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INTERACTIONS AS SOURCE OF THE CHANGE OF BEHAVIOR IN ADDICTION AND RECOVERY FROM ADDICTION. AN EXPLORATORY STUDY

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ABSTRACT. Based on the findings about the importance of social support network in the success of treatment and long term recovery, this article will provide an insight of the successful elements in addiction individual and group counseling interaction through which addicts manage to overcome the denial of addiction, to accept the recovery program, to go through the stages of recovery, and to identify appropriate research methods for understanding the phenomenon of interaction in recovery from addictions. This exploratory study will attempt to identify an innovative perspective of the aspects pertaining to the recovery from addiction which are susceptible to be disclosed primarily by using methods inspired by the analysis of interactions. The method used in research is qualitative focus group with addictions counsellors and people in recovery, working in a counseling center. Using the application of ELAN software to annotate and transcribe interactions from the video and audio recordings, it will situate the research on addiction and recovery from addiction in the larger field of investigations on communication processes in human interactions in various cultural, social and professional contexts.

Key words: stages of recovery, social support, interactions, group, counselor, peer support, motivation to change, self-efficacy, tools for change, stages of change model

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Introduction

Recovery from addiction has been a huge interest for researchers, especially since many methods and models of recovery are presented and marketed in contemporary society. (Best, Lubman, 2012) Recovery has been largely embraced as the main goal of the treatment of addiction.

The social support network resources are decisive for the success of the treatment and recovery of the persons with addiction. Studies have shown that recognition by a peer or a consistent relationship with a service provider or sibling (Pettersen et al., 2019) are instrumental for achieving and maintaining stable recovery. These findings are usually based on semi-structured interviews with a limited number of participants. While recovery service providers are aware of the extent in which the direct social interactions among them, on one side, and between them and counselors, on the other side, are an exceptionally important resource, there are virtually no scientific investigations capable to document how interactions are contributing to the recovery of persons with addictions.

Our aim is to situate the research on addiction and recovery from addiction in the larger field of investigations on communication processes in human interactions in various cultural, social and professional contexts (Kendon, 2004; McNeil, 2000; Goodwin, 1981; Katila and Raudaskoski, 2020).

This exploratory study will attempt to identify an innovative perspective of the aspects pertaining to the recovery from addiction which are susceptible to be disclosed primarily by using linguistic and informatics tools inspired by the analysis of interactions, more precisely by using the Eudico Linguistic ANnotator (ELAN)[1] software to annotate and transcribe the video and audio recordings. (Coletta et al.; Fournel, 2018; see also Wittenburg, 2006). The specific annotations are any of the sentence, word, a comment, translation or a description of any feature observed in the media, and will provide the basis of the analysis.

Treating addiction in an interactive environment

The approach to addiction in philosophy comes as a natural tendency when we talk about spiritual pursuits, understanding emotions, the dependence of the dependent person to fully understand himself, the search for meaning in life,

[1] ELAN (Version 6.4) [Computer software]. (2022). Nijmegen: Max Planck Institute for Psycholinguistics. The Language Archive. Retrieved from https://archive.mpi.nl/tla/elan

building human relationships based on the goals of satisfying daily life. Particular attention was paid to psychology, philosophy, but especially to theology in the study of "passions," of the "passionate" nature as precursors of addiction. Difficult and paradoxical concepts such as free will, self-control, desires and freedom have also come to the attention of philosophers like Wallace, Watson, Mele (see Foddy, 2010) and have consumed sufficient resources.

Addictions have been treated similar to mental illnesses, with a strong character of blame, the sick people being considered possessed by evil spirits (Miller & Toft, 1990). Seen in terms of altered consciousness, the treatment was mainly aimed at closing in asylums, sanatoriums, removal from the community of "failures", where the person went through a strong sense of alienation, depersonalization, deculturalization. At the beginning of the twentieth century, we had a real subculture of the "non-conformists" that is still preserved today. Addiction framed as a pathology of those with weak brains (or weak genes) has just as much potential to stigmatize and create marginalized populations. Parents become a kind of "little lepers of society" and children become condemned.

The Minnesota rehabilitation model (Montague and Fairholm, 2020) has as its forerunner the perspective of the Palo Alto school of the 40s and 50s, which offered a new paradigm of therapy, going beyond exclusively medical, psychiatric, medication-based treatment, or exclusively intrapsychic therapy, such as in psychoanalysis, towards the change of the social environment in which the individual operates. The authors laid the foundations of the interactionist perspective, through which the person's behavior and the way he communicates must be seen in a social context, from a much more "non-rigorous" perspective. The basic preoccupations of the school are: the theory of communication, which is the basis of the whole scientific approach, the methodology of change and the therapeutic practice (see Lesenciuc, 2017).

The basic elements of the approach are: adopting the concept of addiction as a disease, multidisciplinary team, using the group method, planning individualized treatment, using a clinical adaptation of the 12 Steps, supporting the person through individual counseling, family involvement (counseling, support groups) and the use of Community methods, such as "Anonymous" groups. (Woydyllo, 1997)

The Minnesota model is now considered to be the most effective model of therapy and has been studied since the 1950's (Cook, 1988), with American society being strongly oriented toward revolutionary pragmatism. Special departments for treatment and research have been set up (NIIDA, SAMHSA, etc.). In 1998, 90% of private treatment centers used the 12-step abstinence method.

Defining interaction in the context of the research

The vision we start from is that individual personality and social constructs are the result of the process of interaction. Without going into the description and debate of what "social facts" mean, we turn our attention to the analysis of conversations, the way two people relate (the utterance relates to what the other has said) through the conversation. Spoken language cannot be considered only an instrument, but is related to behavior and interpreted / examined in this context.

As a starting definition that we had for interaction was when there is a response from the other side, in real time. Support groups is the frame for this interaction. The way we describe the interaction in the vision of this study leads us to Goffman's writings from (1955) and (1957) ("*Alienation from interaction*") and we will take into account the interaction that took place within the research group and see how that the participants engaged in a complex system of collaboration with each other, allowing the way they behaved to be guided by the requirements of the interaction system in which they entered. Thus, the behavior of a newcomer in a peer group can be analyzed in terms of how it works in the interaction system and is shaped by older members (the power of the example of those with a longer period of abstinence), without no matter what his intentions were or to discover certain traits of his personality.

In recovering from addictions, the effectiveness of groups is reflected in the degree of change that occurs in people with addictions and which has a significant impact on their well-being (conflict management skills, prevention of resumption of consumption, increased self-confidence, self-control, self-efficacy, reasoning control, involvement in enjoyable activities, etc.) (Pooler, 2014). Self-efficacy has been considered by some authors (Bandura, 1986) to be closely related to the beliefs that people have about their abilities. These may be better predictors of change than what they actually know or how they have worked before.

The method of therapy from an interactionist perspective – as an engine of change in addictions

In the present research, this perspective sheds light on the importance of the context and communication provided by the peer community and the therapeutic counseling framework, as a conductive and effective environment for recovery, through the roles that community members take. Systems theory and the idea of homeostasis, both for the family context and further to the group context can bring

important study indicators. Communication, and further change, are seen beyond static entities, but are included in the "semantics of context". (Lesenciuc, 2017)

"Communication" no longer has as its object of study language or message, but also concerns verbal language (configurations and meanings, syntactic and semantic) and nonverbal language: "from the perspective of pragmatics, all behavior, not just speech, represent communication and the whole communication - even communication cues in an impersonal context that affects behavior" (Watzlawick et al., 1967: 23). The perspective of the "invisible college" on communication has its origins in von Bertalanffy's general theory of systems (1956) and Gestalt psychology, respectively. (Ibid.)

Studies on the community in recovery have as their essence the principles of unconditional love, mutual help manifested in all the gestures and behaviors through which the person is received, oriented, the way they interact with him, etc. determines this acceptance, the renunciation of the "I want everything" symptom that potentiates judgment, that is, the consumption of alcohol / drugs indefinitely. Experimental studies (Zernig, 2013) highlight the importance of social interaction, but also the fact that aversive social interactions and social isolation are factors that contribute to drug use and multiple relapses (Venniro, 2018). Carrying on these findings, the treatment of addiction through the community reinforcement approach capitalizes on the voluntary social contact with the social reinforcement factors: the support group and positive work environments (Stitze, 2011 and Peele, 1990). There is a strong emphasis on the power of peer change and the connection between addicts, especially since the recognition of emotions is largely independent of biological or ethnic factors (Gallagher, 2013). Addiction is the only disease in which self-diagnosis is necessary for effective treatment.

What makes a recovering community different from the rest of society and brings success is the objective definition of addiction, and especially by placing the individual at the center of recovery, by empowering the addict to re-describe and reinterpret their addiction experience. (Copoeru, 2018).

> "You go out on all sides, examine each individual piece, throw away what is useless, rehabilitate the useful, and put the moral self back on track." (Satel, 2014)

In the process of change that occurs at the individual level, we ask ourselves: Where, when and how does that moment of "amazement" occur? Is it an emotion? A feeling? A state of awakening and wakefulness? In recovery this awareness is what William James calls the spiritual experience or personality change resulting from the application of the recovery program. "Most of our feelings are" what the psychologist William James called "instructive experiences "that occur slowly over

time. Those close to the person in recovery, see the transformation long before they become aware of it. Eventually, he will find that he has changed profoundly in the way he reacts to life, and that he could not have caused such a change on his own. "What is happening in a few months now, in rare cases could have happened after years and years is self-discipline". (Alcoholics Anonymous, 2000).

Recovery is a social process leading to a successful change in social identity. The stronger this identification, the better the chances of recovery. It has also been defined as a conversion (Tiebout, 1944). The more connected a person is to others, the more likely they are to be noticed, confronted, and helped to see the proportions of reality. As former users, if they come to identify more strongly with recovery-oriented groups, and less strongly with using groups, their likelihood of sustained recovery increases. (Best 2016)[2].

The group is a laboratory of life, modeled on the "Johari Window" model. You use the group's mirror, to share experiences, to give hope, to be a leader, to teach others. In the counseling process, it takes the form of a routine structured with exercises and steps to follow, organized for newcomers, to move from denial to a systematic recognition of the effects of the disease and the exercise of recovery skills. Alibrandi (1985) identifies 100 activities (or "tools") employed by AA members to support day-to-day abstinence.

> "Peer-based recovery support is the process of giving and receiving nonprofessional, non-clinical assistance to achieve long-term recovery from severe alcohol and/or other drug-related problems. This support is provided by people who are experientially credentialed to assist others in initiating recovery, maintaining recovery, and enhancing the quality of personal and family life in long-term recovery." (White, 2009)

The development of this model was supported by the success (the strongest empirical evidence based) of the so-called "Anonymous" groups, especially Alcoholics Anonymous, which in the early 2000s had over 2.1 million people in recovery[3], using the support group method (Alcoholics Anonymous, 2000). Studies have shown since the 1970s that the "Community Reinforcement Approach (CRA)" type of therapy performed much better than detox hospitals, with the basics: the ability to cope with everyday reality, people, workplace and self-esteem, confront the negative values of the user's environment, focus on all social environments as causative factors or

[2] The success of this method has had implications for therapeutic approaches like Social identity model of recovery (SIMOR). (Best, 2016)

[3] 100,766 groups in 150 countries.

as a solution to addiction. (Peele, 1990). All this has best approached in interactions and contexts natural settings, not in the treatment settings[4]. These communities have functions both as a therapeutic environment and as a way to reintegrate the participant into society.

Methodology of the research

This paper attempt to articulate contributions from the language sciences, psychology and educational sciences to address, in a strongly interactionist perspective. The methodological point of view gives us the opportunity to problematize the group dynamic of people with addictions and the way it functions in order for the newcomer to feel accepted, respected and to be open, without defenses.

Research objectives:

A. To understand the therapeutic elements of group and individual counseling interactions, through which addicts manage to overcome the denial of addiction.

B. To understand what motivates addicts to accept the recovery program.

C. To understand the interactions that facilitates the newcomer to relate to other people in recovery.

The method: *Qualitative focus group research*

The research method will be data-driven (inductive + abductive) starting from the corpus of data received through a descriptive-empirical approach. Addiction counselors and volunteers will contribute their own experience and observations on the effectiveness of recovery methods, the tools used in counseling, and the types of interactions that motivate change.

The particularity and innovative of this study (as there are no specific studies of interaction in recovery group setting), is how we used the method and the tools in a specific setting, bringing together the counselors and people in recovery and providing the opportunity to act as a group. Most of the studies target either counselors, or people with addictions, so that the data to be as homogeneous as possible. We assumed a risk of not having a homogeneous group, as participants have specific roles in the recovering community. In classical psycho-therapy the

[4] Social Identity Model of Recovery (Best, 2016)

therapist is usually taking the role of the expert and never share personal experience. In Minnesota Model, one of the major advantages is the counselor as a peer, the person with addiction in recovery being a counselor and the professional counselor being in recovery[5].

Data collection techniques and data analysis method: data collection was taken from group interview, by video recording of the focus group and participatory neutral observation. To annotate and transcribe the video and audio recordings we used ELAN software. We used qualitative content analysis from interactions in the group interview. The names of participants are anonymous. All the participants agreed and signed the "Informed consent form to participate in the focus group interview".

Research tools:

1. Interview guide with open-ended questions and
2. Participatory observation guide

The interview guide consists of 16 questions. During the group interview we've responded to 7 questions. Those are:

1. What is the decisive factor for which a dependent person would address or address the center? What brings those with dependency to seek help?
2. What are the most important elements of direct interaction at first contact?
3. In direct interaction what makes you or what are the elements that lead to gaining trust in the counselor?
4. What do you think are some of the elements of direct interaction that embarrassed you or you felt embarrassed?
5. How would you describe the direct interaction in the support group for a newcomer? What is your perspective?
6. How easy or difficult is it to adopt an identity - "Am I an alcoholic / addicted to recovery?
7. What are three things that help in support groups?

The participatory observation guide had the following themes: the interactions of the participants with the researcher, the interactions of the participants among them, the overall dynamic of the group, communication patterns, the transitions of roles.

[5] The focus is on creating a collaborative alliance that shifts the focus of recovery from the treatment professional to the person seeking and experiencing recovery (White, 2002)

Participants: 4 addiction counselors (3 social workers, 1 psychotherapist) and 3 volunteers (addicts in recovery - 1 drug and alcohol addict - 5 years abstinence, 1 gambling addict - 5 years abstinence, 1 drug addict - 4 years abstinence).

Subject selection criteria:

a. A good knowledge of the Minnesota intervention model.

b. Experience in helping dependent people (either as a counselor or as a volunteer).

c. Personal experience in support groups of at least 2 years and knowledge of how the recovering community works.

d. Withdrawal from any substance that changes mood for at least 2 years.

Research setting: The focus group took place within the White House Day Center, facilitated by 1 doctoral student and 2 researchers. Participants and 1 researcher set in a circle; the other 2 researchers were on the sides. The main researcher made a brief introduction to the topic, present the basic rules, and started to ask questions. Participants responded at free choice, without interruption. The group will lasted 2 hours and 5 minutes. The duration of the video recording was 02:03:24.999.

Topics of analysis

Preliminary remarks:

The group took place in a familiar setting to the participants, the support / therapy group room and the members knew each other and interacted with each other in different settings (peer support groups, counseling groups, individual counseling) and facilitated the communication. The participants engaged in the group mode without any problems, forming a support group from the beginning, as they spoke one by one, they did not interact. The researcher had a minimal intervention as a moderator and conducted the discussions freely for the members to choose when they speak. The theme was new and unique for the participants, which allowed a greater freedom and authenticity in verbal communication, thinking and conceptualization.

The researcher introduced the topic and 'invited' members to share based on their experience, not on their knowledge.

1. Initial stage of the group

'Organic communication = we can't help not to communicate'

The group started with an informal conversation among participant. After the introductory part from the researcher, the moment of silence was felt like a tension or a moment of 'negotiation', what is going to happen next? How are we going to proceed? The researcher used the time for quick 'group reading' (by observing each participant)[6]. The silence minute 03:52:692 until 04:10.538 was perceived like a long break in the subjective time, even as objective time it was less than 20 seconds. The pauses have different functions[7], in this context was more related to manage turn-taking and is considered to be natural in spontaneous speech (Kosmala, 2019).

As a group dynamic all participants related very quickly from a personal point of view to the sharing, like the support group. The tone of their voice was low and serious and it was felt like one of the moments of tension (along the interview we identified as promotors of role change counselor - patient) as they were trying to get the group started. The counselor turned very quickly in the "peer mode", after the speech of the volunteers, as seen in Extras 1.

Tobi, Mary and Ana addressed the issue of "suffering" as the main factor in determining a person to seek help. Even from the beginning the counselor adopted the role as "she" (Ana) was a patient:

Extras 1[8].

Time and duration of speech:	Who:	What was said:
03:51.461 – 03:52:692	Tobi (volunteer)	you know what // suffering[9]
04:10.538 – 04:21.666	Mary (volunteer)	xxx what made me seek help // seek // the solution it was the pain // despair
04:36:948 – 05:05:487	Ana (counselor)	I ended up not knowing where I was going // or not knowing why // I came for volunteer purposes and: // I was guided to find out that I had other problems and I should have done therapy //

[6] Even refusing to communicate is communication

[7] To structure the speech, insecurity, within speech - as a way of enhancing speech or indefinite (ibid.)

[8] The underlined sentences or words is used in extras, as for the reader to easily observe the ideas explained by the researcher in the text. Here is about „vulnerability" of the counselor.

[9] Legend of transcription: // = pause in speech, ... = when I use part of the speech, : or :: = when the last letter is pronounced prolonged

Time and duration of speech:	Who:	What was said:
		and then I it was a bit exploratory // it was a curiosity I think because at that moment I wasn't aware of all the pain that was buried in my back // and then // about me that was the background

At the same time, from the very first minutes, the use of "vulnerability"[10] has been observed, which has acted as a stimulating factor for the interaction and switch of perspectives between the counselor and the patient.

In Extras 2 we can see an interaction sync for the recovery volunteers:

Time and duration of speech:	Who:	What was said:
06:04.333 – 06:55.871	Bob (volunteer)	I would say despair because before everything I tried somehow …

The different moments of laugh identified in the group as members were getting accommodated with the dynamics, it is identified as 'release laugh' (Ana – self-irony, 14:38, and other moments).

Laughing in the context of storytelling about certain humorous event: minute 21:30 until 31:28, when Tobi is sharing his first experience with the peer member, as he thought that the counselors paid him to tell him a 'story' and he can easily switch from one story to another, according to 'the patient'.

Other moments of loud laughs decreased the tension and allowed the members to behave ore natural and authentic. In the last moments of the recording, one of the counselor's expressions (02:03:24.277 – 02:03:24.999) 'and we thank you ufff' shows the great tension that she kept during the group.

2. How the members related to the group - the counselor as a patient

The group negotiation was done as the model of the orchestra in communication[11], less in the way that we wanted to (the counselor as a patient is the

[10] The term was introduced later in the speech of the counselors, see Extras 3, Lori and Ana.

[11] „Members of a culture participate in communication just as musicians participate in the orchestra; but the communication orchestra has no conductor, and the musicians have no scores. Their agreements are more or less harmonious because, when interpreting, they guide each other. The area they sing is for them a set of structural interrelationships." (Lesenciuc, 2017, p. 212)

"surprise" result of this interaction) and the researcher had no intention to intervene and regulate the roles participant adopted and the way the group was going.

The counselor had a more difficult time to adjust and deal with the tension, as the volunteers were definitely more natural from the beginning, as they are more used to share their experience in groups. But, the vulnerability 'forces' you to react and to respond in the same way, creating the moment of fusion, the counselor feeling easy to share as the volunteer. In the history of addiction treatment, we recognize the so called "wounded healer" tradition (White, 2009).[12]

It happened in the first 6 minutes of the interaction, as the volunteers shared their own experience determined the others to speak of their own experience. This can be considered as an important factor of change for the newcomer (an addict who is for the first time in the group of peers). Other moments identified as vulnerability were from the counselors sharing their own 'imperfections' (see Extras 3), the stressed counselor' (Question 4: raised intonation – as a way of dealing with tension, minute 36:58 – Diana, counselor, and ways to hide if she's not in the best mood). Lori brings a very protective attitude, the groups start to laugh, and Ana is turning her head in the back while laughing.

Extras 3:

Time and duration of speech:	Who:	What was said:
34:05:888 – 38:06:944	Diana (counselor)	let's get over the part of stereotypes or if someone has, for example, a different sexual orientation // and it depends on how much we also feel that we can get over this idea and look at man only as a man beyond sexual orientation or not that holds us back and us and maybe I feel like I could or couldn't as a counselor go further // sure it would be ideal to recognize our own limits (laughs) ahead of time and possibly talk… …maybe sometimes we convey to them indirectly from our face that:: I'm waiting for that hour to pass because I still have I don't know how many things to do until four when I have to go home… …the problems or the moments when the person in front of us touches the patch that we put on a wound of ours that is not healed and then yes:: we are also willing or not to enter the subject that one in detail because we may feel like we have no inner …. and we may or may not want to work on that wound at that moment and then

[12] For more than 275 years, individuals and families recovering from severe alcohol and other drug problems have provided peer-based recovery support (P-BRS) to sustain one another and to help those still suffering.

Time and duration of speech:	Who:	What was said:
		maybe we just sweep it under the rug and move on to the next exercise"
38:15:444 – 39:15:666	Lori (counselor)	…yeah:: you say something there ah (laughing in the background) the thing with trust no:: in the sense that yes:: that's about the vulnerability of each of us and this part of self-knowledge before entering the counseling process is very important because that's how you know what your vulnerabilities are… …I don't know if this is the thing that (xxx) with trust as well as with the ability to go into the depth of a therapy you know that:: the trust part is somehow before these things..
39:46:888 – 42:31:611	Ana (counselor)	for me, when you ask for help, it's important for the person to be available when I ask him for help, when he's fighting inside me, when I'm hurting, when I'm breaking // when I've already tried everything I can to:: adjust myself and so on and it's not working // and then I send help…
01:51:06.970 – 01:53:06.555	Ana (counselor)	…vulnerability, the courage of others to show themselves vulnerable, I think that:: eh// I think it helps me because it's clear to me, maybe not to others either eh ///pfuu I'm comfortable or not interested in being around perfect people…

The reflection on the counselor side followed with a few exchanges of speech between Lori and Diana as a moment of understanding and explaining. Lori being more of a counselor in this moment, as in the counseling group. Ana brings justification for the "here and now" availability of the counselor, as she needs that "the man should be available when I ask him for help when it screams in me when it hurts when I break" (39:46). Later, Ana, defines the vulnerability of the person to be known by others, as an important element of the group, as "everyone is in the same boat", not as people who are cured. The "trust" element is also viewed as preliminary to the self-disclosure of the group members.

Minutes 39:47 until 43:09, dialogues between counselors Lori and Ana about the vulnerability of the counselor (Ana is involved through head movements, either agreeing either not, to what the two of the counselors are debating), opens the door and normalizes, until the moment when the volunteer Mary intervenes and corrects that interaction: 43:09 "delicate situations" and she turns to talk about her own need to be heard and for people to answer to her needs "here and now", also she concluded in defense of the counselors: "because you are human too noo" (laughing).

The participants identified several elements that makes them feel comfortable and determine the trust in the counselor (see Extras 4): active listening, not being caught in cliches, being available here and now, authenticity, feedback, firmness ("no longer in your terms"). Mary described very well: "they reached me" (minute 52:44) while she described the crises that brought her back into recovery after a harsh relapse, and Tobi: "I even cried" (minute 30:52), at the first support group interaction.

Extras 4

Time and duration of speech:	Who:	What was said:
43:07.000 - 45.05.777	Lori (volunteer)	…in the beginning really we are quite vulnerable and sensitive at least I would have been // at a no: or over five minutes…
45:19.338 – 48:09.166	Tobi (volunteer)	…I think it has to be a firm one because that tells the addict ok you came asking for help the help can be yes it is no longer in your terms because this was one thing for me:… …does all this matter to the other person, the compassion, the feedback, the feeling that I'm not being lied to, the confidence is sure // and this can move something, that is, to be born, something was born, and then I know in my head, maybe there's a solution, a chance for me that it's not I could see that it was possible, and that's (hehe) what counted"
49:51:888 – 52:48.111	Lori (volunteer)	… I continued to use without sleep for about seventy-two hours and:: I think that the fact that:: at that moment I sent a message to my former counselor means that i received something from there, however //lol I don't see any other way because I was no longer me I wasn't anymore // and:: I think it was very hard // I don't know I don't know I said that grace was put into words ….. that again I was on the tendency of self-punishment you don't deserve it you will see that you don't deserve it you're dying now, so it's over and done:: my surprise was still to have an answer from beyond …….and somehow it reached me again even though I was no longer there // and I managed to stop consumption: at that moment (xxx) about two weeks to be able to leave the house at least …..I came somewhere around five (xxx) with my mother by the hand // very, very hard to pack again … I can only be grateful that she managed to it gets to me in those moments // so: // (longer pause) yeah:

In the third question there were identified certain issues that the volunteers regarded as being obstacles and difficulties in the relationship. Bob is referring to the moment when the counselor showed him the treatment plan (minute 54:25), as the paperwork involved in the counseling. He explains that he felt that like a breakup in the relationship (using hand gestures too). The moment

of tension, was again dealt with laughter by part of the group members, while Jane and Diana kept a steel nonverbal reaction. The researcher intervened later with the comment about the paper work that is not convenient for the counselor either (minute 55:39) and Mary (55:27.111 – 55:33.527) concluded in self-irony: ' do you know what file I have then heh heh' (laughs out loud).

3. Addressing method: from the client's / counselor's perspective

As a way of structuring the speech and adopting a certain role, we identified 6 moments of pointing out the counselor's perspective – Diana (10:10) "from my point of view or actually from the counselor's perspective (laughs)" and Lori continues (11:38.434) "also from the counselor's perspective". Jane (21:55:249 – 22:51:782) "from the counselor's perspective …" summarizing the importance of empathy, active-listening, paraphrasing with the client. Lori again, (33:26:999–– 34:02:888, 3 times) about how the counselor is trying to help. Diana as she turns to speak repeats: "from the counselor's perspective" (34:05: 888) about not judging the client and using the stereotypes. Lori comes back to the counseling groups as she describes the importance of the "feeling safe to talk" as one of the factors in promoting change (01:48:54.200).

The first moment "from the client's perspective" (Tobi, 14:47:000) when everyone starts laughing, as a statement and change of perspectives.

It is very interesting as the speaker states the perspective as they start to talk: "from the perspective of the support group" (Tobi, minute: 01:12:40.759 and Jane, 01:17:44.192). 2 moments "from the perspective of recovery" (Tobi: 01:46:18.166 – 01:48:45.055)

The statements about the roles, served to keep the role that they are engaged in, either as a way to protect from being too vulnerable, as defense mechanisms, mostly in the case of Lori and Diana (counselors).

4. Change – as seen from the perspective of the shifting roles

During the negotiation process, we identified an effort to be conform. We observe the interactionist behavior of conformity, as Gofman represented the social dramaturgy, and the roles adopted in the social context. The emphasis is on the relationship, not necessarily on the content of the communication. Interaction can be seen as the "stage" where the change occurs. The constant dance of the roles emerged in the group as members related more or less from the personal point of view.

Bob (01:39:52.500 – 01:42:43.277) reflects that for the people in recovery the groups setting needs to offer something different then what they were used to in the environment of active using: "..newcomer out there was sitting with some druggies and he comes here and finds other druggies who talk the same thing they were talking about and the others don't think it's a :: difference.."

Extras 5

Time and duration of speech:	Who:	What was said:
11:38:434 – 12:39:521	Lori (volunteer)	…also from the counselor's perspective // I don't get so many people sent to me // yes:: important for me in the first stage somehow the connection that I manage to make emotionally with the person // that is to manage to:: resonate a bit with him/her to feel it too: if .... I can almost say that in the first minutes the match is played somehow // and if I manage to connect emotionally with him/her this is it if not:: then:: I'm still trying to reformulate myself to enter on his frequency somehow so that // that there are people who come like that with a denial but most of the codependents not anyway // but some come so in expectation and I have to jump that piece somehow to overcome it so that's how I feel for me so…

In addiction recovery the well-known phenomenon of "two hats", the recovering person who is a counselor, has always been considered to be a great advantage, but less studied from the perspective of countertransference. In this study we are able to view the way direct interaction provided "the stage" for role change and for the counselors to wear different hats at different moments, switching them around as the moment allowed and served (functioned) for the connection with other participants.

The counselor in the role of the patient and switch back in the role of the counselor. Ana points even the element of empathy for her, both as a patient, and as a counselor ("that the man who comes to me to feel human first of all"):

Extras 6:

Time and duration of speech:	Who:	What was said:
12:47:086 - 14:34:521	Ana (counsellor)	…I think that's what attracted me // the fact that I felt floyd curious about me because there was a long time when someone didn't // I don't know if anyone had ever been interested in what's with me

		beyond why I do what I do, I do what I produce or anything else // and I was really curious and that brought me the challenge somehow with that kept me and from the shoes of the counselor I think // I think i have to believe that the man can // even if he I don't think he cares about that, it seems to me more important that the man who comes to me to feel human first of all // no matter what minuses he did // but to /// be able to at least give him the idea the hope at the beginning that it will come out and that part of humanity does and that I think was the most general feedback received and I remember that Alexandra knows no // we were together with a lady who came back from the hallway and // a lady who was diagnosed with schizophrenia and came and just wanted to thank me for being the only place where she was treated as a human being or with respect or something like that after she was placed and hospitalized and humiliated // and I think that // that I think we have very authentic here // that makes a difference…
14:38-086 – 14:44.369	Ana (counsellor)	I hope I am (xxxxx) on the other side that I talked on the principal (the other counselor, Lori, laughs loudly in the background) huuuuuuu

Bob (volunteer) is even expressing his frustration about the role shift inside the peer groups (01:39:52.500 – 01:42:43.277) "in recovery I don't know, I consider myself a // policeman there or a teacher or // all kinds of hats // not // because I know that he helps me too and:…".

One more evidence of role shift was the interaction about the perspective of codependents (family members of the addicts) as they assume the identity in recovery: Ana (01:28:56.693 – 01:30:27.777) sharing the experience as a family member, but also as a counselor perspective. Tobi is responding to that, as the great help for him as an addict (in the role of the codependent), as the codependents find a meaning in their suffering: "from the other perspective, the following idea may arise, my man drank it and I suffer from it // well why // because I didn't do anything to him // and the way they manage to cope with a sense of suffering helped me as an addict to see // see that it's not that simple // this helped me".

The dynamic of change

The analysis of interactions suggests a dynamic of change which could be summarized as it follows[13]:

Recovery is seen not as a personal attribute that can be observed and measured (Best & Lubman, 2016), but rather as a socially mediated process, facilitated and structured by changes in group membership and resulting in the internalization of a new social identity, being an addict and a codependent in our case. This is happening in the first moments of interactions. People that are still in denial (they are just not ready in the present moment), may perceive this direct interaction as too powerful and only raises the defense mechanism, as seen in this research in the addressing method (from the counselor's perspective etc.). The change is made by changing the role in a context of determined direct interaction, as seen in all moments 'from the perspective of the counselor'.

The novelty of the interaction and the research method, both counselors and volunteers (as ex-patients), offered a new perspective on both sides, such a result not being possible in normal setting, as Lori concluded (56:53.444 – 56:57.944): 'you should know that all this discussion is good (laughs) that I learned a lot today', and is confirmed by the facial gestures of the rest of the counselors.

The format of the peer-support group is setting the scene for initial contact with recovery-oriented identity ('I am Mary, I am an addict'), as the effectiveness[14] of 'assertive linkage' approaches was proved, in the ways in which the initiation of group engagement can occur for excluded individuals and shows to the role of the group in building resilience by promoting engagement and a sense of belonging (Jones & Jetten, 2011). The nonverbal communication evidenced the connection, through gestures, head movement, facial expressions and body gestures during the interaction.

In support groups, as in our research group, we can see how the role shift works in organizing the action for motivation, mobilization to continue, openness to express feelings of the new comers – this is the magic that happens and produces the

[13] This attempt to model the interaction in a therapy group for persons with addictions is a kind of "free improvisation" based on some "motives" from the works of Alfred Schutz (Schutz 1943, see also Copoeru 2013)

Following Schutz, we do not begin the description with a pre-fabricated definition of interaction and of its outcomes. We describe the verbal and co-verbal actions of the agents who lives "naively" in the social world among their fellows. The point of view of the researcher is the same as the one of the ordinary people which are engaged in an interaction.

[14] Testing this approach, both Timko, DeBenedetti, and Billow (2006) and Manning et al. (2012) have demonstrated the benefits of using peers to support active engagement in groups.

change. The group offers: direct interaction, real, open allowing you to vulnerability, freedom without rules, receptive, anticipation of change, mutual and equal help. People start to identify themselves in terms of recovery, the adopt the social identity of "us in recovery" (Best, 2016) leads to more behavioral change, even adopting strategies to avoid relapse.

In our focus group, in the interaction of the participants, we noted the "healthy synergism" ((White, 2009) as the participants adopted easily either side, has conducted the conclusion that the professional dimension of help is greatly influenced by the peer recovery movement. Authors have identified this as a "natural antithesis between the philosophy of the support groups and professional health care" (ibid.). Further research can focus on comparative efficiency of each approach can be addressed.

The readiness to change and engaging in behaviors to sustain change is very much determined either by a crisis in life, as our participants identified in the first question, either through engagement with a recovery-oriented group (like the 12-step meetings) or through encouragement and enthusiasm from friends[15]. In our case, this phenomenon was evidenced by the *enmeshment of the roles*.

Conclusions

Studies have shown that recognition by a peer or a consistent relationship with a service provider or sibling (Pettersen and al 2019) are instrumental for achieving and maintaining stable recovery in the treatment of addiction. While these findings have been usually based on semi-structured interviews with a limited number of participants, we attempted in this paper to problematize the group dynamic of people with addictions and the way it functions in a therapeutic setting (Minnesota model) in order for the newcomer to feel accepted, respected and to be open, without defenses.

Data collection was taken from group interview, by video recording of the focus group and participatory neutral observation. To annotate and transcribe the video and audio recordings we used ELAN software.

During the negotiation process in the group, we identified an effort of each individual to conform to the group. In accordance with Gofman's idea of social dramaturgy, the roles have been adopted in the social context. Interaction appeared thus as the "stage" where the change occurs. The constant dance of the roles emerged in the group as members related more or less from the personal point of view.

[15] SIMOR model of change

The outcome of our exploratory study may contribute to the identification of the therapeutic elements of group and individual counseling interaction through which addicts manage to overcome the denial of addiction, to accept the recovery program, to go through the stages of recovery, and to identify appropriate research methods for understanding the phenomenon of interaction in recovery from addictions.

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