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Investigating How Facilitators View the Functions and Perceived Values of Reflective Activities on Transformative Learning Amongst People in Addiction

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Investigating How Facilitators View the Functions and Perceived Values of Reflective Activities
on Transformative Learning Amongst People in Addiction

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by

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Abstract

Although there has been considerable empirical support for the effect of reflection, and specifically reflective activities, within the domain of transformative learning (Ballon & Skinner, 2008; King, 2004; Mezirow, 2012; Roessger, 2014; Taylor, 2017), there is a gap in the literature concerning the value of formal reflective activities when used with people in addiction recovery programs. I will interview facilitators of addiction programs to inquire on the methods of reflection their programming provides people in addiction, investigate the effectiveness of the activities, and then determine the connections (if any) between formal reflective activities and transformation in people in addiction. This study will add to the epistemological framework of addiction, reflection, and transformative learning by adding empirical evidence that addresses these gaps in the research. This study will use a qualitative phenomenological approach, and participants will be purposefully sampled. The researcher will interview professionals who have specific experience facilitating addiction (both substance and behavioral addiction) and substance abuse groups and sessions.

Dedication

This paper is dedicated to the most important people in my life, the ones who have walked with me through this journey as my small team of advisors. My beautiful wife Kristin, my adoring children Jane and Caleb, my parents, siblings, friends, family, counselors, ADLL cohort and professors – all with the guidance of God.

Table of Contents

CHAPTER 1

Introduction

Transformation is at the heart of addiction recovery programs (Peterkin & Brett-MacLean, 2016). Educators, substance abuse counselors, addiction recovery specialists, and medical professionals have implemented recovery programs specifically tailored to altering the chemical and behavioral dependency of people in addiction. Many of these programs include some sort of reflection component, an opportunity for people in addiction to reconsider their experiences in order to adjust their future (Baker et al., 2019). These types of formal reflective activities are known to play a role in the transformative learning process, yet the impact of these activities on recovery for people in addiction through a lens of transformative learning is largely unknown.

In this chapter, I expound on addiction at large and its substantial impact on people in addiction. Next, I outline how addiction recovery programs were created to aid in their recovery. I then establish the connection between transformative learning theory and addiction recovery. I also investigate the differing approaches used by facilitators to help people in addiction move from dependency to sobriety, specifically formal reflective activities. I then question their efficacy as a facilitator's tool in the aid of addiction recovery. I theoretically define concepts related to transformative learning, reflection, and addiction in addition to describing the questions guiding this study. I conclude this chapter with a discussion of the proposed study's scope and limitations.

Background of the Study

Addiction has plagued society for hundreds, if not thousands, of years (Nathan et al., 2016). Addiction is prevalent worldwide, regardless of nationality, race, gender, or religion. In

2017, 19.7 million American adults battled a substance use disorder and 8.5 million suffered from both a mental health disorder and a substance use disorder (Abuse, 2017). These addictions have resulted in an excess of $740 billion annually in lost workplace productivity, healthcare expenses, and crime-related costs (HHS, 2017). In addition to substance use addictions, non-substance behavioral addictions (e.g., gambling addiction) are also destructive. Abbott (2017) found that as many as six out of every 100 gamblers succumbed to addiction. A study in 2012 (Cash et al., 2012) found that over eight percent of American and European populations have an internet addiction disorder, and some more recent reports have suggested as many as 38% of the population may suffer from it (Gregory, 2019).

Although there is currently a considerable amount of research and understanding of addiction, it was not considered a disease by medical professionals until the 1950s and was then defined solely as a chemical reliance to a psychoactive substance (Shaffer & Shaffer, 2016). As the understanding of addiction, and mental health at large, grew during the twentieth century, the American Psychiatric Association (APA) developed *The Diagnostic and Statistical Manual of Mental Disorders* (DSM) to help practitioners codify and identify different types of mental disorders, including addiction. The earliest DSM conceptualized substance abuse as most commonly arising from a primary personality disorder, with addiction being the symptom of underlying psychopathology. The idea of addiction as a manifestation of preexisting conditions remained until the 1980s and the DSM-III. This third edition of the DSM recognized substance abuse as a primary mental health disorder, introducing the categories of Substance Abuse and Substance Dependence (Robinson & Adinoff, 2016).

The focus then shifted to the neurobiological mechanisms of addiction, which opened the door for practitioners to include behavioral addictions as a disorder (Alavi et al., 2012; Grant et

al., 2010; Petry et al., 2014; Petry et al., 2018). Behavioral addictions are defined as "a repeated behavior leading to significant harm or distress. The behavior is not reduced by the person and persists over a significant period of time. The harm or distress is of a functionally impairing nature" (Kardefelt-Winther, et al., 2017). The only behavioral addiction currently recognized as a disorder by the APA is gambling disorder (previously pathological gambling), but several other behavior addictions were considered under the category of "non-substance-related disorders (Potenza, 2014). These potential additions included Internet gaming disorder (Petry & O'Brien, 2013) and non-Internet based video-gaming and television binging (Sussman & Moran, 2013). Other behavior addictions were discussed for inclusion, such as sex, shopping, and exercise, but ultimately were dismissed due to lack of peer-reviewed evidence (Potenza, 2014).

The current edition of the DSM, DSM-V, focuses primarily on substance related disorders and the impact of their use on the brain's reward system (American Psychiatric Association, 2013). Koob (2010) posited that the neurological reward system begins with a binge/intoxication period, creating feelings of hedonism or euphoria, often described as a "high." The pharmacological manifestations of drugs vary in impact on gaining a high, but the effect on the reward system is similar. Once the binge/intoxication period is completed, people in addiction experience a withdrawal/negative affect that encompasses negative emotional states and decreases of dopamine, the neurotransmitter that delivers feelings of pleasure throughout the body (Koob & Volkow, 2016). This negative stage produces a craving for a euphoric high, introducing the preoccupation/anticipation stage of addiction, triggering a dependency on a substance or behavior to obtain a new high. Koob (2010) called this three-stage process (binge/intoxication to withdrawal/negative to preoccupation/anticipation) the addiction cycle, with people in addiction desiring a stronger and more reliant euphoric high through each

completion of the stage. Thus, people in addiction live in a constant state of compulsivity and impulsivity, and can matriculate through stages of dependance including mild, moderate, and severe substance abuse disorder (van Dam, et al., 2013).

The continued epistemological understanding of addiction has been subsequently mirrored by the programming offered by facilitators of addiction recovery programs. Comprehensive programming has been developed for people in addiction in hopes of curbing the rising rates of addiction (Baker et al., 2019), and addiction researchers have begun to confirm that the transition from addict identity to recovery identity is crucial in a successful long-term recovery (Warren, 2018). Reith (1999) noted an addict's need to escape a narcotic slumber, with recovery from addiction allowing for a reconditioned sense of temporality and a transition from the previous state. Gibson et al., (2004) noted an addict's entanglement of self, with recovery requiring a disentanglement or reconstitution of self. Hill and Leeming (2014) analyzed participants of an Alcoholics Anonymous program who self-identified as in recovery and the struggles that come with constructing a positive sense of self; and Dingle et al., (2015) studied identity-related pathways leading into and out of addiction, finding many people in addiction in recovery seek aspirational new identities. This provides an enlightenment to an epistemological shift – the moment in which the addict reevaluates their life and the place of drugs within it and the phases that follow in the transformation to a non-addict identity" (Warren, 2018, p. 148).

This focus on transformation is described by adult education researchers as *transformative learning.* Hoggan (2016) describes transformative learning as the "processes that result in significant and irreversible changes in the way a person experiences, conceptualizes, and interacts with the world" (p. 71). Mezirow, the founding father of transformative learning, described these *significant and irreversible changes* as epochal transformation, the type of

experiences that change an individual's entire worldview and perspective, ultimately altering their core theme (Mezirow, 2012). The cause of these epochal transformations has been debated by researchers, particularly whether this change occurs through a cognitive process, an affective process, or a combination of both – a process still being contemplated today (Hoggan, 2016).

Mezirow's (1991) seminal work in transformative learning theory outlined transformation as a rational approach that required critical reflection, a challenging of assumptions, and constructive discourse. After considerable review from other transformative researchers (Brookfield 2000a, 2000b; Charaniya, 2012; Dirkx, 2001, 2012; Moon, 1999; Taylor, 2017; Van Manen, 1991), Mezirow (2012) conceded that in addition to the cognitive process there is an affective component to transformation, albeit one that is connected (and secondary) to the cognitive process. This affective realm can include "feelings, emotions, values, beliefs, empathy, compassion, and emotional intelligence" (Kangas-Niemi, et al., 2018, p. 148). Regardless, most transformative learning scholars consider reflection, particularly critical reflection, to be vital to the transformative process (Taylor, 2017).

Taylor and Cranton (2012) discuss transformative learning experiences as opportunities that transform our core theme—our core sense of self that defines who we are and how we live our lives. Mezirow and Taylor (2009) establishes these transformative learning experiences as *epochal* which he defines as "involving dramatic or major changes" (p. 23). Tisdell (2012) takes these explanations of epochal experiences and expounds on them to include the *threshold moments*:

Transform[ations of] our hearts, our souls, and our very being, and the 'form' that transforms involves multiple dimensions of who we are. Many see such moments as

spiritual moments as well, though Mezirow never discusses epochal experiences as such.

(p. 27)

Taylor (1997) noted the importance of relationships when transforming on an affective level, relationships that are open and confident, essential for maneuvering through the challenging experience of transformation. This view of relational transformation within relationships aligns with the findings of Dingle et al. (2015) that people in addiction best experience transformation in groups. Mezirow (2000a) argued that transformative learning occurs where shared experiences and dialoguing creates a common foundation that occasions self-reflection and group processing for meaning making. Facilitators of addiction recovery programs have utilized this approach in their programming, such as 12-step programs, in order to achieve transformation (Hansen et al., 2008).

Over the past century, addiction recovery programs were specifically developed to respond to the increasing addiction rates in people in addiction (Adams & Grieder, 2004), and those programs have developed elaborate curricula with the ambition of aiding people in addiction through the process of changing their core theme and entering into sobriety. These programs have taken on a wide variety of approaches, including yoga (Griffiths, 2016), twelve-step programs (Sussman, et al., 2011), religious activities (Schoenthaler et al., 2015), meditation (Pruett et al., 2007), and mindfulness (Weerasinghe & Bartone, 2016). Addiction counselors, substance abuse professionals, and educators have also used these types of activities to aid in their programming and processes (Baker, et al., 2019; Ballon & Skinner, 2008; Peterkin & Brett-MacLean, 2016; Weerasinghe & Bartone, 2016) in hopes of curbing the ever-rising issue of addiction. The goal of these activities is to occasion transformation (Hansen et al., 2008) into sobriety. This type of transformation, according to transformative learning theory, is primarily

achieved by reflection that sets the learning into action (Cranton, 1996) as individuals try to make meaning of their lives (Taylor, 2017).

A common thread that runs through the ideology of transformative learning theory and addiction recovery is reflection – a concept that adult education researchers have considered vital to the transformative process (Ballon & Skinner, 2008). Reflection has been studied by adult education scholars for more than a century, with Dewey (1933) defining it as an "active, persistent, and careful consideration of any belief or supposed form of knowledge in the light of the grounds that support it and the further conclusions to which it tends" (p. 118). Researchers have long discussed the importance of reflection in learning (Taylor, 2017), with some researchers (Dewey, 1933; Kolb, 1984; Moon, 1999; Van Manen, 1991) considering reflection a "process of problem solving and meaning construction" (Roessger, 2014, p. 324) in which learners use past experiences to reflect on different courses of action. Dewey (1933), in his seminal work on reflection, conceptualized reflection as the opposite of impulsiveness or an opportunity to pause and think on an experience. He posited that a learner matriculates through five steps during reflection: (a) identifying a possible solution to the problem; (b) restating the felt difficulty into a problem to be solved; (c) proposing hypotheses related to the solution; (d) analyzing the hypotheses against one's past experiences; and (e) implementing the solution overtly or covertly while assessing its results against past experience. Some, however, consider reflection to be much more than a problem-solving process, including gaining awareness, understanding, and appreciation (Roessger, 2014). These ideas of reflection have been operationalized by Moon (1991), who defined reflection as a "process with the purpose and/or outcome in which manipulation of meaning is applied to relatively complicated or unstructured ideas in learning or to problems for which there is no obvious solution" (p. 161).

Reflection is common in addiction recovery programs, and reflection is used in a variety of ways to aid in transformation and to make meaning of addiction (Weerasinghe & Bartone, 2016). Facilitators of these programs use multiple processes to occasion reflection, including journaling, cognitive behavioral therapy, constructive discourse, list-making, and experiential activities, just to name a few, in aid of recovery. These processes are considered formal reflective activities by adult education scholars and defined as "structured pedagogical events that take place within the educational setting intended to occasion reflection and/or critical reflection" (Roessger, 2013, p.14). This type of reflection can be used in an informal learning setting as well, where learners "engage either individually or collectively without direct reliance on a teacher or externally organized curriculum" (Livingston, 2008, p. 204).

Flores and Mahon (1993) argued that addiction is a condition that is due to a person's misdirected ability to change one's self without the ability to do so. Narcotics Anonymous considered this insanity, doing the same thing over and over again expecting different results. This is highlighted in Alcoholic Anonymous' first step on the twelve-step journey, to admit powerlessness to change. Therefore, facilitators of addiction recovery programs utilize reflection as a means to help people in addiction conceptualize the role addiction has played in their lives. This occasion for reflection provides opportunities for a new understanding of meaning, a chance to identify a new transformed self. The idea of meaning making is pivotal to addiction as a tool to alter narrative scripts and is also pivotal to transformation. Kegan and Lahey (2009) introduced the idea of transforming our meaning making in such a manner that the way in which we make meaning becomes a tool that we can utilize instead of something that controls us. It is the sequential process of gaining additional complex ways of knowing that make up

transformative learning, a practice that Kegan and Lahey described as messy work that relies on emotional processing and reflection.

This view of messy work and meaning making aligns with the clinical, educational, and epistemological approaches to addiction recovery programming and curriculum, with substance abuse counselors and addiction professionals using cognitive behavioral therapy techniques, formal and informal reflective activities, and social processes to encourage transformation (Peterkin & Brett-MacLean, 2016). Pointer (2015) focused on mentorship and transformation for men in recovery; and Sremac and Ganzevoort (2013) posited the connection between narrative constructs, addiction recovery, and transformation. Thangrattana et al., (2014) developed a nonformal educational program with a transformative learning theory framework to help build resilience quotient in youth at risk of drug relapse; Spring et al., (2018) studied the transformative-learning potential of feminist-inspired guided art gallery visits for people diagnosed with mental illness and addiction; and Fair (2006) analyzed the relationship between transformative learning experiences and substance abuse treatment programs.

Just as facilitators of addiction recovery programs are using reflection, adult education professionals have noted reflection's inherent value in transformation. Reflection as an educational component has been a part of the academic dialogue for over 100 years, and researchers have long debated its efficacy, its centrality to transformation, and its role as a processing tool. Transformative learning theory scholars have delved into the nuanced processes of reflection, continuously redefining critical reflection, establishing formal reflective activities, and differentiating between cognitive and affective reflection. Addiction recovery programs have taken a more pragmatic approach, with facilitators of recovery programs typically focusing on the practical application of reflection, attempting to identify techniques and practices (e.g., yoga,

meditation, peer feedback, 12-step programs) that will aide in the transformative process. The significance of reflection on substantial transformation requires researchers to investigate its role in multiple applications, including addiction recovery programs.

Adult education scholars have identified *formal reflective activities* that could be used to help in the refection process (Roessger, 2013); "activities such as literature, music, storytelling, dialogue, drama, journaling, group work, art, etc." (Merriam & Beirema, 2013, p. 88). The idea of formal reflective activities resonates throughout much of the tenets of transformative learning theory, making it an increasingly studied area of adult learning. Sipos et al., (2008) posited the connection between reflection of values in experiences and sustainability, finding that if we use our "hands, hearts, and head"—i.e., our cognitive, psychomotor, and affective domains—to reflect we will create transformative sustainability. Valiga's (2014) approach corroborates this idea, challenging nurse educators to approach reflective activities through the affective domain of learning, encouraging them to not just teach to the mental capabilities of students, but to focus on the development of their values through poetry, reflection, biographies, songs, and constructive discourse. These types of formal reflective activities can be used to occasion not just reflection, but critical reflection (Roessger, 2013). Critical reflection differs slightly from reflection, and is a highly cognitive, analytical process that challenges perceived and unknown psychological or cultural assumptions through critical thinking, constructive discourse, and experiential learning (Merriam et al., 2007). The effect of critical reflection has also been studied through a lens of transformation in professional development, finding substantial changes in professional viewpoints when they progress through critical reflection in terms of profession (King, 2004).

While addiction recovery facilitators certainly utilize formal reflective activities as an opportunity encourage reflection or critical reflection, there has been no implicit tie between addiction recovery and the use of formal reflective activities through the lens of transformative learning theory. This research will help determine the perceived efficacy of formal reflective activities according to the professionals who facilitate addiction recovery programs. Research has demonstrated the long-held relationship between reflection, more specifically formal reflective activities, and transformative learning. Scholars have also noted burgeoning use of reflection and formal reflective activities in addiction recovery programs. There has been little research, however, on if these activities are effective in addiction recovery programming, particularly through the lens of the recovery facilitator. If addiction programming has been designed to create a new identity of self, and transformative learning establishes the need for messy work and meaning making, do facilitators of addiction recovery programs use reflective activities as a recovery tool? Are there trends that addiction recovery facilitators and practitioners are using/have noticed that draw parallels to transformative learning theory? Addiction recovery and transformative learning theory are quasi-related both in theoretical ideology and operational applicability. This paper hopes to investigate how facilitators view the functions and perceived values of reflective activities on transformative learning amongst people in addiction.

Purpose of the Study

This study addresses the need for further research into the functions of reflective activities as an educational tool for addiction facilitators. It also investigates the value of reflective activities for people in addiction within the framework of transformative learning. The information amassed in this study may benefit educators, counselors, facilitators, professionals,

and researchers striving to use reflection as a transformative tool for people desiring to break the cycle of addiction and move into the realm of sobriety. Although there has been considerable empirical support for the effect of reflection, and specifically reflective activities, within the domain of transformative learning (Ballon & Skinner, 2008; King, 2004; Mezirow, 2012; Roessger, 2014; Taylor, 2017), there is a gap in the literature concerning the value of formal reflective activities when used with people in addiction recovery programs. I will interview facilitators of addiction programs to inquire on the methods of reflection their programming provides people in addiction, investigate the effectiveness of the activities, and then determine the connections (if any) between formal reflective activities and transformation in people in addiction. This study will add to the epistemological framework of addiction, reflection, and transformative learning by adding empirical evidence that addresses these gaps in the research. This study will use a qualitative phenomenological approach, and participants will be purposefully sampled. The researcher will interview professionals who have specific experience facilitating addiction (both substance and behavioral addiction) and substance abuse groups and sessions.

The purposive sampling will target no less than six participants and no more than twenty who fit the above description, ideally interviewing participants until saturation is achieved. Data will be collected via interviews focusing on the study's research questions, using a semi-structured interview approach to collect information.

Research Questions

Two research questions guide this study:

1. How do facilitators use formal reflective activities with people in addiction?

2. How do facilitators perceive the value of reflective activities when working with people in addiction?

<div align="center">**Definition of Terms**</div>

Addiction is defined as the dependence on a substance or activity that presents functional impairments at work, in social relationships, or in other social situations (Alavi et al., 2012).

Affective Domain of Transformation focuses on the affective realm of transformation, the realm that "deals with feelings, emotions, values, beliefs, empathy, compassion, and emotional intelligence" (Kangas-Niemi et al., 2018, p. 149) during transformation.

Behavioral Addictions are defined as "a repeated behavior leading to significant harm or distress. The behavior is not reduced by the person and persists over a significant period of time. The harm or distress is of a functionally impairing nature" (Kardefelt-Winther, et al., 2017).

Cognitive Domain of Transformation - "The cognitive domain deals with knowledge and how we acquire and process it" (Kangas-Niemi et al., 2018, p. 149).

Critical Reflection is a highly cognitive, analytical process that challenges perceived and unknown psychological or cultural assumptions through critical thinking, constructive discourse, and experiential learning. (Merriam et al., 2007).

Epochal Transformation - "Some transformative learning experiences transform our very core identity or worldview. Mezirow and Taylor (2009) refers to these major shifts as 'epochal,' which he defines as 'involving dramatic or major changes.' He is writing about the kinds of experiences that alter one's core beliefs about oneself and the world, metaphorically one's *core theme*" (Tisdell, 2012, p. 23).

Formal Reflective Activities are "structured pedagogical events that take place within the educational setting intended to occasion reflection and/or critical reflection" (Roessger, 2013, p. 14), such as journaling, dialogue, meditation, etc.

Person/people with addiction are individuals experiencing a substance abuse or behavioral addiction problem (White, 2006).

Reflection is a "process with the purpose and/or outcome in which manipulation of meaning is applied to relatively complicated or unstructured ideas in learning or to problems for which there is no obvious solution" (Moon, 1999, p. 161).

Threshold Moments are "transform[ations of] our hearts, our souls, and our very being, and the 'form' that transforms involves multiple dimensions of who we are. Many see such moments as spiritual moments as well, though Mezirow never discusses epochal experiences as such" (Tisdell, 2012, p. 27).

Transformative Learning "refers to processes that result in significant and irreversible changes in the way a person experiences, conceptualizes, and interacts with the world" (Hoggan, 2016, p. 71).

Limitations and Assumptions

The following may be limitations of this study:

1. Addiction is a sensitive and highly personal topic. This study could therefore inhibit openness, and produce generic, overarching conversations with addiction and substance abuse counselors. Secondly, the participants are expected to be professionals with high levels of institutional and patient confidentiality, and concerns around exploitation may limit the pool of possible participants.

2. The author is well aware of potential biases and the inherent values and belief systems that could influence this study. The author is a recovering addict and therefore could skew findings while coding a qualitative study.

3. Because the primary focus of this study is within the realm of adult education and transformative learning theory, it may be difficult to generalize findings to other fields.

4. Due to the nature of qualitative studies, the participants may have increased control over the data collected. Their biases or preexisting knowledge of the field of study could impact results.

5. The participants will be giving perspective-based responses, therefore comparisons in further research may be difficult to duplicate.

6. There can often be no tests for validity and reliability in a qualitative study therefore the researcher must truthfully present the data during the interview stage and specify the data given the purpose of the study (Patton, 2002).

     The following may be assumptions of the study:

1. The participants of the study will be facilitators of addiction programs and will have the knowledge base to answer the research questions.

2. The participants will give truthful and honest answers to the questions posed by the study.

     Because of the study's methodology, an Institutional review board (IRB) approval will be obtained in hopes of assuaging the ethical concerns of participants, their clients, and organizational administration who are expected to help identify possible participants.

Researcher Positionality

     A researcher's positionality aids this study through a better understanding of the researcher's ontological and epistemological beliefs and assumptions, and how the researcher's

individual beliefs and assumptions can influence how research is conducted, its outcomes, and results (Holmes, 2020). This process of positionality is formed through a comprehensive and deliberate period of self-reflection and reflexivity, both as a prerequisite and ongoing process (Cohen et al., 2011). Malterud (2001) posits that:

> Reflexivity starts by identifying preconceptions brought into the project by the researcher, representing previous personal and professional experiences, pre-study beliefs about how things are and what is to be investigated, motivation and qualifications for exploration of the field, and perspectives and theoretical foundations related to education and interests (p. 484).

Savin-Baden & Major (2013) suggest three ways that help a researcher recognize and cultivate their positionality: (a) acknowledging personal positions that could potentially influence the research; (b) recognizing self-identity and other's perceptions of that identity; and (c) granting that the research will be influenced by the researcher and by the research context.

Therefore, after a thorough self-reflection, there are multiple areas that shape and identify my positionality in relation to this study. My worldview influences the lenses through which I view this study and has been shaped by my upbringing as an evangelical Christian born and raised in rural Oklahoma. I also have classical and informal training in facilitating formal reflective activities within a professional capacity, albeit not within the realm of addiction recovery. In addition, my father is a licensed professional counselor and a licensed alcohol and drug counselor. My sister is a licensed professional counselor as well. Their influences certainly have shaped my worldview in relation to addiction and addiction facilitation.

This study focuses on the effect of formal reflective activities through the lens of an addiction recovery facilitator and transformative learning theory. I have a background in

addiction and have participated in several different types of facilitated recovery programs. These recovery programs include short-term rehabilitation, individual addiction therapy sessions, group addiction therapy sessions, long-term recovery men's groups, and multiple 12-step recovery programs. I am currently involved in Alcoholics Anonymous and Celebrate Recovery. I have two active sponsors who help me through the recovery process. Most of these programs, both former and current, were facilitated by licensed alcohol and drug counselors using multiple variations of formal reflective activities, even if unfamiliar with the epistemological background of the activities.

This process of self-reflection and reflexivity has taken considerable time and effort. I recognize that regardless of how thorough this process has been, I will never be able to objectively characterize reality (Holmes, 2020). I engage in this process of positionality, nonetheless, hoping to identify and highlight areas of potential bias that could influence this study. Engaging in critical reflection as a researcher only helps strengthen this study, aiding in the research process along the way (Holmes, 2020).

Conclusion

This chapter introduces the need to understand how formal reflective activities relate to transformative learning, as well as the importance for adult education researchers to empirically investigate the efficacy and outcomes of formal reflective activities amongst the transformation of people in addiction. The results of this study may serve multiple stakeholders such as substance abuse counselors, addiction specialists, people in addiction recovery, employers, facilitators, and adult educators through a better understanding of the functions and perceived values of formal reflective activities in transformative work with people in addiction.

CHAPTER 2

Review of the Literature

Addiction has been present since the beginning of recorded history, and likely before. Alcohol has been a part of life since our ancestors discovered the effects of fermented grains and fruits, and nearly every religious text discusses the implications of alcoholism (Nathan et al., 2016). Drugs, such as opioids, were recorded to have had an impact on societies such as the Greeks, Babylonians, Persians, Egyptians, and the Romans as early as 400 BC (Hamarneh, 1972). Throughout the years, as new substances were introduced into society, other drugs became prominent, such as nicotine, caffeine, marijuana, peyote, cocaine, etc., As technologies changed, chemical-induced substances such as lysergic acid diethylamide (LSD), crack-cocaine, and methamphetamines have added to addiction rates across the world. Additionally, in combination with substance-abuse addictions, behavioral addictions have also been identified to have major impacts on the lives of people in addiction, addictions such as gambling and internet use disorders.

As our knowledge base of substance abuse grew, so did the tools used in order to curb the rising rates of people in addiction, specifically in America. In early history, addiction was considered a secondary manifestation of an underlying condition, and not directly treated. Some early Native American tribes started support groups and sobriety circles for people in addiction, but most other societies still considered people in addiction as outcasts (White, 2000). Starting in the late eighteenth century, a physician named Benjamin Rush posited that alcoholism was a disease that needed to be treated. It wasn't until the 1850s that inebriate homes and sobriety fellowships began to cater to people in addiction, specifically alcoholics (White, 2005). The earliest Alcoholics Anonymous groups were started in the 1930s and the American Medical

Association (AMA) officially recognized alcoholism as a medical disorder in 1952. The AMA classified all drug addictions as diseases in 1987 (White, 1998). Many of the early forms of addiction treatments have been rejected and even viewed as inhumane. More modern approaches to addiction recovery have been facilitated through therapeutic and prevention programming (National Institutes of Health, 2007). Behavioral therapy, both inpatient and outpatient, is one of the modern therapeutic models that facilitators use in addiction programming, including individual and group sessions. Twelve-step programs, faith-based recovery systems, and continual counseling are often utilized as post-care programming for recovering people in addiction.

These types of addiction recovery programs have been utilized by facilitators of programming in order to transform people in addiction from dependency to sobriety, ideally changing an person in addiction's core theme of self. This view of transformation can be identified in adult learning's transformative learning, defined by Hoggan (2016) as "processes that result in significant and irreversible changes in the way a person experiences, conceptualizes, and interacts with the world" (p. 71). Transformative learning scholars rely heavily on reflection, more specifically formal reflective activities, as a method to occasion reflection and in turn transformation (Roessger, 2015). This aligns with facilitators of addiction programming, with many addiction recovery programs intermittently using incremental and epochal meaning-making approaches to transformation while using formal reflective activities. These activities can include yoga, meditation, constructive discourse, journaling, etc.

This paper will investigate the different types of reflective activities addiction recovery facilitators use, and then examine the effectiveness and perceived value of these activities through the perspective of the facilitator. The review has seven sections: (a) conceptualizations

of addiction; (b) facilitation of addiction recovery programs; (c) conceptualizations of transformative learning theory; (d) brief overview of the role of transformation in addiction; (e) conceptualizations of reflection; (f) conceptualizations of formal reflective activities; (g) empirical research examining the relationship between reflective activities and people in addiction; and (h) summary, implications, and discussions.

Sources were retrieved through searches of five databases: (a) EBSCOhost Research Platform; (b) Education Full Text; (c) ERIC; (d) Google Scholar; and (e) PsychINFO. Search terms included: reflection, critical reflection, reflective activities, reflective practice, transformative learning, addiction, and outcomes. Additional sources were identified using the reference lists of sources obtained through this database search.

Conceptualization of Addiction

The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), separates addiction into two categories: substance abuse disorders and behavioral addictions (American Psychiatric Association, 2013). This section considers both and outlines the qualifications that the American Psychiatric Association (APA) has set forth in their identification process for addiction. First, a history of addiction will be outlined including a history of the identification and codification process, followed by a conceptualization of addiction, and finally a review of the types of treatments used by facilitators of addition recovery programming throughout history.

History of Addiction

Addiction has been debated by scholars, philosophers, and church leaders for thousands of years. Alcohol was first mentioned in China over 12,000 years ago, Jesus Christ turned water into wine in 2,000 years ago, and Catholic Church leaders debated whether alcohol was God's

gift or moral transgression (Nathan, et al., 2016). Prescriptions for opioids were found on

hardened Sumerian tablets clay tablets, tablets that are over 8,000 years old (Bandyopaadhyay,

2019). In 1,300 B.C., the Egyptians began to cultivate opium in their famous poppy fields, and

Alexander the Great introduced opium to the peoples of Persia and India in the 300s B.C. This

was followed by two-thousand years of opioid trade throughout the world, extradited primarily

by the British East India Company in the late 1700s (Booth, 1996). Coffee was discovered in 600

BC, and caffeine was first isolated in 1819, ushering a new opportunity for addiction through

caffeine (Topik, 2009). Native Americans first cultivated tobacco in 6,000 BC, with the Spanish

introducing it to the rest of the world in the 1400s. The 1930s saw the introduction of LSD, a

hallucinogenic drug, and a new world of addiction to hallucinates. The rise of computers in the

late twenty-first century introduced online addictions and gambling disorders. Each and every

one of the examples listed above were eventually classified as substance abuse disorders or

behavioral addictions by modern phycologists and medical professionals, albeit at different times

and in a wide array of classifications.

Modern treatment for addiction began in the late 1700s through the work of French

physician Phillippe Pinel, British merchant William Tuke, and American Benjamin Rush,

considered the fathers of the temperance movement (Levine, 1978). The 1800s saw the rise and

fall of asylums and inebriate homes, as drunk tanks, wards, and foul wards in hospitals were

introduced (White, 2002). Also in the 1800s, Sigmund Freud used cocaine to treat addiction, and

Dr. Leslie Keeley opened over 120 Keeley Institutes primarily using home cures as a treatment

for addiction (Grinspoon & Bakalar, 1981). In 1901 the Charles B. Towns Hospital opened,

using elixirs as treatment, catering to the very wealthy (Markel, 2010). The early 1900s also

introduced morphine maintenance clinics, narcotic farms, Alcoholics Anonymous, and self-help models of addiction treatment (McElrath, 1997).

The American Medical Association (AMA) defined alcoholism in 1952 as a "primary, chronic disease with genetic, psychosocial, and environmental factors influencing the condition's prognosis" (Morse, 1992, p. 1012). At the same time, the APA first introduced the DSM which conceptualized substance abuse disorder as alcoholism and drug addiction, yet codifying it as a manifestation of an underlying condition (Robinson & Adinoff, 2016). In 1968, the AMA changed the term "drug addiction" to "drug dependence" and categorized addiction as a personality disorder in the DSM-II (American Psychiatric Association, 2013). The DSM-III was created in 1980 and led to a significant development in the codification in addiction, changing the classification from an underlying manifestation to an independent category, with personality disorders as a secondary manifestation instead of primary (Robinson & Adinoff, 2016). The next substantial change in the DSM was in 2013 with the DSM-5's introduction to behavioral addictions. The terminology of addiction was also changed to substance-related and addictive disorders and the word "addiction" was removed from the DSM due to potential negative connotations (American Psychiatric Association, 2013).

There are nine types of substance abuse listed in the DSM-5: cannabis; hallucinogens; inhalants; opioids; sedatives, hypnotics, and anxiolytics; stimulants; and tobacco (Grant & Chamberlain, 2016). The DSM-5 also introduced addictive disorders, with gambling disorder as the sole inclusion, although Internet gaming disorder is included for future investigation. Substance use disorders and addictive disorders have been identified by the DSM as similar in clinical expression, brain origin, comorbidity, physiology, and treatment (American Psychiatric

Association, 2013). McLellan (2017, p. 120) identified eleven different criteria that encompass substance abuse and addictive disorders:

1. Taking the substance in larger amounts or for longer than you're meant to.

2. Wanting to cut down or stop using the substance but not managing to.

3. Spending a lot of time getting, using, or recovering from use of the substance.

4. Cravings and urges to use the substance.

5. Not managing to do what you should at work, home, or school because of substance use.

6. Continuing to use, even when it causes problems in relationships.

7. Giving up important social, occupational, or recreational activities because of substance use.

8. Using substances again and again, even when it puts you in danger.

9. Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance.

10. Needing more of the substance to get the effect you want (tolerance).

11. Development of withdrawal symptoms, which can be relieved by taking more of the substance.

The DSM-5 outlines that individuals with fewer than two symptoms are unlikely to have a disorder. Mild disorders are considered when an individual has two to three symptoms, four to five symptoms are considered moderate, and six or more is considered severe. On top of these identifiers, researchers have organized substance abuse and addictive disorders to have a few common consequences: (a) changes in the brain's structure and function that create a physical

dependence; (b) tolerance that requires the need to take higher doses to achieve a high; and (c) addiction which includes repeated, chronic use despite negative consequences.

Symptoms of substance use and addictive disorder are grouped into four categories: (a) impaired control; (b) social problems; (c) risky use; and (d) drug effects. Impaired control is defined as a lack of control or inability to resist using a substance despite considerable effort (American Psychiatric Association, 2013). Social problems develop as substance abuse or addictive disorders effect everyday responsibilities, disrupting work, family, and social endeavors. Risky use occurs when substance is used in risky situations regardless of potential outcome. Drug effects typically encompass tolerance and withdrawal symptoms.

The effects, identifiers, and symptoms of substance abuse and addictive disorders have been debated for thousands of years and will likely be adjusted in the future as medical professionals can better diagnose addiction. In the same manner, the way in which professionals have treated addiction has changed over the years and will likely continue to evolve in the future. This paper will identify the history of addiction programming and the current approaches to addiction that will help shape the future of facilitation of addiction recovery programs.

Facilitators Approaches to Addiction Programming

For most of addiction history, there were no official or organized rehabilitation or facilitated approaches for those in substance abuse or addictive behavior. Throughout the modern era, however, there have been many approaches to facilitating rehabilitative methods. In the late 1700s to early 1800s alcoholic mutual aid societies began to form primarily amongst Native American tribes, including native healing practices. The view of alcoholism as a disease was first introduced into America by Benjamin Rush who argued that it should be treated, and his written works led to the beginning of the temperance movement (White, 1998). Rush, a physician and

signer of the U.S. Declaration of Independence, revolutionized the therapeutic approach to addiction (Elster, 1999). Before his seminal work in addiction, alcoholism was considered a sin. In juxtaposition to those earlier thoughts, Rush developed the idea of alcoholism as a disease, positing that alcohol had control of the alcoholic rather than it simply being a matter of choice. He created an educational campaign against the consequences of alcohol, highlighting the inaccurate societal beliefs that alcohol had health benefits while also introducing multiple alcohol-related health problems (Nathan et al., 2016). His preferred treatment of alcoholism was to treat the addiction with less powerful substances by inducing vomiting via medicine and diluted alcohol, a form of aversion therapy (Durrant & Thacker, 2003). Mostly, Rush dedicated his educational campaign to encourage continued abstinence from alcohol through an early version of occupational therapy (White, 1998).

Rush's introduction of alcohol as a disease opened the door for inebriate homes and asylums across the United States, institutions that provided non-medical detoxification and sobriety fellowships. The earliest inebriate homes, such as Lodging Homes and Homes for the Fallen, were voluntary stays that included abstinence from alcohol and moral reframing (White, 2002). The New York State Inebriate Asylum opened in 1864 as the first addiction treatment, fully medically monitored rehab center in the U.S. (Nathan et al., 2016). In the 1870s, Dr. Leslie Keeley opened over 120 Keeley Institutes that used home cures, openness to alcohol, and injections of "Double Chloride of Gold Cures" for drunkenness. The Keeley Institutes allowed their patients to walk amongst the grounds and around the nearby streets, with some scholars suggesting the Keeley Institutes as some of the first and earliest therapeutic communities. There was considerable pushback from the medical community toward Dr. Keeley's self-proposed "cure" for alcoholism, regardless of the fact that hundreds of thousands of people sought

treatment from his institutes (Tracy, 2005). Other treatments received criticism from the medical community, including famed psychiatrist Sigmund Freud who treated alcohol and morphine addiction by prescribing cocaine as a cure for sobriety. As the 1800s came to close, so did inebriate homes and asylums. Their closing introduced wards, foul wards, and drunk tanks, as well as faith-based clinics. The Emmanuel Clinic in Boston opened to treat alcoholism, using lay therapy and spiritual forms of psychotherapy to cure alcoholism, laying the groundwork for programs like Alcoholics Anonymous.

It wasn't until the 1920s that the medical and psychiatric community focused on facilitating programs for those addicted to drugs. Morphine maintenance clinics were introduced, as well as narcotics farms, both in an attempt to find sobriety for people in addiction. The Lexington Narcotic Farm was a coed facility where medical professionals would perform research on human subjects. The narcotic farms were revolutionary at the time, such as calling those seeking treatment "patients" as opposed to "prisoners," and offered behavioral therapy rehabilitation centered around self-improvement and moral therapy (Campbell, 2006).

Alcoholics Anonymous was founded in 1935 as a group of men sharing in a 12-step program of sobriety, including meetings, self-work, and shared experiences. The introduction of the "Big Book" highlighted the twelve steps and a specific method that alcoholics could follow. The twelve steps are summarized by the APA (VandenBos, 2007) as:

- admitting that one cannot control one's alcoholism, addiction or compulsion;
- coming to believe in a higher power that can give strength;
- examining past errors with the help of a sponsor (experienced member);
- making amends for these errors;

- learning to live a new life with a new code of behavior

- helping others who suffer from the same alcoholism, addictions, or compulsions.

Alcoholics Anonymous is still potentially the most famous and consistent facilitation of substance abuse disorders, spurring off other independent programs including Cocaine Anonymous, Crystal Meth Anonymous, Marijuana Anonymous, Gamblers Anonymous, Overeaters Anonymous, Sexaholics Anonymous and Debtors Anonymous, as well as auxiliary groups such as Al-Anon and Nar-Anon (Kurtz, 2010).

The early 1950s introduced the treatment of alcoholism with Disulfiram and other drugs as a supplemental treatment for alcoholism. Many of these drugs created adverse reactions to the use of alcohol, such as nausea and acute hangover effects. This type of aversion therapy lasted for decades, with some use still occurring today. The use of Disulfiram began an increased use of drug-related applications for alcoholism, including barbiturates, amphetamines, and LSD (Kragh, 2008). The Veterans Administration alcoholism treatment units and Halfway Houses were also introduced in the 1950s, providing recovery-focused, long-term care for those struggling with substance abuse. Methadone was introduced as a treatment for narcotic addiction in 1964, acupuncture was used as a treatment tool in 1970, and Narcan was used in 1971 to counter opioid overdoes effects.

The 1980s saw the introduction of several secular treatment centers for alcohol and drug addictions, including the Betty Ford Clinic and the Secular Organizations for Sobriety, and Rational Recovery. These programs focused on rational decision-making as a recovery treatment as opposed to spirituality (Kuther, 2002). SMART Recovery was founded in 1994 as a non-12-step treatment program centered around self-empowerment. SMART Recovery used science and

skills-based processes to help people in addiction develop coping skills to manage urges and behaviors that fuel addiction (Horvath & Yeterian, 2012).

The modern approach to substance abuse and addiction disorders includes pharmacological and therapeutic methods. Many of the early forms of drug treatments have been completely disregarded and dropped by the medical community and facilitators of addiction recovery programming. Many of the methodological models of addiction programming remain and have influenced the models currently administered, including Aversion therapy, 12-step programs, Halfway Homes, and long-term prevention and outpatient programs (White, 2005). Another methodology that has persisted is prevention models, including programming in schools, government outreach, and organizations tailored to prevention. Group therapy and individual sessions are included in most substance abuse programs in order to introduce coping mechanisms and prevention education.

Substance abuse and addiction programming has evolved over the years, with facilitators of addiction programs using best practices to better understand treatment processes. One area that this study is interested in understanding is the role of reflection, specifically formal reflective activities, in a facilitator's approach to treatment. To better understand the relational dynamic of formal reflective activities and substance abuse treatment, this paper will dive into the theory of transformative learning through the lens of adult learning. This investigation into transformative learning will help to define the uses and ideologies of formal reflective activities as a facilitation tool for addiction recovery programming.

Overview of Transformative Learning Theory

To understand transformative learning, one must first grasp the idea of learning through experience. In adult education literature, treatments of transformative learning theory stem

primarily from the influence of Dewey's (1933) understanding of learning as a lifelong experience, noting that learning is a collaborative sequence of experiences, a compounding process of understanding, and knowledge that is used for every experiential situation that follows. Mezirow (1978, 1991) conceptualized transformative learning as a process that begins with a learner experiencing something incongruent from the learner's worldview, creating a dilemma that is deeply disruptive. This dilemma is mostly in a response to conflicts with a learner's ingrained societal, familial, and cultural assumptions instead of basic cause-effect expectations (Mezirow, 1985). Mezirow (1991) also suggested that transformative learning was a theory of learning that explains how learners challenge previously held assumptions, critically reflect on the contrasts between their current perspective within a new perspective, and experience transformation. Nevertheless, it is not only the introduction of a disorienting dilemma that elicits transformative learning opportunities; rather, a learner must identify an observation or idea to be disorienting and then must choose to recognize the assumptions that lead the learner to identify dissonance (Cox, 2017). This series of challenges and recognition is instigated through critical reflection, and Mezirow (2000a) theorizes transformative learning as an emancipatory process which occurs through a ten-phase process:

1. A disorienting dilemma.

2. A self-examination with feelings of guilt or shame.

3. A critical assessment of epistemic, sociocultural, or psychic assumptions.

4. Recognition that one's discontent and the process of transformation are shared and that others have negotiated a similar change.

5. Exploration of options for new roles, relationships, and actions.

6. Planning a course of action.

7. Acquisition of knowledge and skills for implementing one's plan.

8. Provision trying of new roles.

9. Building of competence and self-confidence in new roles and relationships.

10. A reintegration into one's life on the basis of conditions dictated by one's perspective.

Researchers have questioned the validity of the ten phases, suggesting that learners can move sporadically through the phases, return to a prior phase, or experience one phase at an increased intensity level compared to another phase (Dewane, 1993; Taylor, 1997). Regardless, there is a disorienting dilemma identified by the learner that challenges their current perspective, which in turn requires critical reflection to process and practice. The learner can disregard the disorienting information or adopt the new perspective partially or completely (Brookfield, 2000b) which will create a new paradigm of thinking and potential transformation. Ultimately, transformative learning is this paradigm-shifting process of effecting change to a learner's frame of reference – "the structures of assumptions through which we understand our experiences" (Mezirow, 1997, p.5) and critically reflecting on an adult's considerable body of learning experience (Taylor, 2017). These frames of reference shape our entire existence, establish our habit of thinking, and form our point of view. Taylor and Cranton (2012) identify this process as "the notion that we uncritically assimilate our values, beliefs, and assumptions from our family, community, and culture. In other words, we adopt the dominant ideology as the normal and natural way to think and act" (p. 7). Once our frame of reference is established, we habitually move from one activity (mental or behavioral) to another. Mezirow (1997) argued that we have a strong propensity to disregard ideas that fail to fit our presumptions, and for transformation to

occur learners need to move toward a frame of reference that is more inclusive and self-reflective.

The Cognitive, Rational Process

While developing transformative learning theory, Mezirow (1991) drew from Habermas's (1984) research concerning domains of learning – primarily generic cognitive areas in which human interest generates knowledge. Seminally, Mezirow (1997) considered transformative learning to be a rational and cognitive process involving logic – a process that involves critically reflecting on long held assumptions, challenging beliefs through constructive discourse, and then taking action on that critical reflection.

Mezirow's ideas of using critical reflection and discourse to spark the cognitive process of transformation is in many ways similar to the straightforward validation processes found within the Socratic method (Cox, 2017) and other constructive discourse models of learning that utilize a dialogic, rational process to challenge assumptions. Since critical reflection and constructive discourse are so ingrained in transformative learning (Mezirow, 1997) and critical reflection is widely viewed as a cognitive process (van Woerkom, 2010), researchers consider transformative learning a cognitive, rational process. However, this focus on rationality is continually given prevalence overlooking the fundamentally emotional nature of cognition (Taylor, 2017).

The Social, Emotional, Relational Process

Many learning theories identify the relationship between learning and different domains. Boor (2011) discusses the necessity of an emotional element to any learning environment within an educational perspective. Kangas-Niemiet al., (2018) describe this to include emotions, feelings, and spirituality, and Epstein and Hundert (2002) and Cowan (2006) considered the

affective domain to be one of the dimensions of professional competence. As some scholars suggested that transformative learning was inherently a social process, other researchers have questioned transformative learning's foundational cognitive premise since its inception (Cranton & Kasl, 2012; Merriam, 2004; Newman, 2012; Tisdell, 2003). There has been questioning on the cognitive, rational, and dialogic reliance within critical reflection, and the introduction of new amendments to the theory, such as the importance of extrarational processes, including intuition (Dirkx, 1997 & 2012; Dirkx et al., 2006; Mezirow, 2000a) and spirituality (Tisdell, 2003). Tisdell (2003) and Cranton and Kasl (2012) mention a theoretical and research-driven overreliance on Mezirow's (1991 & 2000a) description of transformative learning, leading researchers to dismiss extrarational processes (Cox, 2017) which provides a narrow view of the transformative process.

More modern assessments of learning that envelope this aspect of transformative learning theory include social and emotional learning (SEL), a process in which adults and children: (a) maintain cooperative relationships; (b) make responsible decisions; (c) manage strong emotions; (d) communicate clearly and assertively; (e) solve problems effectively; (f) recognize emotions in oneself and others; and (g) have empathy for others (Is & Taught, 2019, p. 1). The idea of SEL is for academic institutions to prepare students beyond traditional academic aspects in order to better understand and manage emotions (Weissberg et al., 2015).

"Beyond Rational" Transformation

More recent literature exhibits a side of transformative learning that is conceptualized not only as a rational, discursive process, but also includes beyond rational (Merriam & Bierema, 2013) areas of reflection that cause transformational learning opportunities (Dirkx, 1997 & 2012; Mezirow, 2000a; Tisdell, 2003 & 2012). Taylor and Cranton (2012) also argue for the inclusion

of imagination, emotions, intuition, and social change within transformative learning. It can be a cognitive, rational individualistic process for some, and for others it can be a highly emotional, spiritual social process. The symbiotic association between transformative learning and emotions is lacking in research, and researchers have yet to foundationally understand how emotions and feelings relate to critical reflection (Taylor & Cranton, 2012, p. 13). Mezirow (2000b) even added refinements to Transformative Learning Theory stating that:

> Cognition has strong affective and conative dimensions; all the sensitivity and responsiveness of the person participates in the invention, discovery, interpretation, and transformation of meaning. Transformative learning, especially when it involves subjective reframing, is often an intensely threatening emotional experience in which we have to become aware of both the assumptions undergirding our ideas and those supporting our emotional responses to the need to change. (pp. 75-76)

Contemporary Conceptualizations of Transformation

Researchers still consistently support the idea of transformative learning theory being a cognitive, rational, and dialogic transformational process (Taylor, 2017), but have also included emotional intelligence (Goleman, 1998), the necessity for emotional maturity (Mezirow, 2012), the need for collaboration (Brookfield, 2000a; Cranton, 1996), or even the ability for critical reflection to occur outside of constrictive discourse (Fook, 2010). This deflection from the seminal work of Mezirow displays the evolution of transformative learning theory and critical reflection, distancing itself from critical theory towards a reliance on psychological change (Taylor, 2017). Recent literature also has focused on the importance of dwelling inside the affective learning process, and some have even found the affective domain to be one of the dimensions of professional competence (Epstein & Hundert, 2002; Kangas-Niemi, et al., 2018).

There has been a resurgence on the importance of affective learning, including considerable research on the importance of focusing on the affective domain in science, technology, engineering, and mathematic (STEM) fields (Goldin, 2018; Hwang, & Chang, 2016; Kangas-Niemi et al., 2018). Brien et al., (2008) even discussed the anxiety and emotional discomfort that can be associated with self-questioning and critical reflection in the affective domain.

  Perspective Transformation and Transformative Learning Theory as a Metatheory.
Mezirow (1978, 1991) posited transformative learning theory as an educational theory, one with specific descriptors of transformation – how learners made meaning of their world. He identified this specific approach to transformation as perspective transformation, a label that is still identified with his earliest work. As the theory grew in popularity so did its breadth, starting with Boyd and Myers (1988) critique from their Jungian perspective of psychoanalytical theory. This critique expanded Mezirow's initial description, one of critical self-assessment, to include Boyd and Myers processes of soul searching and introspection (Hoggan, 2018). Hoggan (2018) argues that this pivotal point of critique was not truly offering a rebuttal to Mezirow's seminal position on transformative learning theory but adding an additional theory under the umbrella of transformative learning. He argued that this confluence of theories expanded to include any type of transformation in learning, diverging from Mezirow's initial definition. Mezirow (2000a) himself advocated for this merging of theories in his book, *Learning to Think Like an Adult,* a collection of disparate ideas concerning transformative learning theory. This created such a broad approach to transformative learning that Taylor (1998) created four theoretical frameworks, or branches, of transformative learning: psychocritical, psychoanalytic, psychodevelopmental, and social emancipatory. The psychocritical approach was the original description that Mezirow offered and expanded upon throughout his later works. It focused on

the concept that individuals have "habits of mind" or ways of thinking that are shaped by broad worldviews, and to change the habit of thinking required considerable critical reflection to challenge preconceived assumptions. The psychoanalytical approach centered around psychologist Carl Jung's focus on the expansion of ego consciousness, allowing transformative outcomes that include greater self-awareness and authenticity that allow for a more whole person. This view of transformation varied greatly from Mezirow's 10-phase process of transformation. The psychoanalytical approach mostly discarded the critical piece of Mezirow's psychocritical approach in favor of one that emerges through introspective processes (Hoggan, 2016). The psychodevelopmental approach focuses on increased cognitive capacity depending upon the model of development a scholar is using to analyze growth. For transformation to occur during the psychodevelopmental approach, one would need to undergo a considerable change in the way one makes sense of the world. The social emancipatory approach is based off of the work of Paulo Friere and focuses on the transformation of individuals from "passive" objects in the world to "active" subjects who consciously and critically act to make the world a more equitable place (Hoggan, 2016). Once again, this approach varies from Mezirow's psychocritical approach, concentrating more on the world at large than individual reflection.

Taylor (2007) went on to add four more approaches to transformative learning theory, including neurobiological, cultural-spiritual, race-centric, and planetary frameworks. The neurobiological transformation approach (Janik & Daniel, 2005) focuses on the physical changes that occur on the brain during the learning process. The cultural-spiritual perspective of transformative learning emphasizes the importance of spiritual and cultural narratives, and how cross-cultural relationships can broaden one's worldview and spiritual awareness (Tisdell, 2005). A race-centric approach is often centered around those of non-Eurocentric identity, particularly

black women, and the role that lived experience "within a sociocultural, political, and historical context" (Sheared, 1994, p. 36). Lastly, a planetary approach to transformative learning takes into consideration perspectives outside an individual's own learning to include all issues of education as a whole (O'Sullivan, 2012). It is a complete restructuring of the educational process in order to achieve transformation.

Hoggan (2016) noted that Mezirow's original work on transformative learning theory had gotten convoluted, that its original meaning had become lost amongst the wide array of the theory. Due to the broad nature of the theory, he introduced (Hoggan, 2015; 2016; 2018) a reconceptualization of transformative learning as a metatheory. The term transformative learning would include everything *except* Mezirow's psychocritical approach, which he proposed be called perspective transformation. All other conceptualizations of transformative learning would fall under the umbrella of the metatheory. A metatheory is "an overarching paradigm for a particular phenomenon or range of phenomena" (Hoggan, 2017, p. 40). It is the encompassing umbrella that lumps together several theories that are connected through human connection (Aldridge et al. 1992). This research will focus on the metatheory of transformative learning, choosing to identify all types of transformation that occurs in addiction recovery, including Mezirow's perspective transformation.

Transformational Learning and Addiction Recovery

Kegan and Lahey (2009) identified the major obstacles to transformation as our innate immunity to change, which challenges any cognitive, affective, or behavioral force attempting to disrupt our worldview and current perception. Transformation, therefore, is enabled in the creation of an adaptive challenge that produces internal conflict - an optimal conflict. Kegan and Lahey (2009) described the characteristics of the optimal conflict this way:

1. The persistent experience of some frustration, dilemma, life puzzle, quandary, or

   personal problem that is

2. Perfectly designed to cause us to feel the limits of our current way of knowing

3. In some sphere of our living that we care about, with

4. Sufficient supports so that we are neither overwhelmed by the conflict nor able to

   escape or diffuse it.

Basically, for transformative learning to occur, individuals must intentionally create optimal

conflict or be open to situations where optimal conflict can occur in a safe and supportive

environment.

This is where transformative learning theory and addiction recovery programming align.

Notice the comparisons between Kegan and Lahey's (2009) conflict listed above and the 12-

steps of AA:

- admitting that one cannot control one's alcoholism, addiction or

  compulsion;

- coming to believe in a higher power that can give strength;

- examining past errors with the help of a sponsor (experienced member);

- making amends for these errors;

- learning to live a new life with a new code of behavior

- helping others who suffer from the same alcoholism, addictions, or

  compulsions. (VandenBos, 2007)

The same can be said of the comparisons of the first two steps of Mezirow's (2000a) ten phase

process of transformative learning theory and the addiction shame cycle (Wiechelt, 2007) and the

APA's (2013) codifying of addiction. Mezirow describes a disorienting dilemma, Wiechelt

(2007) mentions triggers of emotional pain, and the APA mentions an addict's introduction to social problems as substance abuse or addictive disorders effect everyday responsibilities. Step two for Mezirow is a self-examination with feelings of guilt or shame, Wielchelt mentions a recognition of internalized shame, and the APA discusses losses of identity. Where the three ultimately diverge, and where recovery for addiction can occur, is through a reflective process in dealing with the "disorienting dilemma." Transformative learning posits that reflection is key in this process, and this study would like to interview facilitators of addiction recovery programs to better understand the functions and perceived values of reflective activities in the recovery process. But first, this paper must differentiate and identify reflection, critical reflection, and formal reflective activities, their role in transformation, and an empirical review of their use in addiction recovery programming.

Introduction of Reflection in Transformative Learning

Adult educators have long dissected the association between reflection and transformation, from its origins and subsequent theoretical advancements with Mezirow's (1978, 1996, 2000b, 2009) transformative learning theory, Brookfield's (2000a, 2000b) critique at the turn of the century, Taylor and Cranton's (2012) comprehensive handbook a decade later, and Hoggan's (2016) influential view of transformative learning as a metatheory. Taylor (2017) even surmised that critical reflection is central and vital to the theory of transformative learning since its original construction. Mezirow's (1991) seminal work started the conversation by pronouncing transformative learning as a cognitive, rational process defined as:

> Involv[ing] an enhanced level of awareness of the context of one's beliefs and feelings, a critique of their assumptions and particularly premises, an assessment of alternative perspectives, a decision to negate an old perspective in favor of a new one or to make a

synthesis of old and new, an ability to take action based upon the new perspective, and a

desire to fit the new perspective into the broader context of one's life. (p. 161)

Mezirow posited that a cognitive and rational challenging of assumptions was facilitated through

a necessary framework of critical reflection – a highly cognitive, analytical process that

challenges perceived and unknown psychological or cultural assumptions through critical

thinking, constructive discourse, and experiential learning. (Merriam, Caffarella, &

Baumgartner, 2007). As theoretical critiques and empirical research evolved, Mezirow

acknowledged the expansion of reflection to include content reflection, a reflection on what we

think, perceive, or feel; process reflection - an investigation of how we implement the functions

of feeling, perceiving, or thinking; and premise reflection which entails the awareness of the why

we perceive, think, feel or act (Mezirow, 1991). In short, transformative learning is how an

individual makes meaning of his or her world (Mezirow, 1997; Taylor, 2017) and focuses on the

manner in which people discover methods to create and analyze those meanings through

personal experiences (Brookfield, 2000a), using reflection as a tool for these discoveries.

Eventually, Mezirow also acknowledged the role of intuition, relationships, and emotions

within the transformational learning process, albeit secondary to the rational, cognitive process

(Merriam & Bierema, 2013). Others have expounded on the role of emotions in transformative

learning, such as Dirkx (2001, 2012), who considered the transformation as emotional *soul work*,

and suggested that if learners could identify and tend to these emotions instead of ignoring them,

they could make their learning more prevailing, even transformational. Merriam and Bierema

(2013) consider this type of emotional transformative learning *beyond rational*, with "the

unconscious, emotions, relationships, culture, spirit, aesthetics, and ecology at the center of the

process" (p. 86). Other types of beyond rational approaches to transformative learning can

include Charaniya's (2012) emphasis on cultural-spiritual transformation, which suggested a strong correlation between spirituality, culture, and reflection and O'Sullivan's (2012) planetary and ecological view of transformation which suggests a holistic, integral approach to transformation.

It is within the framework of beyond rational transformative learning that researchers started to discuss the need for a reconstruction of the main tenets of transformational learning theory, including the role of reflection on emotional processing (Cranton & Taylor, 2012). Even though there has been an array of scholastic critique concerning the over-reliance of the cognitive aspect of critical reflection, there is still a considerable need for scholars to focus on the role that feelings play in the reflective process, particularly through the use of oral and written reflective activities (Taylor, 2017). Taylor also suggests there has been an oversight on the role of the affective component of critical reflection and denotes it as significant, pointing to Damasio (1994) and LeDoux's (1998) work that strongly establishes a neurobiological explanation for the relationship between critical reflection and emotions. Taylor (2017) goes as far as saying our emotions and feelings guide what will and will not be reflected upon due to our nature of creating patterns "of salience among various thoughts and assumptions" (p. 85).

Much like transformational learning researchers, educators have long known the importance of the cognitive perspective of learning, but over the past century an emphasis has been placed on the importance the affective perspective of learning (Davidson & Cacioppo 1992; Levy 1983; Lindeman, 1961; Wlodkowski, 1985) with Tooman (2006) declaring that the affective domain of learning is necessary for adult education. Educators can reach the affective domain when they determine "objectives which emphasize a feeling tone, an emotion, or a degree of acceptance or rejection…. expressed as interests, attitudes, appreciations, values, and

emotional sets or biases" (Krathwohl et al., 1964, p. 7). According to Tooman (2006), these objectives are difficult to quantify due to the orientation toward "feelings," therefore researchers developed models to measure the complex process of transforming within the affective domain. Throughout the 1950s, 60s, and 70s, Bloom et al. (1964) developed a model including three domains of learning: cognitive, affective, and psychomotor, with the common nomenclature of the model ceding toward Bloom, widely known as Bloom's Taxonomy (Wilson, n.d.). Krathwohl et al., (1964) divided affective learning objectives into a hierarchical system arranged from simpler feelings to more complex: (a) Receiving; (b) Responding; (c) Valuing; (d) Organization; and (e) Characterization – the Internalization of Values.

Reflection is commonly used in psychology and medical education as a teaching tool and "reflection activities may improve reflective skill and diagnostic thinking, enhance perceived autonomy and meaningfulness in learning, clarify professional identity, and raise scores on examinations and standardized patient activities" (Baker et al., 2019). Addiction specialists and substance abuse counselors have used reflection as a key component in recovery, an idea promoted through the popular ideology of a 12-step program using self-examination as one of its core tenets (Weerasinghe & Bartone, 2016).

Conceptualizations of Critical Reflection

Although there is some disagreement amongst researchers on the conceptualization of reflection, there is general agreement on the construct of critical reflection, a variant of reflection in which a learner identifies, challenges, analyzes, and questions ingrained assumptions which define the way one sees the world (Merriam et al., 2007). Brookfield (1991) proposed three phases of critical reflection as the identification of:

(a) the "assumptions that underlie our thoughts and actions"; (b) the scrutiny of "the

accuracy and validity of these assumptions in terms of how they connect to, or are

discrepant with, our experience of reality"; and (c) the reconstituting of these

assumptions "to make them more inclusive and integrative." (p. 177)

Critical reflection has been determined to be a highly cognitive analytical process in which a

learner analyzes long held and preexisting assumptions, contemplates new or altered

assumptions, and then accepts or rejects them (Cox, 2017) which lead to a reordering or

reframing of experiences while incorporating those experiences with a current perspective

(Mezirow, 2000a). Some researchers have diverted from the idea of critical reflection being a

rational process, with Taylor (2000) and Brookfield (2000a) arguing that affective critical

reflection can occur alongside cognitive critical reflection and is imperative in the process, and

Taylor (1997) has identified a theme of unconscious knowing that would not include the

cognitive process in any capacity. Mezirow (2012) has consistently argued for the necessity of

constructive discourse within the critical reflection process and has "argued that the processes

underlying reflective activities, reflection and critical reflection, are the defining qualities of

adult learning" (Roessger, 2015, p. 18). Kangas-Niemi et al., (2018) went as far to say that

critical reflection is an affective activity that leads to a new understanding. Mälkki, (2012)

investigated the effect of emotions as not only a stage of transformation, but as a prerequisite,

and Clarke (2010) investigated the ties between emotional intelligence and critical reflection,

finding that emotional awareness and emotional management can be essential for change through

critical reflection.

Even though there has been a new emphasis on the affective domain, Taylor (2017) has called for even more research concerning the effect of critical reflection on the affective domain of transformative learning, and Taylor and Cranton (2012) suggest there should be:

…an emphasis on more holistic practices, such as attuning to the affective and relational aspects of learning, incorporating arts-based activities, and recognizing embodied learning. This can include a range of concepts, such as other ways of knowing, extrarational learning, whole person learning, and multidimensional learning. (p. 14)

Taylor (2014) also discussed the need for more research into the construct of empathy when considering critical reflection in the affective domain of transformative learning "to engage feelings that help identify the assumptions that are questioned in the process of critical reflection' (p. 17).

Focusing on the cognitive and affective processes, there seems to be an opportunity for facilitators of transformative learning for people in addiction to include formal reflective activities that include art and literature, constructive discourse, social justice campaigns, planetary approaches, journaling, amongst other planetary approaches to occasion reflection (Merriam & Beirema, 2013).

The literature has recognized a wide range of learning benefits associated with critical reflection (Boud et al., 2013; Stuckey et al., 2014; Taylor, 2017), yet there is little evidence of the impact of critical reflection on the transformation of people in addiction – in either the cognitive or affective domain. This review focuses primarily on studies examining the importance of facilitating transformative learning amongst people in addiction and the relationship between reflective activities and transformation from a facilitator's perspective, while also considering the variations of formal reflective activities and their importance within transformation. More

specifically, this review of the literature investigates the role of critical reflection of assumptions and how challenging one's habit of thinking affects transformation, all through the lens of a facilitator of addiction programming.

Formal Reflective Activities and Critical Reflection

Taylor (2017) concedes that the variations of critical reflection are considerable, "challenging researchers to find a shared standard of what it means to critically reflect and how to assess its presence in text and when it's verbally spoken" (p. 82). This need for clarity in the definition of critical reflection has also spurred conversations about the need for variety in the types of activities used to facilitate reflection.

Taylor (2017) collected multiple researchers that investigated the role of reflective writing and critical reflection. This included journals completed by handwriting (Bell et., al, 2011; Chirema, 2007; Dye, et. al, 2011; Gulwadi, 2009; Plack et. al, 2005; Silvia, et al., 2013) and e-portfolios/online writings (Clarke, 2006: Kitchenham & Chasteauneuf, 2009), stating that "this descriptive approach is the most dominant in capturing critical reflection based on the assumption that a journal is more reliable at capturing thoughts, feelings, and actions in real-time" (Taylor, 2017, p. 83). Researchers have also shown that question-based reflective activities when combined with feedback increase multiple-choice examination scores (Van den Boom et al., 2007). Clarke (2010) used critical reflective activities to assess the relationship between critical reflection and emotional intelligence, using three critical reflection processes: problem analysis; theorizing cause and effect; and action planning. Taylor also suggested allowing individuals to use real-time voice recorders and smartphone apps to collect their feelings during a critical reflection exercise (Taylor, 2017). Tyler (2007) suggested strategic storytelling; West and Canterbury (2011) introduced autobiographical analysis; Grez et al., (2009) assessed one-on-one

reflective questioning; Bannert (2006) studied reflective verbalizations in e-learning contexts, and English et al., (2003) discussed the role of spiritual exercises in critical reflection.

The Impact of Reflective Activities on Transformation

Research on the influence of reflective activities on educational, organizational, and professional growth has increased in the past decade. Roessger (2015) highlighted the proliferation of reflective activities – "structured pedagogical events" (p. 18) - within the adult education landscape, noting the creation of a journal underscoring their use in the workplace (see *Reflective Practice: International and Multidisciplinary Perspectives*). Other researchers have established multiple benefits from reflective activities, including prompting individuals to think broadly and analytically to consider context and question their own as well as organizational assumptions through a connection of changed awareness to changed practice (Fook & Gardner, 2007). Roessger (2014) also noted that reflective activities aid in mental trial and error reasoning increasing skill adaption without direct experience. Brookfield (2000a) mentioned reflective activities' ability to enhance critical thinking in complex situations; Hill* (2005) discussed reflective activities' correlation to advanced affective development. Brien, Legault, and Tremblay (2008) discussed the benefits of affective reflective activities – including simulated role-play, apprenticeship journals, and video reflections - for nurses in end-of-life care, noting that emotionally-charged learning activities have an impact on compassion in their challenging career.

Conceptualizations of the Role of Transformation in Addiction

The role of transformation in addiction has been studied, specifically the role of reflection, considerably in the past decade. Griffiths (2016) investigated the effects of yoga as a critical reflection activity for addiction recovery, finding positive addiction cycles for those who

practice yoga. Sussman, et al., (2011) focused on the twelve step programs and higher powers as reflective tools, noting that these programs can replace addictive habits. Schoenthaler et al., (2015) discussed religious reflective activities and meditation amongst people in addiction, finding that a "stronger belief in religiosity/spirituality, significantly, reduces relapse from drugs of abuse" (Conclusion section, para. 1). Weerasinghe and Bartone (2016) focused on mindfulness activities in an effort to investigate the correlation between mindfulness and addiction recovery, using yoga practice, self-meditation practice, and self-reflection as activities, finding that it helped participants reduce relapse into substance abuse.

There are even benefits of reflective activities for professionals working with individuals dealing with addiction and substance abuse disorders. Ballon and Skinner (2008) found that incorporating reflective activities into the psychiatric training of substance abuse and addiction counselors leads to greater self-awareness, a core professional competency necessary to be effective in clinical practice, particularly in the most demanding cases.

Summary, Implications, & Discussions

This literature review has attempted to comprehensively identify and classify the seminal as well as current literature examining the effects of reflective activities on the transformation of people in addiction. The literature reveals a multitude of empirical studies focusing on the effect of critical reflection within the affective and cognitive domain, particularly when placed through the frame of transformative learning theory. However, there is a lack of evidence on the efficacy, function, and value of formal reflective activities on not only transformative learning, but specifically as a facilitator's tool in hopes of recovery for people in addiction.

Taylor (2017), in his thorough review of critical reflection and transformative learning, discussed the need for more research amongst these constructs. He noted the need for researchers

to focus on the role of reflective writing, journaling, and more as gauges and examples of reflection, and what about those examples are indicative of critical reflection. The need for understanding of functions and values of reflective activities expands beyond the field of adult education and into related disciplines - human resources, medical education, construction and trade, addiction therapy, etc., - that occasion critical reflection using reflective activities as transformative tools. The hope of this study is that the research conducted on the use of reflective activities within the domains of transformative learning will add to the already rich and substantial literature in this field.

CHAPTER 3

Methodology

The purpose of this chapter is to introduce the research methodology for this phenomenological qualitative study investigating how facilitators view the functions and perceived values of formal reflective activities on transformative learning for those in addiction. In the proposed study it is important that a trusting relationship be formed between the researcher and the professionals specializing in addiction. The applicability of this study is discussed in this chapter. The research plan, including the research design, study participants, procedures, analysis method, and ethical concerns are also primary components of this chapter.

Research Design

As Locke et al. (2007) state, "The dissertation process begins with the development of a proposal that sets forth both the exact nature of the matter to be investigated and a detailed account of the methods to be employed" (p. 3). Because I want to understand the functions and perceived values of formal reflective activities on transformation from the perspective of facilitators - a group of people experiencing a shared experience - I used a qualitative phenomenological approach. Qualitative research is designed to explore the meaning individuals or groups use to assign shared or humanistic problems. The core objective of the phenomenological approach is to arrive at a portrayal of the nature of the phenomenon (Creswell, 2013), and in this study it was the experiences of addiction specialists as they use reflective activities to help individuals achieve sobriety. Phenomenology is a common approach researchers have used to study processes that aid in addiction recovery (Brownrigg, et al., 2018; Kurniasih, 2017; Shinebourne & Smith, 2009), helping researchers find the shared lived experience between participants.

Participants and Sampling

As the primary researcher, I first applied for and received approval from all institutional review boards necessary. I then worked to identify potential participants in the study. Participants were collected using purposive sampling, requesting interviews with professionals who have specific experience facilitating addiction (both substance and behavioral addiction) and substance abuse groups and sessions. This type of American professional includes, but is not limited to, Licensed Professional Counselors (LPCs), social workers, Licensed Alcohol and Drug Abuse Counselors (LADCs), Certified Sexual Addiction Therapists (CSATs), National Certified Addiction Counselors (NCACs), substance use disorder counselors, leaders of Alcoholic Anonymous and other 12-step addiction recovery groups, and other addiction specialists working for non-profit and faith-based recovery groups. This purposive sampling population targeted no less than six participants who fit the above description, interviewing participants until saturation was achieved. The researcher solicited potential participants by seeking out members of The Association for Addiction Professionals (NAADAC) and through personal recommendations from other interviewees, a method called snowballing (Groenewald, 2004). Interview participants were entered into a drawing for a $200 Amazon gift card for their participation and the winner was drawn at random by assigning each participant a number and using an online random number generator on calculator.net.

Instruments

Data were collected via interviews focusing on the study's research questions, using a semi-structured interview approach to collect information. While still providing comprehensive yet reliable data, semi-structured interviews allow for a personalized approach, granting the interviewer a chance to follow the talk – an opportunity to gather personalized data from the

interviewee by hearing what they have to say and following up with pertinent questions (Rapley, 2004; Wengraf, 2001). Although semi-structured in nature, there were ten questions asked to participants that were the same for all participants. These ten questions were vetted by my dissertation committee, determining the validity and utility of the questions. See appendix B for a list of the questions.

Research Procedures

After a suitable sample is recruited, the researcher established a mutually agreeable time and place with each participant to conduct the first interviews. Interviews were facilitated in person or facilitated through the video conferencing technology platform Zoom. The professionals were interviewed by the researcher using a semi-structured interview style to determine how facilitators view the functions and perceived values of formal reflective activities in relation to transformation for people in addiction. Each participant filled out a consent form pertaining to the issues that were discussed (e.g., privacy, professional discretion, the right to terminate the session at any time). In the event that any person identified decides not to participate, another individual would have been selected that met the purposive sampling qualifications.

Each interview was audio-recorded using the Otter.ai audio recording application on the researcher's personal iPhone. The audio recordings were transcribed using Otter's premium transcription service. The recordings were then verified by the researcher for errors or omissions and transcribed verbatim. The recordings were erased from the iPhone and the Otter platform. The transcriptions were kept on the researcher's personal computer in a locked file. All participants gave informed consent through signing the consent form provided before taking part in the study. See appendix C for the informed consent form. Before the interview began,

participants were informed that they can discontinue the interview at any time without providing a reason.

Since the interviews are semi-structured in format, there were no minimum or maximum time lengths, but in a courtesy to the interviewees, the researcher asked before the session began the maximum amount of time the interviewee was able to commit to the interview. Interviews lasted no longer than one hour. Interviewees were promised anonymity through the use of pseudonyms in the research findings, but that direct quotations from the interviews could be used as a part of the research. Before the interview, the participants were given a list of the defined terms in this study as an aid in the interview process; those terms can be found in chapter one. Each interview began with the overarching research questions: (a) how do facilitators use formal reflective activities with people in addiction; and (b) how do facilitators perceive the value of reflective activities when working with people in addiction? Respondents were allowed to respond extemporaneously, with the researcher adding follow-up or probing questions as needed. Interview participants could request to stop the interview process or remove themselves from the study at any point in the research process for any reason. This also includes the post-interview process including data analysis. Throughout the interview, each participant was frequently asked if they need a break.

Participants of the research were given the opportunity to retract, revise, or decommit from the study up to two weeks after the interview. The final date of revisions or withdrawals was given to the participant immediately following the interview. After each interview, participants were given information on how to contact the researcher with further questions and how to request a copy of the results. A member check was used to help improve the validity, credibility, and trustworthiness of the study. Member checking is a "way of finding out whether

the data analysis is congruent with the participants' experiences" (Curtin & Fossey, 2007, p. 92). Interviewees were provided with an opportunity to verify, elaborate, edit, or clarify their responses after proper transcription and the thematic codification of the data.

After the conclusion of the study and analyzation of the data, the researcher provided the interviewees with the findings of the study. This wave the participants an opportunity to verify the findings and critically analyze their input, thereby providing an opportunity for them to comment or revise their input for more accurate findings and occasion credibility.

Plan for Data Analysis

Analyzing data is central to the qualitative research process, even if the researcher is the primary instrument inasmuch as the researcher utilizes their individual capacities to interpret meaning in certain contexts and situations (Maguire & Delahunt, 2017). Following proper transcription, the researcher analyzed the data using thematic analysis as developed by Braun and Clarke (2006) to identify common themes and patterns that relate directly to the overarching question, "…to identify or examine the underlying ideas, assumptions, and conceptualizations – and ideologies - that are theorized as shaping or informing the semantic content of the data" (p.84). The goal of the researcher is to categorize common themes within the data and identify perceived values and roles of reflective activities in transformation.

This process followed a six-phase guide outlined by Braun and Clarke (2006) as a framework to perform the thematic analysis: (a) become familiar with the data; (b) generate initial codes; (c) search for themes; (d) review themes; (e) define themes; and (e) write-up. During step one, the researcher read and reread the transcripts, becoming familiar with the entire body of data, making notes, and writing down any early impressions. In step two the data was sorted and deduced into smaller chunks of meaning, particularly concerning the study's primary

research questions thereby making this a theoretical thematic analysis rather than an inductive

thematic analysis (Maguire & Delahunt, 2017). Step three is designed to search for themes in the

data, something interesting or significant in the data. The researcher examined the codes defined

in step two and the codes that overlapped were combined into themes. These themes represented

broader understanding of knowledge that helped the researcher better comprehend the data that

say something specific about the research questions. In step four the researcher analyzed the

themes identified in step three in hopes of verifying if the themes make sense in relation to the

overall data set. Maguire and Delahunt (2017) suggest that the themes should be distinct and

coherent, and outline things to think about during step four:

1. Do the themes make sense?

2. Does the data support the themes?

3. Am I trying to fit too much into a theme?

4. If themes overlap, are they really separate themes?

5. Are there themes within themes (subthemes)?

6. Are there other themes within the data? (Maguire and Delahunt, 2017,p. 3358)

Step five includes a final modification of the themes to "identify the 'essence' of what

each theme is about" (Braun & Clarke, 2006, p.92), using concept mapping to organize the

themes into domains and subdomains of knowledge. The researcher used Cmap software

(https://cmap.ihmc.us/) to create the concept maps. Step six is a write-up of the data which will

be included in chapter four of this paper. Thematic coding will allow for further development of

the overall analysis, thereby allowing for a basis from which the researcher can organize results.

Ethical Considerations

Trust is vital to qualitative research, requiring the researcher and participants to develop a trust relationship in each other (Naarden & Cissik, 2006). Participants agreed to and signed a document indicating informed consent. See appendix C for the informed consent form. Throughout the participant recruitment process, and before beginning the interview process, prospective participants received full disclosure information outlining the nature of the study and the researcher's responsibilities. Potential candidates were recruited with clear understanding that there would be no financial compensation for their interviews other than the chance of winning a $200 Amazon gift card in a participant drawing. Recruited participants were also made aware of their right to remove themselves from the process at any point without condemnation or reprisal. As noted, participants must be advised of their rights to privacy, as well as the researcher's respect for client/patient confidentiality.

Issues of Trustworthiness

Lincoln and Guba (1982) suggest four core tenets to provide trustworthiness in a qualitative study: (a) credibility; (b) transferability; (c) dependability; and (d) confirmability. This study will strive to achieve those tenets through multiple arenas. Credibility was achieved through member checking, providing the participants with a summary of the findings as an opportunity to verify their input. Transferability and dependability were achieved by providing a methodological template that can be replicated by future researchers, providing clear instructions on how to duplicate the study. Once the credibility, transferability, and dependability of the study was achieved, the researcher achieved confirmability by providing a reflexive journal of thoughts, potential biases, preconceptions, or ideas that might affect the objectivity of the research.

Plan for Presenting the Results

The results of the investigation were included in the dissertation report and a resultant paper was provided to members of the study via email. At any point following the study participants can request digital copies of the paper for their personal use without condition. This paper may be submitted to appropriate conferences and journals focusing on issues related to the subject.

Summary

This study is designed to better understand facilitators' views on the functions and perceived values of formal reflective activities used in the aid of transformation for people in addiction. After recruitment of a suitable purposive sample, the researcher conducted and transcribed interviews with the selected individuals. Once the data were analyzed through thematic analysis, a phenomenological report, based on the participants' answers, was written. The results of the analysis and a discussion of the conclusions are reported in chapter five of this study.

CHAPTER 4

Analysis of Results

This phenomenological study presents the shared experiences of facilitators of addiction recovery programs and the facilitator's perceived efficacy and functionality of formal reflective activities. The core objective of the phenomenological approach is to arrive at a portrayal of the nature of the phenomenon (Creswell, 2013), and in this study the phenomenon will be the experiences of addiction specialists as they use reflective activities to help individuals achieve sobriety. Phenomenology is a common approach researchers have used to study processes that aid in addiction recovery (Brownrigg, et al., 2018; Kurniasih, 2017; Shinebourne & Smith, 2009), helping researchers find the shared lived experience between participants. This study aims to extrapolate those shared life experiences to illuminate the unknown or misunderstood areas of transformative learning, formal reflective activities, and addiction recovery programming – particularly the triangulation of those constructs. The information amassed in this study may benefit educators, counselors, facilitators, professionals, and researchers striving to use reflection as a transformative tool for people desiring to break the cycle of addiction and move into the realm of sobriety.

This chapter presents the key findings of ten in-depth interviews with facilitators of addiction recovery programming. These interviews share the knowledge base of a diverse set of professionals covering a wide array of practices of reflective activities used in the sobriety process. Pseudonyms were used in order to respect the privacy and anonymity of the participants.

Participant Demographics

The demographics of the participants are presented below:

Adam	Male	15 years experience
Adrianna	Female	10 years experience
Cram	Male	11 years experience
Donna	Female	11 years experience
John W	Male	10 years experience
Katie	Female	19 years experience
Kiana	Female	5 years experience
Riley	Female	18 years experience
Ron	Male	5 years experience
Trett	Male	8 years experience

Adam has 15 years of experience as an addiction recovery facilitator. He is a Licensed

Professional Counselor (LPC) and a Licensed Alcohol and Drug Counselor (LADC). He has

worked at an inpatient residential substance abuse treatment program with participants that are

considered dual diagnosis. He worked for a federal tribe treatment program for Native American

teenagers. He also spent time as a facilitator within treatment programs for people that had exited

federal prison who often have substance abuse diagnosis. He is currently in private practice

specializing in addiction therapy, outpatient counseling, marriage and family therapy, and

Emotionally Focused Therapy.

Adrianna has 10 years of experience as an addiction recovery facilitator. She is the

primary leader of a faith-based recovery program – Celebrate Recovery. She leads a large group,

and has been the administrator of smaller, gender-specific open share groups. She has a master's in marriage and family therapy and am a certified life coach and speaker.

Cram has 11 years of experience as an addiction recovery facilitator. He has experience in intake and group facilitating at inpatient psychiatric clinic and hospital. He has a master's in counseling and is a Licensed Marriage and Family Therapist (LMFT). He has spent seven years as a recovery minister at a church and has also served as a prison transformation program director.

Donna has 11 years of experience as an addiction recovery facilitator. Donna has worked as a facilitator at a residential treatment center. She has also worked as a drug court therapist and as a facilitator within adult drug court. She currently works at a hospital as a crisis interventionist, and that includes substance abuse and mental health issues.

John W. has 10 years of experience as an addiction recovery facilitator. John W. has served as the Celebrate Recovery coordinator for a church. He has been in Celebrate Recovery for the last 10 years in various different capacities as accountability partners, sponsor, small group leader, large group teacher, etc.

Katie has 19 years of experience as an addiction recovery facilitator. She started doing addiction recovery programming early her career in probation work with probation parole clients. She would facilitate substance abuse education, classes, and groups, as well as motivational interviewing and moral recognition therapy. She is a master's level clinical mental health counselor and began working with clients one on one in an outpatient setting doing group counseling as well as individual counseling. She is credential as an advanced alcohol drug counselor, as well as a substance abuse professional and a clinical supervisor for addictions. Now, Katie teaches and facilitates addictions course as well.

Kiana has five years of experience as an addiction recovery facilitator. She worked at a medication assisted treatment and also worked in an inpatient facility at the partial hospitalization part (PHP).

Riley has 18 years of experience as an addiction recovery facilitator. She has worked in residential co-ed treatment providing bachelor's level intervention, master's level clinical intervention and also program administration. She has a master's of social work as well as a master's in legal studies and is a Licensed Master Social Worker (LMSW). She has a doctorate of social work (DSW) and has primarily worked in residential substance abuse treatment programs and outpatient therapy until recently when she transitioned to the career services program to create policy and procedures for an opioid services grant.

Ron has five years of experience as an addiction recovery facilitator. He has been involved with sex offender treatment programs, outpatient as well as operational prison ministry, facilitating as a caseworker with people in addiction.

Trett has eight years of experience as an addiction recovery facilitator. He began his work in addiction as a volunteer for seven years, working with me in addiction. He then started a nonprofit in 2014 continuing his work with men in addiction. His role at the non-profit includes administrative planning, curricula development, large group teaching, small group facilitation, coaching, and mentorship programming.

Findings

Four major findings emerged from the study:

1. An overwhelming majority (9 out of 10 [90%]) of participants use formal reflective activities within three primary modalities: (a) engagement in reflective discourse; (b) reflection through expressive arts; and (c) facilitation of reflective curricula.

2. All ten participants (10 out of 10 [100%]) perceived formal reflective activities to be effective in the transformation of people in addiction from addiction to sobriety.

3. The majority of participants (8 out of 10 [80%]) indicated that formal reflective activities are effective in transformation only if the people in addiction are committed to the process.

4. The majority of participants (8 out of 10 [80%]) indicated that formal reflective activities aid in the transformation of identity of self.

Finding #1 addressed the first research question, which asked: How do facilitators use formal reflective activities with people in addiction? Finding #2, #3, and #4 addressed the second research question, which asked: How do facilitators perceive the value of reflective activities when working with people in addiction?

This chapter provides the following discussion of the findings with details that corroborate and clarify each finding. The discussion will also explain the ways in which the findings answer the study's research questions. This chapter will use "thick description" (Denzin, 2001) to allow the reader an entrance into the data through a descriptive interpretation of the reality of the research participants. This will be done through snippets and illustrative quotations taken from the interview transcripts that will illuminate the contextual thoughts and emotions of the multiple perspectives of the interview participants. Following is a further discussion that includes the interview data.

Finding 1: *An overwhelming majority of participants (9 out of 10 [90%]) use formal reflective activities within three primary modalities: (a) engagement in reflective discourse; (b) reflection through expressive arts; and (c) facilitation of reflective curricula.*

The first research question of the study focused on how facilitators of addiction recovery programming use formal reflective activities as an aid to move people in addiction from addiction to sobriety. Throughout the interview, participants were asked what formal reflective activities they used in their facilitation as well as how they used the activities. Participants shared specific examples of the activities they used and the multiple pathways those activities manifested in their programming. Three primary modalities evolved out of the interviews: (a) engagement in reflective discourse; (b) reflection through expressive arts; and (c) the facilitation of reflective curricula. The following expounds on each modality and provides snippets of interview transcripts to further illustrate each method's validity and functionality as a formal reflective activity pathway.

Engagement in Reflective Discourse

After the interviews were conducted, a pattern began to emerge within the data: facilitators of addiction recovery programming used formal reflective activities as a tool to generate reflective discourse with people in addiction. Reflective discourse is defined as the:

> Specialized use of dialogue devoted to searching for a common understanding and assessment of the justification of an interpretation or belief. This involves assessing reasons advanced by weighing the supporting evidence and arguments and by examining alternative perspectives. Reflective discourse involves a critical assessment of assumptions. It leads toward a clearer understanding by tapping collective experience to arrive at a tentative best judgment. (Mezirow, 2000a, p. 10-11, cited in Freed, 2003, p. 6).

Reflective discourse was achieved through multiple types of formal reflective activities, including open share groups, peer-to-peer feedback, group therapy, and open dialogue.

Participants described these types of activities in the following ways:

~ I think group therapy is really helpful because we are able to get out so much opportunity for reflections. You know, when someone's sharing kind of their situation that you know, a client is going on maybe how that applies to them or maybe a situation that they had that was similarly or even just reflecting on what I would have done differently. Which are all in my opinion, things that kind of move towards that behavioral change. And ultimately, cognitive change. (Katie)

~ They'll spend six months beating their head against the wall, just being in denial, not accepting what's going on. so, the group as a whole tries to help that person with that process. (Ron)

~ Being able to talk with someone else because that's the key. It is rarely done by yourself. It's always done with - I say always, more times than not - walking arm along with someone else. Being able to talk and reflect with someone else. (John W.)

~ Recovery is group work. Your work is my work. Not only am I challenging you to reflect, but I am challenging myself to reflect as well. (John W.)

~ And that's in the large group setting, and then there is an open share - we're asking them to share. An open share is a gender specific small group where the participants get five minutes to actually discuss their reflection. (Adrianna)

~ So for whatever step this client was involved in…they had also interview type questions that we would do sometimes in individual sessions, but mostly in group sessions, where we talked about their experience as it related each one of the 12 steps,

going in deeper to see how those - how their answers, the way they related to where they

were at in the 12 step program, and how that impacted and also how committed they were

in their life. (Adam)

When discussing reflective discourse, Mezirow (2000a) himself mentioned preconditions

to the rational discourse process that must be met before one can participate – including safety.

Several participants mentioned this need for safety as a prerequisite to the use of formal

reflective activities. Among the comments cited were those by Katie, who said, "There has to be

safety in that they're not going to be judged…it has to be looked at as self-reflection is what

we're using as an opportunity to learn and grow." Trett added, "Most of them have isolated and

compartmentalized so much that that first hurdle is getting to a place of stepping out of the

isolation and trusting that I'm in a safe place with other individuals that have similar stories."

Ron said something similar, "This is important, because it's a place that they know they can

come and talk in a safe place and get that stuff out."

The participants also mentioned the importance of community during the reflective

discourse process.

~ To be able to have some say, "I don't know if I agree with your statements, and have

others be able to provide the feedback of, "You know what, maybe you're right, let's look

at it in a different way." (Trett)

~ Again, the community - it brings a sense of belonging to an individual, a place to be

accepted, to be valued, to be loved, and that's huge for all of us, and then there's the

understanding of the root cause of what leads to our dysfunction. (Cram)

~ So, the open dialogue there is being able to share that and getting feedback. Hopefully,

in that there is a lot of similarity and understanding by the others that are in the group as

well. Being in that group, having somebody that understands, is going to give better
critical feedback or encouragement that's not coming across as just an academic response
or a sympathetic response. There is an actual empathetic response, and you know this
must have value. Which, if that is the case, it leads to desires to actually move in the steps
and find that freedom from the addiction or the desires that have led the wrong way.
(Trett)

~ As well as you know, not only in a group setting, being able to hear what other people
are doing, so that you don't feel like you're the only one or you're singled out somehow.
So, it helps people to understand that you're not the only one that has had that bond - been
going through that and whatever issues you're struggling with in your life. (Ron)

~ …in addressing your trigger for some years, and we always encourage them to have a
positive support network, going to meetings, having someone to talk to being and if
they're feeling triggered having somebody to talk them off quote/unquote the ledge you
need to talk you off that ledge and bring you back in. (Kiana)

When done safely, formal reflective activities – more specifically formal reflective
activities used as reflective discourse - can be used to occasion reflection. However, this is not
the only way in which the interview participants used formal reflective activities, there was also
the inclusion of reflection through expressive arts.

Reflection Through Expressive Arts

A multimodal medium, expressive arts melds multiple types of single-modal approaches
(Malchiodi, 2003). There are four primary creative arts that constitute the expressive arts: (a)
visual arts; (b) dance/physical movement; (c) music; and (d) writing. Nearly all of the

participants (8 out of 10 [80%]) mentioned some sort of formal reflective activity that involved the expressive arts. Riley and Donna mentioned the use of visual arts:

> ~ I also used to have them draw their greatest fear, and they weren't allowed to do fires or clowns. They had to be legit. Not necessarily, you know, an external fear but what's your what's your biggest internal fear and so that was that one was always very interesting. One of my favorite ones I ever got from that activity was a girl who giant fear with failure. Like she didn't ever want to fail at anything. And so, her greatest fear was like getting an A minus or something like that on an assignment because to her that was failing. If I don't get 100%, then I failed. I did a lot of work with her on reflecting why is that so important? Why do you feel like you have to be perfect all the time? Where does that come from and how do you get past that? Because number one, nobody's ever perfect, ever. So that's an unrealistic expectation. So, I think a lot of these things help people to identify that the expectations they have of themselves are unrealistic. (Riley)

> ~ Another kind of reflective activity that that I used to do a lot is I would give them a piece of paper and tell them to draw their family. But it couldn't be people you had to you had to produce something that represented each member of your family that was important to you. And then you had to share with everyone else why you chose the objects or the things of the animals that you did. My favorite one I ever saw was one of my ladies drew a busted vodka bottle and each piece of glass was a different member of her family. And then there was a bottle of glue off to the side that was her grandmother because she felt like her grandmother was the person who kept putting everybody back together. And that's something that she might have never been able to verbalize or

illustrate on her own without having the time and the space to just sit and come up with that, you know, to really think about what each person means. (Riley)

~ But we've used journaling, art, and I've even asked kids or even adults make things, if anything you can get somebody to do with their hands because then their brain is engaged. And they get a lot more involved and aren't afraid of the emotions because they just come up and then they're able to deal with them and sort through them a little more appropriately than if you just say, "Hey, here's this worksheet, fill it out, and answer the questions to the best of your ability." (Riley)

~ So, I don't know how long it's been since you've been here to Tahlequah, But at NSU there's a huge statue. It is of a Native American with an eagle wrapped around him and he's standing on a big turtle…So, the name of that statue is *Transformation Through Forgiveness*…I love that. I've taken groups there and asked them what that means for them. What does transformation mean and what does forgiveness mean? How could having those things change you and your worldview? And it was very impactful for a lot of them because they realize that a lot of what's holding them down lead to anger or resentment or frustration. So, educate them by teaching them, taking them to things like that, to really dive in deep. Not just walk by and say, "Wow that's a cool statue. That's awesome." But to stop and see what it's named. Look at it. Write that down. What does that mean? What it means for me might not mean that for you. And both of them are probably right, or can be. (Donna)

~ One thing I really like to do, and it tells a lot how the people see themselves, is I would have them draw themselves as an object. Like draw yourself as a flower. What kind of environment do you need to grow? Who's taking care of you? Are you growing in the

dessert? Are you a wildflower? That tells a lot about how they view themselves. Some of them draw themselves as a little teeny tiny flower and some of them take up the whole page. You can get a lot of information from stuff like that about how to work with your patient. Just doing those kinds of things tells me a whole lot about my patient. I can usually know which directions to go to with that. (Donna)

Five (5 out of 10 [50%]) mentioned the use of movies as a formal reflective activity. Kiana said, "Again, in using movies - I would ask them to put themselves in a situation…put yourself in a situation with the drug of choice that you use, how do you see yourself reacting if you were in the movie?" Katie also decried the power of movies as a reflective tool: "I actually find that the movies are quite effective…they work because it takes the pressure off. Like we're talking about somebody else." Cram used the movie *Inside Out* to help his clients reflect:

I did this on a few occasions - again just at the right moment, the right time, and knowing the client - that I've even gave them homework assignments to watch a Disney Pixar film called *Inside Out*. And I would just leave it at that. This is your homework assignment and then when we get back together, we're going to break that movie down, and I think it does a beautiful job of self-reflection.

Cram also used analogies from movies as a formal reflective tool, using the movie and the analogy collectively to describe step four of the 12-step process:

You know we've talked about this before; I have used the Braveheart analogy. There's a scene where there's a battle taking place and one of the individuals take an arrow to the chest. And because the battle is so intense and still going on you don't have time to just stop and perform minor surgery to remove this arrow. In the moment you have to just break that stem and leave the arrowhead in until the battle is over. You think about that -

in life we go through some hurtful experiences, some traumatic experiences, and we take the arrow to the chest in those experiences. And it's easy in our world today just break off the stem of that arrow and leave that arrowhead inside you. You think about that, as it grows over time, as you continue on with life having that arrowhead inside of your body. You know it's just wreaking havoc on your muscles. You twist, you turn, you can feel that arrowhead just slicing and cutting through your muscles and your ligaments. So, step four is really the process of going into surgery and removing that arrowhead. And if you've done it successfully you know that the wound will heal on its own. But what does that process look like? What does that step four process look like? I mean we're having to cut back into the skin and reach inside, pull out that arrowhead, and that can be a very painful process. You're bleeding all over the place, but you know sometimes it's like a splinter, it just stings sometimes. You hit it wrong, and it just stings but once you remove that splinter, once you remove that arrowhead, there's this sense of aaahhh, this sense of relief, ahhh it's out. Oh, it feels so much better

The last of the expressive arts is reflective writing. Several participants 6 out of 10 [60%]) specifically mentioned journaling as a formal reflective activity used in their facilitation. This is what the participants noted on journaling:

~ I use journaling. There were weeks where some of the topics they would have to journal. But I also told them journaling was good in the beginning like the first three weeks because I wanted them to start understanding what their triggers were. So, like if they started to feel a certain way and they went to use, I wanted them to write that down because understanding their triggers was going to be very helpful in them staying sober. (Kiana)

~ Journaling is huge for me. So, I do a lot of journaling. I actually do this with my students as well as my clients. So, I will sometimes give them a prompt and say this is what I want you to think about for this week. And then I want you to document that in your journal. Or I might do it after the fact. So, like a client comes in and they tell me thinking about relapsing last weekend at this party and then I say, hey, why don't we write down kind of what you were thinking and healing at that time? And then they use that for future and so they're thinking about relapsing or have an urge than journaling can be a way to take away from that. (Katie)

~ So, I've journaled over the years to determine where my emotions are, what's going on, and then being able to, to go back and look at that and see where I was at that particular time. And to see where I'm at today. It's always very helpful. Especially if you do it over and over to kind of see any type of patterns, thinking patterns, or behavioral patterns or anything of that sort. So not only have I done it, but I've asked others to do it as well. We can look at those journal entries of someone in recovery and see where they've been and where they are going. It is part of reflecting on not just the everyday but the long-term too. (John W)

~ In my experience with the journaling, there's a traditional journal where you just write things out as they occur. Sometimes, I would get specific with journaling and have a certain focus, a focused-centered type journaling where it's directed on one issue. (Cram)

According to the participants, reflection through the expressive arts – specifically with visual arts and writing - can be a powerful tool in a facilitator's toolbelt. The last in the paper's first finding is facilitation of reflective curricula.

Facilitation of Reflective Curricula

Seven (7 out of 10 [70%]) participants discussed the use of formal reflective activities through some sort of reflective curricula. These curricula included teaching, 12-step practices, and personal inventories. Adrianna described the teaching she uses as a formal reflective activity: "Every other week in the large group setting we teach a lesson, and each of the lessons are designed for the participant to do a bit of self-reflection." Kiana used workbooks during her teaching as a part of her curriculum, saying:

> So, as I said before, I would provide supplies to my clients so they would get a notebook, they would get a binder and they would get a workbook. Every time they were in group, they had to bring those things. Because one: the way my curriculum went, it went from I don't have a problem to Okay, understanding their problem coming up with how to manage their problem, understanding their problem and now having a plan on how to maintain their sobriety. And as I said before, these worksheets aren't homework. They weren't something that they turned into me. You know, it was something that we would review, so on day two, we would come in, they would do their check in, I would do a review on, "Okay, so how do people feel about topic from day one?" Get a little bit of feedback and then boom, I would hit them with the second worksheet and it kind of went in steps. (Kiana)

She also said this of the importance of binders:

> So, their binder literally was their lifeline. I made sure my curriculum kind of touched on everything. So, if they were in group if they were in treatment for and something came up, it was something that they could kind of do it on their own. (Kiana)

Adam used reflective questions in his workbooks:

Okay, we believe that we are powerless over our addictions, you know, and what's that look like in your life? And there would be what am I powerless over? How do I turn that over? This thing that I'm dealing with, how do I feel about being powerless? And then those would be the workbooks that would be filled out by the client, and then that would be processed in session. (Adam)

Five (5 out of 10 [50%]) of the participants talked of the importance of the 12-step curricula. Participants described these types of activities in the following ways:

~ When I was working at the residential programs, we followed the 12-step outline, but we had worksheets and steps that we went through for each one of the 12 steps. So for whatever step this client was involved in, they had workbooks, they had also interview type questions that we would do sometimes in individual sessions, but mostly in group sessions, where we talked about their experience as it related each one of the 12 steps, going in deeper to see how those - how their answers, the way they related to where they were at in the 12 step program, and how that impacted and also how committed they were in their life. (Adam)

~ …the 12-step study, where you dig in deeper, what you're able to reflect on in the inventory. The inventory allows for reflection, of both good and bad, positive, and negative things. (Ron)

~ I think about the 12-step process. They are activities in themselves. You got to work through them. We have step studies that work through the process of these steps, asking questions where a person has to write, write their answers down, and then walk through and to work through those things. (John W)

~ The 12 steps are a very lengthy process to go through. And we can utilize different tools and techniques, a lot of things that we've just recently talked about into those 12 Steps. The 12 steps are really just a guide. How we get there is what is important. (Cram)

Other participants talked specifically about step four of the 12-step process, the personal inventory. *The Twelve Steps and Twelve Traditions* (Alcoholics Anonymous World Services, Inc,.1989) states the fourth step as thus: "Made a searching and fearless moral inventory of ourselves (p. 6)." Ron said, "The inventory is definitely a really good tool to help them see the identity and to help, [to] hopefully steer somebody to that type of identity of self" and added that "the inventory allows for reflection, of both good and bad, positive, and negative things." Adrianna said, "An inventory can be a chronological of life's hurts, responses to those hurts, wounds - whatever the stuff is - and then what my response to those things have been." John W. shared how he used the fourth step:

> Typically, what I what I ask my sponsees, or those that I'm guiding along, to do in the fourth step is to look back on their life in several different areas: (a) who have I hurt?; (b) who's hurt me?; and (c) the good things that others or I have done. Because you want to keep a balanced inventory, which is what the fourth step is - an inventory of your past. So, I always ask them to take five-year increments so they can remember what it was and then move on. Either those persons - why did they hurt you? What was the major cause? You know, what was the major cause of that? And where did it hurt - selfishly or monetarily or relationally, however, that works out. What was my part in it and what would I do different today? And you can do that on every area - who hurt me, who I hurt, and on the good things that people have done to me or I've done for other people. So those are major reflective. (John W.)

Finding 2: *All ten (10 out of 10 [100%]) participants perceived formal reflective activities to be effective in the transformation of people in addiction from addiction to sobriety.*

The second finding addressed the second research question of this study, which asked: How do facilitators perceive the value of reflective activities when working with people in addiction? Every participant declared formal reflective activities to be effective in the transformation of people in addiction from addiction to sobriety. Riley said, "I do I feel like they're very important and very effective in getting people to look at their own behavior rather than try to justify their behavior based on outside forces and you know, things like that." Trett agreed, saying, "So absolutely, they do, and they are required, no sidestepping around them." Adrianna said this of their effectiveness:

> So, absolutely yes, reflection works. They start to see things they haven't seen before. They start to unlock patterns in their life they didn't recognize they had control over. And man, once they get it, you can just see this continual shift for them of growth, and it's fantastic.

Donna mentioned formal reflective activities help people in addiction see alternative perspectives:

> So, the answer is yes. It makes them look at the other side. People in addiction have a mentality - they're victims, everybody's out to get them, and nothing's really their fault. But it leads them to make their own conclusions.

The participants all overwhelmingly proclaimed formal reflective activities to be effective and vital in the transformative process from addiction to sobriety. There is a caveat, however, in the success of the activities – which leads to the third finding.

Finding 3: *The majority of participants(8 out of 10 [80%]) indicated that formal reflective activities are effective in transformation only if the people in addiction are committed to the process.*

Commitment is widely accepted as a bedrock of the addiction sobriety process (Büssing et al., 2008), a theme that was identified in this study by a majority of the participants. Transformation could occur and was possible through the use of formal reflective activities, but not without commitment from those in addiction. Riley sums it up well:

> That (commitment) makes a big difference in whether or not these types of activities work because if somebody is still sitting on the bench, they're not ready to get in the game. Then giving them, you know, a reflective activity is just going to get you more of the same crappy answers you've been getting for the first three weeks they've been in treatment. They're either going to stare at you and look at you like you are out of touch, and you don't know what you're talking about. Or they're going to argue with everything you say, no matter what it is. I mean, we they would argue that the sky isn't blue, or the sun isn't warm just because that's easier than admitting that something they're doing isn't right or isn't working. (Riley)

Ron said it in a more concise manner: "every person has to have skin in the game." Others mentioned the effectiveness of formal reflective activities but only if the person in addiction is willing to commit:

> ~ I would say yes, they're (formal reflective activities) effective if the motivation is there. I mean, we got a baseline we got to start with, it is to motivate clients and yes, it's going to work. But the key to reflective activities is the client actually has to do it, and they have to put in the time to do it and so without it there are going to be struggles especially

if you're looking at a client with significant trauma history is doing self-reflection it may not be safe for them. (Katie)

~ I think they're critical. They're as effective as the individuals willing to engage with them. Because there are some individuals that will engage with these reflective activities, then it's incredible, the barriers in the past that are torn down and to be able to truly be rebuilt in a healthy form. If an individual is skeptical, and they stay skeptical the whole time, they're very likely not to engage in these effective tools. Then they typically will see minimal change, and then patterns will continue on once they've stepped out of the group. (Adam)

~ If someone doesn't want to be honest and transparent when visiting about certain things, then they're certainly not going to reap the benefits of that, whether that's writing it on paper, reflecting on their past, an inventory process, or anything of that nature. (John W.)

~ But until then none of the treatments, in my opinion, that I've utilized or that are out there are really going to work unless that person's ready. When one's not entirely ready for change, it's like they want sobriety, but they don't want to put in the work to get it. (Cram)

~ If somebody isn't willing and ready, it does not work at all. I push them away. They leave, they say this is too much for me, I can't do it. Sometimes they come back, and usually the time they come back it was worse than before so they're more ready. But the person really has to be wanting and willing to change in order for them to finally decide to look within and go "I'm the common denominator in this. What do I need to share?" (Adrianna)

~ That doesn't mean they work with every client. Because the level of involvement of the

client - the commitment - means more than anything. (Adam)

Finding 4: *The majority (8 out of 10 [80%]) of participants indicated that formal reflective*

activities aid in the transformation of identity of self.

The core tenants of transformative learning theory focus on an internal challenge of

assumptions through critical reflection. This occasion for reflection provides opportunities for a

new understanding of meaning, a chance to identify a new transformed self. The idea of meaning

making is pivotal to addiction as a tool to alter narrative scripts and is also pivotal to

transformation (Mezirow, 1997; Taylor, 2017).

The majority of the participants denoted that formal reflective activities aid in the

transformation of identity of self – an opportunity to flip the script. Ron described how a change

in identity leads to transformation, saying, "That transformation comes through a change in

identity. If you get a group of people in recovery together, there's a difference and just how they

perceive themselves…" Cram described it as:

I think the worldview is based upon an individual's identity. So going back to reflecting

on why they believe who they are and then going through that transformation process.

Everything changes. Their mental process changes. They begin to believe in themselves.

They have worth. Again loved, accepted. Your brain has been rewired. You're no longer

traveling down a path when you're triggered to just turn to your substance of choice. That

transformative learning gives you a choice. You can still choose to go down that path, or

you could take a new path. I think the more you take that new path the stronger that path

becomes. So, here's that mental aspect. And naturally that leads into a physical aspect -

feeling good, happy, joyful, you know positive emotions and also a spirit virtual

connection in that. A positive spiritual connection. (Cram)

Kiana found it important to reinforce a new identity:

> I would tell all my clients, like they would have behaviors and I'm like, "Well, why are
>
> you acting that way?" And the first thing they will say is, "Well, I'm an addict," and I will
>
> tell them, that's not who you are. Right? I said, is not it's a characteristic of who you are.
>
> It doesn't make who you are. In my groups, and when they around me, they couldn't call
>
> themselves addicts. I would not allow it. (Kiana)

Several of the participants mentioned the positive change that occurs with a change in

identity:

> ~ I think it's so important to remind people that they're valuable. They're very valuable.
>
> They may not know what their value is yet, but that's a great reason and a reason to look
>
> for it. To be hopeful. I had a patient today who struggles with identity. And when I go in
>
> and I say, "What's your name?" and they were like, "Does it matter? You're only going to
>
> call me what's on the chart anyway. Does it really matter what my name is? You can call
>
> me anything." I'll then say, "Well, my name is Donna. Do you want me to just call you
>
> that? That way I won't have to remember anything else." And they're like, "Fine." And
>
> I'll say, "Okay, Donna, what brings you in today?" And then throughout the assessment I
>
> will say something about what they have going on and then finally they were like, "You
>
> can call me Melanie." I'll respond, "Melanie fits you much better than Donna. That is so
>
> much better." But to that person, even their name has no value. And that was what I told
>
> her. I was like, "It's so sad to me that even your name had no value. Your name has a lot
>
> of value. "You're not a Donna, you're Melanie." (Donna)

~ Yeah, I believe that a person will come in believing they're worthless, helpless, hopeless, a failure, unlovable, and unworthy. All negative views of self. Over time you start to pour into them, their value, and their hope - they start to believe it. (Adrianna)

~ And yet they feel it, experience it, and then they slowly over the course of their process start to see: "Wait a minute, I do have value and I do have worth and I'm okay and there's grace and forgiveness in this process. (Adrianna)

~ I see a transition from focusing on the issue or the addiction into healthy, positive relationship with others. (Ron)

Chapter Summary

This chapter presented the four findings uncovered by this study. Findings were organized according to the research questions. Data from individual interviews revealed research participants' use of formal reflective activities in addiction recovery programming, as well as their perception of the activities' functionality as an addiction recovery tool. Extensive samples of quotations from the interview participants are included in the report of the study, as is common in qualitative research.

The initial finding of the study (which addressed the first research question) is that formal reflective activities used in addiction recovery programming fell into one of three primary categories: (a) reflective discourse; (b) expressive arts; and (c) reflective curricula. This finding emanated from the expressed descriptions of 90% of the participants as they discussed their use of formal reflective activities. In discussing reflective discourse, several participants noted the need for safety within community – particularly for people in addiction. The expressive arts – such as drawing, movies, and sculptures – were used to facilitate reflection. Journaling played a large reflective role in the expressive arts, used by 60% of the participants as a formal reflective

activity. Facilitation of reflective curricula was stated by the participants as an effective tool in addiction recovery programming, including the 12-step process - specifically step four, the inventory step.

The next three findings correlated to the study's second research question that is centered around the efficacy of formal reflective activities as a transformative tool in addiction recovery programming. Finding two relayed that all ten participants found formal reflective activities to be effective in aiding a person in addiction to sobriety. There was a caveat in the effectiveness, however, that was outlined in the third finding: for transformation to occur, a person in addiction must be committed to the process of reflection. The fourth finding focused on transformation, with 80% of participants indicating that formal reflective activities aid in the transformation of identity of self.

CHAPTER 5

Discussion

The purpose of this qualitative phenomenological study was to find if formal reflective activities were used by facilitators of addiction recovery programming and if the facilitators perceived the activities had value when working with people in addiction. This chapter includes a discussion of major findings as related to the literature on transformation, formal reflective activities, and addiction. The chapter also includes what implications may be valuable to educators, counselors, facilitators, professionals, and researchers striving to use reflection as a transformative tool for people desiring to break the cycle of addiction and move into the realm of sobriety. Also included is a discussion on connections to this study and transformative learning theory and professional application. The chapter concludes with a discussion of the limitations of the study, areas for future research, and a brief summary.

To review, this study asked the following research questions:

1. How do facilitators use formal reflective activities with people in addiction?

2. How do facilitators perceive the value of reflective activities when working with people in addiction?

The study found four primary results concerning the use and efficacy of formal reflective activities in addiction recovery programming. The results are multi-dimensional and comprised of four themes: (a) formal reflective activities are used in addiction recovery programming; (b) formal reflective activities are effective in transformation; (c) commitment to reflection is key to the transformative process; and (d) formal reflective activities aid in the transformation of identity of self.

Interpretation of the Findings

The participants - facilitators of addiction recovery programming - were overwhelmingly aligned in the use and value of formal reflective activities. Each theme below has different identifying factors and is described in detail in the following sections.

Formal Reflective Activities are used in Addiction Recovery Programming

The study's conclusion that facilitators of addiction recovery programming use formal reflective activities agrees with the literature that indicates reflection is a necessary tool in the recovery (transformative) process. Adult educators have long dissected the association between reflection and transformation, from its origins and subsequent theoretical advancements with Mezirow's (1978, 1996, 2000b, 2009) transformative learning theory, Brookfield's (2000a, 2000b) critique at the turn of the century, Taylor and Cranton's (2012) comprehensive handbook a decade later, and Hoggan's (2016) influential view of transformative learning as a metatheory. Taylor (2017) even surmised that critical reflection is central and vital to the theory of transformative learning since its original construction.

Formal reflective activities (see Roessger, 2015) were introduced as structured pedagogical events intended to occasion reflection. The participants of this study identified three primary modalities they use to occasion reflection: (a) engagement in reflective discourse; (b) reflection through expressive arts; and (c) facilitation of reflective curricula. Each modality came with unique and specific ways to occasion reflection, which will be highlighted below.

Reflective Discourse

Mezirow (2000a) defined reflective discourse as the "use of dialogue devoted to searching for a common understanding" (p. 10) through a challenging of assumptions within the collective experience. Constructive discourse can be particularly effective in addiction recovery

programming, with Kubicek et al. (2002) identifying discourse from supportive people is the paramount factor in recovery. Participants mentioned open share opportunities in group settings as an example of constructive discourse. Others noted the value of community for trust building, accountability, feedback, and a presentation of alternative worldviews. Mezirow (2000a) also mentioned the need for safety when engaging in reflective discourse, a sentiment shared by the participants. They posited that safety is of the utmost importance for people in addiction to share their struggles or personal anecdotes in front of others. The participants also mentioned the value of sponsors in the reflective discourse process, noting the honest feedback available with the relationship. After analyzing the interviews, the benefits of reflective discourse became clear and evident. Facilitators of addiction recovery programming can use reflective discourse as a powerful reflective tool while aiding in the sobriety for people in addiction.

Reflection Through Expressive Arts

Expressive arts are widely used in multifaceted approaches of therapy (Malchiodi, 1998), including addiction recovery programming, and can be applied through a wide variety of formal reflective activities. Participants noted activities centered around art, which included encouraging people in addiction to reflect through paintings or sculptures. Other participants mentioned music and movies, using media to invoke reflection. Blasco et al. (2015) found that using movies can elicit reflective emotions that tap into the affective domain of learning. Journaling has been found to be an effective reflective tool in a wide array of practices (Bell et., al, 2011; Chirema, 2007; Dye, et. al, 2011; Merriam & Beirema, 2013; Taylor, 2017), and the participants of this study confirmed the efficacy of journaling in addiction recovery programming. Some mentioned the importance of journaling in the early stages of addiction recovery, others for abstinence refrain, and many stated the benefit of journaling for emotional regulation. Reflection through

expressive arts provides facilitators of addiction recovery programming a wide variety of options for formal reflective activities that aid in recovery.

Reflective Curricula

Formal reflective activities are in essence reflective curricula, and the participants noted the importance of reflective curricula in addiction recovery programming. This curricula includes workbooks, 12-step programs, teaching, and experiential activities. Williams and Kraft (2012) expressed the benefits of using workbooks, and the participants mentioned workbooks being a lifeline for people in addiction. One participant mentioned workbook curriculum as "life work," with the included worksheets necessary to recovery.

The 12-step programs have long been used as a reflective curricula tool (VandenBos, 2007), and the participants in this study confirmed its efficacy in addiction recovery programming as a formal reflective activity. Participants mentioned the opportunity for the 12-step process to envelop the many facets of reflective curricula: journaling, open share, workbooks, etc (Garcia et al., 2015). This step can also include reflective discourse through a sponsor/sponsee relationship. The fourth-step inventory was noted as particularly effective as a recovery tool. The fourth step is a reflective activity that includes an in-depth review of a person in addiction's past. It can be a chronological of life's hurts, responses to those hurts, or wounds - and then a person in addiction's response to the inventory. The 12-step process can be a valuable tool as a formal reflective activity when used correctly by facilitators of addiction recovery programming.

Whether it is reflective discourse, reflection through expressive arts, or reflective curricula, an overwhelming majority of participants in this study confirmed the use of formal reflective activities. This answers the first research question: How do facilitators use formal

reflective activities with people in addiction? The rest of this chapter focuses on the second research question: How do facilitators perceive the value of reflective activities when working with people in addiction?

Formal Reflective Activities are Effective in Transformation

A multitude of authors have noted the efficacy of formal reflective activities within the realm of transformation (Brien et al., 2008; Brookfield, 2000a; Fook and Gardner, 2007; Hill, 2005; Roessger, 2014). Others have discussed the benefits of reflection and transformation for people in addiction (Griffiths, 2016; Schoenthaler et al., 2015; Sussman, et al., 2011; Weerasinghe and Bartone 2016), but there has been little research focusing on the effects of formal reflective activities on transformation for people in addiction.

All ten participants of this study perceived formal reflective activities to be effective in the transformation of people in addiction from addiction to sobriety. Several mentioned the ability for formal reflective activities to "open the eyes" of people in addiction, to create a shift in their worldview. Others noted the opportunity for formal reflective activities to move people in addiction into acceptance, saying the reflection makes it hard for them to stay in denial – a key tenant in the recovery process. This aligns with Mezirow's (1978, 1985) seminal views on transformation that a "disorienting dilemma" needs to occur for the transformative process to occur. This dilemma (or conflict with denial) for people in addiction can conceptualize as social problems when substance abuse or addictive disorders effect everyday responsibilities (Wiechelt, 2007). These problems lead to a self-examination with feelings of guilt or shame, a recognition of internalized shame, or losses of identity (American Psychiatric Association, 2013). According to the participants, recovery for addiction can occur through a reflective process in dealing with the disorienting dilemma that comes with confronting denial.

Although the participants viewed formal reflective activities to be effective in transformation, there was a caveat in the efficacy of formal reflective activities in addiction recovery programming, one of commitment. The following passage focuses on this idea of commitment and how it relates to the literature.

Commitment to Reflection is Key to the Transformative Process

The majority of participants indicated that formal reflective activities are effective in transformation only if the people in addiction are committed to the process. This aligns with Kegan and Lahey's (2009) view that the major obstacle to transformation is our innate immunity to change. For transformation to occur, one must commit to the creation of an adaptive challenge that produces internal conflict - an optimal conflict. Basically, for transformative learning to occur, individuals must intentionally create optimal conflict or be open to situations where optimal conflict can occur in a safe and supportive environment.

This aligns with the 12-step process, specifically step one: admitting that one cannot control one's alcoholism, addiction, or compulsion. Committing to admission is a fundamental step in the recovery process, one that was mentioned by the majority of the study's participants. Most discussed the inefficacy of formal reflective activities without a commitment to engagement. Trett summed it up well:

> If an individual is skeptical, and they stay skeptical the whole time. They're very likely not to engage in these effective tools. Then they typically will see minimal change, and then patterns will continue on once they've stepped out of the group.

Others mentioned the need for "skin in the game" or to "get off the bench."

Mezirow (1997) seminally argued that transformation is a cognitive, rational process – one engaged through challenging previously held assumptions via critical reflection. This aligns

with the practices of facilitators of addiction programming, with many addiction recovery programs intermittently using meaning-making approaches to transformation while using formal reflective activities. If a person in addiction is not willing to engage in reflection, there is no shift in worldview and no opportunity for transformation to occur.

Formal Reflective Activities Aid in Transformation of Identity of Self

The study's conclusion that formal reflective activities aid in the transformation of identity of self agrees with the literature that indicates reflection provides opportunities for a new understanding of meaning, a chance to identify a new transformed self. Kegan and Lahey (2009) introduced the idea of transforming our meaning making in such a manner that the way in which we make meaning becomes a tool that we can utilize instead of something that controls us. It is the sequential process of gaining additional complex ways of knowing that make up transformative learning, a practice that Kegan and Lahey described as messy work that relies on emotional processing and reflection. This view of messy work and meaning making aligns with the clinical, educational, and epistemological approaches to addiction recovery programming and curriculum, with substance abuse counselors and addiction professionals using cognitive behavioral therapy techniques, formal and informal reflective activities, and social processes to encourage transformation (Peterkin & Brett-MacLean, 2016).

Kegan and Lahey (2009) noted the need for an optimal internal conflict for transformation to occur, one designed to cause us to feel the limits of our current way of knowing. The AA Big Book (Alcoholics Anonymous World Services, Inc.,1989) aligns with this need for an optimal internal conflict, stating admission to lack of control is necessary to start the sobriety process. This internal conflict is again kindred to Mezirow's (2000a) disorienting dilemma – a current perspective at odds with a previous perspective. For a person in addiction to

achieve sobriety, they must transition their identity of self (Baker et al., 2019). This transition

occurs when a person's current identity is disrupted, causing a need for a new construct of

reality. Reith (1999) noted the need for a person in addiction to awaken from a narcotic slumber

(Reith, 1999). The recovery from addiction was expressed as a "regaining of a sense of

temporality; a re-animation of the future and an `awakening' from the previous state (of narcotic

slumber)" (Reith, 1999, p. 2). The participants of this study identified this transformation as a

shift in perspective, with Adam saying:

> To answer those questions honestly, it's hard for them to be in denial. Because it's not
>
> unusual for someone as they start this process, to say, "I'm not that bad. I don't need to be
>
> here. I don't need to, you know, I can handle this." But as they answer these, the questions
>
> on the assessment that opens the door for them to see just where they're at and what help
>
> they need to get to become sober.

Gibson et al., (2004) noted an addict's entanglement of self, with recovery requiring a

disentanglement or reconstitution of self. Hill and Leeming (2014) and Dingle et al., (2015)

found that people in addiction seek out a positive sense of self and aspirational new identities.

Cram described it as a rewiring of the brain:

> Everything changes. Their mental process changes. They begin to believe in themselves.
>
> They have worth. Again loved, accepted. Your brain has been rewired. You're no longer
>
> traveling down a path when you're triggered to just turn to your substance of choice. That
>
> transformative learning gives you a choice.

> The majority of participants indicated that formal reflective activities aid in the

transformation of identity of self. It is the sequential process of gaining complex ways of

knowing that make up transformative learning, a practice that Kegan and Lahey described as

messy work that relies on emotional processing and reflection. Many have associated the benefits

of messy work and meaning making in transformation (Fair, 2006; Pointer, 2015; Spring et al.,

2018; Sremac & Ganzevoort, 2013; Thangrattana et al., 2014), analyzing the relationship

between transformative learning experiences and substance abuse treatment programs.

Transformation through meaning making translates into changes of identity of self (Prilleltensky,

2014), and the participants of this study noted the relationship between formal reflective

activities and the transformation of identity of self. Participants mentioned the transformation

from addiction to a new identity, using formal reflective activities to make meaning through

reflection and new experiences.

Implications for Theory and Research

Chapter II included substantial findings concerning adult education, reflection, and the

primary framework of this study, transformative learning theory. How the findings of this study

relate to transformative learning theory are discussed below.

Transformative Learning Theory

Transformative learning theory posits that transformation is cognitive, rational process

requiring a challenging of assumptions through critical reflection. This challenging of

assumptions can create a change in worldview – a paradigm-shifting process of effecting change

to a learner's frame of reference. These frames of reference are "the structures of assumptions

through which we understand our experiences" (Mezirow, 1997, p.5). They also challenge a

person's entire existence, alter their habit of thinking, and form their point of view.

This study used formal reflective activities as the method to generate reflection for people

in addiction. The results of this study found that formal reflective activities also occasion

transformation from addiction to sobriety. Mezirow's (1997) work on transformative learning

theory also suggests constructive discourse to be an integral part of the transformative process, and this study affirms that position. Although Mezirow viewed discourse to be integral, other researchers have disparaged the role of discourse in transformation (Merriam & Ntseane, 2008). While Mezirow outlined the conditions necessary for discourse to occur, Taylor et al. (2012) noted that those conditions do not always exist. Others posited (Taylor et al., 2012) on the value of discourse within transformation, noting the struggles of power imbalances or societal pressures. The participants of the study, however, mentioned the need for discourse and the power of a safe group to reflect, particularly within a healthy sponsor/sponsee relationship. Trett summed up the power of discourse as such:

> So, the open dialogue there is being able to share that and getting feedback. Hopefully, in that there is a lot of similarity and understanding by the others that are in the group as well. Being in that group, having somebody that understands, is going to give better critical feedback or encouragement that's not coming across as just an academic response or a sympathetic response. There is an actual empathetic response, and you know this must have value. Which, if that is the case, it leads to desires to actually move in the steps and find that freedom from the addiction or the desires that have led the wrong way.

The use of reflective discourse, expressive arts, and reflective curricula establish a connection between critical reflection, transformative learning theory, and addiction recovery.

Transformative Learning as a Metatheory

As transformative learning theory expanded as a confluence of theories, Taylor (1998) expressed the dilution of the theory that included all types of transformation in learning, not just Mezirow's (1978, 1991) approach of transformation. Taylor (1998, 2007) divided transformative learning theory into eight separate frameworks of transformation: psychocritical psychoanalytic,

psychodevelopmental, social emancipatory, neurobiological, cultural-spiritual, race-centric, and planetary. Mezirow's seminal theory, later identified by Hoggan (2016, 2018) as perspective transformation, fell into the framework of the psychocritical approach, the concept that individuals have "habits of mind" or ways of thinking that are shaped by broad worldviews, and to change the habit of thinking required considerable critical reflection to challenge preconceived assumptions.

Hoggan (2018) noted that Mezirow's original work had gotten convoluted and suggested a shift in how researchers viewed transformative learning theory. He (Hoggan, 2015; 2016; 2018) offered a reconceptualization of transformative learning as a metatheory – an umbrella approach to all conceptualizations of transformative learning. All approaches to transformative learning would fall under the metatheory except Mezirow's perspective transformation approach, the psychocritical framework. The results of this study fall under in Mezirow's perspective transformation approach, one of creating a new worldview through reflection. The participants noted the shift of worldview through reflection, particularly within identify of self – unlocking patterns in their life they didn't know they had control over. Some mentioned a change from a victim mentality to one of individual control. They discussed how mental processes change, how worldviews change, and how one transitions from the viewpoint of addiction into sobriety. All of the participants credited reflection at the change of perspective. This study adds to the already expansive knowledge base of transformative learning theory and the concurrent metatheory, focusing primarily on how formal reflective activities can create transformation for people in addiction. The study will also add to the practice of addiction recovery programming, benefiting educators, facilitators, and practitioners.

Implications for Practice

Facilitation of addiction recovery programming has been around for decades, if not centuries (White, 2000). The application of the programming has shifted multiple times over the years, from sobriety circles to inebriate homes to addiction recovery groups (White, 2005). Addiction was classified as a disease by the American Medical Association in 1987 (White, 1998), and the facilitation of addiction recovery has focused on therapeutic and prevention programming as a modern approach (National Institutes of Health, 2007).

Adult educators have used reflection as facilitation tool for nearly ninety years, starting with Dewey's (1933) understanding of learning as a lifelong experience. Mezirow (1978, 1996, 2000b, 2009), Taylor and Cranton (2012), Taylor (2017), and Hoggan (2016, 2018) all surmised reflection, specifically critical reflection, to be paramount to the transformative process. Roessger (2013, 2014, 2015) identified formal reflective activities as a tool for facilitators to occasion reflection in an educational setting. This study focused on formal reflective activities as the primary facilitation tool in addiction recovery programming. The participants identified the activities to be useful and effective in the transformative process for people in addiction. The section below identifies how the results of this study will benefit facilitators of addiction recovery programming.

The Role of Reflective Activities for Facilitators

A facilitator's approach to reflection can take many forms, and researchers have used multiple methods to occasion reflection with people in addiction (Griffiths, 2016; Pruett et al., 2007; Schoenthaler et al., 2015; Sussman, et al., 2011; Weerasinghe & Bartone, 2016). Addiction counselors, substance abuse professionals, and educators have also used these types of activities to aid in their programming and processes (Baker, et al., 2019; Ballon & Skinner, 2008; Peterkin

& Brett-MacLean, 2016; Weerasinghe & Bartone, 2016) in hopes of curbing the ever-rising issue of addiction.

The goal of this study was to evaluate the use and perceived value of formal reflective activities in addiction recovery programming. The study found that facilitators of addiction recovery programming not only used formal reflective activities in their practices, but all found the activities to be effective in transformation. The participants used reflective discourse, expressive arts, and reflective curricula as the primary methods of facilitation. These activities included discourse, journaling, music, movies, sculptures, inventories, group work, teaching, experiential activities, and workbooks.

These activities include cognitive, psychomotor, and affective domains, what Sipos et al. (2008) calls our "hands, hearts, and head," to make a connection between reflection of experiences to sustainable transformation. This study provides educators, facilitators, and practitioners a better understanding of the use of formal reflective activities in addiction recovery programming. The study also identifies the areas in which formal reflective activities provide value for facilitators of addiction recovery programming.

Implications for Facilitators of Addiction Recovery Programming

Facilitators will be able to better identify the three modalities of formal reflective activities to use in their addiction recovery programming: (a) reflective discourse; (b) reflection through expressive arts; and (c) reflective curricula. One area the participants noted as particularly effective is the use of movies as a formal reflective tool. Facilitators could learn to use these movies to draw out new perspectives for their participants. The movies noted in the interviews included: *28 Days, The Temptations, Inside Out, Soul, Flight, Braveheart, Ben is Back, Walk the Line, Thanks for Sharing, and Beautiful Boy.*

Other expressive arts were used, including journaling. Many researchers (Bell et., al, 2011; Chirema, 2007; Dye, et. al, 2011; Gulwadi, 2009; Plack et. al, 2005; Silvia, et al., 2013:) have noted the benefits of journaling for reflection, and the participants in this study highlighted the use of journaling to in addiction recovery programming. Facilitators of addiction recovery programming (and adult educators in general) can use journaling to help others looking for a shift in identity. Participants in the study noted the efficacy of journaling as a marker in identity shift, for a person in addiction to be able to reflect on the past to see their progressions. In combination with journaling, several participants noted the advantages of providing workbooks for people in addiction to complete. Workbooks can serve as a reflective tool, one facilitators can implement to help in the transformation of people in addiction.

The twelve-step process, particularly step four – the inventory step, was highlighted by many participants of the study as a reflective tool. This study provides facilitators of addiction recovery programming another framework in which they can create transformation of identity of self for people in addiction. The process can be used by adult educators at large as a reflection tool as well, as the 12-step and inventory stage do not have to be addiction specific.

One implication for practice is the need for safety within the transformation process. Most participants identified the necessity of safety during reflection for people in addiction. Katie noted the importance of safety saying, "ultimately, the biggest thing that's the most effective is - just across the board whether it's students or clients - is the safety to reflect." Facilitators of addiction recovery programming can make a specific intention to make safety a priority in order for people in addiction to reflect.

Limitations and Recommendations for Future Work

While a qualitative approach was effective in producing results for this study, qualitative research tools such as interviews, are limited in scope. The author is well aware of potential biases and the inherent values and belief systems that could influence this study. The author is a recovering addict and therefore could have skewed the findings of the study. Due to the nature of qualitative studies, the participants' biases or preexisting knowledge of the field of study could have impacted results.

Another study coupled with this study's results could offer future research possibilities. Researchers could investigate the facilitator's role in facilitating the activities, or a more targeted approach to the efficacy of the activities in other manners of transformation (meaning making, sustainability, beyond rational or planetary frameworks, etc.). Another potential future study could highlight the specific activities facilitators use in their programming, creating a guidebook for educators, facilitators, or addiction practitioners.

There are potential limitations that may have affected the validity, generalizability, or trustworthiness of the results. As well as a limited and nondiverse participant sample, this study did not measure the dependability of the participants beyond years of experience and the qualification of addiction recovery programming facilitation. Examining the specificity of participant backgrounds could provide different results. This includes individually investigating the findings from Licensed Professional Counselors (LPCs), social workers, Licensed Alcohol and Drug Abuse Counselors (LADCs), Certified Sexual Addiction Therapists (CSATs), National Certified Addiction Counselors (NCACs), substance use disorder counselors, leaders of Alcoholic Anonymous and other 12-step addiction recovery groups, and other addiction specialists working for non-profit and faith-based recovery groups.

Conclusion

The perceived functions and efficacy of formal reflective activities in addiction recovery programming has been discussed in this study: the participants widely use the activities as consider them effective in transforming a person of addiction from addiction to sobriety. Addiction has plagued society for hundreds, if not thousands, of years (Nathan et al., 2016). Addiction is prevalent worldwide, regardless of nationality, race, gender, or religion. In 2017, 19.7 million American adults battled a substance use disorder and 8.5 million suffered from both a mental health disorder and a substance use disorder (Abuse, 2017).

The hope of this study was to determine the use and perceived value of formal reflective activities used by addiction recovery facilitators in addiction recovery programming. This study adds to the ever-growing research concerning addiction programming, transformative learning, and formal reflective activities. Taylor and Cranton (2012) discuss transformative learning experiences as opportunities that transform our core theme—our core sense of self that defines who we are and how we live our lives. The participants posit that formal reflective activities can aid in epochal transformation of self, to create a new identity, one of sobriety instead of addiction. More possibilities for further research lie ahead, but this study provides a new beginning of a better understanding of addiction, reflection, formal reflective activities, and transformative learning.

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Appendix A

IRB Approval Letter

UNIVERSITY OF
ARKANSAS.

To:	James R. Eller
From:	Justin R Chimka, Chair IRB Expedited Review
Date:	12/22/2021
Action:	**Expedited Approval**
Action Date:	12/22/2021
Protocol #:	2110367444
Study Title:	INVESTIGATING HOW FACILITATORS VIEW THE FUNCTIONS AND PERCEIVED VALUES OF REFLECTIVE ACTIVITIES ON TRANSFORMATIVE LEARNING AMONGST PEOPLE IN ADDICTION
Expiration Date:	12/02/2022
Last Approval Date:	

The above-referenced protocol has been approved following expedited review by the IRB Committee that oversees research with human subjects.

If the research involves collaboration with another institution then the research cannot commence until the Committee receives written notification of approval from the collaborating institution's IRB.

It is the Principal Investigator's responsibility to obtain review and continued approval before the expiration date.

Protocols are approved for a maximum period of one year. You may not continue any research activity beyond the expiration date without Committee approval. Please submit continuation requests early enough to allow sufficient time for review. Failure to receive approval for continuation before the expiration date will result in the automatic suspension of the approval of this protocol. Information collected following suspension is unapproved research and cannot be reported or published as research data. If you do not wish continued approval, please notify the Committee of the study closure.

Adverse Events: Any serious or unexpected adverse event must be reported to the IRB Committee within 48 hours. All other adverse events should be reported within 10 working days.

Amendments: If you wish to change any aspect of this study, such as the procedures, the consent forms, study personnel, or number of participants, please submit an amendment to the IRB. All changes must be approved by the IRB Committee before they can be initiated.

You must maintain a research file for at least 3 years after completion of the study. This file should include all correspondence with the IRB Committee, original signed consent forms, and study data.

cc: Kevin M Roessger, Key Personnel

Appendix B

Semi-structured Interview Questions

1. What professional experience do you have facilitating addiction recovery programming?

2. Formal reflective activities are defined as "structured pedagogical events that take place within the educational setting intended to occasion reflection and/or critical reflection." This includes activities such as journaling, dialogue, meditation, etc. What types of formal reflective activities (if any) do you use in facilitation of addiction recovery programming?

3. How do you use these formal reflective activities with people in addiction?

4. In your professional opinion, do you perceive these formal reflective activities effective in moving a person of addiction from addiction to sobriety? If yes, in what manner are they effective?

5. Are there any specific formal reflective activities you have used in facilitation that you perceive to be effective in addiction recovery programming? If yes, what activities are they?

6. Are there any specific formal reflective activities you have used in facilitation that you perceive to not be effective in addiction recovery programming? If yes, what those activities?

7. Transformative learning is an adult education theory that "refers to processes that result in significant and irreversible changes in the way a person experiences, conceptualizes, and interacts with the world." These are an epochal transformation of worldview and identity of self. Are there trends that you are using/have noticed in

addiction recovery programming that draws parallels to transformative learning theory? If yes, what are those trends?

8. Have you experienced formal reflective activities to be transformative (created a new identity of self/epochal change of worldview) in addiction recovery programming? If yes, how are they transformative?

9. What formal reflective activities have you perceived to be effective in epochal transformation for people in addiction?

10. Do you have any other additions, comments, suggestions, or examples you would like to provide concerning formal reflective activities, transformative learning, etc.? If yes, what are they?

Appendix C

Informed Consent Form

UNIVERSITY OF ARKANSAS
CONSENT TO BE PART OF A RESEARCH STUDY

1. KEY INFORMATION ABOUT THE RESEARCHERS AND THIS STUDY

Study title: Investigating How Facilitators View The Functions And Perceived Values Of Reflective Activities On Transformative Learning Amongst People In Addiction

Principal Investigator: J. Ryan Eller, M.S., University of Arkansas

Faculty Advisor: Dr. Kevin Roessger, Ph.D.

You are invited to take part in a research study. This form contains information that will help you decide whether to join the study

1.1 Key Information
Things you should know:

- The purpose of this study is to determine if reflective activities (journaling, yoga, meditation, feedback, etc.) aid in the transformation of people in addiction.
- If you choose to participate, you will be asked to participate in an interview, either in person or on Zoom. This will take approximately one hour.
- The direct benefits of your participation may benefit educators, counselors, facilitators, professionals, and researchers striving to use reflection as a transformative tool for people desiring to break the cycle of addiction and move into the realm of sobriety.

Taking part in this research project is voluntary. You do not have to participate, and you can stop at any time. Please take time to read this entire form and ask questions before deciding whether to take part in this research project.

2. PURPOSE OF THIS STUDY

This study addresses the need for further research into the functions of reflective activities as an educational tool for addiction facilitators. It also investigates the value of reflective activities for people in addiction within the framework of transformative learning.

3. WHO CAN PARTICIPATE IN THE STUDY

3.1 Who can take part in this study? Professionals who have specific experience facilitating addiction (both substance and behavioral addiction) and substance abuse groups and sessions. This type of American professional includes, but is not limited to, Licensed Professional Counselors (LPCs), social workers, Licensed Alcohol and Drug Abuse Counselors (LADCs), Certified Sexual Addiction Therapists (CSATs), National Certified Addiction Counselors (NCACs), substance use disorder counselors, leaders of Alcoholic Anonymous and other 12-step addiction recovery groups, and other addiction specialists working for non-profit and faith-based recovery groups.

3.2 How many people are expected to take part in this study? This research will target no less than six participants who fit the above description, ideally interviewing participants until saturation is achieved but no more than 20 total participants.

4. INFORMATION ABOUT STUDY PARTICIPATION

4.1 What will happen to me in this study?

This study will involve an interview from the researcher concerning reflective activities as an educational tool for addiction facilitators. The following procedures will be followed with each participant.

- The researcher will establish a mutually agreeable time and place with each participant to conduct the interview. Interviews will be facilitated in person *OR* facilitated through the video conferencing technology platform Zoom.
- The participants will be interviewed by the researcher using a semi-structured interview style to determine how facilitators view the functions and perceived values of formal reflective activities in relation to transformation for people in addiction.
- Each participant will fill out a consent form pertaining to the issues that will be discussed (e.g., privacy, professional discretion, the right to terminate the session at any time).
- Each interview will be audio-recorded using the Otter.ai audio recording application on the researcher's personal iPhone. The audio recordings will be transcribed using Otter's premium transcription service. The recordings will then be verified by the researcher for errors or omissions and transcribed verbatim. The recordings will then be erased from the iPhone and the Otter platform.
- The transcriptions will be kept on the researcher's personal computer in a locked file.
- All participants will give informed consent through signing the consent form provided before taking part in the study. Before the interview begins, participants will be informed that they can discontinue the interview at any time without providing a reason.

- Before the interview, the participants will be given a list of the defined terms in this study as an aid in the interview process.
- Respondents will be allowed to respond extemporaneously, with the researcher adding follow-up or probing questions as needed.
- Participants of the research will be given the opportunity to retract, revise, or decommit from the study up to two weeks after the interview.
- After the conclusion of the study and analyzation of the data, the researcher will provide the interviewees with the findings of the study.

4.2 How much of my time will be needed to take part in this study?

Each participant will be interviewed once for roughly one hour. Since the interviews are semi-structured in format, there are no minimum or maximum time lengths, but in a courtesy to the interviewees, the researcher will ask before the session begins the maximum amount of time the interviewee will be able to commit to the interview.

5. INFORMATION ABOUT STUDY RISKS AND BENEFITS

5.1 What risks will I face by taking part in the study? What will the researchers do to protect me against these risks?

Breach of confidentiality (i.e., informational risks) is a potential risk in all research that collects or maintains personally identifiable information and may be the only risk in this study. Interviewees will be promised anonymity through the use of pseudonyms in the research findings and the participant does not have to answer any questions they do not want to answer.

Any identifiable information collected will be kept confidential to the extent allowed by law and University policy.

5.2 How could I benefit if I take part in this study? How could others benefit?

You may not receive any personal benefits from being in this study. However, others may benefit from the knowledge gained from this study. The information amassed in this study may benefit educators, counselors, facilitators, professionals, and researchers striving to use reflection as a transformative tool for people desiring to break the cycle of addiction and move into the realm of sobriety.

6. ENDING THE STUDY

6.1 If I want to stop participating in the study, what should I do?

You are free to leave the study at any time. If you leave the study before it is finished, there will be no penalty to you. Interview participants can request to stop the interview process or remove themselves from the study at any point in the research process for any reason. This also includes the post-interview process including data analysis. If you decide to leave the study before it is finished, please tell one of the persons listed in Section 9. "Contact Information".

7. FINANCIAL INFORMATION

7.1 Will I be paid or given anything for taking part in this study?
Interview participants will be entered into a drawing for a $200 Amazon gift card for their participation and the winner will be drawn at random by assigning each participant a number and using an online random number generator on calculator.net.

8. PROTECTING AND SHARING RESEARCH INFORMATION

8.1 How will the researchers protect my information? Each interview will be audio-recorded using the Otter.ai audio recording application on the researcher's personal iPhone. The audio recordings will be transcribed using Otter's premium transcription service. The recordings will then be verified by the researcher for errors or omissions and transcribed verbatim. The recordings will then be erased from the iPhone and the Otter platform. The transcriptions will be kept on the researcher's personal computer in a locked file.

8.2 Who will have access to my research records?

There are reasons why information about you may be used or seen by the researchers or others during or after this study. Examples include:

- University, government officials, study sponsors or funders, auditors, and/or the Institutional Review Board (IRB) may need the information to make sure that the study is done in a safe and proper manner.

8.3 What will happen to the information collected in this study?

We will keep the information we collect about you during the research process. Your name and other information that can directly identify you will be stored securely and separately from the research information we collected from you.

The results of this study could be published in an article or presentation, but would not include any information that would let others know who you are without your permission.

Any identifiable information collected will be kept confidential to the extent allowed by law and University policy.

8.4 Will my information be used for future research or shared with others?

We may use or share your research information for future research studies. If we share your information with other researchers it will be de-identified, which means that it will not contain your name or other information that can directly identify you. This research may be similar to this study or completely different. We will not ask for your additional informed consent for these studies.

9. CONTACT INFORMATION

Who can I contact about this study?

Please contact the researchers listed below to:

- Obtain more information about the study
- Ask a question about the study procedures
- Report an illness, injury, or other problem (you may also need to tell your regular doctors)
- Leave the study before it is finished
- Express a concern about the study

  Principal Investigator: J. Ryan Eller

  Email: jre017@uark.edu

  Phone: 918.316.2431

  Faculty Advisor: Dr. Kevin Roessger, Ph.D.

  Email: kmroessg@uark.edu

  Phone: 479-575-7285

If you have questions about your rights as a research participant, or wish to obtain information, ask questions, or discuss any concerns about this study with someone other than the researcher(s), please contact the following:

University of Arkansas

Research Integrity & Compliance

109 MLKG

1424 W. Martin Luther King, Jr.

Fayetteville, AR 72701

Office: (479) 575-2208

Fax: (479) 575-6527

E-mail: irb@uark.edu

10. YOUR CONSENT

Consent/Assent to Participate in the Research Study

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. I will give you a copy of this document for your records and I will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information in Section 9 provided above.

I understand what the study is about and my questions so far have been answered. I agree to take part in this study.

Print Legal Name: _____

Signature: _____

Date of Signature (mm/dd/yy): _____

11. OPTIONAL CONSENT

Consent to be Contacted for Participation in Future Research

Researchers may wish to keep your contact information to invite you to be in future research projects that may be similar to or completely different from this research project.

_____Yes, I agree for the researchers to contact me for future research projects.

_____ No, I do not agree for the researchers to contact me for future research projects.