

STORIES OF ADDICTION
RECOVERY

This page intentionally left blank

STORIES OF ADDICTION RECOVERY

The G-CHIME Model

BY

LISA OGILVIE

University of Bolton, UK

And

JEROME CARSON

University of Bolton, UK



United Kingdom – North America – Japan – India
Malaysia – China

Emerald Publishing Limited
Howard House, Wagon Lane, Bingley BD16 1WA, UK

First edition 2023

Copyright © 2023 Lisa Ogilvie and Jerome Carson.
Published under exclusive licence by Emerald Publishing Limited.

Reprints and permissions service

Contact: permissions@emeraldinsight.com

No part of this book may be reproduced, stored in a retrieval system, transmitted in any form or by any means electronic, mechanical, photocopying, recording or otherwise without either the prior written permission of the publisher or a licence permitting restricted copying issued in the UK by The Copyright Licensing Agency and in the USA by The Copyright Clearance Center. Any opinions expressed in the chapters are those of the authors. Whilst Emerald makes every effort to ensure the quality and accuracy of its content, Emerald makes no representation implied or otherwise, as to the chapters' suitability and application and disclaims any warranties, express or implied, to their use.

British Library Cataloguing in Publication Data

A catalogue record for this book is available from the British Library

ISBN: 978-1-80455-551-4 (Print)
ISBN: 978-1-80455-550-7 (Online)
ISBN: 978-1-80455-552-1 (Epub)



ISOQAR
REGISTERED

Certificate Number 1985
ISO 14001

ISOQAR certified
Management System,
awarded to Emerald
for adherence to
Environmental
standard
ISO 14001:2004.



INVESTOR IN PEOPLE

Dedication for Lisa.

*This book is dedicated to my husband David, and my children, Esmee, Chloe
and Jamie.*

Dedication for Jerome.

This book is dedicated to my Aunt Teresa and my Aunt Bernadette.

This page intentionally left blank

CONTENTS

<i>About the Authors</i>	ix
<i>Foreword</i>	xi
1. The Value of Stories	1
2. G-CHIME, a Model of Addiction Recovery	7
3. John Nelson	13
4. Alec Grant	21
5. Kelly Greenwood	27
6. Amna Hadid	35
7. Polina Antoni Kanin	43
8. Summer Sturlaugson	49
9. Samuel Jacks	55
10. Fisun Spring	61
11. Sue Male	69
12. Ibrahim the Bob	77
13. What the Stories Tell Us	85
14. The Application of G-CHIME	93
<i>References</i>	97
<i>Index</i>	105

This page intentionally left blank

ABOUT THE AUTHORS

Lisa Ogilvie, MSc, is a doctoral student at the University of Bolton. Her specialist area of study is addiction recovery, specifically in how positive psychology can be combined with knowledge of the recovery process to improve the wellbeing of people in addiction recovery. She has developed a programme of work known as positive addiction recovery therapy, which has been shown to increase recovery capital, improve wellbeing and set a foundation for people to flourish. In addition to this, Lisa curates a series of addiction recovery stories for the journal *Advances in Dual Diagnosis* which narrates the story of recovery through the G-CHIME model. Lisa is also a qualified counsellor working at an addiction treatment centre.

Jerome Carson, PhD, is Professor of Psychology at the University of Bolton. His main research interests are positive psychology, recovery from mental health problems, alcohol addiction, bereavement and autoethnography. Jerome is a qualified clinical psychologist and worked in the NHS for 32 years. He has been Professor of Psychology since September 2012. He is the editor-in-chief of the Emerald journal *Mental Health and Social Inclusion* and along with Dr Michelle Tytherleigh he is the series co-editor for the Emerald Positive Psychology Collection.

This page intentionally left blank

FOREWORD

Between 1976 and 1978 I was a trainee nurse therapist on a full-time experimental programme, directed by Professor Isaac Marks at the Maudsley Hospital. This programme provided me with the core skills in evidence-based psychological treatments that I have used over the decades. Our unit was based at 99 Denmark Hill, a Victorian building, adjacent to the Maudsley Hospital and the Institute of Psychiatry. The top floor of 99 Denmark Hill was occupied by Dr DL Davies, at that time one of the leading authorities on alcohol addiction. He was an avuncular figure who clearly believed in the application of scientific methods to the study of addiction. In 1962, Davies published a paper that appeared to show that normal drinking could be resumed in some alcohol addicts (Davies, 1962). The paper reported that, at follow-up, 7 out of 93 alcohol addicts were found to have been drinking socially for continuous periods between 7 and 11 years after discharge from an alcohol treatment unit. This paper led to years of research on ‘controlled drinking.’ However, over time, it became clear that for those who become physically and mentally dependent on alcohol, the goal of social drinking was, to say the least, not to be recommended. My interest in the research on alcohol addiction was reignited in my subsequent clinical career and during my PhD, central to which was a randomised controlled trial of treatment for agoraphobia (Gournay, 1989). In the course of this study, I came across a very significant proportion of my patients who, in addition to their agoraphobia, had significant problems with alcohol. Indeed, a study by Mullaney and Trippett (1979) showed that of consecutive admissions to an alcohol treatment unit, 13% of men and 33% of women had clear agoraphobic symptoms.

Over time, I have continued to work in the addictions field. From 1994 until 2019, I enjoyed a range of collaborations with the National Drug and Alcohol Research Centre in Sydney. Since 2019, I have continued to work in what is arguably the world’s leading centre for studies on comorbidity, the Matilda Centre at the University of Sydney. I was recently a co-author of Australian Federal Government Guidelines on the Management of Co-occurring Drug and Alcohol Problems and Mental Health Conditions (Marel et al., 2022). Our recent guidance contained no less than 1,995

references; just a very tiny proportion of an enormous literature on drug and alcohol addiction.

So, what have I learnt from this experience over several decades?

I think I have learnt a great deal about the factors that predispose one to drug and alcohol addiction, be those that are genetic, developmental, environmental or traumatic. I have also learnt a great deal about short-term interventions that may be effective in the weeks and months after a problem is identified. However, what else have I learnt? I have learnt that the literature on long-term outcomes is sparse indeed and largely confined to a focus on mortality and morbidity. Such papers conclude with the obvious; i.e. that addictions have multiple adverse consequences, not least many lost years of life. I have also learnt that high-impact journals tell us nothing about people who recover from their addiction(s) and in particular anything of their individual journeys.

I will turn now to the book and something of what I have learnt from the 10 stories that form the centrepiece of this work. The book includes the contributors' responses to questions and an erudite analysis by the book's authors, who themselves have had lived experience of addiction. In each story I have learnt something new and been provided with fascinating insights into the recovery process. One striking impression is the very clear message that professional treatments, while being helpful in the short term, have an insignificant part to play in the longer-term recovery process.

Over and over, across these stories, the matter of '12-step programmes' is mentioned; paying tribute to the founders of Alcoholics Anonymous (AA), Dr Bob and Bill W; both hopeless alcoholics who had been unable to find any solution to their addiction (alcoholism). Bob and Bill supported each other in their steps to sobriety and went on to gather together groups of alcoholics with the same goal. Gradually, Bob and Bill recognised that stopping drinking was, in a sense, easy. However, staying stopped required a sustained process of reflection and change. In addition, it became clear that recovery from alcoholism required support from other alcoholics. Four years later, the book *Alcoholics Anonymous* (often referred to as the 'Big Book') was published and explained how the 12-step programme worked. This process was exemplified in the book's third edition (Alcoholics Anonymous, 1976) by the telling of some 43 'personal stories' of recovery. The authors of these stories were men and women drawn from diverse backgrounds. The purpose of making these stories a centre piece of the book was simply that of a device, to ensure that any alcoholic could identify with one, or more, of these very honest accounts and thus find hope and inspiration. While by definition, because of the central principle of anonymity, AA has never been subject to scientific study, the vast

anecdotal evidence of its effectiveness can be seen in virtually every country in the world. Somewhere in the AA literature is the message that AA is a simple programme for complex people – Anna says exactly that in her story Chapter 6.

Each of the 10 stories left me wanting to know more about the individuals' lives and the minutiae of their recovery. Something that was reinforced in these stories was the message that the growth process that is integral to recovery takes years: not weeks or months. It also became clear that 12-step programmes were not for everyone in the later stages of recovery.

A number of themes appeared central across all 10 accounts. John, in Chapter 3, describes a healing process and the taking up of activities not linked with alcohol consumption. Indeed, John says that after 3½ years in recovery he decided to 're-enter' the world. Another aspect of recovery, mentioned in other stories is that of an ongoing process of honest reflection, with Kelly in Chapter 5 mentioning still having a lot to learn; something that came through in other stories.

I really hope that this book is read by not only professionals but also those struggling with addiction in the general population. I believe that the vast majority of addicts will see something of themselves in many of these stories. Perhaps, these stories may begin to instil hope in those who are currently in a state of surrender to their condition.

Lisa and Jerome should be congratulated on drawing together these stories and identifying the need for researchers, in the addiction field, to place such stories side by side with the 'hard data' found in surveys and outcome studies. To assist both the professional and lay reader to identify some of the key elements of recovery, they have described the CHIME model (Connectedness, Hope, Meaning, Identity and Empowerment). However, the book also makes it clear that Growth is the sixth essential variable in the recovery process and arguably something more than the result of adding together the aforementioned five elements. Thus, G comes first in G-CHIME.

Like Kelly, I have, by reading this book, learnt a great deal.

REFERENCES

Alcoholics Anonymous. (1976). *Big book* (3rd ed.). London: AA Sterling Area Services.

Davies, D. L. (1962). Normal drinking in recovered addicts. *Quarterly Journal of Studies on Alcohol*, 23, 94–104.

Gournay, K. J. M. (1989). *Agoraphobia: Current perspectives on theory and treatment*. London: Routledge.

Marel, C., Siedlecka, E., Fisher, A., Gournay, K., Deady, M., Baker, A., . . . Mills, K. (2022). *Guidelines on the management of co-occurring alcohol and other drug and mental health in alcohol and other drug treatment settings* (3rd ed.). Sydney: Matilda Centre, University of Sydney; Federal Government of Australia.

Mullaney, J. A., & Trippett, C. J. (1979). Alcohol dependence and phobias: Clinical description and relevance. *British Journal of Psychiatry*, *135*, 565–573.