPA studies of voice hearers have found that self-help groups serve as a turning point in the life story of voice hearers (Hendry, 2011; Mawson et al., 2011; Milligan et al., 2012; Newton et al., 2007). Ruddle, Mason, and Wykes (2011) summarised the factors that help voice hearers cope. They noted that the change provided by the self-help group is primarily due to its safe (friendly, tolerant, etc.) environment, where participants can share their experiences and feel less alone. The support of others and the acceptance experienced in the group helps in the coping. Hearers receive an explanation for the voices (in this study group, doctors, peers and reading were other factors that helped), making successful coping and control possible (Newton et al., 2007).

The self-help group also helps participants improve their social skills (Ruddle et al., 2011). The voices often set boundaries in hearers’ social relationships (Mawson et al., 2011), making it a calming experience to be with similar people (Newton et al., 2007). The group also increases self-esteem (Ruddle et al., 2011), as for the voice hearer it is closely connected to the relationship with the voice and how the voice accepts her

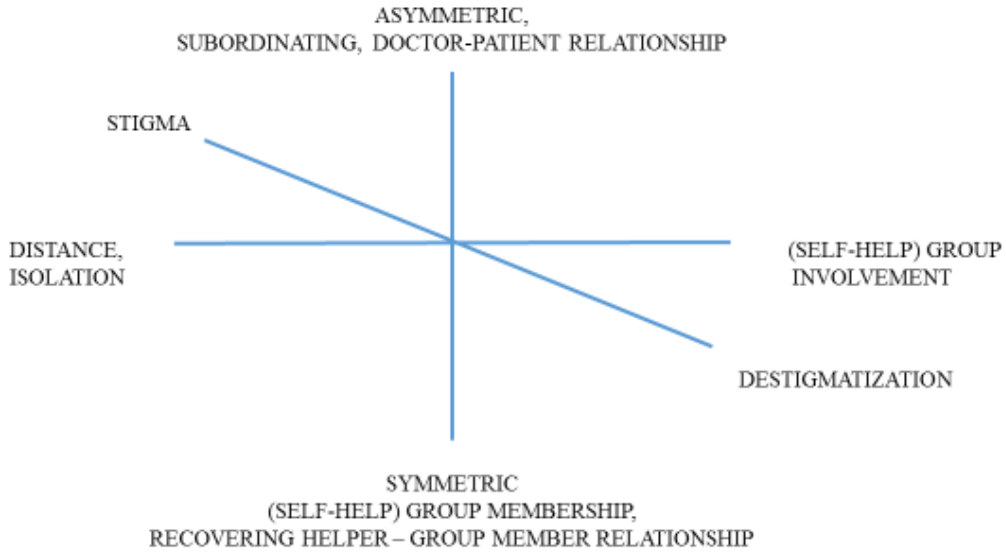
(Mawson et al., 2011). The group is not only functioning as a social support, but also enables members to see their experiences as precious and as a personal encounter. The lessons learned are value for peers to hear (e.g. coping repertoire) (Newton et al., 2007). This helps with destigmatisation (Ruddle et al., 2011). The primary aim of self-help groups is to change the relationship between the voice and the self – similarly in our study the method played a crucial role in changing the relationship – which decreases distress as a consequence (Ruddle et al., 2011).

4.5. Clinical implications

This study emphasises the changes as a result of the voice hearing method that is connected with the change in hearers' relationship with their voices (Figure 1) and that affected the development in hearers' social relationships (Figure 2). In the initial phase of voice hearing, social relationships decline as the voice hearer intentionally avoids those situations where they are uncomfortable. Mawson and colleagues' (2011) study showed that voice hearers thought their voice hearing was a burden for others and therefore avoided social interaction. In the case of smaller social networks, there is a bigger emphasis on the voice, as the voice can replace the role of a friend. This relationship is considered asymmetric because the voice makes the voice hearer believe that they do not deserve the relationship. Thus, the voice hearer refuses social relationships and believes that they would be refused by others. This study shows an opening to the outside world parallel to the change in the relationship with the voice.



3. Figure Relation with voices



4. Figure Relation with voices and social others

In their study, Mawson and colleagues (2011) observed an improvement in social relationships helping with communication with the voices. Hayward and colleagues

(2013) and McCarthyJones and Davidson (2013) indicated that there is adequate overlap in the relationships between the voice hearer and the voice and others. Therapeutic strategies that aim to restore social relationships are applicable in the voice and self relationship as well. Furthermore, the recovery from voice hearing includes a process. Relationships with others like friendship and love, along with relationships with colleagues, family members or friends that were discarded because of the voice hearing can or will be restored. A more assertive approach to do so facilitates joining the voice hearing group and work in group sessions.

The destigmatisation in the relational concept expands the function of the group in the lives of voice hearing persons. The self-help group for voice hearers is an important element of the integrated and community psychiatric approach, which could significantly improve the quality of life of voice hearers.

4.6. Limitations

Our study has several limitations. The sample was homogenous; therefore, generalisability of the results is limited. In addition, the participants attended the same psychiatric centre where the voice hearing method was applied. Other voice hearers outside of the centre may have different experiences of voice hearing and recovery from psychosis. Further limitations are based on the applied methodology. Because IPA aims to explore subjective experiences that cannot be examined with quantitative measures and IPA examines each participants' account in great detail (Smith et al., 2009), this method is not appropriate to measure frequency and causality.

5. GENERAL DISCUSSION

5.1. Introduction

Recovery approach originates from 12-step fellowship (such as Alcoholics Anonymous), but it is widely used as a guiding principle in the mental health treatment as well (Jacobson & Curtis, 2000; Laudet, 2007; Lipczynska, 2011). The spread of the approach is due to deinstitutionalization movement which is based on the fact that a person with several mental issues wants and needs more than just a symptom relief (Anthony, 1993). The elements of the recovery process (according to the recovery approach) are building a strong and positive identity, agency, finding meaningful roles, social integration, hope and focusing on the future could help overcome multiple problems and moving towards something more a positive, meaningful life (Terry & Cardwell, 2015).

Although, the recovery approach gives an opportunity to a wide range of people to find their personal and suitable way of managing multiple problems many concerns about the approach have appeared. For example “recovery is old”, “it adds to the burden of mental health professionals”, “recovery happens for very few people”, “this is an irresponsible fad”, “it happens only after and a result of an active treatment”, “it can be implemented only through the introduction of new services”, “recovery-oriented services are not evidence-based”, “recovery approach devalues the role of professional intervention”, and “it increases providers’ exposure to risk and liability” (Davidson, O'connell, Tondora, Styron, & Kangas, 2006, p. 642).

Nevertheless, in the USA, the recovery approach has become a legitimate part of treatment in the mental health system. A turnabout in attitudes came as a result of deinitialization, consumer movement and self-help activities (U.S. Department of Health and Human Services, 1999.). Self-help activities in Hungary are in infancy that is why the importance of scientific research on recovery is outstanding. It could legitimate its existence in mental health, addiction, and psychiatric treatment by outlining the experiences of individuals who can be considered as “evidence” for the effectiveness of the recovery approach (e.g.: “Don’t tell me that recovery is not

evidence based. I'm the evidence." - Woman with serious mental illness, see: Davidson et al., 2006, p. 640).

Many standardized measures have been developed to assess recovery (e.g.: Buckingham, Frings, & Albery, 2013; McLellan et al., 2005; O'Connor, Berry, Inaba, Weiss, & Morrison, 1994). Since recovery is considered to be a subjective process and the patterns of experiences could be explored only through subjective accounts, qualitative methods could enlighten pieces of this dynamic and complex experience (Larkin & Griffiths, 2002). That is why examination of the aspects of recovery appeared in narrative psychological studies (Davidson, 2003; de Jager et al., 2015; Hänninen & Koski-Jännes, 1999; Koski-Jännes, 1998, 2002; James McIntosh, 2014; J. McIntosh & McKeganey, 2000, 2001), in Grounded Theory studies (Cloud & Granfield, 2008; Jackson et al., 2011; Kearney, 1998), in studies utilizing discourse analysis (Crowe & Luty, 2005; Malson et al., 2011; Rudge & Morse, 2001) interpretative phenomenological analysis (Hill & Leeming, 2014; Rosen et al., 2015; Shinebourne & Smith, 2011a) and qualitative metaphor analysis (Shinebourne & Smith, 2010a). Since the present dissertation aims to assess recovery stories, it includes qualitative studies that examine recovery processes from the individuals' perspective.

The present chapter aims to discuss and reflect upon the dissertation in general. It comprises a summary of the main findings (of the four empirical studies) and a discussion of the practical implication of each study and their contribution to the field of recovery from psychoactive and novel psychoactive substance use and recovery from psychosis (voice hearing). After that, I discuss the main limitations of the studies, the most important aspects for further research and closing the dissertation with final conclusions.

5.2. Summary of main findings

A detailed summary including the aims, research questions, methods and primary results (master themes and emergent themes) of the four empirical studies are summarized in Table 3.

3. Table Detailed summary of the empirical studies included in the dissertation

Study number	Aims, research questions	Methods	Results	
			Master themes	**Emergent themes**
1	(1) to assess the process of how addicts become recovering helpers (2) to examine what is the connection between recovery and helping by utilizing IPA	• The study was conducted in two drug rehabilitation centers • Participants: five male one female professional recovering helpers • Semi-structured interviews were conducted by the author of this dissertation (the interviews lasted 45-90 min.) • Questions assessed experiences as users, during the recovery process and while working as helpers in the addiction field • Topics that emerged from the text were first ordered into "emergent themes" and then chronologically organized to reflect temporality or logic within the themes and "master themes" formed • To increase reliability the emergent themes and master themes were defined in a group of researchers	Turning points	1. starting using drugs or gambling 2. becoming an addict 3. hitting bottom 4. becoming a helper
			Being a helper	1. the recovering self and the helping self 2. the wounded helper 3. the skilled helper 4. the experience of helping

Study number	Aims, research questions	Methods	Results	
			Master themes	**Emergent themes**
		(the researchers who were the members of this group are co-authors of Study 1)		
2	(3) to examine personal interpretations of experiences derived from the use of synthetic cannabinoids	• The study was conducted in two drug rehabilitation centers • Participants: 6 male patients who were self-identified SC users and attended treatment • Semi-structured interviews were conducted by the author of this dissertation (the interviews lasted 45-60 min.) • Questions assessed participants' experiences of SC use, and how did they perceive themselves when they used the drug • During the analysis emergent themes were formed and in the second stage patterns across the emergent themes were identified and clustered into master themes	SCs are unpredictable	1. Unpredictable effects 2. Rapid alteration of experiences from positive to negative
			SCs take over people's lives	1. Interpersonal context: SCs both take away old friends and give new ones 2. Interpersonal context: becoming asocial 3. Interpersonal context the drug becomes a friend 4. Intrapersonal context: the drug hijacks the

Study number	Aims, research questions	Methods	Results	
			Master themes	**Emergent themes**
		• To increase reliability the emergent themes and master themes were defined in a group of researchers (the researchers who were the members of this group are co-authors of Study 2)		personality
3	(4) to examine how the users perceived their selves during the use of SCs (5) to assess how identity formation is affected by the use of SCs	• The study was conducted in two drug rehabilitation centers, that work with a recovery approach • Participants: 6 male patients who were self-identified SC users and attended treatment • Semi-structured interviews were conducted by the author of this dissertation (the interviews lasted 45-60 min.) • Questions assessed participants' experiences of SC use, and how did they perceive themselves when they used the drug • During the analysis, initial notes and comments were added upon the close reading of the interview	The impact of SC use experience on self and identity formation	
			The transformed self and the user self	

Study number	Aims, research questions	Methods	Results	
			Master themes	Emergent themes
		transcript, and these were grouped into emergent themes. In the second stage, patterns and themes across the emergent themes were identified a clustered into more abstract master themes • To increase reliability the emergent themes and master themes were defined in a group of researchers (the researchers who were the members of this group are co-authors of Study 3)		
4	(6) to explore the lived experiences of voice hearing individuals (7) to examine how participants make	• The study was conducted in the Semmelweis University Community Psychiatry Centre Awakenings Foundation voice hearers' self-help group • Participants: three female and three male patients	The role of the voice	

Study number	Aims, research questions	Methods	Results	
			Master themes	Emergent themes
	sense of their voices (8) to examine what does recovery mean in this context (9) to explore the role of self-help group by utilizing IPA	were recruited who were members of the voice hearing self-help group and who have experience of recovery from a mental health problem • Semi-structured interviews were conducted by an interviewer (Márta Kiss) who is working as a psychologist at the Foundation and knows the interviewees personally • Questions assessed the experience of voice hearing and recovery, interviewees were asked to tell the interviewer freely about their life, especially about their psychic disorders, problems or difficulties and about recovery • During the analysis the interview transcripts were analyzed; primary themes, keywords and notes were identified, after active re-reading emergent themes were characterized, by merging the emergent themes, master themes were defined	The relationship between the voice and the "I"	1. The symmetric–asymmetric relationships 2. The position of the voice
			The role of the self-help group	
			The role of the voice-hearing method	

Study number	Aims, research questions	Methods	Results	
			Master themes	Emergent themes
		• To increase reliability the emergent themes and master themes were defined in a group of researchers (the researchers who were the members of this group are co-authors of the Study 4)		

Overall Study 1 suggests that the work of recovering helpers could complete their recovery process because the constant recall of the past as an addict serves the needs of the present; therefore, it is not actually recalling but it is a constant reconstruction. The institutional background serves an important role here, where helpers continuously meet users, so they are always exposed to factors triggering drug use. Study 2 and Study 3 could be treated together as important research results on novel psychoactive substance use. The experience of the use of SCs are very different from the use of other (psychoactive) drugs, participants reported unpredictable effects and rapid turn of experiences from positive to negative. The results of the Study 2 and Study 3 suggest a big difference in the aspects of the process of identity change because of the rapid turn of experiences, the "user self", the "turning points" and the "non-addict identity" (that were experienced by recovering psychoactive substance users) that may play a crucial role in recovery did not appear in the experiences of SC users. Study 4 investigated a different kind of recovery process, the experience of voice hearing individuals who are in recovery. In the initial phase the experience of voice hearing could be frightening, the study findings suggest the change of experiences after accepting the voices. The acceptance of the disorder could happen through the support of the self-help group, where the voice hearing method is applied. Voice hearers could gain a sense of control and give meaning to their condition. Participants recounted reconciling with the voices and reconciling with the outside world. The voice hearing method helped not only to control or master the voices but also allowed some participants to live with the voices integrated into a full life.

5.3. Contribution to the field and practical implications

As mentioned earlier it is necessary to legitimate the existence of the recovery approach by scientific research that outline personal experiences. The task of the researcher is to clarify the most critical aspects of this approach by giving a voice to individuals who have personal lived experiences of recovery. The present sub-chapter aims to discuss each of the empirical studies' contribution to the field and what practical implications could be.

5.3.1. Study 1

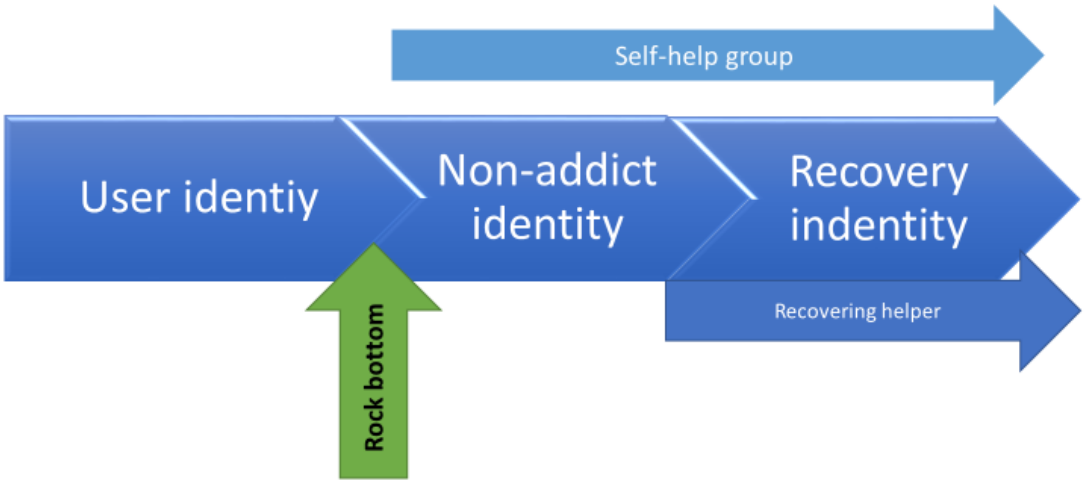
Study 1 aimed to explore the identity aspects of being a recovering helper. The study findings are coherent with the literature and suggest that processing experiences of addiction are important parts of recovery from addiction (Hill & Leeming, 2014; Larkin & Griffiths, 2002) because people in recovery need to give meaning to their struggles (Rodriguez & Smith, 2014) by re-evaluating their experiences of addiction and reconstructing their life narratives. Because of constant vigilance is required against an addiction that is a constantly tempting re-evaluation of experiences and reconstruction of life narratives are always parts of the recovery process which are described as a lifelong journey (Laudet, 2007; Shinebourne & Smith, 2011a). That is why the identity of recovery could become a determinative part of the person's identity. Study 1 concerned with what happens when an experience (of being a helper) which also could have an impact on identity appears.

The results of Study 1 suggest that being a helper could complete and support the recovery process. This is due to two facts. Helping someone who also has a problem with addiction is considered to be a reinforcing factor in the own recovery from addiction that is why it is a part of the 12-step groups' program (Bill, 1939). This element of the AA program has a double aim. It is the part of the program's mission ("…*we tried to carry this message to alcoholics*…" - 12th step of the 12-step program[5]) and helping others has beneficial effect on psychological well-being, it could facilitate healing by improving confidence, self-awareness, self-esteem, role functioning of the provider (Schwartz & Sendor, 1999). On the other hand, these acts (helping others who has a problem with addiction and being in recovery from addiction) could complete each other well because both reflect on the experiences of being addicted. The helper also could get many triggers from their patient's addiction story, and by using these triggers, the helper could work on his/her own recovery

[5] See: https://www.alcoholics-anonymous.org.uk/about-aa/the-12-steps-of-aa

even if he/she is an active listener (and his/her role is only "being there") in the helping session.

It was apparent in Study 1 that for individuals who are in recovery being in recovery is a process (which is also described by the literature (Laudet, 2007)). The process nature of this experience and identity change is supported and formed by recovery narratives which are constantly under construction even in the present. (The most common recovery narratives are the AA narratives. In AA groups participants could learn narrative patterns that are preconstructed by group members in which a descending and a hitting bottom and then ascending pattern are also included (Koski-Jännes, 2002; Larkin & Griffiths, 2002; J. McIntosh & McKeganey, 2001)). Give meaning to both onerous (such as addiction) and positive experiences (such as being a helper) by incorporating them into a coherent life narrative is a proper way of processing experiences (Kim, 2015). In Study 1 becoming a helper was also a crucial part of the process of recovery and it often appeared in the life narratives as another "turning point" by which participants could find the "meaning" of life, a meaningful role and meaningful identity what they "always meant to be" (which are key elements of recovery (Terry & Cardwell, 2015)). Therefore, the "recovering helper identity" appears as a parallel identity to the recovery identity (Figure 2.).



5. Figure Process of identity change during addiction and recovery with recovering helper identity

The work of the recovering helpers could be beneficial in institutions where recovery approach, especially the Minnesota Model (which is based upon the principles of AA) is being used (Cook, 1988). Our study findings suggest that a therapeutic session could strengthen the recovery process of both the client and the recovering helper, therefore, it could be considered as a two-persons variant of a self-help group, where the shared burden of fighting against addiction could mean an active link between client and provider.

According to the Groesbeck's (1975) Wounded Healer Paradigm (the wounded healer was first described by Jung (1963)) the wounded healer is only able to help patients if he/she is aware of his/her wounds, otherwise the healer unconsciously projects his/her own wounds onto the patient, especially when both the patients and a client has something in common. In this case, treatment loses professional objectivity (Miller & Baldwin, 1987). Therefore, working and reflecting on own recovery is not only beneficial for the healer but this is a fundamental element of helping others with the same problem.

5.3.2. Study 2 and Study 3

Study 2 and Study 3 could be discussed together as significant research results because the findings of these studies respond to the lack of literature on examination of NPS use with a qualitative approach. Many papers have published data on NPS use and tried to discover the effects and consequences of using these new types of drugs. Most of these results are based upon quantitative survey (e.g.: Barratt et al., 2013 ; A. R. Winstock & Barratt, 2013 etc.) or medical case reports (e.g.: Müller et al., 2015; Müller et al., 2010; Zimmermann et al., 2009 etc.). When I have started to conduct this research, no previous study examined the use of NPS from the users' perspective. However research results like that could be beneficial for addiction treatment services. At the time of Study 2 and Study 3 were under processing at Harm Reduction Journal and International Journal of Mental Health and Addiction Marie Claire Van Hout and Evelyne Hearne published a paper that examined narratives of synthetic cannabinoid users and analyzed their experiences of dependence and withdrawal symptoms (Van Hout & Hearne, 2016). Their study was the first in this field which published qualitative results on users' perspective, nonetheless Study 2 and Study 3 are the first studies that could give a detailed and profound analysis of SC users' experiences and these studies also suggest essential aspects of identity change during the use of SC and recovery from SC use. Otherwise, the findings of Study 2 and Study 3 are coherent with the findings of Van Hout and Hearne (2016), participants in both studies recounted intense cravings, and fear of the psychiatric and self-harms caused when in withdrawal. Also, in 2016 we have started to work together with Marie-Claire Van Hout and during this collaboration we compared the accounts of Irish and Hungarian SC users and conducted a metaphor analysis on the shared data (Kaló, Kassai, Rácz, & Van Hout, 2018).

Study 2 and Study 3 are products of one comprehensive research, but the findings of the research were published separately in two studies because plenty of information was collected that could not be crammed in one paper and would not fit with any journal's

interest. Since two prominent themes were in the focus of the research: experience and identity, we decided to publish the concerning results separately. On the other hand, IPA, the method which was chosen for the research is particularly suitable for examining experiences and their impact on identity (Smith et al., 2009). Therefore, both of Study 2 and Study 3 could stand alone, but the results could be put together (such as there is a strong link between experience and identity).

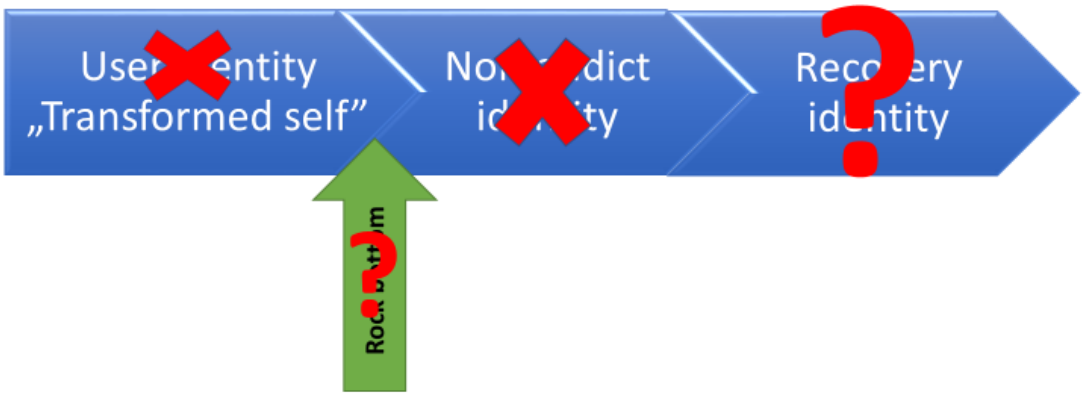
In Study 2 we tried to capture research results that describe what kind of experiences of SC users have, and how they interpret these experiences. Previous research results suggest that the consumption of SC is associated with many adverse effects, unpredictable psychological and physical effects (Bonar et al., 2014; Castaneto et al., 2014; Fantegrossi et al., 2014; Fattore, 2016) and it could also have some unique effects that are very different from another kind of drugs (Vandrey et al., 2012; A. R. Winstock & Barratt, 2013). Therefore, Study 2 tried to uncover the subjective interpretation of these experiences.

The primary results of Study 2 such as the effects of SC are perceived to be unpredictable, and the experiences rapidly turn to negative resulted in unpredictable behavior of the user. They experienced the drug hijacked them, and they felt vulnerable against it. Comparison of the effects and experiences of SCs with other (psychoactive drugs) are important not only because NPSs are more harmful than the "classic" ones, and health professionals should be aware that users could have unpredictable behaviour, but addiction treatment services and the recovery approach in addiction field is prepared to treat psychoactive substance users. The classic methods may need some changes and re-thinking to give appropriate answers to the new challenges of new drugs with new patterns of use.

In Study 3 we tried to introduce the identity aspects of SC use. Many previous studies were published on recovery from psychoactive substance addiction that utilized a qualitative approach. According to these studies, the experiences of using psychoactive drugs and change of identity are parallel processes; the positive experience of drug use is often associated with a positive "user" identity. In the later stages of substance use many negative experiences appear which has a conflict with the "user" identity (J. McIntosh & McKeganey, 2000, 2001). Both of positive and negative experiences of addiction has great importance during the recovery process (Barros, 2012; Larkin & Griffiths, 2002). As it was

reported by previous studies, SC users have very few positive experiences (Barratt et al., 2013; Vandrey et al., 2012). That is why the research question of Study 3 is relevant, which is about how do the users of SCs perceive their selves and their identity.

The main outcome of Study 3 is that the SC users' process of identity change is very different from the identity aspects of psychoactive substance users, which suggests limitations for recovery (Figure 3.). In case of SC users, no positive identity relates to the consumption of the drug, users experienced their selves were transformed, and it could not become the part of their identity. None of the elements that were reported by psychoactive substance users to be important during recovery (positive user identity, "rock bottom" experience, "non-user identity") appeared in the narratives of SC users. Accordingly, addiction treatment services should focus on the "identity work" when treating NPS users.



6. Figure Identity change of synthetic cannabinoid users

On the other hand, SC users do not know what to think about or how to tell their experiences. Due to the unpredictable and previously unexperienced effects that SC use could evoke, users do not have suitable words to talk about it. Self-help group could help

psychoactive substance users learn to process their experiences (Hanninen & Koski-Jannes, 1999). Thus a self-help group or an (online) forum where SC users could share and read about other users' struggles could be beneficial. This study has also highlighted that the aim of drug use is not to have positive and pleasant experiences but to be "passed out". These results are consistent with another research study's outcomes, B. M. Erdős et al. (2018) described that in experiences of NPS users suicide equivalent pattern appears which means active seeking for being "passed out" that could break time and remembering.

The findings of Study 2 and Study 3 should be considered as preliminary findings of a current problem that should be examined by further research. Nevertheless, the results could be a basis not just for further research, but it could facilitate interventions and addiction treatment services to deal with the new challenges of NPS use and addiction.

5.3.3. Study 4

The phenomenon of voice hearing could be discussed from many perspectives. One of the most important aspects could be to define voice hearing. In international literature there is no consensus yet what is voice hearing: is it a psychotic symptom or it is an acceptable and understandable variation of human experience (M. Romme & Morris, 2013). Nevertheless, the present dissertation aims to discuss voice hearing from the perspective of recovery and examine voice hearing as a condition or an experience from what recovery is possible. For this the examination of personal lived experience and the phenomenological side of this phenomenon is inevitable. The aim of Study 4 was to explore how people who are living with voice hearing interpret their experiences and how they could recover from this condition.

The elements of recovery approach (such as hope, agency, identity, meaning) outlined by literature (Terry & Cardwell, 2015) also appear in the recovery process of voice hearers. The findings of Study 4 suggest that recovery from voice hearing is a subjective process, it could be individually different. According to previous study findings and the results of Study 4 there is a common essential element in the recovery processes of voice hearers.

This is that point when they could accept their voices and they could reveal this is an effect of an inner crisis (Chin et al., 2009; Mawson et al., 2011; Milligan, McCarthy-Jones, Winthrop, & Dudley, 2013). As it was highlighted by Study 4 the acceptance of voices could happen by an influence of the self-help group. The moment when they start attending the group and meet others with the same condition is considered to be a "turning point" in voice hearers' life narrative.

The main aim of voice hearers' self-help group meetings is to help members to articulate and better understand their individual experiences. Members often ask one another questions like: "What the voices say?" "How many different voices are there?" "Have they changed over time?" (Dillon & Hornstein, 2013, p. 290). Encouraging this kind of contextual analysis helps members to make sense of their experiences and identify circumstances that trigger voices, thereby offering more control over their experience (Dillon & Hornstein, 2013). On the other hand meeting with others with the same condition, better understand and gain control over their voices means a "turning point" for them not just because they start reconcile with their voices, but because they start to recover from stigma that was often assigned by professionals (Corstens et al., 2014; Dillon & Hornstein, 2013).

The recovery approach could facilitate overcome multiple problems and moving towards a positive and meaningful life (Terry & Cardwell, 2015). Recovery from something does not mean being cured most often it means living together with the problematic condition (such as addiction, mental health issues) but by concentrating on future and building on individual strengths could help the person to live a full life. Recovery from voice hearing could be considered as a unique process because the condition of voice hearing is not perceived as problematic during recovery. It was apparent in Study 4 that voices could help the hearer to heal, by becoming a supportive experience and this condition becomes an integral part of the recovery process because the change in hearers' relationship with their voices results in development in hearer's relationship with social others. The study findings suggest an opening to the outside world parallel to the change in the relationship with the voice.

The findings of Study 4 outline the importance of voice hearing movement that is characterized by deinstitualization and self-help help. Therefore, Study 4 could draw attention to this particular kind of consumer movement that is barely known and is in its infancy in the Hungarian context.

5.4. Limitations

Limitations of the four empirical studies were discussed at the end of each paper. This time I will briefly summarize the main limitations and highlight what limitations could be when we use a qualitative research method (especially the method of IPA) and when we would like to examine recovery.

5.4.1. Limitations of IPA

Since IPA is a relatively recent method that is still establishing itself (Eatough & Smith, 2008) and these studies that were included in my dissertation were the first published IPA studies in the Hungarian sample, I find it important to discuss what further limitations of applying IPA could have.

Qualitative research is focusing on shortcomings (Atieno, 2009) and as it was mentioned earlier, IPA is a suitable research method for explorative studies. Based on my research experience IPA should be used when the researcher has some previous information about the research topic but wants to examine it in a more detailed way. For example, in case of Study 1 (which was about recovering helpers' identity change) before planning design of an IPA study we should possess information about how identity works and the process of identity change during recovery. Therefore, one of the limitations of using an IPA method that it works with a narrow focus, so the results will not necessarily give much new information about the research topic, but nuances, patterns, processes of experience and aspects of identity change could be discovered fruitfully.

As it was presented earlier another limitation of IPA that it works with the homogenous sample, so the results are not generalizable, but this may not an aim of an IPA study (Smith et al., 2009). IPA is developed to examine phenomenon, especially personal experiences about what general truth cannot be declared. That is why a further limitation of IPA that the researcher could not declare e.g. what is it the experience of recovery from addiction (except if her/himself is a recovering addict), the researcher is only able to tell what

recovery from addiction for them is, who were asked in the interview. However, as it appeared in the included studies common patterns of experiences could emerge across separate IPA studies that were conducted in the same topic (e.g., results of many previous IPA studies about recovering from addiction are could be put together). To collect the patterns of experiences that can be seen across related areas and to examine how this could contribute to a shift in how topics are seen in the mainstream is one of the future aims to develop the IPA method (Eatough & Smith, 2008).

During many qualitative studies also in IPA semi-structured interviews should be conducted which has limitations too. In semi-structured interviews the researcher is taking a significant role in determining what is said (by flexibly following the preconstructed questions and topics), that could limit the participant's account. However, if the interviewer allows the participant a strong say where the interview goes, it could jeopardize the phenomenological endeavor (Eatough & Smith, 2008).

A further limitation could be that during IPA data analysis the researcher uses "double hermeneutics" and sometimes it is challenging to find a proper way of doing this. The level of interpretation should be descriptive, emphatic and critical, it should probe the accounts in ways which participants might be unable to do themselves at the same time (Eatough & Smith, 2008), especially when participants could not tell coherent narratives about their experiences as it was in Study 2 and Study 3. In this case, the researcher still should stick strictly to reliability and validity of qualitative research by using previous research results of related topics (e.g., combine experiences of synthetic cannabinoid users with the experiences of psychoactive substance users).

5.4.2. Limitations of examining recovery

One of the most significant limitations of recovery research is that most of the research about recovery from addiction was conducted in drug rehabilitation centers or Alcoholics Anonymous (or Narcotics Anonymous) group. People from these groups are available (can be found easily in these centers), they could tell coherent life narratives (which is a suitable material for interview analysis), and they find it important to share their experiences with others. However, many people recover from addiction without self-help group and formal

treatment. That is why “natural recovery” which was recently discovered by scientific research (Burman, 1997; Sobell, Ellingstad, & Sobell, 2000) also should be taken under consideration as a way of recovery. Nevertheless, the results of these explorative and review studies about “natural recovery” suggest strategies and elements similar to the elements of recovery approach such as self-care, building positive identity, and focusing on the future (Terry & Cardwell, 2015).

5.5. Future directions

Studies included in this dissertation were presented here to encourage further research about recovery and future IPA studies. As it was highlighted earlier results of an IPA study could facilitate helpers' activity on the field because it could enlighten processes and dynamics that were not discovered before. Since Study 2 and Study 3 were published, I got many messages and feedbacks from helpers of the Hungarian addiction field, and they find the results beneficial during they own work with synthetic cannabinoid users. The strength of IPA is unfolding personal sides of a phenomenon, which is not able to be done with quantitative studies.

Every study of this dissertation should be considered as preliminary findings of the topic, and all the results need further examination. Primarily, the topic of novel psychoactive substances requires more research to find a proper way of interventions and treating users, particularly the ones living in a detrimental situation in segregated areas.

Also, it also would be beneficial to find an appropriate way how recovery approach could be applied in the healthcare system of Hungary. The conflict between medical model and recovery approach raises many obstacles of implementation, but the recognition of recovery approach could work efficiently as a complementary to the medical model would be breakthrough. That is why further research that strengthens the existence of recovery approach is especially important.

5.6. Final conclusions

The theoretical part of the dissertation aims to provide an overview of Interpretative Phenomenological Analysis and the recovery approach, while the four empirical studies wish to contribute to some of the field's special aspects such as identity change of recovery and experiences of recovering helpers, synthetic cannabinoid users and voice hearers. In conclusion IPA is a suitable method for the examination of recovery, because it is described as a subjective process and it could not be examined with questionnaires and the results may not be quantifiable. The aim was to exploratively examine some current topic of several fields where recovery approach is used. Study 1 highlighted the benefits of

recovering helpers' work in addiction field, which is also beneficial for their recovery process. Study 2 and 3 have preliminary results of the problem of synthetic cannabinoid use, in which case unusual experiences could evoke limitations for recovery. Study 4 underlined the importance of self-help group in case of patients with psychosis. Recovery in this context could be a different process than in case of addiction, but there are similarities: individuals could live a whole life with or despite of addiction/psychosis by taming the experience which could become a liveable condition. Unfortunately many questions remained unanswered, the results of an IPA study could generate further research questions, but the detailed analysis with a narrow focus could enlighten what is worth to examine in the future. Further tasks of the researchers in the field is to explore in what areas recovery approach is used, because research is indispensable to introduce recovery into scientific context and thereby to legitimate its existence in addiction, in mental illness and psychiatric treatment.

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