NATURAL RECOVERY FROM OPIATE ADDICTION: SOME SOCIAL-PSYCHOLOGICAL PROCESSES OF UNTREATED RECOVERY

Dan Waldorf

This is a report of an exploratory in-depth study of the social-psychological processes of untreated recovery. Data for the study comes from focused interviews with a sample of 201 ex-addicts (half untreated, half treated) located by means of the snowball referral method. Findings indicate that personal motivations to stop using opiates usually arise out of the lifestyle, police activities and environment of illicit opiate use—out of the "changes" addicts experience trying to maintain expensive habits. Individuals respond differently to such changes. Some sink into profound despair and act when they are forced to. Others weigh the consequence of future opiate use and make rational decisions to change, while still others just drift into something else because their commitment to opiate use and the lifestyle was only tenuous. Once addicts decide to quit, they must leave the scene, break all ties with opiate users and create new interests, new social networks, new social identities. Some persons do this by their own efforts while others use existing institutions. Six patterns of recovery were discerned and it was concluded that the "maturing out" concept is not sufficient to describe all the different variations. In addition to maturation, we found that some addicts become converts to religious, social or communal causes, some retire (give up the drug but maintain the lifestyle). Others use opiates in certain situations and change when the situation changes and some move on to other drugs (usually alcohol).

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INTRODUCTION

Until recently, it was generally believed that the future for most young people who became addicted to opiates was bleak. Knowledge of the course and prognosis of addiction (most of it derived from addicts in treatment or institutions) held up little hope for the addict. Once persons became addicted, it was usually expected that they would endure an arduous life, stealing or selling drugs to support their habits and revolving in and out of prison and treatment because of it.

In 1973, these beliefs were dramatically changed. This change occured not with development of a new wonder drug or some new revolutionary treatment but with information about returned Vietnam veterans. Opiates of high quality were cheap and readily available in Vietnam and large numbers of young people in the armed forces used them and became addicted. The high incidence of opiate use in Vietnam caused widespread alarm that returning soldier addicts would be coming home still addicted and that they like other addict groups would cause severe social problems. Two social surveys (one 9-12 months after returning and the second 3 years after) conducted by Lee Robins did not find that to be the case at all (Robins, 1973; Robins *et al.*, n.d.). Rather, Dr. Robins found that the majority of persons who began their opiate use in Vietnam and became addicted there did not continue to use opiates but gave them up. (This study is discussed in greated detail in an earlier article (Waldorf and Biernacki, 1979)). Furthermore, she found that persons who had not been to treatment were just as likely to have stopped using as those who had been treated. Returned Vietnam veterans showed that they were exceptions to existing knowledge and that addiction was not always the intractable problem it was thought to be.

More recent studies, social surveys of large random samples (O'Donell *et al.*, 1976; Brunswick, 1979) and the evaluations of treatment programs (Macro Systems, 1975 and Burt Associates, 1977) add further support to the knowledge derived from Robin's studies. This study is an effort to fill in the outlines and details of the ways people recover from addiction and give up using opiates. It is an exploration of an unchartered area, an explanation of the social-psychological processes of recovery from opiate addiction without the help of treatment. Two hundred and one ex-addicts were interviewed and questioned at length about their life history and their experience of opiate use and recovery.

Phases of An Addiction Career

The natural history, or career dynamics, of the typical street addict can be organized into six different phases:[1]

I. Experimentation or Initiation—beginning opiate use which usually takes place among peers. Large numbers of users stop after this stage.
II. Escalation—which usually follows a pattern of casual chippying over a number of months. The usual culmination of this phase is daily use and physical addiction which is characterized by the development of tolerance and the experience of withdrawal symptoms. Some persons can chippy for long periods and never become addicted.
III. Maintaining or "Taking Care of Business"—a period of relatively stable opiate use when the individual maintains regular supplies, get high with

some regularity and avoids the hassles often associated with opiate use. During this period, the individual feels certain satisfaction and confidence in his ability to maintain a habit.

IV. Dysfunctional or "Going Through Changes"—usually characterized by the experience of jail or treatment or when the negative aspects of opiate use under our present illegal maintenance system are beginning to be felt with some regularity. In this phase, the individual may make attempts to stop using opiates either forced or voluntary which usually culminates in relapse and a return to an earlier escalation (chippying and re-addiction) or maintenance stage.

V. Recovery or "Getting Out Of The Life"—in this phase, the individual makes a sincere effort to stop using opiates by moving away (either physically or symbolically) from the opiate scene, avoiding opiate users and creating new interests, new social networks and a new social identity. This recovery may occur with or without the aid of treatment.

VI. Ex-addict—this is a phase often experienced by addicts who go to treatment and then go to work in treatment programs. Seldom will untreated ex-addicts assume this social identity.

At the present time, there is a good deal of knowledge about phases, I, II and IV (see Robins, 1979), some sketchy knowledge of phase III (Preble and Casey, 1969; Feldman, 1968) and only bare outlines of phases V and VI (some knowledge of incidence (Waldorf and Biernacki, 1979)). We are attempting in this report to present exploratory empirical data about phase V and offer some elaboration of phase IV. More specifically, we will present data on the following social-psychological areas:

1) motivations for change,
2) actions taken to change,
3) social psychological coping mechanisms and
4) general pathways out of addiction.

In addition, we hope to offer some information on the factors associated with treated and untreated recovery and to discern general patterns of motives, actions and coping mechanisms for three types of addicts—the typical ghetto or barrio street addict, the middle class addict and the situational addict.

At this point, we would like to make a caveat and state that we do not claim that our data are definitive. It is not definitive for reasons having to do with the method of sample selection and the general exploratory nature of the study. The sample was *not* selected randomly and it is not know what population, if any, it represents. We do know that the sample contains three different types of addicts and a good age and ethnic mix. The exploratory nature of the study also restricts its generalizations. We have not attempted to test specific theories or hypothesis as we did not see the study as being one that could undertake those tasks. We are, however, presenting some initial empirical information upon which we and others can build.

Review of the Literature on Social-Psychological Processes

Most of the existing knowledge of the processes of recovery or de-addiction

(as Brill calls it) comes from studies of treated rather than untreated ex-addicts. Charles Winick was the first to suggest the phenomena (1962a, 1962b) and to explore the processes of recovery (1964). In conjunction with his study of the files of the Federal Bureau of Narcotics (from which he concluded that addicts may "mature out" of addiction) he interviewed an unspecified number of treated addicts to explore the processes but never presented the data in a detailed form.

In the last and most detailed refinement of the "maturing out" idea (1964), Winick speculated that the decrease and cessation of opiate use occur through a homeostatic process that allows individuals to function with less and less opiates. He postulated 3 types of factors involved—physiological, psychological and environmental.

His presentation of physiological factors was not specific, but there are implications that age or passage of time (in terms of length of addiction) were involved. He was only slightly more specific regarding psychological factors, postulating that personality, development of insight and possible regression to some earlier mental state (neurosis or mental illness) could contribute to the process. In specification of the environmental factors Winick thought that availability of opiates, pressures from law enforcement, changing social conditions and subcultures were all involved. Throughout Winick's writing on the topic, there is no specific ordering of factors but a certain emphasis is placed on physiological and psychological development.

Despite the wide use of the concept, there has not been any systematic or detailed testing of the idea. There are only three studies that offer empirical support to the idea (Snow, 1973; Vaillant, 1966; Ball and Snarr, 1969) and none are conclusive. Furthermore, there are two studies which question the concept and its widespread use. Vaillant in his 20-year follow-up of New York addicts (1973) found that more than half of the active addicts of his sample were able to go 5 years or more without being reported to the Federal Bureau of Narcotics. He concluded that "Winick's thesis that addicts "mature out" at 40, based solely on the files of the Federal Bureau of Narcotics, is almost certainly unrealistically optimistic." In a more recent study by Maddux and Desmond (1979) of the processes of treated recovery in which they make a thorough review of the thesis, they concluded that while the idea accounts for some abstinence, it is "insufficient as a general explanation for all enduring abstinence," They found that the concept could describe only a limited number of recovered cases. This study will be discussed in greater detail later in this section of the report.

The second study to explore the processes of treated recovery was conducted at Columbia University at the Bureau of Applied Social Research. This study of 31 ex-addicts (all but one was treated) was written up by two different authors who worked on the study (Brill, 1972 and Waldorf, 1973). Brill's presentation is the most detailed, but both present some common findings. Both describe personal crisis situations called rock-bottom which serve to push (as in pushes and pulls) or motivate the addict to begin to change. Both describe pull factors, but Brill emphasizes the pulls of treatment while Waldorf emphasizes the pulls of the "good life" as exemplified by the dominant value system—work, stable life, and high levels of consumption. Significant other persons were not seen as having a particular compelling

impact on treated recovery but certain charismatic individuals within treatment did have impacts.

Brill further postulates nine psychological factors involved in addiction but does not explain how they contribute to recovery except in their absence. Neither of the two authors are very systematic in their presentation of the processes, but there are two common themes. The first theme is that at some step in the cycle of addiction, opiate use becomes dysfunctional and most recovered addicts experience some personal crisis which is described as being a subjective, emotional rock-bottom state. The second theme is that drug treatment personnel as personified by charismatic leaders are crucial to recovery while spouses, family and friends need not be.

Among the other five studies of treated recovery (Coleman, 1978; Bull, 1972, Bess *et al.*, 1972; Wille, 1978 and Maddux and Desmond, 1979) there is both confirmation and refutation of the idea of rock bottom. Coleman in a small study of 34 ex-addicts (half in institutions, half out) affirmed a similar emotional state which he called existential crisis (1978) and Bull amplifies the idea in an independent study of ex-convicts, some of whom were ex-addicts (1972). There is conflicting information in a small study of 17 treated ex-addicts reported by Bess *et al* (1972). At one point, she states that 14 of the 17 subjects reported no significant event at the time of renunciation, but later concludes, "Significantly, the study revealed traumatic events of a personal or interpersonal nature that suddenly loomed up to stop the progress of the addict in his continued addiction. We call this the "end of the road" syndrome." This later statement suggests an internal crisis, while the first does not.

Maddux and Desmond (1979) in a 12-year panel study of San Antonio addicts treated at the Public Health Service Hospital at Ft. Worth between 1964-1967 found that emotional states are not necessarily a precondition for abstinence, but that some of the 80 abstinent addicts had rock-bottom experiences after many years in prison and repeated loss or failure. Most respondents explained their abstinence by describing a combination of events—adverse reactions associated with opiate use, the experience of illness or injury, participation in evangelical religion or religious conversion, employment with drug abuse treatment agencies and long parole (one year or more).

The first study of untreated recovery was conducted by Schasre in an imaginative study published in 1966. He located and interviewed 45 Mexican-Americans who had used opiates for *short* periods (some were addicted and some were not) but had given it up. Dual interviews were conducted with an associate who had continued to use opiates after the principal respondents had stopped and 40 interviews were used for analysis. He found that there were varying reasons for quitting and that some persons made a conscious decision to stop while others just drifted away from it without a specific reason to stop. For those who said they made a specific decision to stop, the most recurrent reasons were the experience of physical addiction, or the arrest and conviction of friends on narcotic charges. For those who did not decide to stop the most recurrent explanations were that supplies of opiates were interrupted or they moved away from the neighborhood or town where they had been using opiates.

Spontaneous Remission From Alcoholism

Inasmuch as there are many common elements between opiate addiction and alcoholism, it was decided to review the alcohol literature to learn what was known about untreated recovery in that field (usually called spontaneous remission). In general, the alcohol literature on natural recovery is more extensive than the opiate literature. For some years, researchers in that field have been aware of varying rates of natural recovery (Knupfer, 1972; Armour *et al*, 1976; Rutledge, 1973, Smart, 1975; and Roizen *et al*, 1976) and there has been three specific studies of the processes (Tuchfeld *et al*, 1976; Saunders and Kershaw, 1979; and Stall, 1979).

The most ambitious of the process studies is a Research Triangle Institute study conducted under a contract with N.I.A.A. in 1976 (Tuchfeld *et al*, 1976). The study located 51 untreated ex-alcoholics by means of advertisements and attempted to discover processes of recovery rather than test specific theories or hypotheses. The report indicates 5 phases in the process and numerous motivations, psychological and social factors involved. We will not present the specifics here, but later when we report our quantitative findings about motivations.

The other two studies are less ambitious in scope. The first, a study of 13 Kentucky ex-alcoholics (Stall, 1979) described the processes as occurring in two phases. The first phase was a period when the alcoholic perceives that his alcoholism is problematic. This recognition is said to come about gradually over time or suddenly (after some significant event or accident). The second phase is a period when the alcoholic maintained his resolve to be alcohol free. During the second phase, it was noted that significant others (particularly spouses and often new spouses), involvement in church activities, substitution of soft drinks for alcoholic beverages and overcompensation by work could have impacts on maintenance.

The last study was a social survey conducted in Scotland (Saunders and Kershaw, 1979) which asked respondents what were the three important factors in their recovery. The responses in the order of their frequency were marriages (often a new marriage), a change in jobs (leaving the armed services or jobs where alcohol is served) and problems of health. In several instances, there were overlapping factors; that is to say some people gave up alcohol when they left an occupation which might have high alcoholic risk and married. Furthermore, the author speculated that such overlapping might reflect some growth or maturation. This survey also found that persons who gave up alcohol use without the aid of treatment had shorter drinking careers than those who went to treatment.

Approach and Methodology

The general approach of this research is exploratory as we did not set out initially to test well defined hypotheses with a random sample of ex-addicts. Data for the study were generated by a combination of quantitative and qualitative methods. Specific quantitative data was gathered by means of a schedule in three sections of the interviews. A fourth section was a qualitative focused interview (conducted from an interview guide which asked respondents to tell us in their own words the story of their recovery). All items on the guide were explored so there is comparable data for each respondent.

The study interviewed 201 ex-addicts (100 treated and 101 untreated). Each

person interviewed was screened initially for addiction history, treatment history and length of recovery. The criteria for addiction was:

1) at least one year of daily opiate use (over one or more episodes),
2) reporting of at least 5 of 10 symptoms which indicate withdrawal sickness:

1) chills
2) stomach cramps
3) trouble sleeping
4) nausea
5) headaches
6) muscle twitching
7) pain in muscles
8) diarrhea
9) sweating and flushed skin
10) runny nose and eyes.

Treatment was defined as 4 or more days in any recognized drug treatment (i.e., therapeutic communities, methadone maintenance, religious programs or civil commitment, etc.) or 22 more days in any residential detoxification program. Ambulatory detoxification and programs in jails or prisons were *not* considered to be treatment because of the high relapse rate of such programs. Parole and probation accompanied by urine or nalline testing was, however, considered as treatment. If a respondent had been to treatment, he was interviewed only if he had been out of treatment at least two years.

The last criteria involved length of recovery; respondents were selected if they reported at least two years outside of an institution which they had not used opiates daily or become readdicted. We did not expect respondents to be totally abstinent (of drugs other than opiates) as we know from other studies (Ellner, 1977; Macro Systems, 1975) and our own experience that many successfully recovered ex-addicts could use other drugs on occasion.

These criteria for selection were scrupulously observed. After each interview, the interviewer discussed the case at length with at least one of the two principal investigators to consider general eligibility and whether the case could be considered as untreated or treated. A third (33) of the treated cases did *not* attribute their recovery to a treatment experience as all had relapsed after the treatment, but they were considered as treated cases in a sub-category called "treated, but not helped."

The Sampling Method

The sample was generated by chain referral, a method employed in studies where the population is either unknown or difficult to locate. Its limitations are obvious because selection is not random. To help overcome this limitation, we attempted to locate persons from both sexes and three ethnic groups. We also sought to use several sources for the development of referral chains—social reform groups, churches, and educational institutions. (For a more detailed discussion of the sampling method see Biernacki and Waldorf, 1981.)

Each respondent was paid a fee of $20. All interviews were conducted by the author and six associates. The two principal investigators of the study had extensive experience with addicts and provided training and regular briefings for the associates.

Description of the Sample

From the onset, we attempted to locate and interview a cross section of ex-addicts making special efforts to find women and minorities. More than a

FIGURE 1. SUMMARY OF RESEARCH ON MATURING OUT AND

Author(s) Publication Date	Type of Study	Size of N(s)	Maturing Out	Emotional States or Crises
Winick, 1962	Analysis of the Federal Bureau of Narcotics Records		7,234 heroin users were found to be inactive after five years in the files with 72.9% becoming inactive by age 37 years.	
Ball and Snarr, 1969	Follow-up of Puerto Rican addicts admitted to Lexington hospital between 1935-1962. Focus on criminality, employment and opiate use.	242 (122 were located and interviewed but the study used data from 108 male subjects). 19% were not addicted during 3 years before interview.	Evidence (but not conclusive) to support the concept. Crime decreased and employment increased for 21% who were off opiates 3 years.	
Snow, 1973	Analysis of the files of the N.Y. City narcotics register in an attempt to replicate Winick's findings.	3,655 (every other case reported to the narcotics registry in 1964).	23% of the cases were found to be inactive after 4 years in the register. Active cases were younger than inactive cases. (35% of active were under 28 while 26% of inactive were; 28% of inactive were 38 and over while 21% of the active were).	
Winick, 1964	In-depth interview with treated ex-addicts.	Unspecified	Found evidence to support the concept.	
O'Donnell 1969	Follow-up survey of Kentucky addicts admitted to Lexington Hospital between 1935-1959.	266 (interviews were conducted with 118 and death certificates found for 144). 82% of those interviewed were not addicted at that time.	Data indicate more abstinence with age but there is no support for notion of maturing out.	
Vaillant, 1973	Twenty year follow-up of N.Y. addicts admitted to Lexington Hospital in 1952.	100 (50 white and 50 black). 35% were considered to be stable abstinents.	No support for maturing out thesis as over half of active addicts were able to go 5 years or more without being reported to F.B.N.	
Maddux and Desmond, 1979 Desmond and Maddux, 1980	Follow-up survey of San Antonio addicts treated at Public Health Service Hospital in Ft. Worth between 1964-1967.	248 By 1979, 53 (21%) had continuous abstinence for 3 years and 27 (11%) had 3 years abstinence but later relapsed.	Some person attributed their abstinence to maturity but the authors conclude that maturing out is insufficient to account for the variety of explanations given.	Rock bottom after many years in prison, repeated loss and failure.
Bess, Janus and Rifkin, 1972	In-depth interviews and psychological tests of treated ex-addicts.	17 randomly selected ex-addicts who abstained 2 years or more.	12 persons stopped before 30 years of age and personal maturation was not a factor.	Conflicting evidence to support and reject an emotional state.

THE SOCIAL-PHYSCHOLOGICAL PROCESSES OF RECOVERY

Alcohol Substitution	Other Psychological Factors	Social or Environmental Factors
	Postulated that personality, development of insight, and earlier mental states (neurosis and mental illness) are operating.	Other environmental factors such as availability of opiates, pressures from law enforcement, changing social conditions, and changing subcultures.
	Evidence to support use of willpower, awareness of loss of control, and beneficial effects of hospitalization and therapy.	Evidence to support loss of supplies, reduced medical need for drugs, reduced addict subculture and loss of addict associates.
Evidence that some ex-addicts use alcohol excessively.		Evidence to support the efficacy of strict, long-term parole supervision and beneficial effects of stable non-parental relationships.
43.6% cited alcohol substitution.	Most respondents described a combination of events which lead to abstinence—adverse events associated with opiate use (death of friends by overdose) experience of illness and injury. 36% cited evangelical religious participation and 26% attributed abstinence all or in part to religious activities or religious conversion.	36% cited relocation away from usual drug sources, 19% employment with drug abuse treatment agency, 42% probation or parole for 1 year or more.
	14 reported no significant event at time of renunciation but related factors such as 1) not wanting to turn to prostitution for support 2) coercion by family or the courts (3) disgust with their lives and desire to change 4) family crises that ex-addict felt was directly related e.g. a brother's death from overdose, giving a child up for adoption.	

FIGURE 1. (cont.)

Author(s) Publication Date	Type of Study	Size of N(s)	Maturing Out	Emotional States or Crises
*Brill, 1972	In-depth interviews with treated ex-addicts (off 1 year of more).	31 (1 was untreated).		The majority of cases reported a psychological crisis called rock-bottom (a varying subjective state).
*Waldorf, 1973	In-depth interviews with treated ex-addicts from a variety of programs (off 1 year of more)	31 (1 was untreated).		The majority reported subjective rock-bottom experiences.
Schasre, 1966	In-depth interviews with neophyte heroin users who had stopped using.	45 Mexican-Americans in a dual interview with associate who became addicted.		
Bull, 1972	In-depth interviews.	31 (an unspecified number were ex-addicts) located by chain referrals.		A pre-condition for stable change was profound despair similar to that described by Soren Kierkegaard.
Coleman, 1979	In-depth interviews with ex-addicts in and out of institutions.	34 (17 in prison and 17 outside); 18 had been abstinent for 1 year or more.		The majority reported a period of profound despair (called existential crisis).
Wille, 1978	Follow-up of a group of abstinent addicts who had attended London clinics.	25		

*Both Brill and Waldorf report the same study.

Alcohol Substitution	Other Psychological Factors	Social or Environmental Factors
	Pushes—reports that users began to feel a sense of dysfunction because of problems maintaining a habit.	Pulls—attractions of treatment programs (most particularly charismatic leaders and treatment ideology) and possibility of social mobility.
	Pushes—reported that users felt pressures to quit because of difficulties maintaining a habit, hazards of hustling, rip-offs, weariness of repeated arrest and incarceration.	Pulls—attractions of major value system that emphasizes work, stable family life, certain levels of consumption plus treatment programs. Only two out of thirty-one cited relatives, spouse or friends, as being important to their recovery.
		22 stopped without making a specific decision to stop (9 because supplies were interrupted, 12 because they moved away from scene); 18 stopped by decision (9 after experiencing physical addiction, 4 after friends were arrested and convicted on narcotics charges.
	Reaffirmed Kierkegaard's 3 stages of personal and spiritual growth. 1) aesthetic (pursuit of enjoyment and funneling of resources toward that end 2) ethical (a mood of serious reflection, commitment and responsibility) 3) religious.	
	Three stages were reported 1) the spiral down (a period of mounting personal problems caused by difficulties supporting a habit, hazards of life, health problems, and guilt about illegal activity 2) hitting bottom (problems reach a nadir and individual experiences profound personal despair which may result in suicidal thoughts or suicidal attempts) 3) way out (forming a commitment to change, redefining their sense of self and moving away from the social world of addicts).	
A drug free state was gradual & only small numbers were dependent upon drugs other than opiates.		