

**Transformational Experiences on Long-Term Recovery from Alcohol Use Disorder (AUD)  
and Depressive Disorder in Men**

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## Abstract

Alcohol Use Disorder (AUD) combined with a depressive disorder creates complex challenges that affect men's health, relationships, and ability to sustain recovery. Although treatment options exist, little is known about the personal turning points that lead to lasting recovery when both conditions are present. This gap limits how practitioners and researchers understand the experiences that drive long-term change. The purpose of this study was to explore the transformational experiences that contributed to sustained recovery among men with histories of alcoholism and comorbid depression. Addiction recovery as a transformative learning (ARTL) framework guided the study, extending transformative learning theory to the context of addiction and identity change. A qualitative narrative inquiry design was used. Nine men in long-term recovery, ranging from five to 40 years of sobriety, participated in semi-structured interviews. The interviews followed an open-ended guide designed to elicit stories of pivotal change, identity shifts, and recovery milestones. Transcripts were coded inductively to capture themes and deductively to apply the tenets of ARTL. The guiding research questions asked: How do men with alcohol use disorder and comorbid depressive disorder describe their transformational experiences in relation to long-term recovery? Analysis revealed six major themes: emotional healing and self-acceptance, identity transformation, recovery practices and strategies, relationship repair and social support, spiritual and existential insights, and sustained growth and life integration. Across participants, the reconstruction of personal identity emerges as the central mechanism linking transformational experiences with sustained recovery. Identity was described as both a source of vulnerability in addiction and a cornerstone of recovery. Transformational moments frequently occurred at times of crisis or existential questioning, sparking enduring shifts in worldview, purpose, and sense of self. The findings demonstrate how transformational

learning processes support recovery as a lifelong endeavor. Implications for practice include integrating identity-focused counseling, encouraging narrative reconstruction, and designing interventions that address co-occurring depression alongside addiction. Recommendations for research include extending this inquiry to diverse populations and exploring non-twelve-step recovery pathways.

## Acknowledgments

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## Chapter 1: Introduction

Men diagnosed with alcohol use disorder (AUD) and a depressive disorder frequently encounter challenges in isolation. Their alcohol consumption is often readily apparent, while their emotional fragility remains concealed from the public eye. (Boulze-Launay & Alain, 2020). Recent data from the 2023 National Survey on Drug Use and Health (NSDUH) indicated that only 8% of adult males who need AUD treatment seek it, although 9.8 million males ages 12 and older reported heavy alcohol use in the past month (Soweid et al., 2023). Of the 2.3 million people ages 12 and older diagnosed with AUD in the United States in 2023, only 181,700 (7.9%) received treatment (National Institute on Alcohol Abuse and Alcoholism [NIAAA], 2024c). Of those who received this care, most were more likely to go to their primary care provider for alcohol-related health problems rather than seek out Medication-Assisted Treatment (MAT) or more formal outpatient or residential treatment programs.

Individuals struggling with addiction, notably AUD, often experience a co-occurrence of a depressive disorder, leading to a destructive cycle involving feelings of guilt, shame, hopelessness, and thoughts of self-harm (Feng et al., 2024; Gentile et al., 2021a; Smith et al., 2023). In 2022, males accounted for 36.4% of individuals with a depressive disorder (Zoh et al., 2024). AUD and depressive disorders are significant public health issues that affect millions of individuals and have far-reaching implications for families and communities (Feng et al., 2024; Morris et al., 2023). It should also be noted that in the last two decades, men have been underrepresented in studies researching depression; out of 24,397 studies, men were only represented in 6,303 (26%) (Knox et al., 2022).

According to the Substance Abuse and Mental Health Services Administration [SAMHSA] (2022), between 2017-2022, there was a 98.86% increase for males with mental

health and comorbid substance use, which increased from 498,329 in 2017 to 990,961 in 2022. In 2022, 14,854 substance-use treatment facilities across the United States served 1,623,647 clients, and only 12,125 of these treatment facilities did any screening for mental health disorders. Meanwhile, AUD and depressive disorders within the family system have a significant impact on both the mental and physical health of the nuclear family. For those individuals living with males with AUD and a comorbid depressive disorder, the rates of depression among female partners and their children spike at almost 27.8% (Vijunath et al. 2021).

Current data from the Centers for Disease Control [CDC] (2024b), with statistics compiled through the Alcohol-Related Disease Impact (ARDI) Application for 2020-2021, show there were 178,307 alcohol-attributable deaths related to excessive alcohol use for males and females. Of this total, 119,606 (67.08%) were male, 73,921 died from what was deemed chronic causes, and 45,685 died from acute causes related to alcohol. Similarly, the rate of depression for adult males 18 and over in the U.S. between 2019 and 2023 has increased from 3.8% in 2019 to 4.3% in 2023, while statistics for females with depression have changed little over the same time span. Also, in 2023, 14.7% of men aged 18 and older reported their health as either fair or poor, and 30.9% of males in the same age category reported having five or more drinks in one day over a year (SAMHSA, 2024).

Researchers have shown that individuals with co-occurring AUD and a comorbid depressive disorder face unique challenges that complicate their recovery (Addis, 2008; Gentile et al., 2021b; Sadek & Awad, 2024). Traditional therapeutic methods often fall short, resulting in high relapse rates (Beaulieu et al., 2021). The comorbidity of a depressive disorder significantly influences relapse rates among men with AUD; a study indicated that negative coping strategies, which are often associated with higher severity of alcohol dependence, correlate with increased

relapse rates; specifically, 66% of participants relapse within six months (Venkateswaran & Thirumalai, 2024). However, emerging evidence suggests that transformational experiences (TEs), deep insight, and perspective shifts can significantly alter the recovery trajectory (Jordan, 2020). Transformational experiences can significantly alter the recovery trajectory by facilitating personal change and fostering a new sense of identity and purpose due to their potential for impact on the psyche (Jordan & Walker, 2023; Parker et al., 2021). These experiences, which are viewed as epochal, can be sudden and dramatic rather than incremental (Huang, 2024).

In this study, I focused on a serious and frequently overlooked intersection in mental health: men with comorbid AUD and a depressive disorder who experience transformative experiences (TEs) that contribute to their long-term recovery. (Anderson et al., 2021; Carel & Kidd, 2020; Chirico et al., 2022). Presently, it is unknown how many individuals with comorbid AUD and a depressive disorder have experienced it due to the lack of research in this specific area of recovery. This is because, while recovery has been widely studied, the initial triggers for change and long-term recovery are now well understood beyond individual behavioral interventions and coping skills. This highlights an underexplored area of recovery research that could yield significant findings. Understanding the role of TEs as mechanisms of change is crucial for helping men with AUD and comorbid depressive disorder achieve and maintain recovery. TEs, which can be either epochal (sudden, radical shifts in perspective) or incremental (gradual, cumulative changes), serve as catalysts for significant, lasting change (Cranton, 2006; Jordan, 2020; Mezirow, 1991).

TEs facilitate significant re-evaluations of beliefs and assumptions, fostering new ways of thinking and behaving (Dirkx, 1997; Jordan, 2020; Mezirow, 2009). They are closely linked to psychological transformations (PTs), encompassing broader emotional and cognitive changes,

including healing and identity changes (Taylor, 2007). Recognizing and facilitating TEs can be vital in recovery, as they help individuals develop new coping mechanisms, rebuild self-esteem, and adopt healthier lifestyles (Kearney & Hyle, 2004; Prochaska & DiClemente, 1982). By understanding how TEs unfold, therapists and support systems can better tailor interventions to promote these insightful shifts, ultimately supporting sustained recovery and improved mental health for men dealing with AUD and a depressive disorder (Anderson et al, 2021; Baldwin, 2024).

TEs represent potential turning points where individuals can move from despair to hope, from addiction to recovery (Webb et al., 2022). By exploring TEs, I aim to uncover patterns and strategies that can be harnessed in therapeutic settings, offering new pathways to sustainable recovery. This study is situated within a broader disciplinary conversation about addiction recovery and mental health. While considerable attention has been devoted to the physiological and behavioral aspects of recovery, there is a growing recognition of the importance of addressing the psychological and existential dimensions. This work contributes to the emerging discourse by providing empirical evidence and detailed narratives of transformation. It highlights the importance of integrating psychological resilience into treatment paradigms, offering a comprehensive approach to supporting sustained recovery and improved mental health for men dealing with AUD and depressive disorder.

### **Statement of the Problem**

The problem addressed in this study is the lack of understanding of transformational experiences in the long-term recovery of men with AUD and comorbid depressive disorder. These experiences, though associated with deep personal change, are underexplored in the literature, limiting their use in clinical recovery frameworks (Andersen et al., 2021; Carel &

Kidd, 2020; Jordan, 2020). Without a clearer understanding of how TEs function, relapse rates may remain high, and recovery pathways may be less effective, particularly for men facing psychological comorbidities (Fortino et al., 2022; Pugh et al., 2023).

The mechanisms and impacts of these TEs remain under-explored, creating a significant knowledge gap that hampers recovery efforts (Anderson et al., 2021; Chirico et al., 2022; Soweid et al., 2024). TEs are crucial because they can lead to sudden changes in self-perception, identity, and worldview, which are fundamental for long-term recovery (Mellor et al., 2021). Despite evidence suggesting that TEs significantly improve recovery outcomes, there is limited understanding of how these experiences catalyze such significant transformations (Carel & Kidd, 2020; Hammond et al., 2022; Jordan, 2020; Linn et al., 2023). This problem impacts individuals with AUD and comorbid depressive disorder, particularly men who face psychological challenges in their recovery journey.

What is unknown is the specific mechanisms through which TEs facilitate long-term recovery. Understanding these moments of change could improve intervention strategies, making them more effective for those in the pre-contemplation stage of change (Kelly et al., 2019; Witkiewitz et al., 2020). If this problem is not addressed, recovery efforts may continue to be less effective, leading to higher relapse rates and suffering for men with AUD and comorbid depressive disorder. This could also result in missed opportunities for loved ones from families and the community at large, with men suffering from untreated AUD and a depressive disorder (Fortino et al., 2022; Pennington, 2021; Pugh et al., 2023). Researchers have investigated TEs in isolation, but little is known about the impact of TEs on long-term recovery and their inherent value or relevance to long-term recovery (Herdova, 2020; Isaacs, 2020). Further research is

warranted that could examine the impact of TEs on long-term recovery to better aid in effective counseling for dual-diagnosed men in treatment and counseling.

### **Purpose of the Study**

The purpose of this qualitative narrative inquiry, guided by the Addiction Recovery as Transformational Learning (ARTL) framework, was to explore how transformational experiences (TEs) contributed to long-term recovery from alcohol use disorder (AUD) and comorbid depressive disorder. Narrative inquiry is ideal for capturing the nuanced, context-dependent nature of TEs, allowing participants to reflect on identity reconstruction, personal growth, and self-awareness (Clandinin & Connelly, 2000). In this study, I examined how these experiences reshape the worldview, facilitate recovery, and influence psychological transformation. Narrative inquiry is particularly suitable for this study because it captures deeply personal and context-dependent phenomena, allowing participants to richly articulate the complexities of transformational experiences and their meaning within their lived experiences (Creswell & Poth, 2018).

Addressing a gap in understanding, I examined how such experiences contribute to sustained long-term recovery, focusing on shifts in self-perception, perspective, and worldview. The study was a logical and explicit response to the stated problem and research question, as it directly investigates how TEs contribute to long-term recovery using narrative inquiry. By aligning its methodology, participant selection, and data analysis with the research objectives, I identified mechanisms of transformation that facilitate sustained recovery, thereby explicitly addressing the identified gap in understanding.

I recruited 8-12 men with at least five years of recovery from both conditions who self-identify as having undergone a transformational experience. Participants were recruited through

collaboration with recovery organizations, treatment facilities, university campuses, and online platforms, ensuring diversity in age, socioeconomic status, and recovery duration. The research was conducted across multiple sites within general geographic regions to maintain confidentiality. Data was collected via semi-structured, in-depth interviews focusing on experiences of transformational events, catalysts for these shifts, impacts on the recovery process, and the role of social support and therapeutic interventions. Transcripts were anonymized and systematically coded, with the analysis yielding themes and sub-themes that capture participants' unique and shared experiences.

By synthesizing individual narratives, I sought to understand how transformative experiences shape long-term recovery. The findings are expected to inform clinical practice by highlighting elements for therapeutic settings and emphasizing personalized approaches to addiction and mental health treatment. contribute to developing more effective, individualized treatment plans that foster the psychological transformations necessary for sustained recovery. Given the deeply personal and experiential nature of TEs, narrative inquiry was uniquely suited to examine how participants interpret, assign meaning to, and are changed by such events (Clandinin & Connelly, 2000; Creswell & Poth, 2018)

### **Introduction to Theoretical Framework**

Addiction recovery as transformative learning (ARTL) expands Mezirow's transformative learning theory (TLT) into the addiction context. ARTL emphasizes identity reconstruction, self-awareness, reflection, and holistic change (Jordan, 2020). Specifically, ARTL's emphasis on self-reflection and cognitive restructuring will directly inform the coding strategy during data analysis by providing clear thematic categories to explore participants' reflective processes and cognitive shifts. The framework supports understanding of TEs as

catalysts for transformation, providing a foundation for the problem, purpose, and research question. It informs data collection and analysis by highlighting core elements such as self-reflection, meaning-making, and internal shifts in perspective.

In ARTL, personal growth is central to addiction recovery, suggesting that individuals undergoing treatment experience significant positive changes in their self-perception and behaviors (Jordan, 2020). The model sheds light on identity change, where individuals in recovery reconstruct their sense of self in relation to their addiction. Another aspect is self-awareness, as the model suggests that individuals develop a deeper understanding of their thoughts, emotions, and behaviors, leading to greater insight and introspection.

Reflection plays a role in this process, as individuals examine their past experiences, choices, and beliefs to gain new perspectives and insights that support their recovery journey (Jordan, 2020; Mezirow, 2003). This reflection facilitates cognitive restructuring, enabling individuals to reframe their thoughts and beliefs about addiction, recovery, and self, thereby promoting positive change and well-being. ARTL also advocates a holistic approach to addiction recovery, considering the holistic nature of physical, emotional, social, and psychological factors. These principles collectively form the foundation of the ARTL model, offering a comprehensive framework that addresses the multifaceted nature of addiction and recovery. By integrating these principles, ARTL provides a nuanced understanding of how transformative learning processes facilitate long-term recovery.

The ARTL framework has guided the research decision development of this study's problem statement, purpose statement, and research question. By emphasizing personal growth, identity change, self-awareness, reflection, cognitive restructuring, and a holistic approach, the ARTL framework highlights the importance of understanding the psychological mechanisms

behind transformational experiences (TEs) (Jordan, 2020; Mezirow, 2000a, 2000b). This focus shaped the problem statement, which addressed the poorly understood phenomena of TEs in the context of long-term recovery for men with AUD and depressive disorder. Within the purpose statement, I stated my purpose to explore TEs in this population. I designed the research question in response to ARTL's direct focus on personal growth and identity change. By emphasizing experience, the question is designed to investigate the presence of transformation and the internal cognitive and emotional processes that ARTL highlights as central to recovery.

### **Introduction to Research Methodology and Design (Nature of the Study)**

I utilized narrative inquiry, grounded explicitly in constructivist and interpretivist paradigms, to capture first-person accounts of transformational experiences (TEs) in long-term recovery. Narrative inquiry assumes reality is co-constructed through storytelling, emphasizing that meaning making occurs within social, cultural, temporal, and relational contexts (Clandinin & Connelly, 2000; Creswell & Poth, 2018). This philosophical foundation aligns with the research aim of exploring how individuals interpret, reconstruct, and articulate their identities through recovery narratives (Jordan, 2020; Mezirow, 1991, 2000; Warren, 2018).

I used narrative inquiry to capture first-person accounts of transformational experiences in long-term recovery. Grounded in a constructivist and interpretivist paradigm, narrative inquiry assumes reality is co-constructed through storytelling and that individuals construct meaning through temporal and relational contexts (Clandinin & Connelly, 2000). This approach is especially suited for exploring how identity evolves over time through recovery narratives (Jordan, 2020). Clandinin and Connelly's (2000) ideas on narrative identity significantly enhance our understanding of human experience by framing it as a storied phenomenon in which individuals and societies construct and interpret their lives through narratives. Through their

narratives, the use of narrative inquiry enabled this researcher to discover the significance of TEs' roles in sustaining long-term recovery.

A comprehensive advertising strategy was used to recruit participants effectively. This approach ensured a varied and representative sample while maintaining ethical standards and protecting confidentiality. Flyers about the study were placed in different physical and online locations. The recruitment process entailed collaborating with local and national organizations focused on recovery, nonprofit alcohol organizations, and mental health support groups. Collaboration with treatment facilities and rehabilitation centers was established, access was granted to treatment alumni, and flyers were circulated at these locations to reach potential participants. The selection of participants involved purposive and snowball sampling to identify men who have achieved long-term recovery from comorbid AUD and a depressive disorder and self-identify as having experienced a TE.

The selection criteria covered a range of age groups, socio-economic statuses, and recovery durations (a minimum of 5 years). Detailed, semi-structured interviews were conducted to collect the narratives of each participant's recovery path. Interview questions concentrated on the nature of their TEs, the triggers or catalysts for these transformations, the effects on their recovery journey, and the significance of social support and therapeutic interventions.

The methodology was selected to align with the issue, purpose statement, and research query. Narrative inquiry was well-suited for capturing recovery's intricate, personal narratives, enabling a better comprehension of TEs (Caelli et al., 2003). This methodology is important for addressing the recognized gap in the literature and providing an understanding of the transformational processes that support long-term recovery. The selected methodology was appropriate for this study, facilitating an in-depth exploration of personal experiences and

identifying central themes and patterns that can enhance therapeutic approaches and support systems for long-term recovery. By leveraging the principles of ARTL and TLT, I sought to clarify the less-explored areas of transformational experiences and their role in maintaining recovery among men with AUD and comorbid depressive disorder.

Narrative analysis was used to evaluate the data gathered through semi-structured interviews. All interviews were transcribed and anonymized to protect participants' identities. The core components of the ARTL framework guided the initial coding (identity transformation, self-reflection, cognitive restructuring, and holistic growth) and were categorized to develop sub-themes and themes (Butina, 2015; Jordan, 2020; Watson et al., 2022).

The selected research methodology of narrative inquiry was the best choice for this study because it directly aligned with the problem statement, purpose, and research questions by providing a means to explore and understand the personal transformational experiences (TEs) of men recovering from AUD and comorbid depression. Narrative inquiry focuses on people's stories of their lives, allowing for a rich, detailed examination of how these men interpret and assign meaning to their TEs (Jordan & Walker, 2023; Patton et al., 2022). This methodology was well-suited to uncover the intricate and nuanced ways TEs contribute to long-term recovery, as specified in the purpose statement. By capturing personal narratives, I addressed the research question centered on the nature of these experiences, the catalysts that triggered them, and their impact on the recovery journey (Carel & Kidd, 2020; Chirico et al., 2022). The narrative design enabled me to probe participants' subjective experiences, providing insights that might not emerge from other methodologies. It offered a coherent and practical approach to achieving the study's objectives by closely aligning with all aspects of the research framework (Butina, 2015; Hennessy et al., 2021).

**Research Question**

How do men with alcohol use disorder and comorbid depressive disorder describe their transformational experience in relation to long-term recovery?

**Significance of the Study**

This study is important because it addressed a significant gap in the understanding of how transformational experiences (TEs) contribute to the long-term recovery of men with AUD and comorbid depressive disorder. By focusing on the stories of these individuals, this research provides insights into the mechanisms of change often overlooked in traditional recovery programs. Understanding these TEs may lead to more effective and personalized therapeutic approaches and improve recovery outcomes for a vulnerable and often marginalized population.

I attempted to add to the existing literature on TEs and provide additional evidence with detailed narratives on the role of TEs and their value for men in recovery from AUD and depressive disorder. While current literature often emphasizes behavioral and pharmacological interventions, I intended to highlight the important impact of transformation and existential change. This contributes to the body of knowledge by detailing the nature, triggers, and impacts of TEs, offering a comprehensive understanding of these phenomena. This can inform future research and lead to more holistic and integrated treatment approaches.

Addressing the study problem had several benefits: it deepened understanding of the psychological processes involved in recovery, helped counselors design interventions that target these TEs, supported the development of individual recovery programs that incorporate strategies to facilitate TEs, and promoted a compassionate, person-centered approach to addiction treatment. Using the ARTL guiding framework to evaluate TEs and their impact on recovery enhances the validity of the novel framework. It provides an opportunity for future research

using this model to study addiction and recovery, building evidence for potential future use as an evidence-based practice.

By addressing the study problem, achieving the study purpose, and answering the research question, this research may produce significant benefits. It deepened the understanding of how transformational experiences contribute to long-term recovery in men with AUD and comorbid depressive disorder, filling a gap in the existing literature. The insights gained can inform clinicians and counselors in designing more effective, personalized therapeutic interventions that facilitate transformative events. Additionally, the findings could lead to the development of tailored recovery programs that incorporate strategies to promote transformational experiences (TEs), thereby enhancing recovery outcomes. Ultimately, this study promotes a more compassionate and person-centered approach to addiction and mental health treatment, benefiting both individuals and the broader healthcare system.

### **Definitions of Key Terms**

#### ***Alcohol Use Disorder***

Alcohol use disorder (AUD) is a maladaptive alcohol consumption pattern resulting in notable dysfunction or suffering (APA, 2013). Diagnosis requires the fulfillment of a minimum of two specified criteria within a 12-month timeframe.

#### ***Depressive Disorder***

Depressive disorder is a prevalent mood disorder characterized by persistent feelings of sadness, hopelessness, and a lack of interest in most activities (APA, 2013). This disorder is impactful and can significantly erode one's quality of life.

## ***Men***

The context of this study concerns biological adult males aged 18 to 85 residing in the United States (Watson et al., 2022). These individuals share the socialized cultural expectations of Western society and subsequent normalized gender role expectations

## ***Transformational Experience (TE)***

This term refers to two distinct constructs: epochal and incremental (Jordan, 2020). A transformational experience is the consequence of an external event that triggers an internal psychological shift, altering an individual's values, perspective, and worldview (Cranton, 2016; Jordan, 2020; Mezirow, 1999; 2009). TEs can either be incremental (a slow-evolving process) or profound (sudden and dramatic). An event that can catalyze life-changing circumstances.

## **Summary**

Men often suffer their struggles with AUD in isolation, where their drinking habits may be visible to the outside world, but their deeper emotional pain remains hidden behind a carefully manufactured and maintained façade (Anderson et al., 2021; Gauthier et al., 2024). This struggle with alcohol is often compounded by the presence of a depressive disorder, creating a destructive cycle of guilt, shame, and hopelessness that is devastating to the individual, family, and communities at large (Mellor et al., 2021; Parker et al., 2021). Men facing both AUD and a depressive disorder encounter unique challenges that make their recovery difficult. Traditional treatment methods often fall short, resulting in high relapse rates. However, there is growing evidence that transformational experiences (TEs) (moments of significant insight and change) can significantly influence the path to recovery (Jordan, 2020; Woollacot & Shumway-Cook, 2022; Zoh et al., 2024).

This study focused on men who have experienced TEs that contribute to long-term recovery from AUD and depressive disorder. TEs are considered pivotal moments that can bring about deep psychological transformations, crucial for maintaining lasting sobriety and mental health (Jordan, 2020; Mezirow, 2003a). The data identified that TEs, despite their potential importance, are not well understood in the context of long-term recovery. Having a better understanding of these experiences could lead to more effective therapeutic interventions tailored to the specific needs of men dealing with both AUD and a depressive disorder (Chirico et al., 2022; Kelly et al., 2020).

This study was guided by the addiction recovery as transformative learning (ARTL) framework (Jordan, 2020; Jordan & Bedi, 2022). This framework suggests that a better understanding of TEs could be key to helping men achieve and maintain long-term recovery from debilitating conditions. The study outcome shed light on the role of TEs in recovery, advocating for more personalized therapeutic strategies that address the deeper psychological and existential aspects of overcoming AUD and depressive disorder.

## Chapter 2: Literature Review

The purpose of this study was to develop a deeper understanding of the impact of transformational experiences (TEs) in men in long-term recovery from AUD and depressive disorder. Despite extensive research on both AUD and depressive disorders, there was a lack of focus on how unique transformative experiences contribute to sustained recovery in men with dual diagnosis (Jordan, 2020; Jordan & Walker, 2023; Knox et al., 2022; Woolacott & Shumway-Cook, 2022). The problem was that while research addressed AUD and depressive disorder individually, there was limited understanding of how TEs specifically contribute to recovery in men with both conditions (Brown et al., 2019; Chirico et al., 2022; Jordan, 2022; Jordan & Walker, 2023).

The theory of addiction recovery as transformative learning (ARTL) was formulated from the belief that individual recovery involves a complete change in worldview and self-identity, including a dramatic perspective shift; it is not about replacing one set of behaviors with others, but the process of reinventing oneself from the inside out (Jordan, 2020; Jordan & Bedi, 2022; Jordan & Walker, 2023). This framework was derived from transformative learning theory (TLT), developed by Jack Mezirow (1977). Key concepts of TLT, such as disorienting dilemmas, self-reflection, rational discourse, change in perspective, and action, are integral to understanding the processes involved in addiction recovery (Mezirow, 2000;2003). The ARTL model adapted these principles specifically to addiction recovery, emphasizing the shift in identity and worldview required for long-term change (Jordan, 2020).

This literature review was organized into four main themes. The first theme explored the comorbidity of AUD and depressive disorder, emphasizing the interconnection of psychological, behavioral, and social factors that contribute to this dual diagnosis. The second theme examined

the concept of long-term recovery, highlighting key factors that sustain recovery efforts beyond initial sobriety. The third theme focuses on recovery for men, emphasizing the unique barriers men experience in achieving and maintaining recovery. The fourth theme explored the potential role of transformational experiences (TEs) as key turning points in recovery, exploring how such experiences impact and reshape identity, promote a shift in worldview, and foster sustainable behavioral change.

To conduct this literature review, the following academic databases were accessed: ERIC, JSTOR, PsycINFO, PsycARTICLES, PubMed, ProQuest Dissertations & Theses Global, Social Science Research Network (SSRN), National Institute on Alcohol Abuse and Alcoholism (NIAAA), Addiction Recovery Research (ARRD), and Google Scholar. Search terms included combinations of ‘alcoholism,’ ‘depression,’ ‘transformational experiences,’ ‘identity change,’ and ‘long-term recovery,’ restricted to peer-reviewed sources published primarily between 2000 and 2025, with the exception of seminal works. The search was further refined by including gender-specific terms such as ‘men’s recovery’ and ‘male alcoholism.’ The literature reviewed includes empirical studies, theoretical frameworks, and analyses relevant to transformation experiences and recovery.

## **Theoretical Framework**

### *Origin and Development of ARTL*

The origins of ARTL, developed by Jordan (2020) and drawn from the roots of Mezirow’s (1977) TLT, highlight that sobriety (the initial phase of recovery) and long-term recovery (sustained) are realized through an incremental educational process. Men, in this case, learn to become individuated from alcohol. Prior to the development of ARTL, recovery models were focused on behavioral change, replacing negative behaviors and thoughts with ones more

aligned with traditional expectations; a type of training oneself to be sober and become recovered. ARTL examines this process through the lens of core identity and uses the impact of TEs on the psyche to redefine core identity elements. Learning and becoming someone different because of an educational experience.

The theoretical framework of addiction recovery as transformative learning (ARTL) is grounded in the concept that recovery involves a complete change in worldview and self-identity (Jordan, 2020; Jordan & Bedi, 2022; Jordan & Walker, 2023). According to Jordan (2020), ARTL emphasizes a dramatic perspective shift, drawing heavily on the principles of transformational learning theory (TLT) developed by Jack Mezirow (1977). Mezirow's (2000; 2003) seminal work focuses on how adults change perspectives through transformative learning experiences, detailing the processes of disorienting dilemmas, self-reflection, rational discourse, perspective shifts, and subsequent actions, each of which is essential to understanding transformative processes in addiction recovery. The ARTL model adapts these principles to addiction recovery, emphasizing identity transformation and worldview shifts as meaningful for long-term recovery (Jordan, 2020; Kitchenham, 2008; Muzyk et al., 2023; Stuckey et al., 2022).

The author of ARTL, Jordan (2020), adapted Mezirow's TLT to addiction recovery by highlighting identity transformation and worldview shifts as essential components of long-term sobriety. This adaptation incorporates elements such as reflection on past experiences, which serve as catalysts for reinterpreting personal identity and purpose. Through iterative reflection, individuals transition from an addiction-centered identity to one characterized by resilience and agency. Jordan and colleagues (Jordan & Bedi, 2022; Jordan & Walker, 2023) further refined ARTL by addressing how recovery is facilitated by addressing emotional barriers, such as shame, and challenging internalized stigmas.

Mezirow's TLT further supports ARTL by providing a comprehensive model for how adults change perspectives and worldviews through transformative experiences (Muzyk et al., 2023; Stuckey et al., 2022). According to TLT, transformative learning begins with a "disorienting dilemma," an event or experience that challenges existing beliefs and assumptions, leading to reflection and, ultimately, a shift in perspective (Mezirow, 1977; 1991; 200a; Stuckey et al., 2022). TLT identifies ten phases in the transformative process, encompassing self-reflection, rational discourse, and the integration of new perspectives, which result in a more inclusive and autonomous worldview (Muzyk et al., 2023; Stuckey et al., 2022).

ARTL's evolution builds on the constructivist principles of TLT while incorporating experiential learning and community support as key mechanisms of identity reconstruction (Baldwin, 2024; Friedman, 2022). Experiential learning in ARTL often includes active participation in recovery-oriented communities and engagement with supportive peers, which helps individuals explore and solidify new perspectives (Bowen, 2023; Silverman, 2021). Community support plays a pivotal role in reinforcing behavioral and cognitive shifts, offering a safe space to practice vulnerability, accountability, and emotional expression (Bunaciu et al., 2024; Muzyk et al., 2023). These elements create a dynamic feedback loop that fosters personal growth, resilience, and a sustained commitment to long-term recovery (Best, 2022; Townsend Price-Spratlen, 2024). This model aligns recovery with broader goals of lifelong learning and personal growth, situating addiction recovery within a framework of holistic transformation (Wyatt, 2024).

### ***Guiding Concepts of ARTL***

The ARTL framework works under several core assumptions that distinguish it from other recovery models (Jordan, 2020; Jordan & Bedi, 2022; Jordan & Walker, 2023). First, it

assumes that sustainable recovery from substance dependency requires not only behavioral changes but also a fundamental transformation in worldview and self-identity. This transformation is seen as essential for maintaining recovery over the long term. Second, ARTL posits that self-reflection on past experiences is necessary to help individuals break from entrenched beliefs and behaviors associated with addiction, facilitating an identity change. Third, the framework suggests that long-term recovery depends on an individual's ability to shift perspective from an addiction-centered identity to one founded on resilience and personal agency. Fourth, support groups, mentorship, and community engagement serve as key contexts for transformative learning, providing opportunities for shared experiences and collective growth. Finally, recovery through ARTL is best understood as a holistic, iterative process. Recovery is framed as an ongoing journey of self-improvement, where individuals continuously reflect on and integrate new perspectives, fostering autonomy and purpose (Jordan & Bedi, 2022; Jordan & Walker, 2023).

ARTL integrates Mezirow's TLT tenets, including disorienting dilemmas, self-reflection, and rational discourse (Jordan & Bedi, 2022; Grund, 2023; Kitchenham, 2008). These components enable individuals to reframe meaning perspectives, achieve cognitive and emotional re-evaluation, and construct a more inclusive and autonomous worldview (Jordan & Walker, 2023; Kelly et al., 2024; Friedman, 2022). The integration of these elements into ARTL underscores the transformative nature of recovery, in which disorienting dilemmas serve as catalysts for questioning deep-seated beliefs and assumptions tied to addiction (Jordan & Walker, 2023; Silverman, 2021). Through reflection, individuals challenge and reconstruct these beliefs, fostering greater emotional resilience and self-awareness. (Kitchenham, 2008; Mezirow, 2000; Schnepfleitner et al., 2021). Rational discourse within supportive communities further

enhances this process by providing a platform for sharing experiences and insights, enabling collective growth and reinforcement of new perspectives (Merriam, 2004; Russell et al., 2021). Ultimately, these mechanisms facilitate a holistic transformation, empowering individuals to build sustainable recovery paths grounded in autonomy and purpose (Jordan, 2020; Jordan & Bedi, 2022; Jordan & Walker, 2023).

It should be noted that the use of the clinical framework of ARTL is limited to a single application during its development by Jordan in 2020. Prior to this study, there had been no other attempts to validate its effectiveness or challenge its principles of practice or assertions. Since the foundation of ARTL was born out of the framework of Mezirow's TLT, any discussion of divergence regarding the validation of the concepts of ARTL could be viewed through the lens of dissent to the principles of TLT, of which there are many, specifically focused on the very concept of transformative learning (Taimur & Ross, 2023). Critics argued that Mezirow's TLT placed too much emphasis on individual transformation and rational processes, thereby disregarding the social and emotional dimensions of learning (Stuckey et al., 2022). Other critics presented that there were alternative ways of knowing that include emotional and unconscious attributes that can lead to transformation (Illeris, 2014). Since the critique of Mezirow's work has been ongoing since he developed the foundation of TLT, these criticisms have, over time, been adapted to strengthen the very concepts of TLT rather than refute its validity.

### ***Existing Research Using ARTL***

Empirical studies highlighted the applicability and relevance of ARTL in understanding addiction recovery (Jordan, 2020; Jordan & Bedi, 2022; Jordan & Walker, 2023). Jordan and Bedi (2022) demonstrated that transformative learning processes are integral to recovery, particularly in identity reconstruction and overcoming emotional barriers such as shame. The

research underscores the role of self-reflection in reshaping individuals' relationships with substance use. Jordan and Walker (2023) expanded on this by exploring the role of masculinity and societal stigma in hindering transformative learning processes. By addressing these barriers, ARTL facilitates deeper shifts in self-concept and worldview. Further studies have demonstrated that individuals engaged in transformative recovery processes often assume a role in community leadership, social services, or advocacy, driven by a sense of purpose and values aligned with recovery (Dirx, 2012).

Recent research by Muzyk et al. (2023) emphasized the importance of experiential learning in recovery settings, mirroring the interprofessional education model in healthcare. This highlights how real-world engagement, observation, and feedback contribute to transformative learning within the ARTL framework. Similar studies in vegan education and advocacy have demonstrated the application of transformative learning principles in fostering shifts in worldview and behavior. Research by Lester (2020) and McDonald (1999) highlighted that exposure to ethical dilemmas, reflection on dietary choices, and participation in supportive communities led to significant changes in identity and values among individuals transitioning to plant-based lifestyles. These parallels suggested that transformative learning frameworks, like those used in vegan studies, can offer valuable insights into the mechanisms of identity reconstruction and sustained behavioral change in recovery contexts.

Prior to this research study, the ARTL framework was a novel, untested approach to integrating TLT into substance recovery frameworks. While initial studies by Jordan and colleagues (Jordan & Bedi, 2022; Jordan & Walker, 2023) have demonstrated the framework's theoretical and practical potential, its application has yet to be widely validated across diverse populations or recovery contexts. The limited body of research on ARTL emphasized the need

for further exploration to evaluate its effectiveness, adaptability, and long-term impact in substance use recovery. This gap underscores the significance of this study in advancing the evolving understanding and implementation of ARTL.

When exploring addiction recovery, several alternative frameworks offered insights, but each contrasted with the holistic and identity-focused approach of Addiction Recovery as Transformative Learning (ARTL). Prochaska and DiClemente's stages of change model (Transtheoretical Model), as described by Del Rio Szupczynski (2021), outlines the stages individuals move through during behavior change, including contemplation and maintenance. While effective for gauging readiness and tailoring interventions, it focused primarily on behavior modification and decision-making processes rather than the deep identity and worldview shifts ARTL addresses (Jordan, 2020). In a similar manner, Bandura's social change theory clarified the significance of self-efficacy, observational learning, and contextual factors in shaping behavior, thereby providing a robust framework for understanding addiction as a learned phenomenon. However, it lacks the reflective and emotional dimensions central to ARTL's transformative learning approach (Attaraben et al., 2024).

Another widely recognized framework, the 12-step Facilitation model, according to Kelly (2020), is rooted in the principles of Alcoholics Anonymous, emphasizing spiritual growth, surrender, and community support as pillars of recovery. While it aligns with ARTL in underscoring the significance of community and collective experiences, it fails to systematically investigate the mechanisms through which individuals engage in self-reflection on their prior experiences; it does not systematically investigate the mechanisms through which individuals engage in reflection on their prior experiences in, nor does it systematically investigate the mechanisms through which individuals engage in self-reflection on their prior experiences to

reconstruct their identities. Similarly, self-determination theory (SDT) emphasizes the importance of intrinsic motivation and fundamental psychological necessities such as autonomy and competence, thereby offering good insights into the maintenance of behavioral change (Herchenroeder et al., 2024). Adept as it may be, it does not delve into the cognitive and emotional processes by which individuals challenge and redefine deeply ingrained beliefs, a cornerstone of ARTL (Jordan & Bedi, 2022).

In contrast, ARTL uniquely integrated cognitive, emotional, and social dimensions to address the identity transformation and perspective shifts required for sustained recovery (Jordan, 2020). By focusing on disorienting dilemmas as catalysts for change and emphasizing self-reflection, ARTL provides a comprehensive framework for understanding addiction recovery as a lifelong process of growth and renewal (Jordan & Bedi, 2022). Unlike the behavior or motivation-centric focus of the alternative frameworks, ARTL is centered on reshaping worldview and self-concept, making it particularly suited for investigating the transformative experiences of individuals in recovery. This approach aligns more closely with the study's objectives, providing a nuanced understanding of how identity transformation contributes to long-term sobriety.

### ***ARTL and Related to the Present Study***

The selected framework, ARTL, was relevant to the present study as it provided a comprehensive lens for understanding the transformative processes integral to long-term recovery from alcohol use disorder and comorbid depressive disorder (Jordan & Bedi, 2022; Jordan & Walker, 2023). This framework guided the development of the problem statement, purpose statement, and research question by providing a theoretical basis for exploring how identity reconstruction and worldview shifts contribute to sustainable recovery. ARTL's

emphasis on disorienting dilemmas and self-reflection directly informed the formulation of the problem statement, highlighting the gap in understanding how transformative learning processes underpin recovery. Specifically, the problem statement was developed to address the limited research on the role of transformational experiences, perspective shifts, and identity transformation in addiction recovery, particularly for men facing dual diagnoses.

The purpose statement was shaped by ARTL's core assumption that recovery was a process of holistic transformation involving both personal and social dimensions. This purpose was refined to investigate the lived experiences of men who have undergone significant transformational events that led to long-term recovery. ARTL's principles underscore the importance of exploring how participants engage in critical reflection and reconstruct their identities to align with recovery-oriented values (Anderson et al., 2021; Mellor et al., 2020; Schnepfleitner et al., 2021). The research question was developed to operationalize ARTL's concepts within the study. Key questions focused on understanding the nature of disorienting dilemmas that catalyze recovery, the processes of critical reflection that lead to shifts in self-perception, and the role of community engagement in fostering transformative learning. By aligning these questions with ARTL, the data uncovered the nuanced mechanisms that facilitate identity transformation and sustainable recovery.

In addition to providing theoretical grounding, ARTL offered practical guidance for analyzing data and interpreting findings. Its focus on iterative reflection, emotional resilience, and community-driven learning supports a holistic understanding of recovery journeys. This framework not only situated the study within an established theoretical paradigm but also advanced the application of transformative learning principles in addiction recovery, addressing gaps in both research and practice.

Alternative theories considered for this study but deemed inappropriate included the transtheoretical model, social change theory, the 12-step facilitation model, and self-determination theory. As discussed above, these models did not consider the power of an external event and its impact on the psyche to harness change. The 12-step model does incorporate the power of a “spiritual awakening,” but it is neither central to its success nor specifically defined or identified. These models tended to describe a gradual increase in awareness or insight, which may guide change but is not its key instigator. ARTL specifically identified external events and linked them to internal psychological shifts, which, if supported, lead to sustained recovery; thus, it was chosen for this study.

### **Literature Review**

In this literature review, I explored four themes central to understanding the transformative processes involved in long-term recovery from alcohol use disorder and comorbid depressive disorder. Alcohol Use Disorder and Depressive Disorder, Long-term Recovery, Recovery for Men, and Transformation Experiences (TEs). Together, these themes offered a holistic lens to analyze the psychological, social, and emotional shifts that underpin sustainable recovery. Through a detailed exploration of these interconnected themes, this writer sheds light on the mechanisms of identity transformation and the pivotal role of worldview and perspective shifts in the recovery journey.

In the first theme, I addressed alcohol use disorder and depressive disorder through the complexities of dual diagnosis and its implications for recovery. Alcohol use disorder (AUD) and depressive disorders frequently co-occur, creating a negative cycle in which substance use impacts mental health challenges and vice versa. In this section, I discussed the prevalence of this dual diagnosis, its impact on treatment outcomes, and the ways in which it complicates

recovery. Emphasis was placed on the need for integrated approaches that address both disorders simultaneously, recognizing that unresolved mental health challenges often undermine efforts to achieve and sustain sobriety.

The second theme, long-term recovery, was examined by the multifaceted nature of achieving sustainable recovery. Recognizing that short-term sobriety is a significant achievement, long-term recovery, however, requires lasting lifestyle changes, ongoing emotional regulation, and the development of psychological resilience to sustain itself. Within this theme, the importance of sustained behavioral, cognitive, and relational transformations is highlighted. I will also explore the concept of recovery capital, the resources individuals draw upon to maintain recovery, including social support, personal motivation, and access to effective treatment.

The third theme, recovery for men, centered on the distinct experiences and obstacles that men encounter in relation to addiction and the recovery process. Gendered societal expectations often impose barriers to emotional vulnerability and help-seeking behaviors, contributing to stigma and isolation. In this section, I explored how internalized beliefs about masculinity can hinder engagement with recovery processes and how transformative learning, such as addressing emotional literacy and fostering healthier relationships, can mitigate these challenges. Additionally, I considered how peer support groups and mentorship programs tailored to men's needs can facilitate deeper connections and support sustained recovery.

Finally, in the fourth theme, transformational experiences (TEs), I addressed the intense moments of change that catalyze recovery. Such experiences, often sparked by difficult challenges or periods of turmoil, encourage individuals to thoughtfully examine their identity, convictions, and principles. This theme explored how such transformative events facilitate shifts in perspective, worldview, and self-concept, enabling individuals to move from an addiction-

centered identity to one rooted in resilience and purpose. Emphasis was placed on the role of critical reflection, narrative reconstruction, and community support in sustaining these transformational changes.

In this literature review, I used the theoretical framework of ARTL to synthesize these themes and provided a structured lens for understanding recovery as a deeply transformative process. ARTL integrates cognitive, emotional, and social transformation elements, offering a comprehensive model to analyze how individuals achieve long-term sobriety and personal growth. By exploring these themes in detail, this review addresses gaps in existing research and underscores the transformative potential of recovery as a holistic and lifelong journey.

### **Alcohol Use Disorder and Depressive Disorder**

Alcohol use disorder (AUD) is classified in the DSM-5-TR (APA, 2022) as a substance-related and addictive disorder. It is defined as a problematic pattern of alcohol use leading to clinically significant impairment or distress, indicated by at least two of the following criteria within a 12-month period: difficulty controlling alcohol consumption, persistent desire or unsuccessful efforts to cut down or control use, craving for alcohol, and recurrent use resulting in failure to fulfill major role obligations at work, school, or home. Other criteria include continued use despite social or interpersonal problems, giving up activities in favor of alcohol, drinking in physically hazardous situations, and tolerance and withdrawal symptoms.

The severity of AUD is classified as mild (2-3 criteria), moderate (4-5 criteria), or severe (6 or more criteria) (APA, 2022). AUD is a persistent condition, with global prevalence estimates that approximately 283 million people (5.1% of the adult population) are affected annually (WHO, 2022). In the United States, lifetime prevalence is estimated at 29.1%, highlighting the widespread nature of this disorder (Substance Abuse and Mental Health Services

Administration [SAMHSA], 2020). Left untreated, AUD can lead to significant physical health issues, including liver disease, cardiovascular problems, and neurological damage, as well as social and psychological consequences

Major depressive disorder (MDD), also known as clinical depression, is classified in the DSM-5-TR (APA, 2022) under depressive disorders. MDD is characterized by a persistent and pervasive low mood, loss of interest or pleasure in nearly all activities, and significant changes in appetite, weight, sleep, or energy levels. To meet diagnostic criteria, at least five of the following symptoms must be present during the same two-week period, and at least one must be either depressed mood or anhedonia: feelings of worthlessness or excessive guilt, diminished ability to concentrate, recurrent thoughts of death or suicidal ideation, psychomotor agitation or retardation, and fatigue or loss of energy.

MDD is the most diagnosed depressive disorder, affecting approximately 5% of the global population and serving as a leading cause of disability worldwide (WHO, 2022). However, it is not the only form of depression recognized in the DSM-5-TR. Other depressive disorders include persistent depressive disorder (PDD), also known as dysthymia, and substance/medication-induced depressive disorder. Among individuals with AUD, depressive disorders can manifest in various forms, often influenced by the physiological and psychological effects of chronic alcohol consumption.

For men with AUD, substance/medication-induced depressive disorder is particularly prominent. This condition occurs when depressive symptoms arise during or shortly after substance intoxication or withdrawal and cannot be better explained by a pre-existing depressive disorder (APA, 2022). Chronic alcohol use impacts neurotransmitter systems, including serotonin and dopamine, contributing to mood dysregulation. Furthermore, withdrawal

symptoms, such as anhedonia, fatigue, and irritability, can mimic or exacerbate depressive episodes, complicating accurate diagnosis and treatment. Another significant diagnosis among men with AUD is persistent depressive disorder (PDD). Unlike MDD, PDD involves chronic, less severe depressive symptoms lasting for at least two years. Men with PDD often present with feelings of hopelessness, low self-esteem, and difficulty maintaining relationships, which are compounded by the stigma and societal pressures related to masculinity. These factors can discourage men from seeking help, delaying diagnosis and intervention (Seidler et al., 2022).

Recognizing these diagnostic patterns is necessary for effective treatment planning. Tailored interventions must address the complex interplay between AUD and depressive disorders, particularly in men. Integrated care approaches that combine treatment for AUD with therapies targeting mood regulation, such as cognitive-behavioral therapy (CBT) or pharmacological interventions, have shown promise in improving outcomes. By identifying the specific type of depressive disorder present, clinicians can develop more precise and effective strategies to support long-term recovery.

### **Comorbidity of Alcohol Use Disorder and Depressive Disorder**

The co-occurrence of AUD and depressive disorder is not uncommon, with estimates suggesting that approximately 30-40% of individuals with AUD also meet the criteria for MDD at some point in their lives (WHO, 2018). This dual diagnosis creates a vicious cycle: individuals may use alcohol to self-medicate depressive symptoms, while chronic alcohol use exacerbates depression through neurobiological pathways, such as reduced serotonin levels and increased stress hormone activity. Furthermore, shared genetic and environmental risk factors, such as a family history of mood disorders or substance abuse, can increase susceptibility to both conditions.

The impact of comorbidity on treatment and recovery is significant. Individuals with both disorders often exhibit higher rates of relapse, reduced adherence to treatment plans, and greater difficulty achieving long-term recovery compared to those with AUD alone. Integrated treatment approaches, such as combining cognitive-behavioral therapy (CBT) with pharmacological interventions like antidepressants, are recommended to address the unique challenges posed by this dual diagnosis. However, systemic barriers, such as stigma, limited access to integrated care, and insufficient provider training, often hinder effective treatment delivery. By incorporating these DSM-5-TR criteria and highlighting the intricate relationships between AUD and depressive disorder, I laid the foundation for understanding the challenges and opportunities for recovery. These insights were important for framing the transformative potential of ARTL, particularly in addressing identity reconstruction and sustainable recovery in individuals navigating the complexities of dual diagnosis.

The misuse of alcohol and comorbid depression are linked and have significant implications for men's mental health (Aldea et al., 2023; Feng et al., 2024; Gentile et al., 2021a). In 2016, men (age 15 and older) were more likely to consume alcohol (56%) than women (32%), and this consumption by males contributed to 3.2 million deaths globally, making up 8% of male death rates worldwide (Aldea et al., 2023). The prevalence of alcoholism and mental health disorders varies across countries and highlights a notable gender disparity; it also demonstrates a difference between the severity of alcoholism and dependence (Aldea et al., 2023; Flores-Bonilla & Richardson, 2020). In the United States, the lifetime occurrence of alcoholism for the adult population is 29%, with higher rates among males (8.4%) compared to females (4.2%) (Newberry et al., 2018).

The comorbidity between alcohol and depression is complex and bidirectional; it is also subject to a variety of traits, genetics, and environmental factors that may make one more susceptible to addiction (Feng et al., 2024; Wagneer & Baldwin, 2020). Moderation of alcohol may reduce depression risk; however, excessive consumption tends to exacerbate it (Yu et al., 2024). In Western society, traditional masculine norms can lead men to underreport mental health concerns, and this is even more impactful for marginalized populations (Wagner & Baldwin, 2020; Wagner & Reifegerste, 2024); symptoms such as aggression and substance use are prevalent in men, which can complicate a previously undetected underlying disorder (Aldea et al., 2023; Courtenay, 2000).

Additional epidemiological studies have demonstrated the prevalence of alcoholism and its relationship to depression among men over time, as evidenced by a study conducted at a neuropsychiatric clinic from 2017 to 2021 (Aldea et al., 2023). The data demonstrated that most patients admitted with mental and behavioral disorders related to alcohol were men, with 88% of admissions being male, highlighting the gender disparity associated with alcoholism and depression. The WHO's World Mental Health Survey Initiative reliably demonstrates additional evidence for this assertion, revealing elevated prevalence rates of alcoholism in the past year among males in comparison to females across France, Germany, Italy, Romania, and Spain (WHO, 2018).

Across these countries, the prevalence of alcoholism among men ranged from 0.3% to 2.4%, significantly higher than the 0.1% to 0.4% among females (Mackillop et al., 2023; White, 2020). The association between alcohol intake and depressive disorders is complex, with research showing a J-shaped or U-shaped correlation, wherein minimal to moderate alcohol consumption may diminish the risk of depression, while excessive consumption elevates that risk

(Yu et al., 2024). Furthermore, alcohol dependence constitutes a predominant risk factor for individual mortality and disability, exhibiting considerable comorbidity with mental health disorders, including depression and anxiety (Wang et al., 2020). According to Wang, in 2016, alcohol was responsible for 6.8% of male deaths highlighting its severe impact on men's health.

How one develops both alcoholism and depression is a confluence and complex interplay of genetic, environmental, and socio-economic factors. Genetic predisposition plays a significant role, as Feng (2024) demonstrated when he highlighted evidence of genome-wide association studies (GWAS) that have identified numerous single nucleotide polymorphisms (SNPs) associated with alcohol consumption and major depression, suggesting a genetic overlap. Socio-environmental influences are inclusive of economic hardship, systemic discrimination, and lack of access to recovery resources, particularly affecting racial and ethnic minorities, increasing the risk of both conditions (Wagner & Baldwin, 2020). Included is the perception of personal responsibility for alcohol use and depression, which also varies with societal stigma, potentially influencing the onset and progression of these disorders (Killian et al., 2021).

Alcohol use disorder and depressive disorders are significant public health issues, especially in men, complicating treatment and recovery (Abuse, 2020; Aldea, 2023; Feng et al., 2024). Their co-occurrence harms both conditions and leads to declining mental and physical health complications (Gentile et al., 2021b; Yu et al., 2024a). Alcoholic men are more likely to develop depression, hindering their help-seeking and treatment adherence; this challenge complicates clinical efforts and raises the risk of severe medical and psychiatric consequences that can include increased risk of suicide (Feng et al., 2024; Wang et al., 2020).

Understanding the link between alcoholism and depression is vital for developing effective interventions to enhance health outcomes and mitigate the devastating effect this dual

diagnosis has on individuals, families, and communities (Yu et al., 2024a). As a result, the coexistence of alcoholism and depression significantly impacts treatment outcomes for males; it complicates treatment trajectories, as individuals afflicted with comorbid conditions frequently encounter increased barriers to obtaining suitable care (Feng et al, 2024). Integrated therapeutic strategies, which address both mental health and substance use disorders, have grown in popularity internationally, including in Australia, where they are regarded as fundamental to achieving effective recovery (Mellor et al., 2021). However, there is a stigma associated with males looking for specific alcohol treatment as compared to those seeking out mental health treatment; those with alcoholism are often seen more negatively as opposed to someone seeking treatment for mental health (Mellor et al., 2021). This stigma prevents men from seeking integrated care, which researchers show to be most effective (Frone et al., 2022; Koob, 2024; Morris & Burton, 2023).

### **Long-Term Recovery**

The concept of recovery in addiction research is inherently complex and lacks a standardized definition, reflecting its deeply subjective and personal nature (Gutierrez et al., 2020). For this study, long-term recovery was defined as an uninterrupted period of five years without alcohol as a minimum requirement for participation. This threshold is grounded in research suggesting that sustained sobriety over multiple years correlates with more stable outcomes and a reduced risk of relapse. However, across decades of recovery research, there has been consistent inconsistency in how recovery is defined, measured, and evaluated. These discrepancies complicate the development of treatment goals and outcomes, making recovery challenging to study and support.

The lack of a standardized definition reflected the evolving understanding of addiction and recovery over time. In the 1980s, the “Just Say No” campaign and the war on drugs framed recovery as synonymous with abstinence, often emphasizing punitive measures over rehabilitation (Wagner & Baldwin, 2020). These policies overshadowed earlier efforts, such as the American Medical Association’s 1956 recognition of alcoholism as a medical disorder, which had aimed to destigmatize addiction and promote treatment through healthcare systems. The punitive approaches of the ‘80s and ‘90s were especially damaging to marginalized communities, diverting attention from holistic recovery efforts.

Today, recovery is increasingly understood as a multidimensional and individualized process. For example, the Betty Ford Institute defines recovery as a voluntarily maintained lifestyle characterized by sobriety, personal health, and citizenship. Similarly, the Substance Abuse and Mental Health Services Administration (SAMHSA, 2022) describes it as a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. These definitions highlight the holistic nature of recovery, emphasizing abstinence, personal growth, and social integration.

The synthesis of various conceptualizations of recovery from substance use disorders, especially alcohol use disorder (AUD), is evident in the focus on comprehensive and multifaceted strategies that transcend mere abstinence. Numerous definitions underscore the significance of personal development, social connectivity, and holistic well-being. For example, the Substance Abuse and Mental Health Services Administration (SAMHSA, 2022), articulates recovery as a transformative process wherein individuals enhance their health and wellness, lead self-directed lives, and aspire to realize their full potential, accentuating aspects such as health, home, purpose, and community relations (Wagner & Baldwin, 2020). In a similar vein, the Betty

Ford Institute Consensus Panel characterizes recovery as a lifestyle voluntarily sustained, marked by sobriety, personal growth, and civic engagement, thereby highlighting the roles of social respect and individual growth. William White's conceptualization further elaborates by incorporating the utilization of both internal and external resources to address alcohol and other drug-related challenges, navigate vulnerabilities, and cultivate a significant life. These definitions collectively converge on the premise that recovery encompasses not merely the cessation of substance use but entails a broader metamorphosis that includes mental, social, and spiritual dimensions (Koop, 2024; Patton et al., 2022).

Research consistently highlights hope as a vital mediator of recovery progress and relapse prevention, underscoring its essential role in comprehensive recovery frameworks. Gutierrez et al. (2020) assert that hope cultivates resilience and reduces the likelihood of relapse, while Schrank et al. (2014) demonstrate that individuals with elevated hope are more likely to achieve significant personal development and enduring recovery. Moreover, strengths-based methodologies, such as Snyder's Hope Theory, reveal that hope increases self-efficacy and provides individuals with effective coping strategies. These insights indicate that hope transcends mere abstinence support by encouraging personal development and nurturing emotional resilience. The consistency across various studies highlights hope's importance not only in diminishing relapse risk but also in empowering individuals to visualize and strive for a more satisfying future. Holistic recovery models that emphasize emotional health and purpose rather than concentrating exclusively on abstinence are especially successful in integrating hope as a fundamental element. Consequently, the literature largely advocated for the incorporation of hope-enhancing strategies, such as setting goals, nurturing supportive relationships, and building

self-confidence, into recovery programs to strengthen resilience and lower the chances of relapse.

Approaches such as altering social environments, participating in mutual support groups, and nurturing supportive relationships are crucial for individuals striving to achieve sobriety and improve their overall well-being. Sowied et al. (2024) emphasized that those in recovery often employ these methods to sustain their momentum and establish a solid basis for enduring success. Support groups, like Alcoholics Anonymous, create a structured setting for peer encouragement while altering social environments and nurturing supportive relationships to foster spaces that are favorable for sobriety and personal development. These methods collectively tackle both the social and psychological dimensions of recovery. Altering social environments enables individuals to separate themselves from settings or relationships that could trigger a relapse, while mutual support groups provide shared experiences and a sense of accountability. Furthermore, nurturing supportive relationships boosts emotional well-being, offering the encouragement and stability essential for maintaining recovery. Together, these strategies represent a comprehensive approach to recovery that addresses the interaction between personal and social elements. Consequently, these strategies are widely recognized as vital components of effective recovery frameworks, underscoring the importance of social support and deliberate environmental changes in sustaining sobriety and achieving holistic well-being.

Recovery capital, which includes the social, physical, and environmental resources accessible to an individual, is vital for achieving enduring recovery by providing essential stability and support. Kelly et al. (2023) highlight that recovery capital serves as a cornerstone of resilience, empowering individuals to address the challenges of maintaining sobriety. Having access to supportive social networks, stable living situations, and community resources greatly

enhances a person's capacity to uphold recovery efforts and boost overall well-being. Recovery capital illustrates the intricate relationship between personal and external factors within the recovery journey. Social resources, including supportive relationships and community involvement, cultivate a sense of belonging and responsibility, while physical and environmental resources, such as secure housing and access to healthcare, ensure that fundamental needs are met. Collectively, these elements mitigate the stressors that could lead to relapse and enable individuals to concentrate on personal development and the continuity of their recovery. Therefore, the notion of recovery capital emphasizes the significance of a comprehensive approach in recovery frameworks, where the availability and enhancement of these resources are crucial in fostering long-term sobriety and overall stability.

Overcoming addictions is a comprehensive journey influenced by various elements, necessitating ongoing commitment to tackling both sobriety and wider dimensions of personal and social health. Relapse is a common challenge, with occurrences soaring to 85-90% within the first-year post-treatment, highlighting the persistent nature of addiction and the necessity for continuous support systems (Parker et al., 2021). Moreover, studies emphasize the importance of an integrated approach that transcends mere abstinence to encompass personal development and social reintegration (Aldea et al., 2024; Finch, 2020). These insights indicate that recognizing addiction as a chronic issue requires enduring strategies that emphasize comprehensive recovery. By challenging the interconnected physical, emotional, and social aspects of addiction, recovery programs can more effectively prepare individuals for sustained sobriety and reentry into society. As a result, a thorough strategy for addiction recovery that is inclusive of ongoing support and holistic care is crucial for overcoming the ongoing issue of relapse and attaining significant, long-lasting recovery. Recovery also requires ongoing efforts to address mental health

conditions, build recovery capital, and foster hope and resilience (Bown et al., 2023; Patton et al., 2022).

The presence of stigma and systemic obstacles significantly hinders recovery efforts, especially among marginalized groups, by instilling feelings of shame and restricting access to vital resources. Wagner and Baldwin (2020) emphasized that stigma not only fuels internalized shame but also diminishes the chances of individuals pursuing culturally relevant recovery assistance. Furthermore, systemic obstacles like housing insecurity and unemployment disproportionately impact recovery outcomes for those within marginalized communities. These issues are intricately linked, as stigma frequently exacerbates structural inequalities. For instance, individuals who experience discrimination may find it challenging to obtain stable employment or housing, leading to a cycle of instability that undermines recovery initiatives. Marginalized groups are especially susceptible to these dynamics, as the combined impact of stigma and systemic barriers constrains their access to recovery resources and perpetuates disparities in outcomes. As a result, addressing stigma and alleviating structural obstacles are essential to fair recovery models, ensuring that individuals in marginalized communities have the resources and support needed to sustain their recovery journeys.

Dealing effectively with comorbidities is necessary for effective addiction recovery, as simultaneous psychiatric and physical health conditions complicate the treatment approach. Research consistently highlights the significance of integrated treatment methods, with findings indicating that programs addressing both addiction and co-occurring conditions produce improved outcomes (Bunaciu et al., 2024). The existence of comorbidities necessitates a departure from isolated treatment frameworks, which do not effectively address the interrelated nature of addiction and other health concerns. By implementing holistic care approaches,

recovery programs can offer more thorough support, thereby enhancing the likelihood of sustained recovery and overall health. Consequently, incorporating care for co-occurring conditions into addiction recovery frameworks is vital for navigating the complexities of addiction and achieving lasting success.

The medical community largely concurs on understanding alcoholism as a chronic medical condition, which shifts the emphasis from punitive measures to treatment and rehabilitation. Mackillop (2020) and the World Health Organization (WHO, 2018) defined alcoholism as a persistent condition characterized by compulsive behavior and a loss of control, traits that are common in other chronic conditions. Recognizing alcoholism as a medical condition diminishes stigma and encourages the use of evidence-based treatment methods. By framing it as a health concern rather than a moral shortcoming, this viewpoint cultivates empathy and promotes the establishment of comprehensive rehabilitation programs that prioritize healing over punitive measures. As a result, embracing the medical model of alcoholism fosters a more effective and compassionate approach to treatment, underscoring the significance of sustained care and evidence-based tactics in addressing addiction.

Long-term recovery is defined by enduring sobriety and personal and social change, highlighting the necessity of thorough and prolonged treatment approaches. Studies reveal that favorable outcomes are often associated with initial hospitalization, followed by personalized therapeutic methods lasting 6 to 12 months (Aldea et al., 2024). These results underscored the vital importance of prolonged treatment in assisting individuals during the delicate first year of recovery. By offering ongoing, customized care, these treatment approaches address the challenges of early recovery, thereby enhancing the chances of lasting sobriety and significant

life transformations. In the end, adopting long-term, personalized treatment strategies is crucial for promoting successful recovery and achieving enduring personal and social change.

The absence of a universally recognized definition of recovery poses a considerable challenge in the realm of addiction treatment. Although researchers recognized the need to define recovery to inform treatment and assess outcomes, there is a lack of consistency in its conceptualization (Wyatt, 2024). This lack of a common definition complicates providers' and individuals' efforts, as it makes it difficult to establish clear treatment goals and evaluate the success of recovery programs. In the absence of a standardized framework, initiatives aimed at aligning treatment methods and measuring progress remain disjointed, which impedes overall progress in the field. Addressing the necessity for a universal definition of recovery is essential for enhancing treatment consistency, effectively measuring outcomes, and providing improved support for individuals navigating the recovery journey.

Addiction is a persistent and complex condition that demands ongoing, integrated, and comprehensive treatment strategies for effective recovery. Researchers consistently highlight the significance of addressing stigma, systemic obstacles, and co-occurring disorders, as well as the need for enduring support systems to uphold recovery. Nonetheless, the absence of a shared definition of recovery points to a major area of contention within the domain. This variation complicates the creation of uniform recovery frameworks, yet the common emphasis on both systemic and individual factors highlights the necessity for collaborative initiatives. Achieving successful recovery entails not only confronting personal obstacles but also establishing supportive medical, social, and community-oriented structures to ensure long-term success. Finally, enhancing recovery efforts requires reconciling discrepancies in definitions and

fortifying comprehensive, system-wide strategies that integrate medical treatment, social reintegration, and community support.

Hope is a multifaceted construct crucial as a central motivator in fostering resilience and self-efficacy. Defined as a desire accompanied by the expectation or belief of fulfillment, hope is both an emotion and a cognitive construct that encourages personal motivation and goal-directed activity (Gutierrez et al., 2020). According to Snyder's Hope Theory, individuals with higher levels of hope are more likely to set practical goals, identify pathways to achieve them, and sustain efforts toward goal attainment, thereby supporting resilience by enabling them to navigate challenges and setbacks effectively. Pennington (2021) suggested that hope is not merely an emotional state but a dynamic process involving agency and pathways thinking, essential components of self-efficacy. Hope is a powerful motivator that drives individuals toward achieving their goals and is crucial in fostering resilience and enhancing self-efficacy (Gutierrez et al., 2020; Redmond et al., 2021).

The process of identity reconstruction during recovery from addiction involves a complex interplay of social identity, personal narratives, and transformative learning. Individuals often transition from an addiction-centered self-concept to a recovery-oriented identity by engaging with mutual aid groups and recovery networks, which provide a supportive environment for developing a new social identity focused on recovery rather than addiction (Webb et al., 2020). Successful long-term recovery often depends on reinvention of the self, following critical self-reflection and interpersonal dialogue (Jordan, 2020). This transition is facilitated by internalizing new norms and values as individuals learn to see themselves as part of a recovery community, which helps build a positive self-image and increase self-efficacy (Cunningham & Godinho, 2021; Day et al., 2023).

The narrative of recovery often involves a “hero’s journey,” where individuals recount their past struggles, transformative experiences, and the eventual emergence of a more authentic self (Jordan & Walker, 2023). The therapeutic storytelling process reinforces the new identity by providing coherence and meaning to the individual’s life journey (Jordan, 2022). Moreover, the concept of recovery identity is linked to empowerment and self-determination, as individuals replace the stigma of addiction with a positive identity that symbolizes new priorities and directions in life (Day, 2023).

Several scholarly sources (Day, 2023; Jordan, 2022) underscore that recovery requires a transition from an identity predominantly defined by addiction to one that embodies a positive, empowered self-concept. This transformative process facilitates the opportunity for individuals to reconstruct their identities, liberated from the societal stigma associated with addiction. Day (2023) highlights that recovery identity represents not merely a modification in perception but also indicates new life objectives and values and signifies a reorientation towards healthier and more meaningful life pursuits. Jordan & Walker (2023) demonstrate that the recovery narrative cultivates a sense of empowerment by providing individuals with the means to take command of their personal narratives and, by doing this, identify how this action fosters self-determination as individuals actively engage in the formation of a new, affirmative identity that resonates with their recovery goals. The body of research converges on the notion that recovery identity serves as a foundational element of empowerment and self-determination, enabling individuals to replace stigma with a positive, progressive identity. This transformation in identity is both a consequence of the recovery process and a mechanism that sustains enduring change, symbolizing newfound priorities, resilience, and personal development.

The significance of narrative is paramount, as it facilitates individuals in reframing their historical experiences and assimilating them into a revised self-concept that corresponds with their recovery objectives. This process of narrative reconstruction is underpinned by social contexts and cultural narratives that offer alternative frameworks for comprehending one's existence beyond the confines of addiction (Mellow, 2020). In summary, the process of identity reconstruction during recovery is a dynamic phenomenon that encompasses both personal and social dimensions, thereby empowering individuals to transcend an addiction-centered identity in favor of a more resilient and empowered self-concept.

Sharing recovery stories in mutual-help groups or therapeutic settings can significantly foster empowerment and resilience among individuals recovering from substance use disorders. This process is central to the philosophy of organizations like Alcoholics Anonymous (AA), where the act of sharing personal experiences of addiction and recovery not only helps the individual recounting their story but also benefits others in the group (Alcoholics Anonymous World Services & Alcoholics Anonymous, 1957; Kelly et al., 2009). This mutual sharing can impart technical aspects of living sober, evoke empathy, and instill hope, needed elements in building psychological resilience and empowerment. The "helper principle," a core concept in AA, suggests that helping others through sharing one's story can reinforce one's own recovery journey, thereby enhancing personal empowerment.

The "helper principle," also known as the helper therapy principle (HTP), suggests that individuals who assist others facing similar challenges experience personal benefits, including enhanced well-being and support for sobriety. Within the context of Alcoholics Anonymous (AA), this principle serves as a foundational element, particularly manifest through the Twelfth Step, which underscores the importance of disseminating the recovery message to others.

Empirical research indicates that prosocial behaviors benefit recipients and strengthen the helper's dedication to recovery. This methodology cultivates improved self-efficacy and resilience, as demonstrated by studies showing that participants who actively assist others are more likely to maintain long-term abstinence (Pagano et al., 2004). Furthermore, the principal advocates for altruism and the establishment of a sense of meaning, which can mitigate feelings of depression and isolation, thereby contributing to emotional well-being (Reissman, 1965).

From a social perspective, the helper principle facilitates the development of robust, sober networks. Providing support to fellow members in recovery enhances interpersonal connections and establishes accountability, thereby creating a nurturing environment essential for achieving long-term success. These interpersonal relationships promote shared experiences, diminish feelings of isolation, and foster a sense of belonging. Additionally, research has shown that engaging in types of helping behaviors within the AA framework is associated with a reduction in relapse rates, helps to reinforce individual commitment to sobriety, and fosters a personal desire for linear involvement in the recovery process (Pagano et al., 2004).

The principle also resonates with the spiritual dimensions inherent in AA, promoting personal development and a more meaningful sense of connection. Assisting others cultivates gratitude, humility, and a sense of purpose, all of which are crucial for sustained recovery. Spiritual engagement frequently acts as a transformative factor that alters an individual's perspective on life and reinforces their commitment to sobriety. These dynamics clarify the substantial influence of the helper principle on the psychological, social, and spiritual facets of recovery. Prominent studies that substantiate the helper principle include the research by Pagano et al. (2004) concerning AA-related helping behaviors and their contributions to sobriety, as well as Reissman's (1965) pioneering work that introduced the helper therapy principle and its

relevance in mutual aid groups. The “helper principle” in AA is a central concept that suggests helping others can reinforce one’s own recovery, a notion encapsulated in the idea that “helping you helps me” (Kelly et al., 2009).

In addition, Webb (2020) posited that affiliating with others who share similar recovery experiences helps individuals develop a positive social identity, a key component of resilience. This identity shift from ‘addict’ to ‘recovering addict’ is facilitated by the supportive environment of mutual help groups, where shared stories contribute to a sense of belonging and validation. The process of sharing and listening to recovery stories can lead to increased self-esteem and a decreased sense of aloneness as individuals realize that their experiences can be valuable to others, thus fostering a sense of empowerment (Kelly et al., 2009; Price-Spratlen, 2024). The development of a recovery identity, supported by mutual-help groups, is associated with increased recovery capital, which includes social support and meaningful activities, further contributing to a successful long-term recovery trajectory (Day, 2023; Webb et al., 2020). These interactions within recovery groups provide emotional support and promote behavioral and social changes essential for sustained recovery, highlighting the transformative power of sharing recovery stories in fostering empowerment and reliance.

The research on long-term recovery from substance use disorders demonstrates significant strengths, notably a comprehensive and integrative perspective on recovery that transcends mere abstinence to encompass dimensions of personal health, social integration, and a sense of purpose. Contemporary definitions provided by SAMHSA (2022) and the Betty Ford Institute underscore these multifaceted aspects, which are congruent with evidence indicating that recovery capital and the “helper principle” significantly contribute to enduring sobriety (Pagano et al., 2004; Kelly et al., 2023). Incorporating historical and societal contexts,

particularly the shift from punitive measures to holistic recovery paradigms, offers insights into the systemic obstacles marginalized groups encounter (Wagner & Baldwin, 2020). The research by Gutierrez et al. (2020) and Sharnk et al. (2014) sheds light on hope as an important mediator for resilience and a relapse prevention factor. The integration of identity reconstruction theories, which illuminate the transition from addiction-centric to recovery-focused identities, highlights the psychological dimensions that are vital for sustained recovery (Jordan & Walker, 2023).

However, the research also revealed notable weaknesses. An inconsistency in the definitions and measurement of recovery complicates the comparability of research findings and the establishment of cohesive frameworks (Wyatt, 2024). Although systemic challenges faced by marginalized populations are recognized, there remains an inadequate exploration of specific impediments, such as racial inequalities or cultural influences (Wagner & Baldwin, 2020). The focus on AA and the “helper principle,” while empirically supported, neglects alternative recovery modalities, such as harm reduction or medication-assisted treatment, thereby limiting the applicability of the findings to a diverse range of recovery trajectories. The dynamics of relapse are addressed only cursorily, with minimal analysis of mechanisms that could mitigate early relapse despite its high incidence. Finally, the recent advancements in neuroscience and their implications for recovery are underexplored, which may result in missed opportunities to integrate behavioral and physiological perspectives on addiction. Finally, there is a heavy reliance on qualitative data rather than quantitative evidence, which is often difficult to capture due to a lack of standardization of key metrics.

### **Recovery for Men**

The literature consistently highlights that societal expectations regarding masculinity significantly shape men’s recovery trajectories, often complicating their engagement with

treatment and support services (Eggenberger et al., 2023; Gutierrez & Goshorn, 2020; Wagner & Baldwin, 2020). While empirical studies in identifying traditional masculine norms, such as emotional stoicism, self-reliance, and avoidance of vulnerability, as barriers to seeking help, they diverge in their suggestions for overcoming these barriers. For example, Staiger et al. (2020) emphasize modifying clinical environments to explicitly challenge these norms, whereas McAllister et al. (2019) propose harnessing existing masculine cultural strengths, like brotherhood and solidarity, to foster help-seeking behaviors. This divergence highlights an important methodological gap: current research rarely directly compares the outcomes of culturally adapted interventions with those of interventions explicitly designed to challenge masculinity norms.

Furthermore, studies have predominantly focused on white, Western contexts, leaving gaps in understanding how intersecting identities such as race, ethnicity, socioeconomic status, and sexual orientation influence men's recovery experiences (Seidler et al., 2022; Wagner & Reifegerste, 2024). The limited examination of intersectionality in the recovery literature means findings may lack cultural generalizability, particularly in diverse or marginalized populations. Further research should explicitly integrate intersectional analyses to capture nuanced experiences and inform culturally sensitive intervention strategies (River & Flood, 2021).

Additionally, despite the promising emergence of digital and online recovery platforms (Gauthier et al., 2022; Sharp et al., 2024), there is an inadequate comparative analysis of the efficacy of traditional face-to-face interventions versus digital interventions for specific male populations. Empirical studies often employ cross-sectional or short-term designs, limiting insights into long-term engagement and sustained outcomes. Longitudinal and controlled studies

would strengthen understanding of these interventions' comparative effectiveness and durability in promoting recovery.

Recovery for men from substance addiction, particularly alcohol use disorder, involves a multifaceted approach that can include both formal treatment and mutual help organizations (MHOs) like AA and SMART Recovery. These organizations provide a supportive network that is crucial for recovery, offering peer support and role modeling, both of which are essential for men who may face unique challenges on their recovery journey (Gauthier et al., 2022; Kelly et al., 2020). AA, with its emphasis on a 12-step program and social fellowship, is effective in mobilizing therapeutic mechanisms such as increasing abstinence self-efficacy and recovery motivation, which are beneficial for men seeking long-term support. On the other hand, SMART Recovery offers a cognitive-behavioral approach that may appeal to men who prefer a secular, self-empowerment-focused recovery path, providing an alternative to AA's spiritual emphasis (Kelly et al., 2023).

Online communities, such as those on Reddit, also play a significant role in supporting recovery by providing a platform for men to share experiences, seek advice, and find solidarity in a pseudonymous environment. These communities can act as a supplementary support system, especially for those who may not have access to in-person meetings or prefer the anonymity of online interactions (Gauthier et al., 2022). Integrating both online and offline support systems can enhance recovery outcomes by offering diverse resources and coping strategies tailored to individual needs. Additionally, the presence of mental health treatment alongside alcohol treatment highlights the importance of addressing comorbid conditions, which are common among men in recovery (Mellor et al., 2021). This comprehensive approach, combining MHOs,

online support, and mental health services, underscores the complexity of recovery for men and the need for personalized and accessible support systems.

The notion concerning the necessity of mental health interventions collaboratively with alcohol treatment is rooted in the understanding of the bidirectional relationship between substance use disorders (SUDs) and mental health ailments (Kelly et al., 2023). Research is consistent in demonstrating that there is a link between comorbid conditions like depression, anxiety, PTSD, as well as other disorders, for those who are diagnosed with alcohol use disorder and vice versa (Clary et al., 2021; Mellor et al., 2021; Witkiewitz et al., 2019). Men, and in particular male veterans, who have a higher rate of comorbid conditions, align the seeking of treatment for mental health conditions to be stigmatized with concerns for its impact on their careers, seeking out AUD treatment as an alternative that underproduces lasting results due to misaligned treatment goals, which often neglect the co-occurring condition completely (Seidler et al., 2022).

Men face unique challenges in recovery from alcohol use disorder that are influenced by a combination of social, cultural, and biological factors. Socially, men often encounter expectations to conform to traditional masculine norms, which can discourage them from seeking help or expressing vulnerability during recovery (Gutierrez & Goshorn, 2020). This societal pressure can lead to isolation, a known risk factor for relapse, as men may feel compelled to handle their struggles independently rather than seeking support from peers or professionals (Holzhauer et al., 2020). The societal expectation for males to confront adversities autonomously may lead to social isolation, thereby heightening the likelihood of relapse. Empirical studies suggest that such societal pressures frequently dissuade males from pursuing assistance from peers or mental health professionals, resulting in experiences of isolation, which

is a recognized precursor to relapse (Holzhauer et al., 2020; Vebjateswarab & Thirumalai, 2024). These empirical observations underscore the detrimental influence of societal norms regarding masculinity on the process of recovery. By perpetuating an environment where the act of asking assistance is viewed with stigma, men are rendered susceptible to the emotional and social adversities that exacerbate the risk of relapse. It is imperative to confront these cultural paradigms to cultivate supportive settings that promote interpersonal connections and facilitate professional support. As a result, mitigating societal pressures while advocating for help-seeking behaviors among males is essential in the prevention of relapse and enhancing the possibility of sustained recovery through supported connection. Culturally, the stigma associated with AUD can be particularly pronounced for men, as societal expectations often dictate that they should be strong and self-reliant, further complicating their willingness to engage in recovery programs (Wagner & Baldwin, 2020).

Biologically, men may experience different triggers for relapse compared to women, such as both positive and negative effects, which can influence their recovery outcomes (Holzhauer et al., 2020; Soweid et al, 2024). Additionally, the presence of co-occurring conditions, such as mental health issues, can affect men's quality of life during recovery, necessitating a comprehensive approach that addresses both physical and psychological health. The role of masculinity in recovery is significant, as societal expectations can create barriers to accessing treatment and support systems. Men may be less likely to participate in mutual-help groups or seek out social connections that are crucial to successful recovery, as these actions might be perceived as contrary to masculine ideals (Kelly et al., 2020; Soweid et al., 2024). In addition, the lack of male-specific recovery programs can hinder men's progress, as they may not find the content or format of existing programs to be relevant or supportive of their unique needs.

Understanding the interplay among these factors is essential for developing effective recovery strategies that are sensitive to men's challenges, ultimately improving their recovery outcomes and quality of life.

The notion that men's recovery is strongly influenced by the interplay of biological, psychological, and societal factors that would benefit from treatment designed specifically for men has its opposing views. Smith et al. (2022) believed that the significance of addiction and its impact on an individual should rise above gender and act as a primary driver for resolution, something that should transcend gender. Furguson et al. (2021) addressed the stigma of help-seeking among men and the conflict between masculinity and help-seeking, asserting that the notion of tradition held by men can be reframed to include flexibility beyond a rigid, traditional male framework. Taylor and Brown (2023) acknowledge the biological differences in relapse triggers between men and women and assert that focusing on triggers rather than social determinants and individual experiences is less helpful in the long run.

Traditional notions of masculinity, characterized by stoicism and emotional suppression, significantly hinder help-seeking behaviors among men. These norms, often referred to as "toxic masculinity," discourage men from expressing vulnerability or seeking professional or peer support, as so is perceived as a threat to their masculine identity (Staiger et al., 2020; Watson et al., 2020). The societal expectation for men to maintain emotional control and invulnerability is particularly pronounced in environments like the military, where emotional expression is often equated with weakness (McAllister et al., 2019). This cultural backdrop contributes to higher rates of psychiatric disorders, substance misuse, and suicide among men, as they are more likely to externalize distress through anger or violence rather than seek help (River & Flood, 2021).

The concept of normative male alexithymia, where men struggle to identify and express emotions due to early socialization, further exacerbates interpersonal difficulties and reluctance to seek help (Liaqat et al, 2020). However, there are indications that men who engage with mental health services can develop a more positive perspective on mental health and challenge traditional masculine norms, especially in supportive environments like men-only groups (Staiger et al., 2020). In military contexts, while emotional expression is constrained, the notions of solidarity and brotherhood can create spaces for emotional sharing, suggesting that interventions should creatively leverage these dynamics to encourage help-seeking behaviors (McAllister et al., 2019). Overall, addressing these entrenched masculine norms is crucial for improving men's mental health outcomes and encouraging more open emotional expression and help-seeking behaviors.

Shame, guilt, and fear of judgment significantly influence men's willingness to seek and sustain recovery, primarily due to internalized stigma. The emotional constructs of shame, guilt, and anxiety regarding judgment by society at large are influenced by the internalized stigma associated with SUDs and represent considerable obstacles to the recovery processes for men (Frone et al., 2022; Kelly et al., 2009). Knox et al. (2022) highlighted the significant impact of men missing from inclusion in randomized trials of depression for treatment and its impact on standardizing treatment protocol, which is significant since males with depression also have a high correlation of AUD. Morris & Shomerus (2023) found that the stigma of treatment for AUD for men and the lack of "person-first" language to address it lends to counterproductive stereotypes that inhibit men from seeking the help they need.

Recovery initiatives such as Alcoholics Anonymous mitigate these obstacles by conceptualizing addiction as a pathological condition, promoting self-forgiveness, and providing

communal support, although fear of judgment within such groups may persist. The stigma that categorizes SUDs as manifestations of moral failing exacerbates feelings of isolation, thereby impeding the recovery journey (Morris & Shomerus, 2023). Addressing this challenge necessitates dismantling negative perceptions perpetuated by societal discrimination and cultivating supportive, non-judgmental recovery environments. Mitigating societal stigma and advocating for inclusive recovery paradigms are imperative for helping men transcend emotional barriers and achieve sustained recovery in the long term. This stigma, often rooted in traditional masculinity ideologies (TMI), can lead men to externalize depressive symptoms and avoid seeking help, as they fear being perceived as weak or less masculine (Eggenberger et al., 2023). The reluctance to discuss experiences, particularly those involving sexual trauma, is exacerbated by societal norms that discourage vulnerability in men, leading to underreporting and delayed treatment (Moran, 2023; O'Connor, 2023). Internalized stigma not only delays treatment but also affects the recovery process by fostering negative self-perceptions and reducing self-esteem, which is important for recovery (Kasli et al., 2021).

Externally, the lack of male-specific recovery programs and culturally sensitive interventions further complicates the situation. Programs like James' Place and Heads Up Guys! have shown promise in addressing these issues by tailoring interventions to male needs, thereby improving engagement and outcomes (Eggenberger et al., 2023). However, challenges such as employment pressures, family responsibilities, and legal or financial issues remain significant barriers. These external pressures can deter men from seeking help or adhering to treatment plans, as they may prioritize these responsibilities over their mental health (Seidler et al., 2022). Addressing these barriers requires a multifaceted approach that includes developing male-specific programs and training practitioners to better engage male clients, as demonstrated by

initiatives like the Men in Mind training program. Overall, reducing internalized stigma and providing tailored support is crucial for improving men's recovery outcomes.

Gender differences in addiction and recovery are influenced by both biological and psychological factors, which manifest in distinct substance use patterns and treatment responses between men and women. Men are generally more likely to use drugs, but women exhibit greater sensitivity to the physiological and reinforcing effects of substances, potentially due to hormonal influences such as estradiol and progesterone, which modulate drug effects differently in females (Kimmel, 2022). These differences necessitate tailored treatment approaches, as evidenced by the varying efficacy of addiction medications across genders. For instance, while sex and gender have not been consistently considered in medication trials, significant differences in treatment outcomes have been observed, particularly in tobacco cessation, underscoring the need for sex-specific clinical care guidelines (McKee & McRae-Clark, 2022).

In terms of recovery, social dynamics play a crucial role. Men's recovery is often bolstered by peer networks, mentorship, and role modeling, which can provide essential support and motivation (Webb et al., 2020). In contrast, women may experience community-based recovery support systems differently, potentially due to sociocultural factors and differing recovery capital gains, as seen in post-incarceration populations, where men showed greater improvement in psychological and physical health domains (Bormann et al., 2023). These findings highlighted the importance of incorporating sex and gender considerations into addiction treatment and recovery programs to address the unique needs and challenges faced by men and women in overcoming substance use disorder.

Male-specific recovery programs, such as men's-only support groups and therapy sessions, are designed to address the unique challenges men face in recovery, leveraging peer

mentorships and community support to foster engagement. These programs often align with men's preferences for non-clinical, strength-based support, which can aid in navigating mental health challenges and substance use recovery (Sharp et al., 2024). Peer support is particularly beneficial as it provides a platform for men to connect, share experiences, and develop supportive relationships crucial for recovery (Fernandez & Arribas-Tiemblo, 2024). Innovative approaches to male-centered interventions include adventure-based therapy and sports-based recovery programs, which utilize physical activities to engage men in therapeutic processes.

These methods can be particularly effective as they resonate with many men's interests and values, promoting engagement and sustained recovery (Fernandez & Arribas-Tiemblo, 2024). Additionally, digital tools tailored for male audiences are emerging, offering accessible and flexible support options that can complement traditional recovery programs (Sharp et al., 2024). Recovery Community Centers (RCCs) also play a significant role, providing structured environments where men can access resources and peer support, which are essential for maintaining recovery (Bernier et al., 2024). Overall, these male-specific interventions emphasize empowerment, connectedness, and personal growth, aligning with frameworks like CHIME, highlighting the importance of hope, identity, and meaning in recovery (Gabrielsson et al, 2024; Harris, 2024).

Research on male recovery pathways highlighted several key themes, including stigma, resilience, and identity transformation. The REC-PATH study, a multicounty investigation into recovery from problematic substance use, provides insights into how different mechanisms of behavior change, such as 12-step mutual aid support and peer-based recovery support, contribute to recovery processes (Best et al., 2018). Best et al. emphasized the importance of social networks in supporting recovery, suggesting that transitioning from groups supportive of

substance use to those supportive of recovery is crucial for sustained recovery efforts, particularly among men (Best et al., 2018; Inanlou et al., 2020). Additionally, the study by Fan and colleagues (2019) underscores the prevalence of non-abstinent recovery, which often occurs outside formal treatment settings, indicating that many men may find pathways to recovery through personal and social resources rather than structured programs (Witkiewitz & Tucker, 2020).

This aligns with findings that highlighted the role of social identity and networks in recovery, where changes in social circles can significantly impact recovery trajectories (Best et al., 2018). In addition, the researchers suggested that men may experience recovery differently, with social factors playing a more significant role in their recovery processes compared to cognitive factors, which are more prominent in women's recovery. These studies collectively illustrate that while stigma remains a barrier, resilience and identity transformation are facilitated through supportive social networks and personal growth, enabling men to navigate their recovery journeys effectively.

Overall, the body of research on men's recovery from SUDs underscores significant strengths in the examination of different support systems but also reveals deficiencies, inconsistencies, and potential avenues for advancing male-specific therapeutic interventions and integrative methodologies. The body of research provides comprehensive insights into support mechanisms, including mutual-help organizations (MHOs) such as AA and SMART Recovery, virtual communities, and innovative male-focused strategies, such as adventure-based therapy. It highlights the interplay between AUD and dual diagnoses such as PTSD, depression, and anxiety, highlighting the essential to treat both disorders concurrently for the best outcomes. The research also identifies and validates gender-specific hurdles, including the impact of

conventional masculinity norms and its impact on help-seeking behavior, noting the power of stigma despite advances made to date. Despite these strengths, the body of knowledge demonstrates clear weaknesses, including limited male-specific programs, the absence of male representation in important clinical trials, and a perceived trend of overemphasis on masculinity norms, with little consideration of other factors that may influence behavior. In addition, some research demonstrates a bias toward mutual-help organizations without regard for alternative recovery journeys and an overreliance on cross-sectional designs that fail to evaluate the long-term effectiveness of interventions.

There were several gaps in the research, including limited examination of intersectionality (e.g., race, ethnicity, and sexual orientation) in the context of men's recovery, inadequate appraisal of digital interventions, and neglect of non-abstinent recovery trajectories. Distinct populations, such as veterans and military personnel, remain inadequately explored, as does the comparative efficacy of recovery frameworks such as MHOs versus emerging digital platforms. Lastly, the integration of mental health considerations within male-specific recovery programs is insufficiently explored. This research reveals an increasing recognition of the distinctive recovery difficulties faced by men and underscores the need for diverse and adaptable treatment modalities; however, these do not sufficiently address systemic deficiencies and intersectional obstacles.

### **Role of Transformational Experiences (TEs)**

Research on transformational experiences (TEs) in recovery consistently finds that they have a meaningful impact on identity reconstruction and worldview shifts, which are essential for sustained sobriety (Jordan & Bedi, 2022; Jordan & Walker, 2023). Studies converge on the concept that significant crisis moments or disorienting dilemmas catalyze identity changes (Colli,

2013; Friedlander et al., 2013; Jordan, 2020; Mezirow, 2000). However, the literature diverges significantly concerning the specific mechanisms and context through which these transformations occur. While some studies emphasize spiritual awakenings as central (White, 2004; Williamson & Hood, 2013), others focus more heavily on psychological or existential frameworks such as Dabrowski's positive disintegration (Taylor, 2012) or narrative reconstruction (Jordan & Walker, 2023).

Methodologically, most existing studies examining TEs employ qualitative designs, often relying on retrospective accounts, potentially limiting accuracy due to recall biases or narrative reshaping over time (Jordan & Bedi, 2022; Sikkema, 2012). The scarcity of longitudinal research further constrains understanding of how durable these transformations are over extended periods. Future research should incorporate mixed-methods and longitudinal designs to validate the stability and long-term effects of transformational experiences on recovery outcomes.

Another limitation within the current literature is the lack of cultural specificity and sensitivity. Transformational learning theory and related frameworks (e.g., ARTL) are predominantly grounded in Western, individualistic models of self-actualization and personal growth, potentially neglecting cultural variations in how transformation and recovery are understood (Illeris, 2014; Jordan, 2020). Cross-cultural research remains underrepresented, and thus, future studies must explore non-Western conceptualizations of transformation and recovery to better understand diverse recovery experiences and broaden the applicability of theoretical frameworks such as ARTL.

The integration of community and systemic factors as either facilitators or inhibitors of transformative experiences is inadequately addressed. While the literature extensively discusses individual psychological processes (e.g., critical reflection, narrative re-authoring), the role of

community support, social networks, and systemic structures in either fostering or obstructing these transformations is less thoroughly examined (Jean-Berluce, 2024; Oshiro, 2024).

Addressing this gap requires a more integrative approach that considers the interactions among individual-level transformations, community-level support systems, and broader social determinants.

Transformational experiences can play a key role in the recovery from alcohol use disorder and comorbid depression by facilitating psychological and existential changes that redefine an individual's identity and life trajectory. These experiences often involve a process of psychological death and rebirth, where individuals emerge with a new sense of self, as seen in historical figures like Bill Wilson and Malcolm X, whose recoveries from addiction led to significant personal and societal transformation (White, 2004). The concept of mental growth through positive disintegration, as described by Kazimierz Dabrowski and discussed by Taylor (2012), highlighted the importance of transformative existential experiences in promoting mental growth and recovery. These experiences activate the mental transcending ability, allowing individuals to connect with their genuine selves and integrate spiritual or religious dimensions into their recovery process (Borgen, 2016).

Additionally, the narrative framework of the Hero's journey illustrates how storytelling and transformative learning contribute to the reintegration of the self, challenging the traditional biomedical model of addiction recovery that focuses solely on abstinence (Jordan & Walker, 2023). The essence of transformative experiences, whether in therapy or spontaneous interactions, is often rooted in love and authentic human connection, which facilitates a direct confrontation with acknowledging personal pain and frustration, ultimately leading to meaningful personal change (Sikkema, 2012). Collectively, these insights underscore the

multifaceted nature of transformational experiences in recovery, emphasizing the integration of psychological, existential, and spiritual dimensions to foster lasting change.

Transformational experiences (TEs) are key moments that challenge existing beliefs and lead to significant shifts in identity and perspective, often described as radical rather than incremental. These experiences are characterized by spontaneous insights or “golden moments” that reorganize one’s mental structures, allowing for a new integration of past, present, and future perspectives (Borgen, 2013). In the context of addiction recovery, TEs can play a large role in fostering long-term sobriety and personal growth. They are often associated with a psychological process akin to death and rebirth, where an individual’s old self is replaced by a new identity, marking a clear demarcation between life before and after the experience (White, 2004).

This transformation is not merely a change in behavior but involves a considered reordering of one’s conceptual framework and higher-order functioning, often facilitated by spiritual or existential insights (Colli, 2013). In addiction recovery, TEs can manifest as spiritual transformations, where individuals experience a conversion that redefines their personal identity and creates new meaning from their life experiences (Scrmac & Ganzevoort, 2012). Such transformations are often supported by therapeutic relationships that emphasize love and empathy, which can help individuals confront and integrate painful experiences, ultimately leading to a more direct and authentic engagement with life (Sikkema, 2012). Programs like the Hudson Lake Recovery Camp have shown that incorporating transformative learning experiences into their curriculum can significantly aid in the recovery process, particularly when these experiences resonate with the cultural and existential realities of the participants (Fair, 2005). Overall, TEs are essential in addiction recovery as they provide the impetus for a deep

and lasting change, enabling individuals to transcend their previous limitations and embrace a new, healthier identity (Watkins et al., 2020; Williamson & Hood, 2013).

TEs challenge and reshape an individual's existing beliefs, leading to shifts in identity and perspective. These experiences are characterized by a deep, often sudden realization or awakening that prompts reevaluating one's life and values, resulting in a more authentic and integrated sense of self (Jordan & Walker, 2022; Parker et al., 2023). In the context of addiction recovery, TEs play a role in fostering long-term sobriety and personal growth. They often involve a transformation narrative where individuals move from a crisis to recovery, embracing a new lifestyle and identity supporting sobriety. This process is akin to the hero's journey, where the individual confronts and overcomes personal challenges, leading to a rebirth or new beginning (Jordan, 2020; William, 2019).

TEs are often catalyzed by crises or significant life events, which serve as disorienting dilemmas that challenge an individual's existing worldview and prompt significant change. These events, whether traumatic, involve a life transition or are spontaneous insights, disrupt the status quo and necessitate reevaluating one's life and beliefs (Colli, 2013; Friedlander et al., 2013; Skalski & Hardy, 2013). Reflection plays a large role in this process, as individuals engage in deep self-examination and reassess their deeply held beliefs and values. This reflection is not merely cognitive but involves an emotional and existential confrontation with one's self-concept and life choices, often facilitated by supportive relationships or therapeutic contexts that encourage openness and vulnerability (Retherford, 2001; Sikkema, 2012).

Through this reflective process, individuals often experience a reconstruction of identity, moving from an addiction-centered or trauma-affected identity to one that is grounded in recovery, purpose, and a redefined sense of purpose that aligns with a more authentic self

(Borgen, 2013; Levitt et al., 2003) The integration of new insights and perspectives leads to a reordering of one's conceptual framework, allowing for higher-order functioning and a more holistic sense of self, often described as a process of individuation or spiritual emergence (Jordan, 2020, Jordan & Bedi, 2022). Ultimately, TEs are characterized by a significant transformation that encompasses cognitive, emotional, and spiritual dimensions, leading to a more integrated and purposeful life (McQueen, 2017).

Daniel Jordan (2020), who developed the ARTL framework, emphasizes the reconstruction of identity and shifts in worldview as central to the recovery process from substance misuse. This approach aligns with Mezirow's TLT, which states that transformative learning involves a fundamental change in one's frame of reference through critical reflection, rational discourse, and perspective transformation (Jordan & Bedi, 2022; Kurnia, 2021). In the context of ARTL, identity reconstruction is crucial, as recovery often necessitates a re-evaluation of self-concept and social roles, moving from an identity associated with addiction to one that supports sobriety and personal growth (Rowlands et al, 2020).

Mezirow's theory emphasizes the importance of critical reflection, in which individuals assess their assumptions and beliefs, often triggered by "disorienting dilemmas" that challenge existing perspectives (Kitchenham, 2011; Merlini, 2006). This process is essential in ARTL, as individuals in recovery must confront and reframe their understanding of themselves and their experiences. Rational discourse, another component of TLT, involves engaging in dialogue that allows individuals to explore and validate new perspectives, which is vital in recovery settings where peer support and shared experiences can facilitate transformative learning (Akpinar, 2009). Perspective transformation, the ultimate goal of TLT, involves a shift in worldview, enabling individuals to adopt more inclusive and integrative frames of reference (Kurnia, 2021).

This transformation is mirrored in ARTL, where recovery is seen not just as cessation of substance use but as a holistic change in how individuals perceive themselves and their place in the world. The integration of emotional and social dimensions into transformative learning, as suggested by Illeris, further enriches the ARTL framework by acknowledging the complex interplay of cognitive, emotional, and social factors in identity transformation (Illeris, 2013). Thus, ARTL and TLT both highlight the transformative potential of critical reflection and discourse in facilitating significant personal change and identity reconstruction.

Transformational experiences play a role in fostering long-term recovery, as evidenced by studies highlighting how crisis moments can provoke reflection and change. Near-death experiences (NDEs) are particularly impactful, leading to spiritual awakenings and shifts in life priorities, such as an increased belief in divinity and a decreased fear of death, which are not as pronounced in those who face life-threatening situations without NDEs (Long & Woolcott, 2024). Similarly, the intersection of substance use disorder recovery and post-traumatic growth (PTG) reveals that navigating past traumas and reshaping identity is essential for recovery, with spiritual growth and community support being pivotal (Jean-Berluche, 2024).

Personal narratives, such as those of formerly incarcerated individuals, underscore the importance of community and education in breaking cycles of recidivism and achieving personal empowerment and transformation (Oshiro, 2024). Bereavement can also lead to significant personal transformation, with individuals reporting long-term changes in attitudes towards materialism and death, aligning with Maslow's concept of self-actualization (Taylor, 2021). Traumatic brain injuries and PTSD can coexist with PTG, where individuals experience changes in self-perception and life philosophies over extended recovery periods (Genetti, 2023). The nadir experience, representing life's lowest points, can catalyze personal transformation and

psychological growth, with reflection playing a key role in this process (Stagg, 2013). In addiction recovery, transformative learning models emphasize identity change and personal growth, particularly in residential treatment settings (Jordan & Bedi, 2022). These studies collectively illustrate that TEs, whether through crisis or structured recovery programs, can lead to enduring positive changes, highlighting the importance of reflection, community support, and spiritual growth in the recovery journey.

In conclusion, transformational experiences (TEs) in addiction recovery can serve as catalysts for significant and lasting change (Jordan & Bedi, 2022). These experiences challenge and dismantle existing beliefs, facilitating a deep reconstruction of identity and worldview. Whether sparked by crisis, spiritual awakenings, or structured interventions, TEs can enable individuals to transcend previous limitations and embrace a more authentic and purposeful life. The integration of frameworks such as Mezirow's TLT (2000) or the ARTL model developed by Jordan (2020) highlights the importance of critical reflection, narrative reconstruction, and supportive relationships in fostering these changes. From near-death experiences to post-traumatic growth, TEs are deeply transformative, challenging entrenched beliefs while empowering individuals to reimagine their identities and relationships with the world (Chirico et al., 2022). Whether from structured interventions or spontaneous insights, these experiences are central to achieving long-term sobriety and personal fulfillment, underscoring recovery's holistic and multidimensional nature.

Within the literature reviewed, most of the sources are peer-reviewed empirical studies, theoretical articles, and seminal works published in reputable academic journals, books, and conference proceedings. These sources generally hold academic authority and credibility, reflecting scholarly consensus or recognized expertise in fields such as psychology, public

health, transformative learning, and addiction studies (Jordan & Bedi, 2022; Jordan & Walker, 2023; Mezirow, 2000). Seminal authors like Mezirow, for example, have shaped the foundational understanding of transformative learning theory, which is widely respected and cited, demonstrating a strong scholarly lineage. Similarly, works by Jordan and colleagues offer authoritative theoretical frameworks directly relevant to the research question guiding this study.

Despite the overall credibility of these sources, it is important to acknowledge potential biases and points of view that may shape findings and interpretations. Many researchers have focused on Euro-American or Western contexts, possibly limiting the cultural generalizability of the conclusions drawn. Audience considerations also play a role, as some sources are intended for clinical practitioners, emphasizing applied techniques and treatment outcomes, while others target academic researchers or policymakers, stressing theoretical models or systemic interventions over others. For instance, sources grounded in medical or psychiatric perspectives may emphasize biological and pharmacological treatments, whereas those from a psychological standpoint might focus more heavily on community support, identity transformation, and reflective practices.

Addressing these authority, audience, and bias issues highlights the importance of situating each source within its scholarly, cultural, and theoretical context. This literature review acknowledges that knowledge production in addiction and transformative learning research is not neutral by examining the vantage points of influential authors, the intended readership of specific studies, and the underlying assumptions or research paradigms informing their conclusions. Such an approach underscores the necessity of synthesizing insights from diverse frameworks, geographic regions, and methodological traditions. This keen awareness ensures that the study's theoretical grounding and methodological choices are reflective, inclusive, and cognizant of the

multiple lenses through which AUD, depressive disorders, and transformative recovery processes are understood.

### **Summary**

In this chapter, I explored how TEs inform sustainable, long-term recovery for me with co-occurring AUD and depressive disorders. Drawing upon the ARTL framework, which extends Mezirow's TLT, the literature consistently emphasizes that authentic and enduring recovery involves significant shifts in worldview, identity, and personal meaning-making processes (Jordan & Bedi, 2022; Mezirow, 2000, 2003). Despite general agreement that recovery entails more than abstinence—requiring sustained behavioral, cognitive, and relational changes—there is considerable variability in how researchers define and measure it. While some focus solely on sobriety, others argue for a broader, more holistic understanding that encompasses psychological well-being, social reintegration, and ongoing personal growth (Gutierrez et al., 2020; SAMHSA, 2022).

Across the literature, a prominent area of convergence is the role of disorienting dilemmas, critical reflection, and perspective shifts in fostering transformative learning. These crises and subsequent reflections, often supported by community engagement and narrative reconstruction, serve as catalysts for identity change (Jordan, 2020; Jordan & Walker, 2023). However, researchers diverge on the exact mechanisms driving these identity transformations. Some emphasize spiritual awakening, others stress narrative re-authoring, and still others focus on altered social identities. Similarly, although integrated approaches to treating comorbid AUD and depressive disorders are widely endorsed, studies vary in their treatment frameworks, and few directly link TEs to sustained recovery within this specific population of men.

A clear gap in the literature arises from the limited exploration of how TEs specifically shape long-term recovery outcomes in men facing dual diagnoses. While the influence of transformational learning on addiction recovery is increasingly recognized, there is scant empirical research examining how these processes unfold uniquely in men, who often face additional barriers related to societal expectations of masculinity, stigma, and help-seeking behaviors (Wagner & Baldwin, 2020; Wagner & Reifegerste, 2024). Additionally, the absence of a unifying definition of recovery complicates understanding the long-term trajectory of identity shifts. Many existing studies focus on short-term changes, leaving the enduring impact of TEs and the stability of newly formed identities less well understood over time.

These gaps underscore the need for further investigation. By examining how TEs contribute to stable, holistic recovery in men with both AUD and depressive disorders, this writer seeks to offer new insights into the elements of transformative learning that enhance resilience and sustained sobriety. In doing so, I aim to strengthen the theoretical framework of ARTL and inform the development of more effective clinical and community-based interventions that acknowledge the complexity, individuality, and gender-specific nuances of the recovery journey.

### Chapter 3: Research Method

The problem addressed in this study, as previously stated, is the TEs in the context of long-term recovery for men with AUD and comorbid depressive disorder. However, the mechanisms and impacts of these TEs remain under-explored, creating a significant knowledge gap that hampers recovery efforts (Anderson et al., 2021; Chirico et al., 2022; Soweid et al., 2024). TEs are significant because they can lead to sudden changes in self-perception, identity, and worldview, which are vital for long-term recovery (Mellor et al., 2021). Despite evidence suggesting that TEs significantly improve recovery outcomes, there is limited understanding of how these experiences catalyze such insightful transformations (Carel & Kidd, 2020; Hammond et al., 2022; Jordan, 2020; Linn et al., 2023). This problem impacts individuals with AUD and a comorbid depressive disorder, particularly men who face unique psychological challenges in their recovery journey.

The purpose of this qualitative narrative inquiry, guided by the ARTL framework, was to explore the role of TEs in facilitating personal growth, identity reconstruction, and self-awareness in men recovering from AUD and comorbid depressive disorder. Addressing a gap in understanding, I will examine how such experiences contribute to sustained long-term recovery, focusing on shifts in self-perception, perspective, and worldview. In this study, I will employ semi-structured interviews to gather rich, in-depth narratives from participants, thereby enabling a detailed exploration of their lived experiences (Lestar, 2020; Parker et al., 2023). The study is a logical and explicit response to the stated problem and research question, as it directly investigates how TEs contribute to long-term recovery using narrative inquiry (Chirico et al., 2022; Mellor, 2020). By aligning its methodology, participant selection, and data analysis with the research objectives, I sought to discover the mechanisms of transformation that facilitate

sustained recovery, therefore explicitly addressing the identified gap in understanding (Best, 2018; Kelly et al., 2024). This chapter explained how I determined that the narrative inquiry design was the best choice among the qualitative research methodologies, and it described the population, sample, materials used, study procedures, data analysis assumptions, limitations, delimitations, ethical assurances, and a summary of the process.

### **Research Methodology and Design (Nature of the Study)**

In this study, I used a qualitative research design, specifically narrative inquiry, to explore the TEs of men recovering from AUD and a comorbid depressive disorder (Jordan, 2020; Jordan & Walker, 2023). The goal was to understand how these experiences contribute to long-term recovery, with particular attention to personal growth, identity reconstruction, and self-awareness. Narrative inquiry was well-suited to this study because it emphasized the individual meaning-making process and allowed participants to share their recovery journeys in their own words (Jordan, 2020; Jordan & Bedi, 2022). This methodology supported a nuanced exploration of the internal shifts, cognitive, emotional, and spiritual, that characterize transformation experiences (Cili & Stopa, 2021; Butina, 2015; Schnepfleitner & Ferreria, 2021

This methodology directly addressed the problem identified in this study: the limited understanding of how men with AUD and a comorbid depressive disorder experience transformational change in long-term recovery. Because recovery is a complex, deeply personal, and often non-linear process, narrative inquiry allowed the exploration of how individuals interpret and reconstruct their experiences of transformation over time. This allowed me to examine how such experiences are remembered, narrated, and assigned meaning in ways that are specific to the individual.

The approach also aligned with the purpose of the study, which is to explore how transformational experiences contributed to sustained recovery in men with AUD and a comorbid depressive disorder. The methodology offered a flexible, participant-centered structure that supported this purpose by eliciting stories of internal change, identifying transformation, and emotional resilience. Through open-ended, dialogic interviewing, narrative inquiry allows the uncovering of the cognitive, emotional, and spiritual shifts that define recovery as a transformation process.

Furthermore, narrative inquiry was the most appropriate approach for answering the research question: What are the experiences of a TE that contributed to your long-term recovery as a man with AUD and a comorbid depressive disorder? This methodology was built to capture the temporal, contextual, and interpretive nature of personal experience, making it ideal for exploring the turning points and meaning-making processes embedded in participants' recovery stories. It offered not only a means of documenting what happened but also of understanding how participants internalized and were changed by these transformational events.

My choice of narrative inquiry was also supported by its alignment with the theoretical framework of ARTL, which emphasized identity transformation, critical self-reflection, and cognitive restructuring as essential elements of sustained recovery (Jordan, 2020; Jordan & Bedi, 2022; Jordan & Walker, 2023). Narrative inquiry not only facilitates storytelling as a tool of knowledge building it also sheds light on the psychological and emotional processes that support sustained recovery (Jordan, 2020). Narrative inquiry offered the flexibility and depth needed to authentically capture how transformational experiences shape recovery over time and across personal contexts.

Recovery goes beyond behavioral modification; it involves a shift in one's core beliefs, self-concept, and worldview, elements that can be captured through narrative storytelling (Cili & Stopa, 2021). Narrative inquiry best recognizes the influence of social, cultural, and environmental factors in shaping individual recovery trajectories, making it a holistic and inclusive approach to examining transformational experiences (Mellor et al., 2020). This phenomenon often includes a significant shift in personal identity, emotional resilience, and cognitive restructuring as individuals reinvent their self-identity beyond the confines of addiction (Anderson et al., 2021; Cunningham & Godinho, 2021; Gutierrez et al., 2020).

Different qualitative methodologies were considered but were found to be less appropriate for this study's objective. Phenomenology primarily focuses on identifying the collective essence of individuals' lived experiences (Grindler et al., 2018). However, this methodological framework did not sufficiently address the distinctive characteristics of transformation within the context of recovery (Hoggan & Higgins, 2023; Taylor, 2017). While phenomenology aims to extract universal themes, I meant to understand the singular and subjective meaning-making processes that are fundamentally linked to each participant's transformational journey.

The case study approach was initially considered for its capacity to explore complex, real-world phenomena in depth (Butina, 2015; Lestar, 2020); ultimately, it was determined to be too limiting for the purposes of this research. Traditional case studies tend to focus on bounded systems, such as specific treatment programs or institutional settings, which contrasts with the aim to explore individual transformation's deeply personal and varied nature in long-term recovery (Stuckey et al., 2022). In light of this, narrative inquiry offers a more fitting methodological framework. It allowed for a nuanced engagement with participants' lived

experiences and supports the interpretive lens needed to examine how transformational moments contribute to sustained recovery.

### **Population and Sample**

The population for this study focuses on a small, purposive sample of 8-12 adult men who have been diagnosed with AUD and a comorbid depressive disorder. All participants will have maintained sobriety for at least five years, a threshold chosen to explore how TEs contribute to initial recovery and sustained long-term well-being. These individuals bring personal experiences that can offer rich insight into how personal growth, shifts in identity, and deepened self-awareness support lasting recovery.

The focus on men was intentional. Researchers have shown that men experience addiction and recovery through distinct gendered lenses (Holzhauer et al., 2020; Jordan & Walker, 2023), often shaped by cultural expectations, stigma, and identity struggles (Gutierrez et al., 2020; Patton et al., 2022). These dynamics can influence how addiction unfolds and how transformational moments are recognized and integrated. By focusing on this group, the study addresses a notable gap in the literature and aims to build a more nuanced understanding of men's long-term recovery journeys.

The problem addressed in this study was the lack of research on how TEs influence long-term recovery in men with AUD and a comorbid depressive disorder. Although many studies focus on treatment outcomes or short-term sobriety, few have examined the deeper psychological and emotional shifts that sustain recovery, particularly among men whose recovery journeys are shaped by unique socio-cultural and identity-related challenges. This population is ideally suited to address that gap because these individuals have lived through extended recovery while

navigating dual diagnoses. Their narratives helped to shed light on how transformation occurs over time and how internal and external factors interact to support or hinder sustained recovery.

The purpose of this study was to explore how transformational experiences contribute to personal growth, identity reconstruction, emotional resilience, and long-term psychological well-being in men recovering from AUD and a comorbid depression. Selecting participants who meet the defined inclusion criteria, especially those who have sustained sobriety for at least five years and identify a TE as significant, ensures that the sample directly supports this purpose. These participants offered the depth of experience and reflection necessary to examine how transformational change is internalized and sustained over time.

This study's central research question was: How do men with alcohol use disorder and comorbid depressive disorder describe their transformational experiences in relation to long-term recovery? The sample criteria were directly aligned with this question. Each participant identified a transformational experience that contributed to their sustained recovery. Their stories will serve as the foundation for understanding the role of TEs in recovery, how these experiences are interpreted and integrated, and how they contribute to long-term identity transformation and healing.

Given the study's objective, this population was ideal for examining the influence of TEs on sustained recovery. I wanted to discover how these experiences shape personal narratives, contribute to identity reconstruction, and support resilience in individuals who have overcome both AUD and a comorbid depression. Since research on the long-term impact of TEs in recovery remains limited, examining this population specifically will fill a significant gap in the literature and provide valuable insight for both scholarly inquiry and clinical applications in addiction treatment and recovery support (Jordan, 2020; Jordan & Walker, 2022; Webb et al.,

2020). Better understanding these TEs can also help refine therapeutic interventions by helping to identify key psychological and emotional shifts that facilitate a long-term recovery that is not simply abstinence-based.

Given that previous qualitative studies on recovery and transformation learning have reached saturation with similar sample sizes (Carel & Kidd, 2020; Mellor et al., 2021), a sample of 8-12 participants is expected to be sufficient. Participants were recruited using a combination of purposeful sampling and community outreach. Study flyers (see Appendix A) were placed in different physical locations. Flyers were placed, with permission, on information boards at mental health and community organizations throughout the county. The recruitment material (see Appendix A) clearly described the study's purpose, eligibility criteria, and confidentiality protections. Once the first participant had been successfully enrolled in the study, snowball sampling was introduced. This approach depended on the willingness of existing participants to refer others they believed met the inclusion criteria and might be interested in contributing their stories. By using purposeful and snowball sampling, I ensured that participants had deep, relevant experiences while maintaining diversity in backgrounds, recovery paths, and TEs.

## **Materials**

In this qualitative study, I used a semi-structured interview guide (see Appendix B) to gather primary data. This guide was carefully designed to align seamlessly with the theoretical framework of ARTL and the key themes that emerged from my literature review. The guide consisted of one research question supported by ten open-ended core questions, each accompanied by one or more follow-up prompts to deepen the participant's narrative response. The framework was purpose-driven and designed to encourage detailed stories from individuals

concerning their long-term recovery from AUD and a comorbid depressive disorder, with a particular focus on the role of the transformation experience (TE) they had.

Of the ten core questions in the guide, five were developed directly from domains within the ARTL framework: identity transformation, critical self-reflection, perspective shift, community and experiential learning, and recovery as a holistic and iterative process. These theory-driven questions aim to uncover internal shifts in meaning, belief systems, and self-concepts that participants may have experienced during their recovery. The last five questions focused on emergent themes extrapolated from the existing literature and pertinent to the research question: the confluence of AUD and a comorbid depressive disorder, the dynamics of long-term recovery, gender-specific experiences of recovery among men, and the recognition and meaning-making of the transformational experience.

Each thematic area was chosen to contextualize recovery experiences, capture the details of a participant's life, and explore elements that might influence or interact with transformative change. While narrative analysis is the primary tool for understanding the meaning of participants' experiences rather than for quantifying or comparing responses, standardized psychometric instruments were unsuitable (Kelly et al., 2020; Mellor, 2020). Instead, I designed each question open-ended. This will allow participants to steer the conversation while simultaneously ensuring conceptual alignment with ARTL and the study's research objectives. The semi-structured format enables me to follow up in real time on emerging themes and key narrative moments, enhancing the depth and relevance of the data.

Although I did not conduct a formal pilot or field test of the interview guide, the questions were developed through a thorough engagement with the literature and the theoretical framework. I also drew on best practices in narrative inquiry and trauma-informed interviewing

to ensure the guide was sensitive, open, and adaptable to each participant's unique recovery journey. No materials or instruments developed by other researchers were used; the full interview protocol was crafted exclusively for this study.

### **Study Procedures**

The first step in the study was obtaining Institutional Review Board (IRB) approval from National University. No recruitment, data collection, or participant contact will occur prior to IRB approval. Once IRB approval is granted, I will start the participant recruitment process. I had obtained permission to distribute the flyer (see Appendix A) at recovery communities, mutual aid groups, alumni networks, and community organizations that support long-term recovery. To expand outreach, I used a TikTok account I created specifically for this study to advertise the opportunity and invite volunteer participation, particularly from individuals whose sobriety may have been achieved outside formal or traditional frameworks

Flyers were also distributed in select in-person locations. I made printed materials available at an open Alcoholics Anonymous (AA) meeting, where it has been confirmed that permission is not required to attend or offer recruitment flyers. This enabled ethically appropriate, community-integrated outreach. Additionally, I shared flyers with clinicians, recovery coaches, and alumni program staff who may assist in referring potential participants. Individuals who expressed interest in the study were invited to contact me directly via email to request more information and initiate eligibility screening

Once initial contact had been made, I conducted an eligibility screening via email to make sure that each potential participant meets the following inclusion criteria: (a) are at least 18 years old, (b) are a biological male, (c) have been diagnosed with Alcohol Use Disorder (AUD) and a comorbid depressive disorder, (d) have maintained continuous sobriety from alcohol for at

least five years, (e) have sought professional help for AUD and depression, and (f) identify as having a transformational experience that precipitated your sustained recovery. Eligible participants were then emailed an informed consent form. The consent form outlined the purpose of the study, the voluntary nature of participation, the expected time commitment (30-45 minutes), potential risks and benefits, confidentiality protections, and participants' right to withdraw from the study at any time.

Verbal permission was obtained at the start of the interview, which will be conducted via Zoom. I reviewed the consent form with the participant and explained their rights, including the ability to decline any question, skip any part of the interview, or withdraw at any point. Once consent is verbally confirmed, the interview will proceed using the semi-structured interview guide provided in Appendix B, allowing opportunities for follow-up questions and themes as they arise. Interviews were expected to last approximately 30-45 minutes and were audio recorded and transcribed using Zoom's built-in recording. The interview ended with a debriefing, allowing participants to ask questions or share any additional reflections they felt were relevant to their stories; community support materials were also available upon request. Participants were thanked for their voluntary participation and for contributing to the body of knowledge in addiction research.

Member checking was used to enhance the trustworthiness and authenticity of the data; each participant will be given the opportunity to review their transcript for accuracy. I emailed the cleaned transcript to each participant within one week of the interview and invited them to confirm its accuracy or suggest clarifications. They were also given a timeframe to review and return the transcript with any corrections via email. This process of member checking helped ensure that their voices were accurately represented and that meaning was not lost in

transcription. Participation in the study will end after the participants have reviewed their transcripts and returned them via email. Participants will not be contacted again unless they initiate follow-up or request a copy of the final study findings. Participants may withdraw from the study at any point, up to and including the transcript review phase, by notifying me via email. In the event of withdrawal, any associated data will be immediately deleted and excluded from the study. Each participant will be assigned a pseudonym and a unique participant ID to protect their identity. All digital files, including audio, transcripts, and analysis files, were be stored on a password-protected, encrypted laptop accessible only to me.

### **Data Analysis**

Data analysis in this study followed the principles of thematic narrative analysis, a methodology appropriate for examining how individuals make meaning through narrated experiences (Butina, 2015; Jordan, 2020). This approach was suitable for this study's use of narrative inquiry and theoretical grounding in the addiction recovery as transformative learning (ARTL) framework. The objective of the analysis was to investigate how men in prolonged recovery from AUD and comorbid depressive disorder describe transformational experiences (TEs) that contributed to sustained long-term recovery. This narrative analytic framework follows Clandinin and Connelly's (2000) assertion that narrative inquiry necessitates attending simultaneously to the temporal (past, present, future), personal-social interactions, and contextual or spatial dimensions of lived experiences. Thus, each narrative was examined with sensitivity toward the temporal unfolding of experiences, the personal-social conditions within which these experiences were situated, and the settings that framed participants' transformational events.

While thematic coding identified recurring motifs and patterns across narratives, this process did not fragment the stories into decontextualized themes. Rather, analysis remains

narrative, preserving the temporal, structural, and identity-relevant dimensions of each participant's story (Clandinin & Connelly, 2000; Barkhuizen & Consoli, 2021). At the end of each interview, a complete transcript was automatically generated in Zoom and downloaded for my manual review for accuracy. I compared each transcript against the original audio, corrected misinterpretations, and addressed any missing or unclear content. Completed transcripts will then be emailed to each participant for member checking. To protect participant confidentiality, I de-identified the data and used pseudonyms throughout the transcription and coding process.

The core themes and subthemes were developed through an iterative thematic narrative analysis process that combines deductive and inductive approaches. This configuration will facilitate both an intra-case analysis and inter-case comparisons predicated on shared narrative characteristics or contextual attributes. The preliminary coding iteration utilized a deductive framework grounded in the core constructs of the ARTL model (Soweid et al., 2023; Webb et al., 2020).

As transcripts were examined in detail, inductive classifications were developed to capture emergent themes and the distinctive language used by participants (Kelly et al., 2020; Soweid et al., 2023). This phase remained open and grounded in the data, allowing participant voices to navigate thematic development. Structural coding was used to map the temporal flow of each participant's recovery narrative (Webb et al., 2020). This facilitated maintaining narrative coherence and underscored changes in identity and belief systems over time.

I will maintain a reflexive journal utilizing Excel throughout the analysis. Analytic memos documented the developing interpretations and patterns across participants and my own emotional and intellectual engagement with the data. This practice enhanced transparency and fostered reflexive awareness, a key element in narrative research. Text search and word-

frequency queries identified key metaphors and concepts, while coding and queries will uncover intersections among ideas and themes. This approach enabled a comprehensive analysis of the text, revealing deeper insights and connections that might not be immediately apparent.

Themes were derived both inductively and deductively. Deductive themes reflected the theoretical constructs from the ARTL framework (Jordan, 2020). Inductive themes emerged organically from participants' stories through iterative readings of transcripts, ensuring themes authentically represent participants' lived realities. This dual approach enhanced analytic richness, grounding the interpretive analysis firmly in participants' narratives and theoretical insights. Inductive codes were derived through open coding, remaining grounded in participants' own language, metaphors, and narrative expressions. This approach supported the co-construction of meaning between researcher and participant and honors the storied nature of their recovery journeys (Butina, 2015)

I used visualization tools such as word clouds and tree maps to support thematic synthesis and insight generation. Each participant's coded transcript was synthesized into a narrative case summary that highlights their unique recovery arc. These summaries were used to structure the presentation of findings in Chapter 4. Where suitable, composite narratives may be formulated to illustrate collective experiences or prevalent transformative themes. The last step involved interpreting the data across cases and themes to answer the study's research question. Interpretations will be grounded in participant narratives while integrated with the core principles of the ARTL framework to ensure both experiential fidelity and theoretical insight.

## **Trustworthiness**

### ***Credibility***

Credibility refers to the accuracy and authenticity of the findings, as they reflect participants' own experiences and perspectives (Webb et al., 2020). To strengthen the credibility of my work, I used several strategies consistent with best practices in narrative research (Bunaciu et al., 2024). First, the interview guide (Appendix B) was developed by me, and I based the questions on the addiction recovery as transformative learning (ARTL) framework and on a review of the current literature on long-term recovery and transformational learning. Each interview was conducted using open-ended questions that allowed participants to speak freely and reflectively, ensuring that the data collected remains grounded in their own voices rather than artificial structures.

Second, I incorporated member checking to ensure the narratives were accurately represented. After transcription, each participant was invited to review their transcript and offer clarifications, additions, or corrections, as per member checking. This process served as a form of collaborative validation, helping to maintain the integrity of the data. Finally, I engaged with the data for an extended period through multiple rounds of reading, coding, and reflective analysis (Webb et al., 2020). I also kept a reflexive journal to examine how my experiences and assumptions may have influenced the interpretation of participants' stories. This reflexive engagement helped ensure that emerging themes were supported by the data rather than shaped by unexamined bias.

### ***Transferability***

Transferability, akin to external validity, involves applying study findings to different contexts or settings, and this concept is explored in various ways. The complexity of applicability and transferability is highlighted by Burchett et al. (2018), who suggested that tools or interventions can be adapted to fit new contexts without altering their core mechanisms,

indicating a nuanced understanding of transferability beyond a binary applicable/inapplicable framework (Hard, 2023). In this current research, a question of transferability included the outcome of participant experiences having relevance with those recovering from other substances or comorbid disorders, or transferable across genders.

I used detailed descriptions to help readers determine whether the findings will be relevant in other settings. Stahl and King (2020) illustrated thick descriptions as key in qualitative research, as they offer comprehensive, contextualized narratives of participants' first-hand experiences. The use of thick descriptions adds validity because it allows for an examination of cognitive processes and phases across a spectrum of change over a multitude of contexts. This allowed the reader to see facts aligned with nuanced variations and how they came to make sense of the events unfolding in their lives.

### ***Dependability***

Dependability concerns the consistency, transparency, and logical flow of the research process. To ensure dependability, I maintained a detailed audit trail that appropriately documents all phases of the study, from participant recruitment and consent to data collection, transcription, coding, and interpretation. All interviews were recorded and transcribed verbatim using Zoom software. Transcripts were checked for accuracy and compared with the audio; each transcript was evaluated and corrected as needed. Member checking was conducted to enhance the data's reliability, and I will email each participant a completed transcript for their evaluation and certification that it is a true and accurate representation of their story. I will also document analytic decisions in memos throughout the process, including notes about emerging patterns, questions, and points of reflection.

In addition, I will engage in peer debriefing with dissertation committee members or qualitative research mentor(s) to review aspects of the analysis, challenge potential blind spots, and strengthen the clarity of my interpretations. These discussions were documented in the audit trail to demonstrate transparency in decision-making. Finally, I used reflexive journaling throughout the research process to acknowledge and examine how my role as a researcher and someone engaged with recovery research may influence interpretation. This practice was essential to maintaining methodological integrity in narrative inquiry, in which the researcher actively co-constructs meaning with participants.

### ***Confirmability***

Several strategies enhanced credibility, including member checking, comprehensive description, introspective journaling, and methodological clarity (Soweid, 2024). Although narrative inquiry does not conventionally use traditional triangulation, this investigation incorporates methodological triangulation by integrating deductive and inductive thematic coding, structural coding, and narrative case construction (Webb et al., 2020). These protocols ensure analytical depth while safeguarding the elaborate narrative complexity of each participant's lived experience.

### **Role of the Researcher**

The role of the researcher in a study, especially a qualitative study, is enmeshed with the research process, and researchers are often seen as instruments themselves, influencing the interpretation and analysis of data through their backgrounds, experiences, and perspectives (Goshorn et al., 2023). This is highlighted by the need for researchers to provide sufficient information about their qualifications and backgrounds to ensure replicability and transparency in their analysis. The researcher's presence is important for establishing an environment

conducive to data collection, particularly in qualitative frameworks, where the researcher's engagement with participants can shape the data gathered (West, 2014). For instance, the researcher's ability to listen attentively and create a space of trust and mutual understanding is essential for eliciting rich, reflexive storytelling from participants.

My role as the researcher in the development and deployment of the semi-structured interview guide included recruiting participants, interacting with them, providing a space that allowed for storytelling, and analyzing the collected data afterward. As the interviewer, I established an authentic rapport with the participants to build trust and encourage them to share intimate details of their recovery processes, experiences, and reflections. I will purposefully engage participants to elicit depth and detail about their transformational experience that impacted their ability to sustain long-term sobriety.

As the researcher, I have several functions at once. I was the interviewer and the analyst, but I was also someone familiar with recovery. I work as a mental health counselor and a state-certified Substance Use Disorder Counselor. I was also in long-term recovery from AUD. This background matters not just for insight but also because it could influence how I hear these stories, what I notice, and where I pause to reflect and clarify. This dual perspective, professional and personal, brings both advantages, challenges, and obligations. It allowed me to understand from a personal perspective what is at stake for the participants, as I know what it may feel like to carry part of their stories. However, there is objectivity and distance that need to be placed between my experience and others. To manage this, I kept a reflexive journal throughout the study. I used it to track my responses, my assumptions, and how I make sense of the interviews as they unfold. This journal is not just for transparency; it also serves as a space to hold the tension between familiarity and curiosity.

Given my personal and professional proximity to the subject matter, reflexivity becomes particularly vital (Clandinin & Connelly, 2000). As both an insider familiar with the recovery process and an academic researcher, my position offers a nuanced understanding but also potential biases. To engage with these biases, I systematically reflected on my emotional reactions, interpretative leanings, and assumptions, explicitly noting them in analytic memos. Reflexive journaling was an ongoing dialogue that fostered awareness of how my own experiences may shape data interpretation and ensured analytic rigor and ethical responsibility.

Once the interviews are finished, Zoom's auto transcription generated verbatim text from the recorded sessions. I reviewed the transcript alongside the audio to make sure it is accurate and complete. In accordance with member checking for validity and transparency, within a week of the interview, each participant will receive via email a complete copy of the transcript to check the completeness of their interview and allow them to make clarifications or add reflections. Once the participant has emailed the transcript back to this researcher, they will be de-identified, and each participant will be assigned a pseudonym to protect their identities.

The transcripts will then be uploaded to Excel for coding and analysis of themes and subthemes. I also looked at the structure and how participants tell their stories over time. What changed? What stayed the same? When did things begin to shift, and how do they make sense of that now? Using structural narrative coding, I traced those arcs. Each participant was treated as a separate node, and I wrote individual case summaries that honor the integrity of their story. This study did not use traditional quantitative triangulation. Instead, I used a multi-layered interpretation approach through deductive and inductive coding, memorization, and member checking.

## **Assumptions**

Assumptions are fundamental and are acknowledged as valid without empirical verification, yet they are essential for the study to proceed (Kitchenham, 2008). In qualitative research, especially in narrative inquiry, assumptions often concern participant engagement, data quality, and the appropriateness of theoretical and analytical tools (West, 2014). The subsequent assumptions underlie this study, along with its corresponding rationale.

Candid participation was expected from all participants. It was assumed that the participants would respond truthfully and authentically during their interview. This assumption is essential because credibility relies on the depth and accuracy of the personal narratives shared with the interviewer. Due to the sensitive and reflective nature of transformational experiences in recovery, the outcome depends on participants' willingness to disclose vulnerable, emotionally charged, and often painful aspects of their lives. This assumption was reasonable due to the voluntary nature of participation and the safeguards in place to ensure confidentiality and psychological safety.

The capacity for self-reflection is taken for granted. Participants are assumed to be able to reflect meaningfully on their recovery journey, particularly on moments of personal transformation and internal psychological shifts. Narrative inquiry and the ARTL framework both rely on participants' ability for introspection and self-awareness. Without reflective capacity, participants may struggle to articulate the significance of their past experiences, thereby limiting the richness of the data. This assumption is supported by the inclusion criteria, which require a minimum of 5 years in recovery, a timeframe that is likely to foster reflection and personal insight.

The ability to articulate their life experiences was anticipated. I assumed that participants could construct and communicate coherent narratives of their felt experiences. While narrative inquiry values the fragmented and nonlinear nature of storytelling, some degree of narrative coherence is necessary for identifying key themes, turning points, and meaning-making processes (Mellor et al., 2020). This assumption supports the methodological need to trace narrative arcs and temporal shifts in identity, perspective, and belief systems. It is reasonable, given that the interview protocol is designed to elicit structured reflection and to scaffold storytelling through open-ended prompts and follow-up questions.

It was assumed that the ARTL framework is an appropriate and effective theoretical lens for interpreting participants' transformation experiences. The rationale for this assumption lies in the conceptual alignment between the ARTL framework and the study's focus on recovery as a process of identity reconstruction, critical reflection, and perspective transformation. The ARTL model is derived from Mezirow's TLT and adapted for recovery contexts, making it theoretically relevant and empirically grounded for the study's population.

### **Limitations**

The subjectivity of narrative inquiry is generally accepted. As a qualitative approach, narrative inquiry is inherently interpretive. The findings rely on the researcher's interpretation of participants' stories, which introduces subjectivity despite efforts at reflexivity and analytic rigor. I will engage in ongoing reflexive journaling throughout the data collection and analysis process, use analytic memos to bracket assumptions and incorporate member checking to validate interpretations with participants where appropriate.

The results of this study are not intended to be statistically generalizable to all men in recovery. Instead, the objective is to provide an in-depth, contextual understanding of

transformational experiences among a specific subset of individuals. While limited in scope, the findings may offer transferability to similar populations and settings through detailed descriptions and theoretical insights grounded in the ARTL framework.

Taking into account the self-selection bias, participants who volunteer for this study may differ in meaningful ways from those who do not, such as being more reflective, articulate, or having experienced a more pronounced transformation. This could affect the range of perspectives represented. To address this limitation, recruitment will include diverse settings to encourage varied participation across different recovery experiences.

Recall bias is accounted for as participants are being asked to reflect on past experiences, some of which may have occurred years earlier, there is a risk of incomplete memory or post hoc interpretation, which may influence the accuracy or emotional tone of their narratives. To mitigate this limitation, the interview guide includes probing and clarifying questions to help participants reconstruct key events and feelings. The narrative method itself values how participants make meaning of past experiences in the present, which supports the analytic validity of recalled narratives.

The bias of the researcher is considered, as I work as a mental health clinician and am a state-certified SUD Counselor who is also in long-term recovery from AUD. This lived and professional experience, while offering deep insight, may influence how data are interpreted. To manage potential bias, I engaged in reflexivity through structured journaling, adhered to a transparent coding process, and consulted with a qualitative research supervisor or peer reviewer for an external audit of emerging themes.

## **Delimitations**

This study was intentionally limited in several ways to ensure clarity of course and alignment with the research question. One of the most significant delimitations is the decision to concentrate exclusively on adult men who self-identify as being in long-term recovery from AUD and who have also experienced a comorbid depressive disorder. By narrowing the population to this specific group, the study does not consider the experiences of women or individuals with other co-occurring diagnoses beyond depression. While their stories are equally valid and valuable, this study aims to explore how transformation experiences unfold within a particular demographic that faces unique challenges, especially around masculinity, help-seeking behavior, emotional expression, and social stigma. Limiting the population in this way allows for a more focused exploration of gender-specific recovery narratives, an area that remains underrepresented in the literature.

This study was also delimited by its theoretical framework. The ARTL model was chosen as the guiding lens for interpreting participants' stories of change. As such, other theories that might also explain transformation, such as post-traumatic growth theory, identity theory, or narrative identity frameworks, are not explicitly examined. While elements of the perspectives may naturally come up in the narratives, they will not be formally integrated into the analytical research. This choice ensured consistency in interpretation and enabled a deep engagement with the specific constructs ARTL emphasizes, including identity reconstruction, critical reflection, and shifts in worldview. The downside of this delimitation is that it may exclude complementary interpretations, but the benefit is analytic clarity and consistency.

Additionally, the study was delimited by its reliance on a single method of data collection: in-depth, semi-structured narrative interviews. No additional methods, such as

observations, focus groups, or participant diaries, are included. The rationale for this is based on the methodological commitment to narrative inquiry, which values the participant's voice and their own construction of meaning over externally observed behavior or group consensus. By focusing on individual interviews, the study aims to capture the depth and nuance of personal transformation in a way that other methods might dilute or miss altogether. However, this also means that the findings are shaped entirely by self-reported data and may not capture dimensions of transformation that are nonverbal, behavioral, or socially mediated.

English-speaking participants were included in the study. The decision to do so reflects my language capacity and the language of the interview protocol. However, this limits the sample's cultural and linguistic diversity. Understanding that identity reconstruction and worldview shifts can be influenced by cultural context, this delimitation may affect the transferability of findings across different sociocultural or linguistic groups. These delimitations were deliberately made to align with the study's purpose, the nature of the research question, and the narrative methodology being used. Admittedly, they narrow the scope, but they also create a clear path for in-depth exploration of a particular phenomenon within a specific population. Future studies might extend these boundaries to include other demographics, theoretical lenses, or multimodal methods to further expand the understanding of transformation in addiction recovery.

### **Ethical Assurances**

This study adhered to the ethical guidelines as set forth by the American Psychological Association [APA] (2023) and the regulations set forth by the Institutional Review Board (IRB) at National University. The research entails the gathering of personal narratives from individuals engaged in long-term recovery from Alcohol Use Disorder (AUD) and comorbid Depressive

Disorder. Because of the sensitive nature of the topic and the inherent risk of emotional vulnerability, this researcher exercised particular care to ensure confidentiality, informed consent, and participant well-being throughout the research process. This research did not begin until it had received formal approval from the National University Institutional Board (IRB). All ethical protocols described herein, including informed consent, risk mitigation, confidentiality procedures, and data security, were reviewed and approved before participant recruitment or data collection.

All participants were provided with an informed consent form outlining the purpose of the study, the voluntary nature of participation, potential risks and benefits, the procedures for data collection, and measures taken to protect their identity and data. Participants were reminded that they may withdraw from the study at any time without cause or consequence and may refuse to answer any question that may cause distress. To protect confidentiality, all participant identities were anonymized and assigned pseudonyms. These pseudonyms were used in all transcripts, notes, analyses, and publications. No identifying information was linked to the data in any reporting of the findings. All audio recordings and transcripts were stored on a password-protected, encrypted laptop accessible only to the researcher.

Interviews conducted via secure video conferencing (e.g., Zoom) were not recorded in the cloud and were downloaded directly to this researcher's encrypted device. Interview transcripts generated were reviewed, corrected, and de-identified before any analysis began. In accordance with IRB requirements, all research data will be retained for a minimum of three years and then permanently deleted. Although this study presented minimal risk, discussing past experiences related to addiction and depression may evoke emotional distress. Participants were informed of this possibility prior to the interview. I remained sensitive to emotional cues and

paused or discontinued the interview if necessary. A referral sheet listing community mental health services will be made available to all participants following the interview.

Participation in the study was entirely voluntary. Participants had the opportunity to stop the interview at any time or withdraw from the study without consequences. They may also decline to answer specific questions. No compensation or coercion was involved in recruitment or participation. Due to the researcher's dual role as a clinician in the community and a person in long-term recovery, ethical reflexivity was a central component of the research process. This researcher maintained a reflexive journal to track personal biases, emotional responses, and interpretive decisions that could influence the analysis or presentation of findings.

Reflexivity enhances transparency and upholds the ethical integrity of the researcher-participant relationship and the study. Ethical reflexivity will include regular consultation with dissertation committee members or a peer qualitative researcher to review reflexive journal entries, ensuring my interpretations and emotional engagements do not unduly bias the analytical process. This external oversight provides an additional safeguard against unexamined bias, reinforcing the ethical integrity of the research process. This study did not begin until it had received formal approval from the National University Institutional Review Board. All ethical assurances described above were documented in the IRB application and adhered to throughout the study.

## **Summary**

The primary objective of this qualitative study was to explore TEs that men in long-term recovery from AUD and comorbid depressive disorder. I began by highlighting the central problem: the lack of understanding of the dynamics by which TEs facilitate personal transformation and sustain recovery (Grindler et al., 2018; Seidler et al., 2022). The purpose of

this study was reaffirmed as an examination of how men interpret, make meaning of, and narrate these experiences within the framework of long-term recovery.

A qualitative narrative inquiry design was used to address this gap, grounded in the framework of ARTL. This methodological approach was selected for its ability to highlight the psychological, emotional, and identity-level transformations that occur through transformative experiences (Jordan, 2020; Jordan & Walker, 2023). While alternative methodologies, such as phenomenology and case study, were considered, they were ultimately deemed less appropriate for capturing the individualized and storied nature of transformation in recovery.

In this chapter, I detailed the rationale for participant selection, specifically focusing on adult men who have maintained a minimum of five years of continuous sobriety from alcohol and have a depressive disorder. Using purposeful and snowball sampling techniques, 8-12 participants will be recruited to provide comprehensive, firsthand narratives regarding their experiences of recovery and transformation. The process of data collection centers on in-depth, semi-structured interviews guided by a novel interview protocol aligned with ARTL domains.

In this chapter, I described a sequential data analysis strategy using Excel. Thematic narrative analysis shall be implemented using both deductive and inductive coding, structural narrative mapping, memoing, and pattern exploration. Ethical considerations, including confidentiality, informed consent, risk minimization, and researcher reflexivity, were thoroughly addressed, along with the study's assumptions, limitations, and delimitations.

In short, this study was designed to generate comprehensive, narrative-based data that will explain the personal transformation experienced by men with AUD and comorbid depression as part of their long-term recovery. In the next chapter, I will present the results of this narrative inquiry, offering both individual case summaries and cross-case thematic insights.

These findings are intended to contribute to the existing body of literature on addiction recovery, transformational learning, and mental health by providing a deeper understanding of the psychological processes that facilitate sustained change.

## Chapter 4: Findings

The problem addressed in this study was that while men with alcohol use disorder (AUD) and comorbid depressive disorder often describe experiences of long-term recovery, the specific role of the transformational experience (TEs) in sustaining recovery remains underexplored. Despite the prevalence of AUD and depressive disorder in men, there is limited understanding of how transformative events contribute to identity change, meaning-making, and sustained sobriety. The purpose of this qualitative narrative inquiry was to explore transformational experiences (TEs) that contributed to long-term recovery among men diagnosed with AUD and comorbid depressive disorder. Guided by the addiction recovery as transformative learning (ARTL) framework, I examined how participants narrated their experiences of identity change, critical reflection, and meaning-making in the context of sustained sobriety. Nine men who had maintained recovery for at least five years participated in one semi-structured interview, and their narratives were analyzed through thematic analysis.

Chapter 4 was organized around the central research question: How do men with alcohol use disorder and comorbid depressive disorder describe their transformational experiences in relation to long-term recovery? The remainder of the chapter is organized thematically, presenting findings across six major themes: Identity Transformation, Emotional Healing and Self-Acceptance, Relationship Repair and Social Support, Recovery Practices and Strategies, Sustained Growth and Life Integration, and Spiritual and Existential Insights. Each theme includes an analytic overview, subthemes, illustrative participant quotes, and an interpretive synthesis that integrates detail-rich participant narratives with the ARTL framework.

## **Trustworthiness of the Data**

In qualitative research, trustworthiness refers to the rigor and integrity with which a study is conducted, ensuring that the findings authentically represent participants' lived experiences (Butina, 2015). Within narrative inquiry, trustworthiness also requires recognizing the relational and contextual dimensions of participants' stories, recognizing that meaning is situated in time, place, and social interaction (Clandinin & Connelly, 2000). To ensure the trustworthiness of the data I collected and analyzed, I implemented several strategies that addressed credibility, transferability, dependability, and confirmability throughout the research process. These strategies ensured that the findings authentically reflected the experiences of participants while maintaining methodological rigor and transparency.

Credibility was supported through multiple strategies designed to ensure that the findings accurately represented the participants' perspectives. Member checking was conducted by sharing transcripts with participants, allowing them to confirm that their responses had been transcribed and interpreted correctly. This process provided opportunities for clarification and strengthened the accuracy of the data. I also used triangulation by comparing inductively derived themes with deductive categories from the addiction recovery as transformative learning (ARTL) framework and with existing literature on transformational learning and recovery. In addition, credibility was reinforced through prolonged engagement with participant narratives, which included multiple readings of transcripts, iterative coding, and the use of *in vivo* codes to stay close to participants' own words and meanings.

Transferability was promoted by providing thick, descriptive accounts of the participants and their recovery contexts (Stahl & King, 2020). This included demographic details such as age, years of sobriety, and dual diagnoses of AUD and comorbid depression, as well as narrative

descriptions of participants' recovery experiences, family relationships, and social environments. By incorporating extended participant quotations and contextualized stories, readers are provided with sufficient detail to assess how these findings may apply to other recovery populations or clinical contexts. The inclusion of diverse participant perspectives across nine men further enhances the ability of readers to make informed judgements about the applicability of the findings beyond this study.

Dependability was ensured by carefully documenting the research process and maintaining consistency across participants. A semi-structured interview guide was used to provide a consistent framework while allowing participants the flexibility to elaborate on their experiences. Transcripts were reviewed, cleaned, and manually coded using an iterative, line-by-line approach. An Excel-based audit trail was maintained to record coding decisions, refinements, and analytic memos at each stage of the analysis. This transparent documentation allows other researchers to trace the analytic process and, if desired, replicate the procedures. The step-by-step application of thematic narrative analysis provided a structured yet flexible approach to capturing the complexity of transformational experiences.

Confirmability was addressed by grounding themes and conclusions directly in the data and ensuring that interpretations were supported by participant quotations. This approach minimized researcher bias and highlighted participants' voices as the primary source of meaning (Soweid, 2024; Webb et al., 2020). Reflexivity was also practiced throughout the research process, as I remained attentive to how my professional background and personal assumptions might shape interpretation. Feedback from my dissertation chair further supported the confirmability of the findings by providing external perspectives on the coding, theme

development, and analytic synthesis. Together, these strategies ensured that the conclusions drawn were firmly anchored in participant narratives rather than researcher preconceptions.

In sum, the combined use of member-checking, triangulation, thick description, manual coding with audit trails, reflexivity, and committee oversight ensured that the data I gathered and the conclusions I developed were methodologically sound, transparently derived, and reflective of the authentic transformational experiences shared by men in long-term recovery from AUD and comorbid depressive disorder.

## **Results**

To explore how men with AUD and comorbid depressive disorder describe their transformational experiences in relation to long-term recovery, I conducted individual semi-structured interviews with nine participants who had maintained sobriety for at least five years. The research question is guided by one central question: How do men with alcohol use disorder and comorbid depressive disorder describe their transformational experiences in relation to long-term recovery? Data were analyzed using thematic narrative analysis, which allowed patterns, categories, and themes to emerge directly from participants' stories (Braun & Clarke, 2005). Both inductive in vivo coding and deductive alignment with the Addiction Recovery as Transformative Learning (ARTL) framework supported the analytic process (Jordan, 2020). Findings are presented according to the six major themes and their associated subthemes, with participant quotations provided to maintain transparency and trustworthiness.

All of the participants met the study's inclusion criteria of being male, age 18 or older, with a dual diagnosis of AUD and depressive disorder, and in long-term recovery for five or more years. The final sample consisted of nine men ranging in age from 43 to 80, with lengths of sobriety ranging from 5 to 41 years. This variation provided a range of perspectives on how

transformational experiences are encountered and understood across different life stages and recovery trajectories. Demographic characteristics are present in Table 1.

**Table 1**

*Demographic Characteristics of Participants*

<b>Participant</b>	<b>Age</b>	<b>Years of Sobriety</b>
1	74	7
2	67	31
3	68	35
4	80	41
5	57	25
6	60	33
7	66	32
8	43	13
9	57	5

*Participant 1*

Participant 1, a male, is 74 years old and has had seven years of sobriety.

*Participant 2*

Participant 2, a male, is 67 years old and has had 31 years of sobriety.

*Participant 3*

Participant 3, a male, is 68 years old and has had 35 years of sobriety.

*Participant 4*

Participant 4, a male, is 80 years old and has had 41 years of sobriety.

*Participant 5*

Participant 5, a male, is 57 years old and has had 25 years of sobriety.

*Participant 6*

Participant 6, a male, is 60 years old and has had 33 years of sobriety.

***Participant 7***

Participant 7, a male, is 66 years old and has had 32 years of sobriety.

***Participant 8***

Participant 7, a male, is 43 years old, and has had 13 years of sobriety.

***Participant 9***

Participant 9, a male, is 57 years old and has had five years of sobriety.

**Research Question**

The purpose of this study was to explore transformational experiences that contributed to long-term recovery among men with alcohol use disorder (AUD) and comorbid depressive disorder. The central research question guiding the study was: How do men with alcohol use disorder and comorbid depressive disorder describe their transformational experiences in relation to long-term recovery? To address this question, I conducted semi-structured interviews with nine men in long-term recovery. Each participant provided detailed narratives of their experiences with alcohol use, co-occurring depression, recovery, and the transformational experiences that shaped their sobriety.

The data were analyzed using thematic analysis. The analytic process began with line-by-line in vivo coding, where short phrases drawn directly from participants' language were assigned to each segment of the transcripts. These in vivo codes were recorded in an audit trail and reviewed repeatedly to ensure closeness to participants' voices. Through constant comparison, similar codes were grouped together into preliminary categories, supported by analytic memos. Categories were then clustered into subthemes based on semantic similarity and

shared meaning. Subthemes were finally aggregated into six major themes that provided a comprehensive reconstruction of participants' experiences.

This inductive process was complemented by a deductive check against the addiction recovery as transformative learning (ARTL) framework. The framework provided a lens to examine whether participants' experiences aligned with established concepts of transformational learning, without overriding participant voice. Member checking and an Excel-based audit trail further supported the credibility and dependability of the analysis. Analysis of the narratives revealed six major themes, each supported by multiple subthemes, that captured how men described their transformational experiences in long-term recovery: (1) Emotional Healing and Self-Acceptance; (2) Identity Transformation; (3) Recovery Practices and Strategies; (4) Relationship Repair and Social Support; (5) Spiritual and Existential Insights, and (6) Sustained Growth and Life Integration. Each theme provides thick descriptions of participants' experiences and illustrates the ways transformational experiences were narrated in relation to sobriety and recovery. Each theme is presented in detail in the sections that follow, with direct participant quotations included to maintain transparency and highlight the authentic voices of men in recovery.

### ***Theme One: Emotional Healing and Self-Acceptance***

A central theme that emerged from participants' narratives was Emotional Healing and Self-Acceptance. Many of the men described long-standing struggles with guilt, shame, depression, and emotional isolation, which were both causes and consequences of their drinking. Recovery was portrayed not just as abstaining from alcohol but also addressing these inner struggles and learning to accept oneself. Three subthemes illustrate how participants experienced this process.

**Sub-Theme: Denial, Shame, and Rationalization.** Participants frequently described cycles of denial and rationalization, which shielded them from confronting painful truths but also reinforced shame. These strategies delayed recovery by allowing them to justify continued drinking. Participant 6 recalled, “Every regret had a justification. That’s how I lived, regret and excuse, regret and excuse.” Similarly, Participant 2 recalled, “I told myself I wasn’t hurting anyone, but deep down, I knew I wasn’t the man I wanted to be.” The persistence of denial and rationalization prevented participants from acknowledging the severity of their problems and contributed to feelings of shame once these defenses collapsed.

**Sub-Theme: Emotional Struggles and Isolation.** Several men spoke about deep feelings of isolation, despair, and depression that were intertwined with their drinking. Alcohol initially served to cope with these feelings but ultimately worsened them. Participant 7 shared, “I didn’t know who I was anymore. Alcohol had stripped away everything until I was just a hollow version of myself.” Participant 8 also reflected, “Sobriety felt like losing myself at first, before I realized I was actually finding myself again.” These narratives highlight how emotional pain, and isolation often intensified the dependency on alcohol, creating a cycle that was difficult to break.

**Sub-Theme: Perception and Acceptance.** For many participants, recovery involved confronting painful aspects of self-perception and gradually learning to accept themselves. Participants described moving from self-criticism and internalized stigma toward a more compassionate view of themselves. Participant 1 reflected, “I was covering up my true nature, playing a role that everyone thought was me.” In recovery, he began to see himself without the mask. Participant 5 added, “Letting go of the idea that I had to be the toughest guy in the room was part of learning to be okay with who I really am.” Self-acceptance was not described as a

singular event but as an iterative and ongoing process of reconciliation between past behaviors and present identity.

**Table 2**

*Theme One: Emotional Healing and Self-Acceptance*

Subtheme	Description	No. of Codes	Coded References
Denial, Shame & Rationalization	How participants explained, justified, or denied their drinking while battling guilt and shame.	17	“I did not think I was an alcoholic...totally self-centered”; “I thought it was just my culture.”
Emotional Struggles & Isolation	Feelings of anger, depression, loneliness, and despair linked to alcohol use.	44	“My days were consumed all the time”; “I was angry and depressed.”
Self-Perception & Acceptance	Narratives of shifting from self-hatred to acceptance, self-worth, and compassion.	65	“Getting to like myself”; “I now have a sense of who I am.”

*Theme Two: Identity Transformation*

The most prominent theme that emerged from the analysis was Identity Transformation, which reflected how alcohol use became tied inextricably to their sense of self and how recovery involved reconstructing identity in new ways. This theme was by far the largest category in the analysis, with 1952 coded references, underscoring its centrality in how men understood their long-term recovery. Across interviews, participants described alcohol as inseparable from where they were, shaping daily routines, social roles, masculinity, and self-image. Recovery was described not only as the cessation of drinking, but more importantly as the dismantling of a false identity and the emergence of a new, sober self. Five subthemes were identified.

**Sub-Theme: Alcohol as Companion/Escape.** Men frequently personified alcohol as a companion, describing it as a constant presence that provided comfort or escape. Participant 3 shared, “Alcohol was my best friend, always there, always available. When people weren’t safe, the bottle didn’t judge me.” Participants across the study made reference to the relationship that was formed with alcohol. One said, “I used it to escape reality. It numbed the noise in my head, the sadness that wouldn’t quit. It felt like relief until it didn’t (Participant 6). There was a sense of succumbing to some predetermined fate. Participant 8 stated, “When I was alone, the bottle kept me company. I knew it was killing me, but it was something I could count on.” For many, alcohol fills a relational or emotional void, offering temporary relief while deepening dependence. This personification helps to explain why letting go felt like grieving, a loss not only of a substance but a long-standing relationship/

**Sub-Theme: Early Use and Daily Routines.** Several participants traced the roots of this identity back to early drinking experiences, which quickly became normalized into everyday routines. Participant 4 recalled, “I started drinking when I was really young; it just became normal. Weekends at first, then weekdays, and by the time I noticed, it wasn’t a choice anymore, it was part of the day.” Early use blurred into habit, planning, time, and attention quietly reorganized around access and opportunity. Participant 7 shared, “Every day had alcohol in it. Morning, afternoon, night, either drinking or thinking about when I could. That felt like routine, not a problem. Similarly, Participant 1 explained, “It was automatic, like brushing my teeth. Get up, get through work, drink. Repeat. I didn’t question it because everyone around me did something similar.” Early use contributed to the sense that alcohol was a natural, almost inevitable part of their identity. These accounts show how early normalization and repetition hardened into identity-consistent routines, setting the stage for later fragmentation.

**Sub-Theme: Ego, Masculinity & Self-Image.** Alcohol use was closely tied to notions of masculinity and ego. Several participants explained that drinking was a way to prove strength, control, or toughness. As one man recalled, “As a man, I thought drinking proved something, that I was strong, independent. But underneath, I was terrified of being seen as weak” (Participant 2). Similarly, Participant 5 noted, “I thought that being a man meant that I could drink anyone under the table. Letting go of that was harder than putting down the bottle.” Another reflected, “Drinking and drugging was part of me, it made me feel like a man. Without it, I didn’t know who I was” (Participant 8). These accounts illustrate how alcohol reinforced a particular image of masculinity that eventually became unsustainable and progressively destroyed the little sense of self that they had.

**Sub-Theme: Fragmented of Lost Identity.** A recurring description was the loss of a coherent sense of self, with several participants portraying themselves as hollow or disconnected because of alcohol. Participant 7 shared, “I didn’t know who I was anymore. Alcohol had stripped away everything until I was just a hollow version of myself.” For others, recovery initially intensified the sense of loss before becoming a process of rediscovery. As Participant 8 put it, “Sobriety felt like losing myself at first, before I realized I was actually finding myself again.” These accounts illustrate the extent to which identity itself felt broken or erased by alcohol. There was an overwhelming loss of sense of self-identity across participants that permeated their narratives consistently throughout their addiction as well as in early recovery.

While the subtheme Fragmented or Lost Identity accounted for a disproportionately large number of codes (1952), this distribution accurately reflects the narratives provided by participants. Identity disruption was the dominant way men described their experiences of alcohol use and recovery, with repeated phrases such as “I didn’t know who I was anymore”

(Participant 3), or “alcohol was part of me” (Participant 2), occurring across interviews.

Although it would have been possible to subdivide this large category into smaller units, doing so would have risked diminishing the fidelity of participants’ voices. Ultimately, the imbalance does not represent a weakness in the analysis but a finding in itself; identity loss and reconstruction were the central transformational experiences described by participants in relation to long-term recovery.

**Sub-Theme: Mask & Double Life.** Participants frequently spoke about concealing the extent of their drinking by putting on a face for others. They described presenting themselves as successful, sociable, or “holding it together” while secretly consumed by alcohol. One participant explained, “I was covering up my true nature, playing a role that everyone thought was me, but it was just a mask I wore while I was drinking” (Participant 1). Another reflected, “I lived a double life. People saw me as the fun guy, the life of the party, but when I was alone, I was miserable and couldn’t stop drinking” (Participant 4). For these men, the mask not only hid their struggles but also reinforced the denial of the severity of their condition.

**Table 3**

*Theme Two: Identity Transformation*

Subtheme	Subtheme Description	No. of Codes	Coded References
Alcohol as Companion/Escape	Alcohol personified as a friend, comfort, or way to cope with pain.	8	“Wasn’t thinking about getting fucked up”; “There is something to this”
Early Use & Daily Routines	Early drinking experiences that normalized alcohol as part of daily living.	10	“Always in the back of my mind”; “Thinking about it all day long.”
Ego, Masculinity & Self-Image	Reflects how alcohol tied into male identity, toughness, and self-worth.	67	“It relates to my story of bottoming out”; “All my masculinity coming out in AA.”

Fragmented or Lost Identity	Expressions of being consumed, hollow, or not knowing who they were.	1952	“I didn’t know who I was anymore”; Alcohol was a part of me.”
Mask & Double Life	Hiding true self, living behind roles, or maintain a public/private split	74	“Taking that mask off”; “Covered up my true nature.”

### ***Theme Three: Recovery Practices and Strategies***

Recovery Practices and Strategies is a theme that captured the ways participants actively built and sustained sobriety through intentional and structured behaviors, fellowship, and service. While transformational experiences often provided the initial turning points, participants emphasized that long-term recovery was maintained through daily discipline, communal support, and accountability. These practices reflect both internal commitment and external engagement with recovery communities. Participants described these strategies not only as methods to avoid relapse, but also as essential pathways toward meaning, stability, and identity reconstruction.

**Sub-Theme: Daily Practices and Discipline.** Several men emphasized the importance of daily routines that anchored their sobriety and created structure in their lives. These practices included journaling, prayer, meditation, and exercise, activities that instill accountability to oneself and reinforced positive habits. For some, these daily disciplines represented the first time they had developed consistent self-care. One participant noted, “I started journaling every day, and it gave me structure I’d never had before” (Participant 2). Another shared, “Prayer and meditation became part of my mornings. It centered me and gave me focus” (Participant 6). A third described how exercise shaped his sobriety, “Working out gave me a new sense of discipline. It was a different kind of high, one that didn’t destroy me” (Participant 7). These daily

practices created stability and built self-confidence, reinforcing participants' ability to sustain recovery.

**Sub-Theme: Meetings and Fellowship.** The majority of participants described regular attendance at Alcoholics Anonymous (AA) and other fellowship meetings as essential to their recovery. Meetings provided structure, accountability, and a sense of belonging. Many expressed that while transformational shifts opened the door, ongoing fellowship kept them engaged in sobriety. One participant reflected, "Going to four or five meetings a week was my life" (Participant 1). Another described how spirituality and fellowship intertwined, saying, "Meetings and going to temple were everything to me, seven days a week" (Participant 9). Fellowship was also not just about showing up but being seen and known. As one man explained, "The fellowship kept me accountable; I wasn't alone anymore" (Participant 8). These shared spaces served to affirm sobriety as both a personal commitment and a collective/community endeavor.

**Sub-Theme: Service and Responsibility.** Taking on responsibilities in recovery rooms, such as leading meetings or mentoring others, was another strategy that participants highlighted. Service was often described as a turning point, helping men shift from self-focus to community contribution. There was buy-in for the belief that if one was spending time helping another person, be they in the program or not, that they were outside of themselves and learning to consider the needs of others over their own. One participant recalled, "I was asked to speak, and people said it was the best talk they'd heard; that felt really good" (Participant 9). Another explained the grounding effect of responsibility, "Becoming secretary of a meeting kept me responsible. People were counting on me" (Participant 4). For others, helping newcomers was transformative: "Service work helped me stay sober, giving back was key" (Participant 4). These

forms of service gave participants purpose and reinforced their identity as men in recovery, not just me avoiding alcohol.

**Table 4**

*Theme Three: Recovery Practices and Strategies*

Subtheme	Subtheme Description	No. of Codes	Coded References
Daily Practices & Discipline	Routines such as journaling, exercise, meditation, prayer, or other practices of structure	5	“I journal every morning”; “Prayer is part of my daily routine.”
Meetings & Fellowship	Attending AA, groups and structured gatherings as anchors of sobriety	57	“Going to 4 to 5 meetings a week”; “Meetings became my life.”
Service & Responsibility	Helping other, taking commitments, and leadership role in recovery spaces.	56	“I was asked to speak”; “I became secretary of the meeting.”

*Theme Four: Relationship Repair and Social Support*

Another prominent theme in participants’ narratives was the process of repairing broken relationships and establishing supportive social connections in recovery. Men reflected on the harm their drinking cause within families, the strain and loss of friendships, and the absence of genuine community prior to sobriety. Equally significant, participants described how recovery created opportunities to rebuild trust, deepen bonds, and foster accountability through sponsors, mentors, and new friendships. Relationship repair and the formation of supportive networks were framed not only as outcomes of sobriety but also as active strategies that sustained recovery.

**Sub-Theme: Family Rupture and Repair.** Many men spoke candidly about the pain their addiction caused to spouses, children, and other extended family. Alcohol-related behaviors led to broken trust, marital strain, and/or divorce, and overall family instability. In recovery,

participants described gradual but meaningful repair of these ruptures. Participant 5 reflected, “My drinking nearly cost me my family. Sobriety gave me the chance to earn their trust back.” Another shared, “I had to start showing up consistently, not just saying I would change” (Participant 2). Others emphasized that repair was not immediate but required ongoing demonstration of accountability: “It wasn’t words that fixed things, it was years of sober actions” (Participant 7). These reflections highlight the centrality of family healing and connection in recovery, where transformation extended beyond the individual to their closest relationships.

**Sub-Theme: Friendships and Community Bonds.** Alongside family repair, participants emphasized the role of friendships and peer-communities in recovery. For many, drinking had previously defined social connections, leaving them isolated when they entered sobriety. Building sober friendships provided both companionship and accountability. One participant described the shift saying, “I’ve made a lot of friends in recovery, and it’s different because they know the real me” (Participant 1). Another noted, “The guys at the meeting became my circle, they were there when I needed someone to call” (Participant 3). Fellowship in recovery was not just supportive but also identity-affirming, Participant 8 reported, “It was the first time I felt I belonged without drinking.” Through these accounts, friendships and community bonds emerge as crucial sources of stability and encouragement in long-term recovery.

**Sub-Theme: Mentorship and Guidance.** Mentorship through sponsors or trusted recovery role models was repeatedly identified as an important element of sustained sobriety. Participants described mentors as sources of accountability, wisdom, and encouragement who guided them through the challenges of recovery. One man explained, “My sponsor didn’t let me cut corners. He held me accountable when I wanted to quit” (Participant 4). Another reflected on long-term mentorship, “One sponsor guided me for five years; he showed me what recovery

looked like” (Participant 6). Others emphasized the inspiration of guidance, “Having someone ahead of me in recovery gave me hope that I could get there too” (Participant 9). Mentorship, therefore, served to anchor recovery as both relational and transformative, demonstrating how guidance from others enables men to build resilience and envision a sober future.

**Table 5**

*Theme Four: Relationship Repair and Social Support*

Subtheme	Subtheme Description	No. of Codes	Coded References
Family Rupture & Repair	Impact of alcohol on spouses, children, and extended family, and the process of mending these times.	51	“My drinking nearly cost me my family”; “Repairing my marriage took time.”
Friendships & Community Bonds	Role of peers, AA groups, and friendships in recovery	24	“I made a lot of friends in recovery”; “The guys at the meeting kept me accountable.”
Mentorship & Guidance	Sponsors, role models, and others providing accountability and direction	48	“One sponsor guided me for five years”; “Mentorship changed my path.”

*Theme Five: Spiritual and Existential Insights*

Participants frequently described their recovery in terms of spiritual growth and existential transformation. While spirituality took diverse forms, religious faith, connection to a higher power, or a broader sense of meaning, men consistently emphasized that recovery required more than abstinence. It involved a shift in worldview and, for many, moments of awakening that they regarded as transformative. These insights provided a framework for interpreting their experiences, served to ground their sobriety, and helped them integrate recovery into a larger sense of life purpose.

**Sub-Theme: Shift in Worldview.** Several men spoke about how sobriety reshaped their understanding of life, values, and self. This shift was not always religious but often existential in nature, reflecting new perspectives on meaning, purpose, and priorities. Sobriety created space for reflection and for questioning long-held beliefs about who they were and what mattered most. One participant explained, “Sobriety changed how I saw the world. Everything looked different when I wasn’t drunk” (Participant 3). Another reflected, “I started to see my place in the world differently, like I was part of something bigger” (Participant 7). A third participant remarked, “I used to see everything as hopeless, like nothing mattered. In recovery, I realized I could make choices that actually meant something” (Participant 4). These worldview shifts framed recovery not only as abstinence but as an expanded way of making sense of life.

**Sub-Theme: Spiritual Awakenings and Breakthroughs.** Others described more dramatic moments of awakening that they identified as spiritual turning points. These were often sudden, powerful, and deeply personal experiences that reframed their recovery. For some, they were tied to religious practices; for others, they were existential light bulb moments not tied to any specific faith tradition. One participant recalled, “I had a spiritual awakening during a church service in Amsterdam, it was like the veil lifted” (Participant 2). Another shared, “There was a moment when I realized God was real for me, and it changed everything” (Participant 5). A third participant explained, “It wasn’t religious, it was a light bulb that went off inside me. I knew I couldn’t live the same way again” (Participant 9). These breakthroughs were interpreted as pivotal moments of clarity that anchored long-term sobriety.

## Table 6

### *Theme Five: Spiritual and Existential Insights*

Subthemes	Subtheme Descriptions	No. of Codes	Coded References
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Shift in Worldview	Descriptions of how sobriety reshaped how participants understood themselves and the world	44	“My whole outlook on life changed”; “I saw the world differently.”
Spiritual Awakening & Breakthroughs	Sudden insights or profound turning points described as transformative	34	“I had a spiritual awakening”; “The veil was lifted.”

### ***Theme Six: Sustained Growth and Life Integration***

A final theme emphasized how men integrated sobriety into stable, long-term lifestyles marked by growth and accomplishment. Participants reflected not only on maintaining abstinence but also on reconstructing their lives with new purpose, stability, and achievements. For many, sustained growth and life integration demonstrated that recovery was not just about leaving alcohol behind but about becoming someone new.

**Sub-Theme: Integration into Daily Life.** Participants described how sobriety eventually became a natural part of daily living rather than a fragile state to be constantly guarded. Sobriety became normalized as part of identity, routines, and values. Many men described this transition as a relief, moving from constant vigilance in early recovery to a state of confidence and stability. Participant 6 noted, “Sobriety became part of who I am; it’s not something I fight every day anymore.” Another explained, “it’s just part of daily life now. I don’t think about drinking the way I used to” (Participant 1). Yet another emphasized the sense of stability this integration created: “I stopped living in fear of relapse. Sobriety wasn’t fragile anymore; it became who I am (Participant 8). This integration reflects the long-term embedding of recovery into lived experience.

**Sub-Theme: Personal Growth and Identity Reconstruction.** Recovery also involved a process of personal development and identity rebuilding. Men spoke about becoming different people through discipline, honesty, and self-reflection. These accounts highlight that sobriety was not only about subtracting alcohol but about adding new character, integrity, and self-worth. As one participant put it, “I became a different person in recovery, honest, disciplined, someone I could respect” (participant 4). Another reflected, “Recovery rebuilt my identity. I wasn’t the broken man I used to be” (Participant 7). A third participant emphasized the depth of change: “I had to strip away the lies and find out who I really was. Recovery gave me the chance to rebuild from the ground up” (Participant 9). Together, these narratives demonstrate how recovery fosters identity reconstruction as a core dimension of transformation.

**Sub-Theme: Work and Accomplishments.** Lastly, participants pointed to achievements in work, education, and creative pursuits as evidence of sustained recovery. These accomplishments symbolized not only stability but also new opportunities. For many, vocational or educational success represented tangible proof of recovery’s impact and a reorientation of life toward growth rather than one toward destruction. One participant noted, “I went back to school and finished my degree” (Participant 4). Another said, “My career took off once I was sober; I could finally show up” (Participant 5). A third emphasized the symbolic weight of achievement: “I never thought I’d hold a steady job, let alone be respected for it. Recovery made that possible (Participant 3). These successes underscored how long-term recovery extended beyond sobriety into meaningful, productive living.

## Table 7

### *Theme Six: Sustained Growth and Life Integration*

Subtheme	Subtheme Description	No. of Codes	Coded References
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Integration into Daily Life	How sobriety was maintained over time and integrated into a stable, meaningful lifestyle.	76	“Sobriety became a part of my daily living”; “It’s just who I am.”
Personal Growth & Identity Reconstruction	Becoming a different person through discipline, honesty, and recovery principles	6	“I became a different person”; “Recovery rebuilt my identity.”
Work & Accomplishments	Achievements in career, education, or creative pursuits after sobriety	64	“I went back to school”; I advanced in my career.”

### **Evaluation of the Findings**

Analysis of the study findings provided insights into the research question: How do men with alcohol use disorder and comorbid depressive disorder describe their transformational experiences in relation to long-term recovery? The data demonstrated that participants consistently described transformation as occurring across multiple dimensions of identity, relationships, emotional healing, spirituality, and daily practices. After analysis of the data, this writer confirmed and expanded upon the six literature concepts outlined in Chapters 1 and 2: comorbidity of alcohol use disorder and depressive disorder, identity in addiction and recovery, long-term recovery, men’s recovery experiences, spirituality and meaning making, and transformational learning and recovery. Participants’ detailed narratives reinforced the idea that recovery is not merely abstinence but a holistic process of reconstructing selfhood and integrating new life perspectives, echoing prior research that frames recovery as both complex and developmental (Kim et al., 2021). This section evaluates each literature theme and situates the study’s findings within those previous findings.

#### ***Part 1: Evaluation of Findings in Relation to the Literature Themes***

The study outcomes reflected a direct connection to the themes detailed in Chapter 2 of the literature review, in particular, the direct connection of the importance of identity reconstruction across all the themes and the fundamental role it has in long-term recovery. For the first theme, Alcohol Use Disorder (AUD) and Depressive Disorder, previous studies emphasized that AUD and depressive disorder frequently co-occur and reinforce one another (Kelly et al., 2012; Killian et al., 2021; Sullivan et al., 2005; Wang et al., 2020). Individuals often report drinking to manage symptoms of depression, yet alcohol use intensifies mood disturbance, which produces a cycle that worsens both conditions. Findings from this study strongly coincide with these patterns. Within the theme of Emotional Healing and Self-Acceptance, participants described drinking to cope with despair while recognizing that alcohol simultaneously deepened their depression. As one participant explained, “Before I had gotten sober, that was definitely an excuse to go deep in the bottle” (Participant 9). Another reflected on the cycle of denial and guilt: “What it makes me feel is that I put myself and my family through so much, and I actually thought I was justified” (Participant 2).

The findings also extended the literature by showing that men in this study did not experience “sobriety work” and “depression work” as separate processes but as one integrated recovery. Emotional healing and identity repair were described as linchpins in addressing both disorders simultaneously. For example, one participant shared, “I knew it wasn’t healthy and, um, and I felt bad about it. I just didn’t see a way out until I started to face it” (Participant 5, This suggests that recovery from comorbidity required more than symptom management; it necessitated a process of self-acceptance and identity transformation that disrupted the reinforcing cycle between alcohol use and depression.

The next theme from Chapter 2 was Long-Term Recovery, which was viewed as a long-horizon process that integrates identity reconstruction, social structure, peer accountability, and the accrual of recovery capital (Jordan & Walker, 2023; Kelly et al., 2009; Pagano et al., 2004; SAMHSA, 2022). The findings corroborated this view in Theme Six: Sustained Growth and Life Integration, men described sobriety as embedded in who they are rather than as a fragile state: “Sobriety became part of who I am, it’s not something I fight every day anymore (Participant 6, 33 years sober). The findings emphasized the stabilizing role of routines and service described in Theme Three: Recovery Practices and Strategies (e.g., journaling, prayer, meetings, taking commitments) and the centrality of Theme Four: Relationships Repair and Social Support in rebuilding trust and accountability (Gutierrez et al., 2020; Parker et al., 2021; Wagner & Baldwin, 2020). Taken together, the findings lend lived-experience support to the literature’s claim that long-term recovery depends on layered personal, social, and community resources; what the field describes as recovery capital, accumulated through structure, purpose, and repaired bonds over years (Jordan, 2020; Kelly et al., 2009; SAMHSA, 2022). As Participant 5 noted, “My drinking nearly cost me my family. It took years, not weeks, before they believed me again.”

The next theme from Chapter 2, Recovery for Men, synthesized scholarship on gendered recovery, noting how masculine norms (toughness, self-reliance, emotional restraint) can both normalize heavy drinking and impede help-seeking and vulnerability (Baldwin, 2020; Best et al., 2018; McAllister et al., 2019; Seidler et al., 2022; Wagner & Baldwin, 2020). The findings closely mirrored these dynamics. In Theme Two: Identity Transformation, men described alcohol as fused with ego and masculine self-image, “I thought being able to drink more than anyone else proved I was tough. My ego thrived on it” (Participant 5). At the same time, the data

showed that long-term recovery requires renegotiating masculinity, moving toward honesty, interdependence, and a focus on service. Theme Four: Relationship Repair and Social Support captured how mentorship, accountability, and community bonds helped men replace isolation and pride with connection and responsibility (Kelly et al., 2023; Gutierrez & Goshorn, 2020; Holzhauser et al., 2020). These findings reinforced and deepened the existing literature by demonstrating that identity plays a role in men's recovery, not merely intrapsychic, but also gendered, shifting from a performance-based toughness toward humility and relational openness that sustains sobriety (Best et al., 2018; Kimmel, 2022; Seidler et al., 2022).

Finally, in Chapter 2, the findings identified transformational learning emanating from the theme Transformational Experiences (TEs) as a core recovery mechanism, drawing on adult learning and recovery scholarship to describe disorienting dilemmas, perspective shifts, and identity reconstruction (Illeris, 2013; Jordan & Bedi, 2022; Jordan & Walker, 2023; Taylor, 2012). The findings strongly affirmed this perspective in Theme Two: Identity Transformation. Participant 3 recounted, "I didn't know who I was anymore. Drinking had stripped everything away. My role as a father, a husband, even my own sense of worth." Participants also described catalytic moments, particularly spiritual or existential insights captured in Theme Five: Spiritual and Existential Insights: "I had a spiritual awakening during a church service in Amsterdam, it was like a veil lifted" (Participant 2). Consistent with the literature, transformation happened in multiple ways, sometimes sudden, often gradual, through reflective practice, service, and revised meaning-making supported by community (Jordan, 2020; Jordan & Walker, 2023; Tylor, 2012; White, 2004). In this sample, identity reconstruction was the overarching narrative linking emotional healing, relational repair, and long-term stability. In the absence of identity

reconstruction, each of the participants was clear that nothing changed until they changed how they saw themselves and the world around them.

### ***Part 2: Evaluation of Findings in Relation to the Theoretical Framework***

The theoretical framework guiding this study was Addiction Recovery as Transformative Learning (ARTL), developed by Jordan (2020), and expanded in subsequent scholarship (Jordan & Bedi, 2022; Jordan & Walker, 2023). ARTL adapts Mezirow's (1991) Transformative Learning Theory (TLT) to the context of addiction, emphasizing how recovery is not solely behavioral but a process of identity transformation, critical reflection, and holistic growth. The framework asserts that recovery unfolds through iterative stages of meaning-making, often catalyzed by disorienting dilemmas and reinforced through social support, service, and spiritual or existential insight (Taylor, 2012). In Chapter 2, ARTL was described as resting on five key tenets, each of which was strongly supported by this study's findings.

*Tenet 1: Recovery Requires Transformation in Worldview and Self-Identity.* The first tenet of ARTL shows that recovery involves not just abstinence or surface-level behavioral adjustments but a fundamental transformation in worldview and self-identity (Jordan, 2020; Jordan & Walker, 2023; Mezirow, 1991). Previous research indicated that addictive disorders often consume or fragment personal identity, leaving individuals defined primarily through the lens of substance use. Jordan (2020) suggested that long-term recovery depends on reconstructing a coherent and resilient identity that integrates sobriety into daily life and broader meaning systems. This move from an addiction-centered identity to a renewed, authentic self has been described as the core of transformative learning in addiction recovery (Jordan & Bedi, 2022; Taylor, 2012).

The findings of this study strongly validated this tenet. In Theme Two: Identity Transformation, participants consistently described alcohol as entangled with their sense of self, shaping masculinity, routines, and even companionship. Subthemes such as “Fragmented or Lost Identity” (with nearly 2,000 coded references) illustrated the extent of this identity collapse. Participant 3 shared, “I didn’t know who I was anymore. Drinking had stripped everything away; my role as a father, a husband, even my own sense of worth.” In recovery, however, men described a process of rebuilding the self around values of honesty, service, and authenticity. Participant 7 explained, “I wasn’t the broken man I used to be.” These narratives exemplify ARTLS’s claim that recovery is inseparable from significant identity reconstruction.

*Tenet 2: Critical Reflection on Past Experiences.* The second tenet emphasized the necessity of critical reflection to break from entrenched beliefs and behaviors (Mezirow, 1991; Jordan, 2020; Taylor, 2012). The literature suggested that individuals with AUD must re-examine and reinterpret past experiences, challenging denial and rationalizations that supported addictive behavior. Through reflection, new perspectives emerge that disrupt old narratives and enable change. Jordan and Walker (2023) emphasized that this reflection is both cognitive and emotional, requiring individuals to face shame and discontent while reinterpreting their life stories in recovery.

This tenet was linked to Theme One: Emotional Healing and Self-Acceptance, where participants described confronting their rationalizations and denial. Participant 9 explained, “I had to strip away the lies and find out who I really was.” Men acknowledged how they had minimized consequences or justified behaviors, only to find that these defenses inhibited growth. Recovery was experienced as a reflective process that forced them to revisit painful experiences, recognize patterns, and reinterpret their meaning. For many, this reflection was ongoing and

iterative, consistent with ARTL's assertions that transformation emerges not from a single insight but through repeated acts of reflection and reframing over time (Jordan & Bedi, 2022).

*Tenet 3: Shifting from Addiction-Centered Identity to Resilience and Agency.* The third tenet suggests that long-term recovery depends on shifting perspective from an addiction-centered identity to one grounded in resilience, agency and personal empowerment (Jordan, 2020; Jordan & Walker, 2023). Previous research demonstrated that addictive identities are deficit-based, defined by compulsion and dependence, while recovery identities are strength-based, oriented toward growth, resilience, and purposeful living. This tenet builds on transformative learning theory's emphasis on reintegration of a new perspective into daily life, positioning recovery not as abstinence alone but as an empowered reorientation of self (Mezirow, 1991; Taylor, 2012).

The findings demonstrated this shift in an overwhelming manner. In Theme Six: Sustained Growth and Life Integration, participants spoke of recovery as part of their core identity. Participant 6 explained, "Sobriety became part of who I am; it's not something I fight every day anymore." Subthemes such as "Work and Accomplishments" further demonstrated how resilience and agency emerged through career achievements, education, and creative pursuits. In Theme Six: Recovery Practices and Strategies, daily disciplines like journaling, meditation, or service were described as not just coping mechanisms but affirmations of agency. These accounts confirm ARTL's assertion that recovery requires a complete reorientation of identity toward resilience and self-directed growth.

*Tenet 4: Role of Support Groups, Mentorship, and Community.* The fourth tenet of ARTL emphasizes that support groups, mentorship, and community engagement are central contexts for transformative learning in recovery (Jordan, 2020; Jordan & Bedi, 2022; Jordan & Walker,

2023). The literature reviewed in Chapter 2 highlighted how collective processes such as sponsorship, peer accountability, and service to others foster relational learning and reinforce new recovery identities. Drawing on Mezirow (1991), ARTL positions these communities as spaces of relational discourse where new perspectives are tested, affirmed, and integrated.

Findings under Theme Three: Recovery Practices and Strategies and Theme Four: Relationship Repair and Social Support strongly confirmed this tenet. Participants consistently identified fellowship and mentorship as anchors of recovery. Participant 4 shared, “Becoming secretary of a meeting kept me responsible. People were counting on me, and that kept me sober.” Similarly, Participant 6 described being asked to share his story and finding validation in community response: “It was frightening, but they said it was the best talk they ever heard.” These examples illustrate how service, mentorship, and peer accountability not only sustained recovery but also became central vehicles for identity transformation, just as ARTL describes it.

*Tenet 5: Recovery as a Holistic and Iterative Process.* The fifth tenet of ARTL describes recovery as holistic, ongoing, and iterative; a lifelong process of growth rather than a one-time event (Jordan, 2020; Jordan & Walker, 2023). The literature emphasized that recovery extends into every domain of life, emotional, relational, spiritual and vocational; and requires continual self-reflection and integration (Taylor, 2012; White, 2004). Transformation is not linear but cyclical, with individuals revisiting challenges and incorporating new insights across the lifespan.

The findings aligned closely with this tenet. In Theme Five: Spiritual and Existential Insights, participants described meaningful spiritual awakenings or worldview shifts that gave meaning to recovery. Participant 2 recalled, “I had a spiritual awakening during a church service in Amsterdam; it was like the veil lifted.” At the same time, long-term growth was evident in

participants' vocational achievements, relational repair, and sustained practices over decades, as seen in Theme Six: Sustained Growth and Life Integration. These accounts confirm ARTL's claim that recovery is a dynamic, whole-life transformation. The men in this study demonstrated that sobriety was not an endpoint but an ongoing process of self-improvement, service, and meaning-making that continued to evolve over the course of their lives.

### **Summary**

The purpose of this study as discussed in this chapter, was to explore how men with alcohol use disorder and comorbid depressive disorder describe their transformational experiences in relation to long-term recovery. Guided by the research question: How do men with alcohol use disorder and comorbid depressive disorder describe their transformational experiences in relation to long-term recovery? The findings revealed six major themes that captured both the challenges of addiction and the process that supported enduring sobriety. These themes were: (1) Emotional Healing and Self-Acceptance, (2) Identity Transformation, (3) Recovery Practices and Strategies, (4) Relationship Repair and Social Support, (5) Spiritual and Existential Insights, and (6) Sustained Growth and Life Integration.

Each theme was further supported by subthemes and illustrated through participants' narratives, providing a comprehensive account of recovery as a deeply personal, relational, and transformative process. The men described addiction as inseparable from identity, marked by shame, isolation, and loss of self, while recovery was experienced as an iterative reconstruction of identity-supported by reflection, accountability, community, spirituality, and long-term growth. Participant voices emphasized that recovery extended beyond abstinence, requiring not only the cessation of drinking but also the development of new perspectives, practices and commitments.

When evaluated against the existing literature, the findings confirmed prior research on the comorbidity of AUD and depressive disorder, the complexity of long-term recovery, and the unique challenges faced by men in negotiating masculinity and help-seeking. The results also affirmed the centrality of transformational experiences, as described in Transformative Learning Theory (Mezirow, 1991) and Addiction Recovery as Transformative Learning (Jordan, 2020; Jordan and Bedi, 2022; Jordan & Walker, 2023). Identity reconstruction, self-reflection, community engagement, and holistic growth, all core tenets of ARTL, were strongly evident in participants' accounts.

Together, these findings describe long-term recovery as a process of transformation rather than simply abstinence. They highlight the way in which men with AUD and comorbid depression experienced disorienting dilemmas, reframed their life narratives, embraced vulnerability, and cultivated new identities rooted in resilience and service. This chapter provides a detailed analysis of these processes, supported by rich descriptions and participant voices. Chapter 5 will build on these insights by discussing their implications for practice, making recommendations for future research, and offering conclusions about the significance of transformational experiences in recovery.

## Chapter 5: Implications, Recommendations, and Conclusions

The problem addressed in this study was the lack of understanding of transformational experiences (TEs) in the long-term recovery of men with alcohol use disorder (AUD) and comorbid depressive disorder. These experiences, though associated with significant personal change, have been underexplored in the literature, which limits their application in clinical recovery frameworks (Andersen et al., 2021; Carel & Kidd, 2020; Jordan, 2020). Without a better understanding of how TEs function, relapse rates may remain high and recovery pathways less effective, particularly for men facing psychological comorbidities (Fortino et al., 2022; Pugh et al., 2023).

The purpose of this qualitative narrative inquiry, guided by the addiction recovery as transformative learning (ARTL) framework, was to explore how transformational experiences contribute to long-term recovery from AUD and comorbid depressive disorder. Narrative inquiry was chosen for its ability to capture the nuanced, context-dependent nature of TEs, allowing participants to reflect on identity reconstruction, personal growth, and self-awareness (Clandinin & Connelly, 2000; Creswell & Poth, 2018). Nine adult men who self-identified as being in long-term recovery (five years or more) from AUD and comorbid depressive disorder were interviewed. Using semi-structured interviews, participants shared detailed narratives describing the disorienting dilemmas, emotional challenges, and perspective shifts that shaped their recovery. Data were analyzed inductively (*in vivo*) and deductively following ARTL's five tenets to identify recurring patterns of transformation.

The analysis discovered six major themes: (1) Emotional Healing and Self-Acceptance, (2) Identity Transformation, (3) Recovery Practices and Strategies, (4) Relationship Repair and Social Support, (5) Spiritual and Existential Insights, and (6) Sustained Growth and Life

Integration. Together, these themes highlighted recovery as a process of reconstructing meaning, identity, and belonging. The results revealed that transformational experiences were central to long-term recovery and were characterized by disorienting dilemmas, self-reflection, redefined identity, and re-engagement with community and purpose. The findings supported ARTL's assertion that recovery is not merely behavioral change but a process of psychological and existential transformation.

The limitations of this study included the interpretive nature of narrative inquiry itself, recall bias due to retrospective self-reporting, self-selection bias among participants willing to share vulnerable stories, and the non-generalizable scope of qualitative findings. Researcher bias was also considered, given this investigator's professional and first-hand experience in addiction recovery. There is also the consideration that all the participants were from a 12-Step recovery framework, which may have influenced their shared experience. The delimitations, established to maintain clarity and depth, included restricting the sample to English-speaking adult men in long-term recovery with comorbid depression, employing the ARTL framework exclusively, and collecting data solely through in-depth, semi-structured interviews. Chapter 5 will interpret the findings in the context of existing literature and the ARTL framework, discuss the implications for clinical and educational practice, outline recommendations for future research, and conclude with reflections on the overall significance of the study. This chapter is organized around the six major findings identified in Chapter 4, with each theme interpreted in relation to the research question, the ARTL framework, and implications for practice and future research.

### **Implications**

The interpretation of the findings is organized into the six major themes identified in Chapter 4: Emotional Healing and Self-Acceptance, Identity Transformation, Recovery Practices

and Strategies, Relationship Repair and Social Support, Spiritual and Existential Insights, and Sustained Growth and Life Integration. Each theme is examined in turn to illustrate how participants described their transformational experiences in relation to long-term recovery and how these findings align with the ARTL framework and existing literature.

The central research question guiding this study was: How do men with alcohol use disorder and comorbid depressive disorder describe their transformational experiences in relation to long-term recovery? Analysis of the data found that men's recovery narratives were anchored in transformational experiences (TEs) that involved disorienting dilemmas, self-reflection, identity reconstruction, and the integration of new meaning perspectives. These findings are consistent with the addiction recovery as transformative learning (ARTL) framework, which conceptualizes recovery as a dynamic process of meaning-making and psychological transformation rather than solely behavioral change (Jordan, 2020; Jordan & Bedi, 2022; Mezirow, 1991; 2000).

Each of the participants' stories revealed a movement from crisis to reconstruction, a process that reflected Mezirow's (1991) transformative learning phases of disorientation, critical reflection, and reintegration. The men's descriptions of early despair and moral injury mirrored the "disorienting dilemma" central to ARTL and transformative learning theory (TLT). For example, participants described hitting an emotional or spiritual bottom that forced confrontation with deeply held beliefs about self-worth and masculinity, leading to new insight and willingness to change. These experiences aligned with previous findings that personal crisis often catalyzes transformation in recovery (Jordan, 2020; Jordan & Bedi, 2022; Mezirow, 1991, 2000).

Certain contextual factors may have influenced the interpretation of these results. The participants' willingness to articulate emotional vulnerability may reflect a subgroup of men who

have already developed advanced introspective capacity, perhaps shaped by extended engagement with recovery communities such as Alcoholics Anonymous (AA). Cultural norms surrounding masculinity could have influenced both how participants narrated their transformation and how they understood vulnerability, consistent with research showing that men in recovery often reframe traditional masculine ideals toward emotional openness and relational connection (Addis & Mahalik, 2003; Pugh et al., 2023).

The results directly addressed the study's problem and purpose by clarifying how TEs function as mechanisms for sustaining long-term recovery in men with co-occurring AUD and depression. Participants' narratives revealed that sustained change occurred when they redefined their identities beyond pathology and embraced recovery as an ongoing meaning-making process. This discovery contributes to the existing literature by deepening the understanding of recovery as a psychological and existential transformation rather than merely symptom reduction (Carel & Kidd, 2020; Taylor, 2007). Within the ARTL framework, recovery was described as a reconstructive process that reconnected participants to community, spirituality, and self-authorship, validating Jordan's (2020) assertion that identity realignment is foundational to lasting sobriety.

The findings were largely consistent with existing theory and research, though some nuances extended prior understanding. For example, while Mezirow (2000) emphasized rational reflection as central to transformation, participants frequently described spiritual awakening or existential insight as equally vital. This divergence suggests that recovery transformation may rely more on affective and spiritual integration than on purely cognitive processes, supporting Jordan and Walker's (2023) adaptation of ARTL to emphasize holistic and embodied transformation. Unexpectedly, some participants described multiple smaller "micro-

transformation” rather than a single dramatic turning point, which reflected the iterative nature of change noted by Taylor (2008).

The most significant implications of these findings related to how recovery is conceptualized and supported in both clinical and community contexts. Recognizing recovery as an ongoing process of transformation learning reframes therapeutic goals toward fostering meaning-making, critical reflection, and identity reconstruction rather than focusing solely on abstinence or symptom management. This perspective supports a societal shift from deficit-based models or addiction to growth-oriented frameworks that emphasize human potential and relational repair (Anderson et al., 2021). The broader implication is that long-term recovery programs can integrate educational and reflective practices, such as narrative exploration, peer dialogue, and spiritual development, to facilitate transformative outcomes related specifically to identity.

Overall, these findings contribute to the growing body of literature affirming that addiction recovery is an educational and spiritual transformation of self. By documenting how men with AUD and comorbid depressive disorder describe their TEs, this study extends the ARTL framework and underscores the essential role of identity reconstruction and existential meaning in achieving sustainable recovery.

### ***Research Question***

How do men with alcohol use disorder and comorbid depressive disorder describe their transformational experiences in relation to long-term recovery?

## **Recommendations for Practice**

### ***Recommendation One: Integrate Transformational Learning Principles into Recovery***

#### ***Programs***

The recommendations for practice are derived directly from four of the six major findings of this study, with each recommendation corresponding to one or more of the themes identified in Chapter 4. The findings from this study revealed that transformational learning is central to sustained recovery among men with alcohol use disorder (AUD) and comorbid depressive disorder. Participants described recovery not as a single turning point but as a series of meaning-making experiences characterized by emotional insight, reflection, and identity reconstruction. This pattern reflects the tenets of the addiction recovery as transformative learning (ARTL) framework, which conceptualizes recovery as a psychological and existential transformation rather than simply behavioral modification (Jordan, 2020; Jordan & Bedi, 2022). Based on these findings, recovery programs could intentionally integrate transformational learning principles into clinical and educational practices to facilitate sustained psychological change.

The narratives revealed that participants' most enduring transformations began with a disorienting dilemma, a moment of crisis, moral injury, or existential despair, that prompted self-examination. Mezirow's (1991, 2000) transformative learning theory and Jordan's (2020) ARTL model both identify these disruptions as catalysts for deep reflection and perspective transformation. Consistent with this framework, participants in the present study described developing new meaning structures through processes of self-reflection, dialogue, and emotional processing. Several participants recounted that writing, speaking in recovery meetings, or sharing personal narratives allowed them to externalize shame and reframe their understanding of self

and purpose. This suggests that treatment environments designed to include structured reflection, journaling, and guided dialogue may promote similar cognitive and emotional reorganization.

The literature reviewed in Chapter 2 supports this approach. Bray (2018) and Stuckey et al. (2022) demonstrated that narrative and expressive modalities enhance recovery outcomes by enabling individuals to reinterpret their addiction stories as trajectories of growth rather than failure. Within this study, the theme of Identity Transformation exemplified how participants used reflection to detach from stigmatized “addict” identities and construct new self-concepts rooted in self-acceptance and spiritual connection. Such transformation aligns with Taylor’s (2007) argument that adult learning becomes transformative when it involves reconstructing one’s worldview and sense of self in relation to others. By integrating these learning principles, treatment professionals can help clients transition from compliance-based recovery to meaning-centered healing.

In practical terms, recovery programs can operationalize transformational learning through structured narrative activities, reflective journaling, and peer-based storytelling workshops. Group facilitators can use reflective questioning to challenge automatic beliefs about masculinity, control, and emotional expression, core barriers identified in this study’s male participants. Clinicians may also introduce learning portfolios or growth journals to track insights, patterns, and reframed beliefs over time. Such interventions echo ARTL’s emphasis on the developmental nature of recovery, wherein new ways of knowing are gradually integrated through reflection, dialogue, and practice (Jordan & Walker, 2023).

Implementing transformative learning strategies requires practitioners to shift from an instructive to a facilitative stance, one that values the client’s lived experience as the curriculum. This aligns with the educational perspective proposed by Mezirow (2000), in which the

facilitator's role is to create a safe environment for exploration, challenge assumptions, and foster awareness. For men with AUD and comorbid depressive symptoms, this facilitative approach may counteract resistance, enhance self-efficacy, and encourage ownership of the recovery process.

Finally, this recommendation should be applied cautiously. The findings emerged from the lived experiences of nine men and may not generalize to all recovery populations. Nevertheless, incorporating transformational learning principles into treatment settings offers a promising pathway for bridging the gap between clinical intervention and long-term, identity-based recovery. Participants in this study described reflective and narrative practices as meaningful elements of their recovery experiences. By embedding reflection, dialogue, and meaning-making practices into treatment, recovery professionals could more effectively support psychological reconstruction that sustains recovery over time.

***Recommendation Two: Emphasize Emotional Processing and Self-Acceptance in Treatment***

The first major theme of this study, Emotional Healing and Self-Acceptance, revealed that long-term recovery among men with alcohol use disorder (AUD) and comorbid depressive disorder depended on participants' ability to recognize, process, and integrate painful emotions rather than suppress them. Participants described a transformation beginning when they faced feelings of shame, grief, and fear; emotions that had previously driven their substance use and isolation. These findings align with the addiction recovery as transformative learning (ARTL) framework, which emphasizes that emotional honesty and reflective self-acceptance are precursors to cognitive and existential change (Jordan, 2020; Jordan & Bedi, 2022). Based on these results, recovery interventions could prioritize structured opportunities for emotional processing and self-acceptance as central mechanisms for transformational healing.

Participants in this study consistently reported that emotional avoidance reinforced their addictive behaviors and depressive symptoms. The recovery process required learning to sit with discomfort, cultivating vulnerability, and developing compassion toward oneself. Several participants recalled that their initial engagement in therapy or 12-step recovery was characterized by resistance to emotional exposure, often rooted in masculine conditioning that equated vulnerability with weakness. This resistance gradually softened as they experienced acceptance in peer and therapeutic contexts, allowing for a deep emotional release and a redefined sense of self-worth. These descriptions reflect Mezirow's (1991) concept of disorienting dilemmas: emotional ruptures that trigger self-examination and revision of previously held assumptions, and support Carel and Kidd's (2020) argument that suffering can be a site of transformation when it invites new meaning and self-understanding.

The importance of emotional integration in recovery is well-documented in the literature reviewed in Chapter 2. Pugh et al. (2023) and Anderson et al. (2021) demonstrated that emotional regulation and relational connection are predictors of sustained recovery and improved mental health outcomes. Within this study, participants' narratives illustrated that emotional self-acceptance was both a process and an outcome of transformation. As participants reinterpreted their emotional experiences through dialogue, reflection, and spiritual exploration, they reported reductions in depressive symptoms and enhanced capacity for empathy toward themselves and others. This finding extends ARTL by underscoring that emotional learning is not secondary to cognitive insight; it is integral to the reconstruction of meaning and identity (Jordan & Walker, 2023).

In clinical practice, integrating emotional processing can take several forms. Trauma-informed care models, mindfulness-based relapse prevention, and experiential therapies such as

Gestalt or emotion-focused therapy can help clients access and articulate their inner experience safely. Group therapy and peer dialogue also create relational spaces where men can bear witness to one another's vulnerability, normalizing emotional expression as part of recovery rather than as evidence of failure. Facilitators can encourage reflective storytelling exercises that connect emotional awareness with recovery milestones, helping clients reconstruct narratives that affirm resilience and growth. Such practices are consistent with Taylor's (2007) assertions that transformation involves integrating affective, cognitive, and spiritual domains of learning.

Importantly, practitioners could approach emotional work with sensitivity to gender socialization and cultural context. Many male participants reported that early recovery required unlearning rigid masculine norms that discouraged emotional expression. Counselors and peer mentors can help reframe emotional authenticity as a form of courage and self-mastery, countering the stigma often associated with vulnerability in men's recovery (Addis & Mahalik, 2003). Over time, this redefinition fosters congruence between inner experience and outer behavior, which is an essential component of identity transformation within the ARTL framework.

I urge caution in applying (again) these recommendations beyond the qualitative context of this study. The findings reflect the experiences of nine men and may not be applicable to all populations or treatment environments. Nonetheless, emphasizing emotional processing and self-acceptance within recovery programs aligns with both empirical evidence and the transformations of participants. Facilitating this form of affective learning enables the client to move beyond symptom reduction toward an integrated sense of self, laying the emotional foundation necessary for enduring recovery and psychological well-being.

### ***Recommendation Three: Foster Identity Transformation through Meaning-Making***

#### ***Interventions***

The second major theme of this study, Identity Transformation, revealed that long-term recovery for me with alcohol use disorder (AUD) and comorbid depressive disorder was sustained through a process of reconstructing one's sense of self. Participants described moving from an "addicted identity" defined by shame, isolation, and failure toward a renewed self-concept characterized by purpose, relational connection, and spiritual awareness. This process aligns closely with the addiction recovery as transformative learning (ARTL) framework, which conceptualizes identity reconstruction as the central outcome of recovery (Jordan, 2020; Jordan & Bedi, 2022). Based on these findings, practitioners should intentionally design interventions that foster identity transformation through meaning-making processes, helping clients reinterpret their life stories, reconstruct purpose, and integrate new self-understandings that transcend addiction.

Participants' narratives consistently highlighted that sustained recovery required more than behavioral abstinence; it required redefining who they were and what their lives meant. This process unfolded gradually through reflection, storytelling, and spiritual or existential insight. Several men described recovery as a "rebirth" or "awakening," often occurring after a disorienting experience of moral or existential crisis. These descriptions mirror Mezirow's (1991; 2000) stages of transformation, in which disorientation and self-examination give rise to the reconstruction of new meaning perspectives. Within the ARTL model, this transformation represents a shift in consciousness from self-alienation to self-authorship (Jordan & Walker, 2023). The current findings extend this understanding by illustrating how men in recovery

navigate this shift through both introspection and communal learning in peer-based recovery contexts.

The literature reviewed in Chapter 2 supports identity transformation as a cornerstone of long-term recovery. Taylor (2007) emphasized that transformative learning involves integrating new meaning into one's self-concept, while Bray (2018) found that recovery narratives often function as educational tools that reconstruct the learner's sense of self and purpose. Similarly, Stuckey et al. (2022) identified that meaning-making activities, such as reflective writing or expressive arts, foster coherence and hope among individuals in recovery. In the present study, participants' spiritual and existential experiences, described in Theme 5, further reinforced identity change by providing frameworks of belonging and transcendence. For example, participants spoke of discovering a higher power or re-engaging with service, both of which cultivated humility and renewed purpose. This convergence of emotional, cognitive, and spiritual learning validates ARTL's holistic perspective that recovery is an integrative, multidimensional process.

Clinically, practitioners can promote identity transformation through meaning-centered interventions that combine reflective narrative work, existential inquiry, and strengths-based approaches. Narrative therapy, for example, enables clients to deconstruct stigmatized identities and author new stories of agency and redemption. Similarly, logotherapy or spiritually integrated counseling can help individuals reframe suffering and loss as opportunities for growth and meaning. Facilitators can also incorporate structured meaning-making exercises, such as guided autobiographies, life mapping, or values clarification, to help clients align their evolving identities with purposeful life directions. These methods are consistent with ARTL's emphasis

on learning as a reconstructive process that integrates emotional, cognitive, and existential dimensions (Jordan & Walker, 2023).

At a systemic level, treatment organizations and peer recovery programs can support identity transformation by creating spaces that affirm growth rather than perpetuate deficit-based labels. For example, reframing the language of “relapse prevention” to “recovery development” or “personal growth planning” aligns with participants’ self-described journeys of continual learning. When programs foster identity development alongside sobriety, they promote deeper psychological stability and self-determination, both of which are essential for long-term recovery and mental health resilience (Carel & Kidd, 2020).

While these findings provide valuable insights, their applicability is limited by the qualitative nature of the study and its focus on a small sample of men in long-term recovery. However, fostering identity transformation through structured meaning-making aligns with both the lived experiences of participants and the theoretical premises of ARTL. Recovery practitioners who facilitate this deeper process of self-redefinition can help clients transition from a state of survival to one of authentic selfhood, thereby realizing recovery as an ongoing act of personal and spiritual transformation.

#### ***Recommendation Four: Strengthen Relational and Community-Based Recovery Supports***

Within the fourth major theme of this study, Relationship Repair and Social Support, it was revealed that transformation in long-term recovery from alcohol use disorder (AUD) and comorbid depressive disorder was deeply relational. Participants consistently described healing occurring not in isolation but through reconnection with family, peers, and spiritual communities. These findings affirm the addiction recovery as transformational learning (ARTL) framework’s emphasis on intersubjectivity; transformation occurs within relationships that

challenge, affirm, and expand one's meaning perspectives (Jordan 2020; Jordan & Bedi, 2022). Based on these results, practitioners should prioritize strengthening relational and community-based recovery supports that foster belonging, accountability, and mutual learning.

Participants in this study recounted that early recovery was often marked by social fragmentation and distrust, outcomes of years of secrecy, shame, and self-protection. Repairing these ruptures, whether with loved ones, peers, or within broader spiritual communities was experienced as both painful and redemptive. Men described how authentic connection reawakened empathy, restored purpose, and offered corrective emotional experiences that countered depressive isolation. These findings align with Mezirow's (1991; 2000) assertion that transformation is socially mediated through dialogue and validation of new meaning schemes. Within the ARTL framework, the community serves as a crucible for integrating learning, where reflection is deepened through shared experience and feedback (Jordan & Walker, 2023).

The literature in Chapter 2 reinforced the essential role of community in sustaining recovery. Anderson et al. (2021) emphasized that relational connection enhances resilience and reduces relapse risk, while Fortino et al. (2022) found that social belonging predicts both sobriety maintenance and improved mental health outcomes. Similarly, Pugh et al. (2023) demonstrated that mutual support fosters emotional regulation and meaning reconstruction. In my study, participants' descriptions of sponsorship, group dialogue, and spiritual fellowship mirrored these findings, highlighting that relational engagement is both a mechanism and a marker of transformation. These results collectively suggest that community participation should not be seen as a peripheral to treatment but as its educational core.

To operationalize this recommendation, treatment programs can integrate relational learning structures that emphasize collaboration and shared reflection. Examples include peer-

facilitated groups, mentorship pairings, and service-learning activities that allow clients to contribute meaningfully to others. Such practices embody ARTL's principle that teaching and learning occur through reciprocal exchange rather than hierarchical instruction (Jordan, 2020). Clinicians may also employ family-systems interventions to help clients practice vulnerability and boundary setting within their home environments. Encouraging clients to engage in community-based recovery organizations, faith communities, or volunteer work reinforces a sense of belonging that transcends the recovery setting itself.

Additionally, relational recovery requires that practitioners model authenticity and empathic presence. In narrative therapy and group facilitation, therapists can utilize reflective dialogue to help clients explore relational patterns and the meanings associated with trust, forgiveness, and accountability. Such practices help men challenge the culturally reinforced norms of emotional stoicism noted in this study and earlier research on masculinity and help-seeking (Addis & Mahalik, 2003). When counselors create relational spaces where emotional expression is normalized, clients can re-learn connection as a safe and growth-producing experience.

While the current study's small, purposefully selected sample limits generalizability, the findings align with a substantial body of evidence linking relational connectedness to recovery persistence and psychological well-being. Strengthening community-based and relational supports transforms recovery from an individual task into a collective learning process; an insight central to ARTL. By cultivating mutual empathy, accountability, and a sense of belonging, practitioners can help individuals rebuild the social foundations necessary for enduring sobriety, emotional well-being, and personal growth.

## **Recommendations for Future Research**

The findings of this qualitative narrative inquiry provided valuable insight into how men with alcohol use disorder (AUD) and comorbid depressive disorder experience transformation in long-term recovery. The outcomes of the study included psychological, emotional, relational, and spiritual dimensions of recovery through the lens of the addiction recovery as transformative learning (ARTL) framework. However, as with all qualitative research, this inquiry opened new avenues for exploration rather than closing them. The following recommendations for future research are grounded in the findings, delimitations, and theoretical implications, offering potential directions to extend the ARTL framework and deepen understanding of recovery as a transformational process.

This study was delimited to nine adult men in long-term recovery from AUD and comorbid depressive disorder. Future research could expand to include women, nonbinary individuals, and culturally diverse populations to explore how gender, culture, and spirituality influence transformational learning in recovery. The narratives in this study reflected how masculinity shaped emotional expression and meaning-making, suggesting that gendered expectations may moderate both the form and content of transformation. Comparative or cross-gender studies could examine whether women or nonbinary individuals experience distinct pathways to identity reconstruction or whether the ARTL framework requires adaptation to reflect these sociocultural differences. Similarly, cross-cultural studies could explore how collectivist versus individualist orientations influence community-based recovery transformation, particularly in non-Western contexts.

Several participants described experiences of moral injury, shame, and early trauma as catalysts for transformation. These emotional ruptures often preceded their “disorienting

dilemmas” and subsequent meaning reconstruction, consistent with Mezirow’s (1991, 2000) theory of transformative learning. Researchers, in future studies, may explicitly examine how trauma, adverse childhood experiences, and moral injury interact with ARTL processes. Mixed-methods or longitudinal qualitative designs could be used to explore whether engagement with reflective and relational recovery practices mitigates the long-term psychological impacts of trauma. Integrating trauma-informed theory with ARTL may also clarify how emotional and cognitive learning converge to foster healing. Such research could inform clinical models that combine transformational and trauma-focused interventions to support holistic recovery.

Participants in this study reflected on transformations that had occurred across many years of recovery. Their narratives suggested that transformational learning is iterative and cumulative, involving cycles of crisis, reflection, and integration rather than a single defining event. Future longitudinal studies could trace how meaning-making, identity reconstruction, and community engagement evolve over multiple years of sobriety. The use of a phenomenological design would provide a developmental perspective on ARTL processes, revealing how early insights are consolidated into mature self-concepts and spiritual frameworks. Tracking transformation across different stages of recovery (early, middle, and long-term) would help refine ARTL’s temporal dimensions and its applicability to different points in the recovery trajectory.

In Theme 5, *Spiritual and Existential Insights*, participants reported that transformative moments were often spiritual in nature, involving a renewed connection to a higher power, transcendence, or an existential purpose. Future research might investigate how spirituality interacts with transformational learning processes and whether spiritual transformation can be operationalized within the ARTL framework. Researchers could use different methodologies to

explore how spiritual development functions as both a catalyst and outcome of recovery learning. Researchers could also use comparative studies to assess how various spiritual or philosophical worldviews (i.e. secular humanism, Buddhism, or Christianity) influence the interpretation of recovery experiences. This line of inquiry would further illuminate the existential dimensions of ARTL and its potential to bridge psychological and spiritual paradigms of healing.

Finally, the results suggest that the ARTL framework has interdisciplinary potential beyond addiction recovery. The model's emphasis on reflection, meaning-making, and identity reconstruction resonates with fields such as trauma recovery, grief counseling, and even chronic illness adaptation (Carel & Kidd, 2020). Future research could test ARTL's adaptability across these contexts, comparing how individuals reconstruct meaning following diverse forms of life disruption. Collaborative research across psychology, education, and the health sciences could refine ARTL into a universal model of transformative adaptation, broadening its theoretical reach and clinical applicability.

Given the study's qualitative and narrative design, future research can improve upon this work by employing larger, mixed-methods, or longitudinal designs that measure transformation over time and test ARTL-informed interventions in real-world clinical settings. Quantitative validation of ARTL constructs such as reflective capacity, identity reconstruction, or meaning-making would enhance generalizability and strengthen the framework's empirical foundation. Researchers can also increase rigor by incorporating triangulation of data sources (e.g., observation, journaling, follow-up interviews) and exploring diverse geographic and cultural contexts to ensure that transformational recovery processes are not bounded by Western or gender-specific norms.

Overall, future investigations could focus on validating, refining, and expanding ARTL as both a theoretical and applied framework. By broadening participant diversity, employing longitudinal and mixed-methods designs, and integrating interdisciplinary perspectives, researchers can enhance understanding of how transformation unfolds across human experience. Such efforts would not only advance addiction recovery research but also contribute to the broader study of transformative learning, resilience, and identity reconstruction in the face of adversity.

## **Conclusions**

In this study, I explored how men with alcohol use disorder and comorbid depressive disorder describe their transformational experiences in relation to long-term recovery. Guided by the addiction recovery as transformative learning (ARTL0 framework, I sought to address a gap in understanding how deep psychological and existential change contributes to sustained recovery. The problem addressed was the limited comprehension of transformational experiences in recovery, which are pivotal to enduring sobriety and mental health but remain underrepresented in both empirical and theoretical literature (Anderson et al., 2021; Carel & Kidd, 2020; Jordan, 2020). By using a qualitative narrative inquiry design, I highlighted how transformation manifests through personal reflection, relational repair, and identity reconstruction among men who have achieved long-term recovery.

Nine participants provided detailed narratives describing how crises, emotional breakthroughs, and renewed meaning-making redefined their sense of self and purpose. The analysis produced six major themes: (1) Emotional Healing and Self-Acceptance, (2) Identity Transformation, (3) Recovery Practices and Strategies, (4) Relationship Repair and Social Support, (5) Spiritual and Existential Insights, and (6) Sustained Growth and Life Integration.

Collectively, these themes demonstrated that recovery is not a linear process of abstinence maintenance but an iterative process of learning, self-discovery, and transformation. The finding supported the ARTL framework's proposition that recovery involves holistic change, encompassing cognitive, emotional, relational, and spiritual aspects, and extends transformative learning theory (Mezirow, 1991, 2000) into the domain of addiction recovery.

The importance of this study lies in its contribution to understanding recovery as an educational and developmental process rather than a solely clinical or behavioral one. By documenting experiences of transformation, this research provides a humanized and theoretically grounded model that informs both practice and scholarship. Within the findings Jordan and Bedi's (2022) assertion was affirmed that transformation in recovery occurs through reflective meaning-making, relational engagement, and identity reconstruction. Additionally, the study added nuance to previous literature by highlighting how gendered expectations and emotional restraint influence men's recovery trajectories, underscoring the need for approaches that integrate emotional learning and relational connection into treatment.

The take-home message of this dissertation is that recovery is not merely the cessation of substance use; it is a process of becoming. Transformation unfolds as individuals confront suffering, intently reflect on their lives, reconstruct meaning, and reintegrate into a community with a renewed sense of identity and purpose. The men in this study illustrated that sustained recovery requires ongoing engagement in reflective, relational, and spiritual practices that support this continued growth. Their stories confirm that addiction recovery is both a psychological and existential reorientation; a form of education through which the self is healed and redefined.

In relation to previous research, these findings align with and extend the work of Mezirow (1991, 2000), Taylor (2007), Bray (2018), and Stuckey et al. (2022), who conceptualized transformation as an integrative learning process involving emotional, cognitive, and spiritual change. By empirically supporting ARTL, the findings demonstrate that Mezirow's transformative learning framework can be adapted effectively to the recovery context, thereby bridging educational theory and clinical practice. The participants' experiences reaffirm that transformation in recovery is catalyzed by disorienting dilemmas, sustained by reflection, and consolidated through identity reconstruction and community engagement.

In conclusion, this study contributes to both theory and practice by positioning ARTL as a viable framework for understanding and facilitating recovery as a transformative learning process. For scholars, it expands the theoretical landscape of transformative learning by integrating research on addiction recovery and mental health. For practitioners, it highlights the importance of recovery environments that promote reflection, emotional expression, and spiritual exploration as essential pathways to healing. Ultimately, the results affirmed that transformation is not a rare or mystical event but a human learning process accessible to anyone willing to confront suffering and re-author their life story. This insight carries powerful implications for how recovery is taught, practiced, and lived, redefining addiction recovery as an enduring journey of transformation.

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## Appendix A

## RESEARCH FLYER



**Study Purpose:** Explore Transformational Experiences that contribute to the long-term recovery of men diagnosed with Alcohol Use Disorder (AUD) and Depressive Disorder

**You are eligible for this study if you meet all of the following criteria:**

1. Are at least 18 years old.
2. Are a biological male.
3. Have been diagnosed with Alcohol Use Disorder (AUD) and a Depressive Disorder.
4. Have maintained continuous sobriety from alcohol for at least 5 years.
5. Have sought professional help for AUD and Depression.
6. Identify as having a transformational experience that precipitated your sustained recovery.

**In this study, participants will:**

1. Participate in 1 structured in-depth interview approx. 30-45 minutes long.

**Participants will be asked questions about:**

1. Details related to your personal transformational experience that was critical to your initial recovery.
2. Your transformational experience related to long-term recovery.
3. Your recovery journey as a man.
4. The role of transformational experiences in sustaining sobriety.

**Looking for 8-12 Men in Long-Term Recovery from  
Alcohol and Depression to Participate in a  
Research Study**

To participate in this study, please contact:

David Colgate, Doctoral Student at National University

Phone: 619-772-7349 Email: a.colgate4299@o365.ncu.edu

Thank you for considering participating in this voluntary research!

## Appendix B

### INTERVIEW GUIDE

**Purpose:** “Hello \_\_\_\_\_, my name is David Colgate; I want to thank you for agreeing to participate in this interview. Today, we will talk about your recovery journey, focusing on moments particularly transformative for you. I am interested in how these experiences have influenced your sense of self, beliefs, and overall recovery. For the purpose of this research, having a transformational experience is the result of an external event that triggers an internal psychological shift that can alter an individual’s values, perspective, and worldview.

**Confidentiality:** “I want to assure you that everything you share will be confidential, and you can stop the interview anytime.”

**Consent:** “Do I have your consent to video/audio record this conversation?”

#### 1. Recovery Origins

##### Opening/Grounding Question

“What was your life like before you sought recovery?”

**Follow-up:** “What led you to the decision to seek recovery?”

#### 2. ARTL-Related Questions on Areas of Theory (Identity Transformation, Critical Reflection, Perspective Shift, Community and Experiential Learning, Holistic and Iterative Process)

##### Identity Transformation (theory):

“Looking back, can you tell me about a time in your recovery when you felt like you were becoming a different person?”

**Follow-up:** “What was happening in your life at that time, and how did you begin to see yourself differently?”

##### Critical Self-Reflection (theory):

“Was there a specific moment or experience in your recovery that made you stop and deeply reflect on yourself, your beliefs, or your behaviors?”

**Follow-up:** “Can you walk me through that experience? What thoughts or emotions were going through your mind at the time?”

**Perspective Shift (theory):**

“Can you tell me about a time in your recovery when you saw things differently, whether about yourself, your addiction/depression, or your future?”

**Follow-up:** What led to that shift in perspective (event, conversation, or realization)?”

**Follow-up:** “How did this new perspective change how you approached recovery and your life moving forward?”

**Community and Experiential Learning (theory):**

Can you talk about a time when someone else’s experience in recovery influenced your own?”

**Follow-up:** “How has being part of a recovery community been important in (meeting, friendships, or mentorship) helping you learn and grow in recovery?”

**Holistic and Iterative Process (theory):**

“Thinking about who you were before recovery and who you are now, what are some of the biggest areas of growth?”

**Follow-up:** Have you had the opportunity to share your personal recovery experience with others in recovery, and how did you feel doing that?”

**3. Alcohol Use and Depressive Disorder/Comorbidity (theme)**

“Many people describe a connection between their struggles with alcohol and depression. Can you tell me about how these two aspects of your life influenced each other?”

**Follow-up:** “How did addressing your depression affect your relationship with alcohol and your recovery process?”

**Follow-up:** “Looking back, how has your understanding of the connection between alcohol use and depression changed over time?”

**4. Long-Term Recovery (theme)**

“Can you share about a time when you faced a challenge in long-term recovery and how you navigated it?”

**Follow-up:** “How did you navigate that challenge, and what/who helped you stay on the path of sobriety?”

**Follow-up:** “How has your view of recovery changed from when you first became sober to where you are today?”

**5. Recovery for Men (theme)**

“Can you share about a time in your recovery when you felt that expectations of masculinity influenced how you handled a challenge?”

**Follow-up:** “How did being a man influence your approach to seeking help or engaging in recovery?”

**6. Role of Transformational Experiences (TEs) (theme)**

“Looking back on your recovery, can you about a specific moment or experience that felt like a turning point for you?”

**Follow-up:** What was happening in your life at that time, and what made this experience feel so significant?”

**Follow-up:** How has this transformational experience continued to influence your life and recovery journey today?”

**Closing Question:**

What is the most important lesson your recovery journey has taught you about yourself, and how would you share that with someone just starting their own path?”