Mixed Methods Study of Help Seekers and Self-Changers Responding to an Online Recovery Survey

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Abstract — Aims: To compare self-changers (natural recovery) with help seekers on demographics, pre-recovery problem severity, and recovery beliefs and behaviors; and to augment these quantitative findings with information extracted from the qualitative stories of a subset of self-changers to explore themes in recovery paths as informed by a nascent natural recovery literature. Methods: Quantitative secondary analyses were conducted with persons who had responded to a US nationwide online survey called ‘What Is Recovery’ (WIR) and who reported a prior lifetime alcohol problem (n = 5495). Six men and six women (with longer-term recoveries) interviewed later were asked to tell their ‘recovery story from the beginning up to now’. These were coded using a narrative approach. Results: Compared with help seekers, self-changers were younger and never married: they did not differ on problem severity, gender, ethnicity or education. Self-changers identified with ‘used to have a problem’ more than in recovery/recovered, reported fewer years in that status, and reported more current, non-problematic substance use. A new concept of shadow help and shadow obstacles to help-seeking emerged from the qualitative analysis. Though self-changers believed that they had overcome their alcohol problem on their own, change actually occurred within a social context that allowed access to information, normative expectations, relationships, and other opportunities that provided important resources for change. Conclusion: Findings imply that the concept of help-seeking needs to be re-conceptualized to include the informal help we found in this study.

INTRODUCTION

Natural recovery is often used to describe recovery from addiction without professional help (Klingemann et al., 2010); others have also excluded self-help group participation (Humphreys, 1995). Natural recovery, or self-change from alcohol use disorders, is more common than treatment-assisted recoveries (Tucker, 2003; Dawson et al., 2005). Since the late 1990s, scientific interest in natural recovery has grown and resulted in various international research studies (Sobell et al., 2000; Rumpf et al., 2006; Carballo et al., 2007; Klingemann et al., 2010). Natural recovery research, as a whole, has focused more upon alcohol than other/co-occurring drug use (Cunningham, 1999b; Sobell et al., 2000) and, unlike specialty treatment that usually defines recovery as total abstinence (especially in the US), natural recovery research often defines recovery as symptom remission or moderate drinking. Among studies that have looked at low-risk or non-problem drinking, uncertainty remains about the stability of long-term non-abstinent recovery (Viallant, 2005; Carballo et al., 2007).

Excluding epidemiological studies based on general population samples (Sobell et al., 1996; Cunningham et al., 2005; Dawson et al., 2005), natural recovery research mostly consists of smaller studies using quantitative survey methods with community-based convenience samples (Carballo et al., 2007). Persons who recover without help (a term variously defined across studies) appear to have less serious (and shorter) alcohol abuse histories than those with treatment-assisted recoveries (Tucker, 2003; Klingemann et al., 2010). Researchers attempting to identify the processes and determinants of self-change have found that stable resolution often follows a life course influenced by factors difficult to assess using quantitative approaches (Sobell et al., 2000), such as changing environmental contexts and multifarious personal and social resources (Tucker, 2003; Cloud and Granfield, 2008) that interact with one another (Bischof et al., 2000, 2002; Schutte et al., 2006).

Qualitative studies, often complementary to quantitative approaches, have emerged in attempts to identify more complex factors associated with self-change (Sobell et al., 1993, 2001; Hänninen and Koski-Jännes, 1999; Koski-Jännes, 2002; Carballo et al., 2007). We take a similar qualitative approach and follow recommendations of Sobel et al. (2000) of selecting self-changers with longer recovery (preferably 5+ years) and greater severity (DSM-IV) to explore events and processes associated with change across time. Unlike quantitative methods which presume that important variables are already known, qualitative methods allow the intricate and interactive process of change to emerge through the voices of the actors involved (Klingemann et al., 2010).

This paper combines a secondary analysis of the respondents of an online survey called ‘What Is Recovery?’ (described in Methods) with an exploratory narrative analysis of a subset of survey respondents—self-changers (natural recovery) who were selected by longer-term recovery (preference given to 5 or more years), greater DSM-IV diagnostic severity and gender. Through narrative analysis, new concepts of shadow help (i.e. information used to facilitate change, but that is not explicitly acknowledged as help) and shadow obstacles (i.e. assumptions toward help-seeking sources that are deterrents) to help-seeking emerged (Illich, 1980).

Research goals

Our goals are: (a) to compare self-changers with help seekers from the WIR’s sample of problem drinkers on demographics, pre-recovery problem severity, and recovery beliefs and behaviors; and (b) to augment these qualitative findings with information extracted from qualitative stories of WIR self-changers (6 men and 6 women who participated in follow-up interviews) to probe themes in initiating and maintaining recovery.

METHODS

The ‘What Is Recovery?’ parent study

The primary aim of the WIR study (n = 9341) was to identify elements of recovery that would be highly endorsed by those
experiencing recovery regardless of recovery pathway while also capturing unique elements that may be relevant to specific pathways, including self-changers who may eschew the term ‘recovery’ and see themselves as ‘having had a problem’ (Kaskutas et al., 2014). The goal of the WIR online survey was to obtain a sample that reflected the heterogeneity of recovery and, thus, was disseminated to diverse segments of the recovery community with regard to race/ethnicity, other sociodemographics and recovery background. The only stated inclusion criteria were that respondents be 18 years of age or older and consider themselves in recovery, recovered, or as having had an alcohol or drug problem. Data collection occurred July 15, 2012 to October 31, 2012. Demographic comparisons of the WIR sample to other national recovery samples showed no major differences (Subbaraman et al., in press).

Recruitment efforts included partnering with treatment alumni organizations nationwide, faith-based organizations, four popular non-12-step organizations, the National Alliance for Medication Assisted Recovery, and HAMS (Harm Reduction for Alcohol). We distributed flyers to Alcoholics Anonymous (AA) venues and Alano Clubs (clubs where AA members meet to socialize) and posted advertisements soliciting individuals who ‘used to have an alcohol or drug problem’ with links to the survey on Craigslist in 33 cities (Subbaraman et al., in press). While attempts were made to reach persons not self-identifying with the term ‘recovery,’ respondents nonetheless were directed to a website called ‘What Is Recovery’ and this may have deterred some from completing the survey.

Sample

Among the subset of WIR respondents whose primary substance of choice was alcohol, 124 were self-changers and 5371 were help seekers (defined below). Figure 1 displays how the three subsamples used in this analysis relate to the WIR sample.

To obtain our target number of 12 self-changer cases for follow-up interview we used the strict criteria of no specialty treatment (Have you ever gone to a treatment program? By ‘treatment program’ we mean places like a detox center, methadone clinic, DUI program, hospital, residential program or outpatient program for alcohol or drug problems?), and no mutual-help group attendance (Which type of 12-step group meetings have you attended? Click all that apply: Alcoholics Anonymous, Al-Anon, Cocaine Anonymous, Gambler Anonymous, Marijuana Anonymous, Narcotics Anonymous, Other, None; and Which types of non-12-step groups have you attended? Please click all that apply: Life Ring, SMART Recovery/Rational Recovery, SOS, Women for Sobriety, Other, None). The larger self-changer sample was stratified on gender and sorted by years in recovery; cases with greater problem severity within those having more time in recovery were assigned first priority for interview. Twenty-four cases were required to achieve our target of completed interviews (12 cases were excluded due to non-US residency, meeting help-seeking criteria or inability to make contact). Interviews occurred in December 2012. This study was approved by the Ethical Committee for Human Subjects at the Public Health Institute (Emeryville, CA, USA).

Potential interviewees were contacted as provided in their WIR consent forms. Gift certificates ($35) were provided as incentives. A narrative approach (Riessman, 1993) was used asking respondents to tell their story in their own words. The actual interview began with the statement, ‘As I noted in the consent, in this interview we are trying to learn more about how people overcome an alcohol or drug problem. We are asking people to tell us their experiences, their stories. Essentially, we would like to hear your [recovery] story from the beginning up to now. You can start your story wherever you want and you can include whatever you want…’. Beyond this point the interviewer avoided directing the interview and was instructed to use reflective listening techniques and phrases like, ‘I hear you saying… Can you say more about [that]…’. If the interviewee did not spontaneously describe the onset, the initiation of change, or how change was sustained, the interviewer would probe for further information about those periods. All interviews were digitally recorded and transcribed.

Analyses

Quantitative

Help seekers (n = 5371) and self-changers (n = 124) were compared on the quantitative variables that were collected by the parent study primarily to verify sample heterogeneity with regards to pathways to recovery. These variables included demographics, self-definition (in recovery, recovered, used to have an alcohol or drug problem but do not any more, or in medication-assisted recovery), recovery duration (dichotomized ≤5 years or >5 years), personal belief about recovery substance use (dichotomized abstinence or some use), current substance use (dichotomized yes/no) and problem severity at the time of initiating change. Substance use disorder severity was assessed based on the Lifetime version of the Mini International Neuropsychiatric Interview (M.I.N.I.), a short structured diagnostic interview developed in the USA and Europe for DSM-IV and ICD-10 psychiatric disorders (Sheehan et al., 1998). After testing bivariate associations, those significant at P < 0.15 were entered into a multivariate regression model predicting help-seeking (versus self-change).

Qualitative interviews and coding

The telephone interviews averaged 1 h. Case notes summarizing major themes were written in chronological order immediately after each interview by the interviewer. Interviews were transcribed verbatim. A grounded theory approach was used in order to discover new concepts from the data (Corbin and Strauss, 2008, p. 1). Open coding of case notes and the
transcriptions by three analysts used in vivo codes, that is, the actual words of the respondents rather than analyst’s terms (Corbin and Strauss, p. 65), as appropriate for a narrative analysis. Analysts did not deductively nor inductively infer missing codes. The new ideas of shadow help and shadow obstacles to help-seeking emerged as significant categories in the initial coding. In an iterative process, the three analysts discussed, refined, and agreed upon the coding schema that summarized events and circumstances in developing substance misuse and factors associated with initial change and maintaining change. Each respondent’s transcription was then coded independently by two analysts with an inter-coder agreement of ~90%. Coding disagreements were discussed among the three analysts until consensus was reached.

**RESULTS**

**Quantitative results**

Compared with help seekers, self-changers (n = 124) were more likely younger (<35 years old), non-white and never married/partnered. Gender and education did not differ. Self-changers reported shorter time in recovery (≤5 years), defined themselves more as ‘used to have a problem’ and fewer were alcohol dependent as determined by the M.I.N.I. for the period prior to recovery onset. More also reported that their personal definition of recovery included moderate/controlled use of alcohol or drugs and, correspondingly, fewer reported being total abstainers. Race and DSM-IV dependence lost significance when entered simultaneously into a multivariate model predicting help-seeking (versus self-change). Other associations retained significance and direction consistent with bivariate findings (see Table 1, common superscripts). Comparisons between the 12 interviewed self-changer cases and the larger pool of self-changer cases from which they were drawn yielded one significant difference: interviewed self-changers reported more years in their self-defined recovery status, an artifact of the selection wherein those with more years in recovery were given priority for selection). Eleven of the 12 cases met criteria for an alcohol dependence disorder; the remaining case met criteria for an abuse disorder.

**Qualitative case findings**

Table 2 summarizes the interviewed cases’ drinking histories. Drinking onset started in childhood (Rita: ‘my father… I was maybe 5 or 6 years old… would give me drinks of his beer… I acquired a taste for beer’ ) and escalated into teen years (n = 2) or started in the teen years (n = 9); one male started in his early 20s while in the Navy. Eleven cases described growing up with ‘alcoholic’ parents (one or both). Although work problems were reported, most respondents made a point of saying they were a ‘functional’ or ‘manageable’ drunk or alcoholic, or stressed that they managed to stay employed (5 males and 5 females) during their heavy drinking years. Among the six commonly reported consequences of heavy drinking, relationship concerns were discussed by most. Legal problems consisted of DUIs (1 male and 1 female).

**Initiating and maintaining change**

Extrapolating from current age and years in recovery, age at initiation of change varied considerably and ranged from mid-20s to early-60s (with about 2/3’s starting at age 40 or later for both genders); all made statements about being aware that their drinking was a problem prior to initiating change and six reported prior unsuccessful attempts to change their drinking. Three (1 woman and 2 men) described themselves as moderate drinkers, one male reported taking weekly communion wine but no other drinking, and one male continued to smoke marijuana. Six told other(s) about their decision to change (spouse or family) and two did not share their decision to stop drinking. Three (1 woman and 2 men) described themselves as moderate drinkers, one male reported taking weekly communion wine but no other drinking, and one male continued to smoke marijuana. Six told other(s) about their decision to change (spouse or family) and two did not share their decision to stop drinking.

**Shadow help and shadow obstacles to help-seeking**

Although none reported seeking formal or informal help for their drinking problem in the online survey, factors which we refer to as ‘shadow help’ and ‘shadow obstacles to help-seeking’ emerged to shape their decisions and actions. Shadow help refers to information about recovery that is used by the respondent to initiate or maintain changed substance use.
behaviors and attitudes but that is not explicitly acknowledged as help. We found four kinds of shadow help: (a) role models, usually parents (positive role models conveyed ideas about recovery that the respondent imitated, and negative role models conveyed ideas that the respondent avoided); (b) self-help literature and other media (ideas learned from self-help addiction literature such as AA or Women for Sobriety or other media such as TV and novels; (c) family and friends who provided explicit recovery-related support and motivation; and (d) religious and spiritual practices associated with avoiding drinking/using and maintaining motivation not to drink/use, such as meditation practices. Table 3 provides quotes reflecting various kinds of shadow help (with the number of cases mentioning these); 11 of the 12 cases used shadow help.

Table 2. Themes from personal narratives mentioned by interviewed self-changers (n = 12)

<table>
<thead>
<tr>
<th>Prior to change</th>
<th>(n) Initiating/maintaining change</th>
<th>(n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age drinking began</td>
<td>Timing of change</td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td>2</td>
<td>After a precipitating incident</td>
</tr>
<tr>
<td>Teens</td>
<td>7</td>
<td>An unprompted/unplanned decision</td>
</tr>
<tr>
<td>Adult</td>
<td>1</td>
<td>A gradual decision</td>
</tr>
<tr>
<td>Not mentioned</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Aware drinking was problematic</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Drinking/drug use environment</td>
<td>Told others about decision to quit</td>
<td></td>
</tr>
<tr>
<td>Father alcoholic</td>
<td>6</td>
<td>Yes</td>
</tr>
<tr>
<td>Mother alcoholic</td>
<td>1</td>
<td>No, for fear of failing</td>
</tr>
<tr>
<td>Both parents alcoholic</td>
<td>4</td>
<td>No</td>
</tr>
<tr>
<td>Heavy drinking culture mentioned</td>
<td>6</td>
<td>Not mentioned</td>
</tr>
<tr>
<td>Not mentioned</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Co-occurring drug misuse</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Consequences of drinking</td>
<td>Social influences</td>
<td></td>
</tr>
<tr>
<td>Blackouts</td>
<td>2</td>
<td>Partner</td>
</tr>
<tr>
<td>Falling</td>
<td>3</td>
<td>Peers</td>
</tr>
<tr>
<td>Physical illness</td>
<td>3</td>
<td>Child</td>
</tr>
<tr>
<td>Legal</td>
<td>1</td>
<td>Family</td>
</tr>
<tr>
<td>Work</td>
<td>2</td>
<td>Non-drinking social settings</td>
</tr>
<tr>
<td>Relationship concerns/problems</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>None noted</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

Table 3. Shadow help

Role models—negative/positive (mentioned by 4 interviewees)

Bart I came from a family where my father was an alcoholic... he was very irritable as he stopped drinking... So that was a concern, that I would not be like him.

Mark [My parents] were both terrible examples of fulfilled life... I realized the meaninglessness of rebellion. [Father an angry sober person; mother emotionally abused.]

Rita My friends were squandering their lives... There was no way that I was going to clean up my life unless I changed my social life.

Joan My father had been an alcoholic but when I was 8 he stopped drinking... and has attended numerous AA meetings.

Self-help group literature and/or exposure (mentioned by 8 interviewees)

Jake ...doing all the research [reading case histories, psychology books, the Rational Recovery book]... the big thing the psychologists would stress was to take control... I did a lot of mental inventory, a lot of physical inventory on myself.

Mark I was powerless to say no to the alcohol and drugs... I was reading a lot of books about spirituality, religion, psychology, philosophy.

Pete One day at a time... Easier not to drink because I have too much banked in these years [of sobriety].

Sean I admitted to myself 'I'm an alcoholic.' That was number one and I said: 'I'm going to take one-day-at-a-time.' I do believe in a higher power... I kind of attribute the fact that I stumbled on to James Lee Burke's writing [whose protagonist is an AA member].

Lisa I think I could very easily fall back into [my addiction]. I don't think any alcoholic or drug addict is ever completely cured.

Rose I had heard about Women for Sobriety... I got one of their books on how to become sober.

Sara I started to read self-help books, philosophy books... all sorts of books on addiction.

Joan I woke up... and said: 'I'm not drinking today...I think I always knew I was never able to have one drink... with any recovery it is one day at a time.

Family and friends (mentioned by 6 interviewees)

Jake I pay forward by helping someone else get sober.

Lisa [My lover] didn't want to deal with a drunk...She helped me gain things that were more important than my addiction.

Paula I don't want [my child] to experience anything I did... that is the bottom line of what keeps me away from [alcohol].

Rita Her brother was an unconditional emotional support her life and counseled 'putting your mind to it.' Daughter & grandchildren her 'life.'

Religion/spirituality (mentioned by 8 interviewees)

Joan I kept asking God to help me stay sober.

Bart I am very religious. Religion is very important to me. I go to mass and have communion 2 or 3 times per week.

Rose I have become more open-minded about spirituality.

Sara Meditation is really important... meditating every day for years now... I hope I always will.
Table 4. Shadow obstacles to help seeking

<table>
<thead>
<tr>
<th>Attitudes toward 12-step groups (mentioned by 7 interviewees)</th>
<th>Religion/spirituality (mentioned by 3 interviewees)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paula I see [people who have gone to AA]; it’s almost like they’ve joined a cult or something.</td>
<td>Jeff I’m not an organized religion person… I probably believe in the Buddhist philosophy… that we’re responsible for our actions and we control who we are.</td>
</tr>
<tr>
<td>Rita I don’t have a problem admitting I have a problem… I just didn’t want to go to an AA meeting… to go to some stranger and tell them my story… so they would all be staring at me.</td>
<td>Rose My dad tried to get sober… but [AA] never stuck… He was Southern Baptist and didn’t have much use for the God thing… and that’s where I come from with my sobriety.</td>
</tr>
</tbody>
</table>

Shadow help: family and friends

Shadow help—family and friends were sources of help either in initiating or maintaining changed behavior in many stories: (Lisa) ‘She put a rein on me. I started to see how much better life was sober;’ (Jake) ‘A friend Andy gave me advice and I took it… We’re still friends and check in with each other though he still lives in Maine and I now live in Idaho.’

Shadow help: religion/spirituality

Interviewees who were religious before initiating change in their drinking behavior continued to use their religion as an aide in maintaining change: (Joan) ‘I am so grateful that God had helped me;’ (Bart) ‘I like the Church… I need to have religion in my life… God provides [everything];’ (Lisa) ‘A few years ago we started going to church… I am really aware these people do not drink as I did.’

Shadow obstacles to help-seeking

Shadow obstacles to help-seeking are attitudes or assumptions toward help-seeking sources that can act as deterrents. Shadow obstacles were expressed by 10 of the interviewed self-changers. Two major shadow obstacles were: (a) assumptions about 12-step or other mutual-help groups and (b) religious beliefs and values (Table 4). Assumptions about 12-step groups included issues with AA as being religious: (Sean) ‘I have some issues with the Alcoholics Anonymous program. I am not religious per se…’ or ineffective: (Jake) ‘I did go to AA… I meeting… and afterward I went across the street and drank with half the other people… So, why would I wanna do this?’ or irrelevant: (Sara) ‘I never really liked the idea of going to AA… I have feminist concerns about AA… that first statement, to have to admit powerlessness… is difficult for me…’. Obstacles to help-seeking based on religious beliefs were found in statements like (Lisa) ‘as an evangelical, if you seek help, you admit you are a failure in life… I would have felt like a personal failure if I had sought treatment.’

Those that expressed a positive attitude toward AA did not see the need for such help: (Joan, whose father had been an AA member) ‘…I’m not opposed to [AA]… but I’m OK today’; or (Sean) ‘My wife… wanted me right away to get into Alcoholics Anonymous and I said… if this isn’t something I can do on my own, this will be, I will do that but I have been able to maintain it on my own.’ Self-reliance was a reason to not seek help: (Rita) ‘It’s more of taking responsibility of your actions instead of looking to a higher power…’ and (Rita) ‘My brother used to tell me if you want to do something, all you have to do is put your mind to it.’ One male reported never seeking help in the online survey, but in his interview stated: (Jeff) ‘I’ve never seen a counselor. I’ve never been to an AA meeting except when [years prior] I had my drunk driving and I had to go to 6 AA meetings as part of my sentence…’ As found in other research (Sobell et al., 1993), this involvement was not considered as help-seeking because it was not perceived as having a role in this individual’s recovery. Shadow help and shadow obstacles as used here were not acknowledged as having a role in the 12 cases; yet, clearly they did.

DISCUSSION

This study adds to a nascent literature on the longer-term process of change among once problem drinkers by introducing the concepts of shadow help and shadow obstacles to help-seeking. A smaller literature (Cunningham, 1999a; Bischof et al., 2003; Cohen et al., 2007) suggests that natural resolution can occur among those with substantial alcohol dependence severity; this was reflected in the stories of our respondents selected specifically for greater time in recovery and greater problem severity. Three of 12 cases had moderated their drinking, another common finding in the natural recovery literature (Tucker, 2003), and importantly two had maintained this pattern for >5 years (the other for >3 years).

Descriptive factors associated with self-change are similar with earlier studies: self-changers (compared with help seekers) tended to be younger, have fewer years in their recovery status, and were more likely to be still be using substances (alcohol or drugs) in moderation (Cohen et al., 2007; Klingemann et al., 2010). Although our recruitment outreach was extensive, similarly high proportions of self-changers and help seekers met criteria for a substance use disorder, a finding inconsistent with prior natural recovery studies and perhaps due to bias in who chose to respond to the survey.

The online survey covered only formal sources of help—specialty substance abuse treatment and 12-step groups and other mutual-help groups. To a large extent the shadow help as described here had been learned from family and friends as in the case of role models, information about AA and other addiction mutual-help groups, or religious beliefs. But, as indicated by our self-changers, information that affects people’s attitudes is also present in popular culture—novels, television, slogans. The findings suggest that the concept of help-seeking needs to be re-conceptualized to include the informal shadow help we found. The impact and effectiveness of self-help literature in changing attitudes and behavior has been studied by psychologists; there is a large scientific literature (Watkins and Clum, 2007) that appears to have been overlooked by addiction researchers.

The identification of shadow help as a new concept was possible because of the narrative methodology (Riessman, 1993). Typical surveys use mostly close-ended answers that are based on what researchers know to be likely answers; consequently,
the influence of informal (shadow) help is excluded from consideration. Yet, shadow help was used by 'self-changers' to shape their attitudes toward recovery and/or their behavior. Shadow obstacles to help-seeking are also clearly evident in the stories of our recovering persons, and equally unacknowledged. In summary, though our self-changers believed that they had overcome their alcohol problem on their own, change actually occurred within a social context that allowed access to information, normative expectations, relationships and other opportunities that provided important resources for change, which is positive recovery capital (Granfield and Cloud, 2001).

Recovery capital is ‘the sum total of one’s resources that can be brought to bear on the initiation and maintenance of substance misuse cessation...’ (Cloud and Granfield, 2008, p. 1972). Shadow help appears to be much more specifically recovery capital than some of the more generalizable forms of human, cultural, physical or social capital such as high education or extensive finances. Shadow help is specific assistance directed toward decreasing/stopping substance use—ideas, practices, actions or relationships that support decreased/abstinent substance use. The high incidence of shadow help (all but one person) in this sample in combination with their apparently extensive positive recovery capital suggests that people with these resources can use informal shadow help with success.

As viewed from the perspective of the researcher, Cloud and Granfield (2008) also refer to negative recovery capital, or ‘personal circumstances, individual attributes, behaviors, values, etc., that actually impede one’s ability to successfully terminate substance misuse’ (Cloud and Granfield, 2008, page 1977). They cite poor health or incarceration as potentially negative forms of recovery capital. Similarly, we view our finding of shadow obstacles to help-seeking as negative forms of recovery-related capital. Negative capital is not determinate but rather prejudices the avenues available. Negative attitudes, misconceptions and misinformation about recovery help such as professional treatment, 12-step or other addiction-specific mutual-help groups, and interpretation of certain religious creeds need to be considered in the list of negative recovery capital. Our 12 self-changers appeared much like the dependent individuals who took part in Granfield’s (2001) qualitative study that described how natural recovering respondents managed to engage (or re-engage) in institutional life (e.g. work, school), and how this ability to take part in conventional life was influenced by pre-existing capital. Like Granfield’s respondents, most of our 12 self-changers maintained a degree of stability throughout the duration of their problem use. This seemed to occur in spite of family of origin dysfunction and parental alcoholism that appeared to strengthen their resilience and resolve to overcome their addictive use. Even though social relationships were negatively affected by abusive drinking, the majority of our 12 self-changers’ stories also indicated that they maintained some degree of connection to family during their heavy use and into their recoveries, and/or managed to establish new social networks or limit involvement in heavy drinking events. Some attributed successful initiation and, especially, maintenance of change to the support of family and close friends. Religious affiliation, giving back to others and gratitude for a better lifestyle were expressed in more than a third of the cases. Many used ideas and practices from 12-step or other mutual-help groups to assist them in not drinking/using, such as practicing ‘one day at a time.’

All of these are forms of shadow help.

Concluding remarks

The study of natural recovery, especially those that include qualitative methods, provides an opportunity to understand the life course of change and to develop theoretical principles related to the recovery process. Moreover, the narrative approach aligns well with goals of patient-centered outcomes research by validating individuals’ perspectives and understanding them within their psychosocial contexts. Our findings need to be considered in relation to certain limitations. Research suggests that self-changers recruited via media solicitation (compared with general population self-changers) differ on change mechanisms leading to remission, many of which our self-changers noted, and they are more severely dependent (Rumpf et al., 2000). Our conclusions about effects of shadow help on change would be strengthened by greater representation of self-changers recruited through various efforts. Future research also should consider whether self-changers with less positive recovery capital than that described by our self-changers also use shadow help. Lack of qualitative data for help seekers (who may also use shadow help) limits direct comparison with the findings of our 12 self-changer cases. Shadow help and obstacles as described here are new concepts that need to be studied in the context of all pathways leading to positive change: themes mentioned here could easily be adapted to future quantitative research tailored to specific audiences.

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Conflict of interest statement. None declared.

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