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RESEARCH ARTICLE

Personal strengths and resources that people use in their recovery from persistent substance use disorder

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ABSTRACT

Background: The concept of recovery capital refers to the sum of resources that a person has available to initiate and continue a recovery process. This concept has not been greatly explored with people with persistent substance use disorder (SUD), whose recovery is often quite long.

Method: We conducted 19 qualitative interviews with 19 people (9 men, 10 women) with persistent SUD to understand the personal strengths they use in their recovery. A gender-differentiated thematic analysis of the transcripts was conducted.

Findings: The analysis paints a portrait of people who, despite their difficulties, managed to use their skills and develop new ones to confront their problems: introspection, perseverance, self-belief, knowledge about recovery, etc. For women in particular, the ability to assert themselves appears to have been a survival tool in their trajectory. For most of the participants, material and financial resources were most lacking in their recovery process. Faced with a precarious financial situation, several women spoke of the need to get organized and be proactive in finding ways to support themselves.

Conclusion: Contrary to a deficit-focused perspective, the concept of recovery capital leads us to focus on what is going well in these people's lives.

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Recovery capital; strength; long-term substance use disorder; recovery process

Introduction

Originally coming from the field of mental health and support groups (White, 1998), the concept of recovery is contrary to the abstinence paradigm as the sole and absolute criterion for well-being. Recovery is defined 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' (SAMHSA, 2012, p. 3). Studies show that recovery is a multidimensional, non-linear process of personal emancipation aimed at improving one's quality of life (Costello et al., 2020; McQuaid et al., 2017; Neale et al., 2014a). Moreover, sociological studies show that recovery often involves an identity conversion, a redefining of our relationship with substances and the way we approach life (Berger & Luckmann, 1986; Jauffret-Roustide, 2010). These sociological studies also show that recovery comes after a biographical disruption (Bury, 1982, 1991) in the life course of addicted individuals, that is, an event that causes a disruption in people's daily activities, leading to a redefinition of themselves and the use of resources to help them adapt.

Recovery being a multidimensional, long-term process, several studies are now trying to understand the mechanisms that contribute to its initiation and maintenance (Best & Hennessy, 2022). They are thus moving away from the dominant tendency in addiction studies to analyze people's trajectories from the angle of vulnerabilities and deficits (Rudzinski et al., 2017). In this respect, the concept of recovery capital, reflected in Bourdieu's (1980) sociological notion of social capital, corresponds to the sum of available resources that people with SUD can draw on throughout their recovery trajectory (Granfield & Cloud, 2001). It refers to three types of resources: 1) personal resources (the financial, material, and human resources such as skills, knowledge, and qualities); 2) social resources (the resources that are available through a person's social and family network including psychological and financial support); 3) community resources [the resources and opportunities present in the person's environment that are shaped by the cultural and political context in which they find themselves (White & Cloud, 2008)].

Regarding personal resources, qualitative studies conducted with people who have begun a recovery process report several personal resources that have helped them along the way: spirituality and the meaning it brings to life (Gilbert, 2022; Laudet & White, 2008), a better understanding of the phenomenon of addiction and acceptance of having to live with the desire to use again (Duffy & Baldwin, 2013), recognition of the long-term nature of their recovery process which involves vigilance and consistency in the efforts that need to be made (Gueta &

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Addad, 2015). Other resources such as having a degree, professional skills, and a job are also factors that promote recovery (Best & Hennessy, 2022; Irish et al., 2020). People report that in addition to improving their socio-economic status and better meeting their basic needs, holding a job is seen as a way of giving meaning to staying sober by creating structure in their lives (Van Steenberghe et al., 2021).

A supportive social network reinforces behaviors that contribute to the recovery process and maintains motivation to change, in addition to providing access to material resources, information, and emotional support (Castillo & Resurreccion, 2019). In fact, the family and friends of a person with a SUD play a powerful mobilizing role in initiating the recovery process. Several participants in the study by Pettersen et al. (2018) report that pressure from family members is an important factor in initiating change, although their comments can sometimes convey shame and guilt. Furthermore, in the study by Bellaert et al. (2022), participants report that the sudden loss of support from people who had been helping them for several years can precipitate the desire to seek help. Studies show that family and friends also play a role in maintaining recovery. From the individual's point of view, the sharing of tangible resources by family and friends, such as access to accommodation, food, and money, as well as emotional support, helps them attain a kind of normality (EnglandKennedy & Horton, 2011; Tracy et al., 2010).

Qualitative studies show that the presence of employment or training opportunities in an individual's community strengthens the other dimensions of their recovery capital. For instance, they encourage the development of new social networks, contribute to self-fulfilment, (re)build self-esteem, and expose them to new values, beliefs, and attitudes (Duffy & Baldwin, 2013; Foley et al., 2022; Keane, 2011). In the study by Gueta et al. (2021), people who received treatment along their recovery journey attribute their ability to maintain their recovery process to the emotional and material support they received from peers and employees as part of the services they received for their SUD (e.g. finding employment).

There are three dimensions of recovery capital (personal, social, and community), personal capital being the least studied. Research has made it possible to identify how different components of personal capital play a role in the recovery process including, for example, the positive role of spirituality (Gilbert, 2022), education (Sahker et al., 2019), and good health (Duffy & Baldwin, 2013). Using Cloud and Grandfield's (2008) model, several researchers have also documented negative personal capital (e.g. self-stigma, physical and mental health problems, low self-esteem, etc.), thus offering a picture of the barriers faced by people seeking to recover from SUD (Neale et al., 2014b; Patton et al., 2022; Skogens & von Greiff, 2014). What remains largely unknown are the skills, knowledge, and qualities that people mobilize to initiate and sustain their recovery journey, which are defined respectively as abilities acquired through training and practice as well as character traits that are part of an individual's personality (APA, 2015). Considering the importance of internal processes (e.g. confidence in one's own determination, knowledge of addiction problems) in a sense of self-efficacy in dealing with the hardships of the recovery process (Duffy & Baldwin, 2013; Gueta & Addad, 2015), this is an important gap that needs to be filled.

Initially based on studies conducted with men who had not used services in their recovery process (Hennessy, 2017), studies on the concept of recovery capital are now also focusing on people who have used specialized services for addiction (Duffy & Baldwin, 2013; Neale et al., 2014b; Skogens & von Greiff, 2014). More recently, studies tend to focus as much on the resources that facilitate the initiation of recovery as on those that help maintain it (Gueta et al., 2021; O'Sullivan et al., 2019; Yates, 2014), thus adopting a long-term view of the recovery process. Therefore, the concept of recovery capital allows us to adopt a strengths-based perspective by focusing on recovery as a long-term trajectory that extends beyond periods of service use. However, few studies have done so by considering the profile of people with persistent SUD, which differs in terms of severity (White, 2008a) and length of the recovery trajectory (Fleury et al., 2016). The dominant trend in the field of addiction has been to study these long-term SUD populations from the angle of their vulnerabilities and weaknesses (Rudzinski et al., 2017). However, this point of view is shifting, moving towards a better understanding and use of the strengths and resources that make it possible to recover over time (Best & Hennessy, 2022). Various ways of improving our knowledge include a better understanding of the role of personal recovery capital (Best & Lubman, 2012; Canadian Centre on Substance Use & Addiction, 2017). This is the angle that the present study has adopted to explore the personal strengths and resources employed by people with persistent SUD throughout their recovery trajectory.

The influence of gender on substance use and recovery trajectories has not been greatly studied in this long-term population, but the few results available point to the need to address women differently (Pederson et al., 2015). The few studies having focused on women's recovery capital illustrate how gender-related social norms influence their recovery experience by heightening the stigma they face and imposing social expectations that interfere with their attempts to recover (Gueta & Addad, 2015; Neale et al., 2014b; Van Steenberghe et al., 2021). Compared to men, they experience different health issues, including more concerns related to domestic violence, reproduction, self-harm, and suicidal behavior (Neale et al., 2014b). However, once their recovery journey has become stable, they mobilize more strengths than their male counterparts, which suggests that they are good at developing a variety of resources (Abreu Minero et al., 2022; Best et al., 2020). In addition, the results of the comparative study by Neale et al. (2014b) show that women seek more help from those around them than men and more easily establish friendships with people who do not use substances. Taken together, these data seem to indicate that men's and women's journeys differ regarding the obstacles they must overcome, but also concerning the strengths and resources they mobilize, which highlights the need to take gender into account in studies that focus on recovery capital. Therefore, the aim of this study is to gain a better understanding of the personal resources that are mobilized during the recovery process of addiction service users with a long-term profile. Furthermore, our analyses take gender into

account, given the gender-based variations in recovery and the recommendations made by major research institutions to take this into account in order to avoid reproducing inequalities as well as to improve the services offered (CEWH, 2020; EMCDDA, 2006; UNICRI, 2015).

Method

This study was based on an exploratory, descriptive design (Sandelowski, 2000). The design allowed us to gain an in-depth understanding of phenomena while remaining close to the participants' discourse, which makes it easier for people who are in similar situations to identify with the findings (Kim et al., 2017). Rather than testing the validity of a theory, the exploratory descriptive design sought to produce a rich description of experiences from people's perspectives using words that remain close to the meaning of their experiences (Kim et al., 2017; Neergaard et al., 2009; Sandelowski, 2000, 2010). It is a particularly appropriate design for addressing issues that have clinical relevance as it provides a factual answer to the research questions by remaining close to the data collected and limiting their interpretation (Colorafi & Evans, 2016). It conveys the voice of the people concerned in order to produce knowledge that can influence the service offer built for them (Bradshaw et al., 2017).

This study was carried out as part of the qualitative research project, Gender-ARP (https://www.gender-arp. com). It was approved by the Ethics Committee of the CIUSSS-Chus-E research center (MP-31-2020-3294). This study is one component of this project, which consisted in conducting individual, semi-structured interviews with people experiencing difficulties in their substance use so as to explore their use trajectory, their service use, and their recovery trajectory.

Data collection and participants

The participants were recruited from December 2019 to February 2021 in four addiction treatment centers in the Quebec City region of Canada (Table 1); clinicians in the centers referred people who were likely to be eligible to participate (Fortin, 2006). The clinicians at the centers involved identified people who might be admissible to the study, presented the project to them, and asked for their permission to be contacted by the researcher in charge of the study. If necessary, the clinicians handed out a leaflet that briefly described the study to people who were interested in it. The advantage of this strategy is that it relies on the bond of trust between potential participants and the organisation they frequent to facilitate recruitment.

Table 1. Recruitment locations and number of participants recruited.

Setting	Number of participants	Gender
Outpatient therapeutic community and training and employment center ($n=1$)	$n=4$	3= men 1=woman
Long-term inpatient program ($n=1$)	$n=4$	2= men 2=women
Public addiction treatment center: short-term inpatient program and outpatient counseling ($n=2$)	$n=11$	4=men 7=women

People with persistent SUD generally present a complex profile in terms of the seriousness of their disorder (e.g. polydrug use, drug use by injection), the presence of concomitant disorders (e.g. mental and physical health, legal difficulties), and life histories testifying to considerable vulnerability (White, 2008a). In addition, their long journey is marked by repeated episodes of treatment, varying lengths of abstinence, and relapses leading to a return to moderate or problematic substance use (Brochu et al., 2014; Chauvet et al., 2015). In keeping with the profiles of people in long-term recovery from substance use, the following criteria were selected. The selected participants had to be adults (18 years or older). People had to have used the services on several occasions, illustrating the temporal persistence of the problem (at least two service episodes in their lifetime, e.g. outpatient or residential addiction treatment services, regular attendance of AA/NA support groups). Considering that people with persistent SUD tend to have needs involving psychosocial and health problems for which services must be adapted (White, 2008a), additional inclusion criteria were identified. Participants were also required to have a high complexity and severity of use profile, as identified by the following criteria: 1) to have been in a precarious situation in the last 12 months (residential or financial instability) or 2) to have had at least two of the following difficulties in their life: a) a mental health diagnosis, major physical health problems, a criminal record or incarceration; b) to have personally received youth protection services as a minor or for one's children; c) to have shown signs of SUD severity (e.g. injection drug use, severe withdrawal symptoms, overdose requiring medical intervention). Identifying with the female gender was chosen as a criterion for sample diversification considering the different experiences reported by men and women regarding their recovery process (Gueta & Addad, 2015; Neale et al., 2014b; Van Steenberghe et al., 2021).

This study is based on 19 semi-structured, individual interviews lasting approximately 120 minutes each, which were all conducted by M.B. The interviewer had undergone a few hours' training on how to conduct a semi-structured interview and had already conducted a number of interviews as part of other research projects. The first eight interviews were conducted in person, while the remaining 11 were conducted online ($n=7$) or by telephone ($n=4$), due to the Covid-19 pandemic. Participants' free and informed consent was obtained in writing before beginning the interview process. A financial compensation of $20(CAD) was offered to participants at the end of the interview. In order to be able to determine the context in which the key events in the people's lives took place, the interviews were based on the Lifeline Interview Method (Berends, 2011). Also used in other studies on the recovery journeys of people with SUD (Bellaert et al., 2022; Best et al., 2018; Gray & Dagg, 2018), the lifeline method was used as a visual aid to help people tell the autobiographical story of their life trajectory. The chronological organization of the key events in their lives and the way they remember them (e.g. difficult event, turning point, precipitating context) help participants build their narrative around these markers (Schroots & Assink, 2005). Participants were encouraged to talk

about the aspects of their lives that were going well, the steps they were taking to maintain and improve their well-being, and the resources that were helping them to do so.

There were nine male and ten female participants with an average age of 43.95 years (SD = 8.51). In the year prior to the interview, 13 participants had a personal income of less than C$29,999 (about US$23,664 or €21,117) and, of these, six people had an income of less than C$12,000 (about US$9,466 or €8,447). Thus, with regard to the Quebec low-income threshold for a single person, which is set at C$23,086 (US$18,033.63 or €16,892.82), 68% of the sample was slightly above or considerably below this threshold (Quebec Institute of Statistics, 2020). Thirteen participants were unemployed for at least three months in the 12 months preceding the interview. The majority of participants had more than one difficulty, including abuse, residential, legal, and mental health problems. The majority of the people we met had completed training leading to a diploma (vocational, community college, or university) and almost all of them had held a job at some point in their life course career. On average, they had been to 9.21 episodes of specialized addiction services in their lifetime (SD = 7.65).

Data analysis

The interviews were recorded and all the content transcribed and anonymized for analysis. Using both an inductive and deductive approach, a mixed coding grid was constructed and each code was defined in a lexicon. White and Cloud 's (2008) conceptualization of types of recovery capital guided the thematic prioritization (deductive approach). A first preliminary reading of the first eight interviews by M.B likewise helped us to identify emerging themes (inductive approach), namely: ability to de-dramatize, curiosity, self-belief, perseverance, assertiveness, and introspection.

All interviews were coded by M.B. using this grid in NVivo software (version 12). The coded excerpts were then analyzed using descriptive thematic analysis (Paillé & Mucchielli, 2021). An independent coding process was carried out by a research professional on three interviews. Extracts that were not coded uniformly were examined and discussed. These discussions helped to refine the lexicon and coding grid. This coding grid was then applied to all remaining interviews conducted by M.B. The content coded under the theme of personal recovery capital was then synthesized to identify recurring themes in the interview excerpts, draw parallels between the participants, and document differences between them. Special attention was paid in these summaries to highlight the particularities of women's experiences. These summaries were then discussed with K.B., M.J.R. & J.T. to validate the understanding of the analyses and the selection of quotations illustrating the themes, and to determine whether empirical saturation had been reached (Pires, 1997). Using a participatory approach, a peer-researcher, and a focus group of six people – two women and four men with similar characteristics to the participants recruited in this study – were consulted to validate the relevance of the analyses (Mays & Pope 2020). Following the presentation of the results, people were invited to discuss the following questions: 'Based on your experience, do these results make sense to you? If so, which ones are the most significant? From your point of view, which results are the most important or worthy of emphasis?' The discussion confirmed the relevance of the results obtained by the analyses on all the main themes. However, their presentation was reorganized to better match the most important resources identified by the participants during the validation process. The results were presented to them in the order in which they had emerged in the analyses. They were then rearranged to better reflect the importance of the themes in their recovery experience. For example, the perseverance, introspection, assertiveness, and self-belief themes were identified as key resources in the recovery process.

Results

The results are presented according to White and Cloud (2008) personal dimension of recovery capital, insisting more on the strengths and resources that participants have employed during their recovery process. The results were grouped under two main headings: 1) qualities, knowledge and skills; 2) material and financial resources.

Qualities, knowledge, and skills

The collected data draw a picture of people who, despite their difficulties, have managed to accumulate knowledge and skills and who possess several qualities useful in dealing with their problems.

Perseverance

One of the strengths that most participants spontaneously mentioned was their ability to persevere despite the hardships they faced. The participants' comments illustrated the different aspects of their ability to persevere in their recovery process. In the participants' words, perseverance was sometimes associated with determination, that is, the ability to set a goal and stick to it despite challenges that arise. To be persistent, you have to be determined, said one participant about her daily struggles with her alcohol problem, which she had been dealing with for about ten years. Despite the hard time she had quitting and her many as of yet unsuccessful attempts to achieve this goal, she continued to strive and hope. She was tenacious in the daily pursuit of her medium and long-term goals.

> **Nadine:** 'I am persistent. I will keep on bucking till I actually succeed in quitting. I won't give up. I work on it every day anyway, you know. […]. I can't give up, because, like I said, I want it to stop! I want to return to a normal lifestyle, to feel better about myself. I'm not well now, in my body or my mind.' [woman, 49 years old, 10 service use episodes]

As with Nadine, Clément's statements show that perseverance is a combination of day-to-day work and a longer-term vision of desired changes. In the following extract, Clément talks about how he manages to persevere in the work he does every day to foster his well-being. He stresses the importance of the daily process of perseverance, explaining that keeping his goals in mind helps him to stay focused on the challenges ahead.

> **Clément:** '[…] to remember what my goals are, you know, every day, and then take it one step at a time, one difficulty at a time,

one situation at a time, and remain focused on what I want. I'm sure it will help me make good decisions, make good choices.' [man, 41 years old, 30 service use episodes]

So as to begin and maintain lifestyle changes involving recovery, some participants reported that they achieved perseverance through a self-imposed discipline. Alain explained how he set up a workout routine in order to stop using drugs.

Alain: 'Well, for me it was going to the pool five times a week, going to the gym three times, that was it. It gave a kind of rhythm to my life so that no matter what came along, I went and worked out. I had to go. […] I was creating another kind of routine for myself.' [man, 55, 3 service use episodes]

Another participant's comments illustrate how adopting a caring and supportive self-talk fueled his perseverance by helping him to stay motivated about his recovery process. He explained that he was proud of his ability to control himself and about the gains he had made since starting the process. This helped him to persevere when he felt tempted to drink.

Yves: It motivates me! To be able to say "Ah, you're controlling yourself." You know, I don't want any of that [alcohol], I'm so happy to have done that part, I'm so proud of myself for having managed to do that. I'm like, "Son of a gun, you did that bit, you're good to do another bit, man," you know? [man, 55 years old, 5 service use episodes]

The ability to persevere despite difficulties can also be supported by a certain emotional detachment. This detachment allows people to continue to advance despite the suffering that they may have experienced or witnessed. One participant assumed that his perseverance and ability to endure so much suffering was facilitated by his ability to shut off his emotions. A personal strength that he mentioned for the first time during the interview by looking at his lifeline and all the biographical disruptions that punctuated it.

Thomas: Well, perseverance. A lot of perseverance because I never really gave up. Suicide was never an option. Then… I guess this is what it is to bear so much pain. Somehow, I've put up with it too, it's a strength in itself. You see, this kind of… it's the first time, I think, that I've felt so detached.

A detachment that he also saw as a disadvantage when he would like to show compassion for the difficult experiences of other people in the group meetings that he was going to for addiction services.

Thomas: I often think it's harmful, but I think, in cases like this, it can be a strength. […] You know, like this morning, we had a conversation where some pretty rough stuff came up. I kept on thinking, 'God damn, son of a bitch, I should be angry, I should be sad about this, but I had a hard time, you know. [man, 38 years old, 7 service use episodes]

Introspection

Many participants also pointed to their capacity for introspection as a key element in helping them through their recovery process. A faculty often developed through contact with their peers and the various professionals they met. For several participants, the ability to understand themselves was based on their connection to their emotions. They stressed the importance of being able to identify their emotions and accept them so as to continue their recovery process. Joannie explained that she gained, over the years, an understanding of her inner workings, how to take care of them, and most importantly, the need to do so. Her comments illustrate how certain thoughts or emotions acted as an alarm system to warn her of the need to put into practice the abilities she had acquired during her various service use episodes.

Joannie: I force myself to do things that make me feel good […] because I look at myself and I know that […] negative thoughts can take over for a very long time […]. I didn't do all that work to fall back into the same pattern of negative thoughts. […] You know, it took me 25 years to stop […]. Even if I think I don't want to take drugs, well, the way I see it, if I stay in that mood, in the next few weeks it will slowly come back into my head. And then, it becomes unavoidable, and that's when I'll be doing it again. [woman, 37 years old, 8 service use episodes]

Some participants explained how their capacity for introspection aided their recovery process, enabling them to make links between their AOD use and the problems underlying the SUD. For them, the accumulation of service episodes as well as multiple unsuccessful attempts to stop their AOD use led them to question themselves above and beyond their consumption problem. One participant explained how his thinking progressed alongside the trajectory of his consumption and service use.

Alain: For the longest time, I thought I was dealing with a drinking or addiction problem, but deep down, […] the alcohol and drugs were meeting a need. It was a way of being that a pre-adolescent created to escape from something, you know. […] As time went by, the problem remained, so even when I tried to stop, it wouldn't work. […] I tried to stop, let's say cocaine, and it didn't work. And when I stopped the cocaine, I continued with the alcohol. At one point I realized […] that the problem was not the alcohol and cocaine. [man, 55 years old, 3 service use episodes].

For Alain, as for other participants, it was the realization of the purpose of substance use in his life that was a turning point in his recovery process, helping him to go further in his therapeutic treatment. He was able to make connections between the traumas inflicted on him as a teenager and the void he was trying to fill with his AOD use.

Alain: "Why do I have a need for alcohol and drugs?" That was, I think, the question I hadn't necessarily answered before. And when I finally found the question, and then the answer, it meant that I was able to move forwards, […] to get better. [man, 55 years old, 3 service use episodes]

For others, introspection also meant being able to stop and question their values, needs, and goals and to take actions that are more in line with them. Christian explained how his multiple service episodes helped him take time out to reflect on his life goals and more clearly see the changes that he needed to make to achieve them. The diagnosis of a chronic physical health problem related to his alcohol consumption was also a major biographical disruption that helped him to redefine his life choices.

Christian: Ahh! Umm… Well, I thought about it enough, over and over, and then, I think, I was able to see what I wanted. It was seeing what I really want, what my needs really are, you know? What kind of world do I want to live in. You know, it's about

stopping and thinking about yourself for a bit. What do I really want in life? To be depressed, anxious, and all that stuff? No, I'm not interested in all that. So, you know, it's up to me to change things. [man, 43 years old, 10 service use episodes]

Assertiveness

Among other strengths that are helpful in the recovery process, many participants emphasized the essential role of being assertive in a healthy way, to express their needs, and to set limits. The ability to be assertive was new for some participants. The learning acquired through the services was particularly useful though; the repeated contact with the professionals allowed the users to assert themselves in the context of a benevolent therapeutic relationship. For some of the other female participants, however, it was an ability that they said they developed through difficult experiences such a repeated aggression or a hostile environment. For these female participants, the ability to assert themselves – and even to express their anger in an inappropriate way – seemed to be a survival tool that allowed them to avoid having to comply with demands they considered inappropriate from those around them. One female participant, whose life was particularly marked by various biographical ruptures linked to violence, explained that she no longer let anyone tell her what to do.

Agathe: I'm kind o' special. I'm surrounded by violence […] Everything, everything upsets me. […] Before, I always had to say […]'Yes, yes, yes' and then 'Everything's perfect.' I had to keep my mouth shut! But today it's the opposite. You won't stop me from talking. I'm happy to knock down walls! To go and pull the god-damn carpet out from under her and then all her other things and throw them outside. Can I do it? You bet I can! If I get mad any more, that's what I'll do, tear down the walls. [woman, 53 years old, 7 service use episodes]

Self-belief

Believing in oneself and in one's own ability to get better also appears to be a key factor in initiating and continuing the recovery process. Even when their confidence in their recovery potential may have been weakened by numerous past attempts, many testified that the process of building and rebuilding their confidence in their ability to recover takes place one step at a time. After explaining how having achieved AOD reduction targets gave her hope that she would be able to achieve others, one participant then emphasized the importance of recognizing her successes, however small, and not relying on others to judge her achievements.

Martine: So it encourages me. You know, you have to work to see them [the gains] even if they are very, very small. Yeah, because if you listen to people around you, you might as well just shoot yourself in the head. [woman, 56 years old, 10 service use episodes]

For many, the process of developing one's confidence in one's ability to get better is a virtuous circle. One participant explained that the more he saw the positive results of the changes he was making, the more confidence he had in his own ability to improve his life. And this confidence made him want to continue to pursue the recovery process.

Clément: The farther I get away from my cravings, the more I get away from the urge to consume, and the more I learn to trust myself in the way I stay sober, you know. And the more confidence I have, the more likely I am to succeed. [man, 41 years old, 30 service use episodes]

Self-esteem seems to be another element that contributed to their belief that they should continue trying. Several participants stressed the importance of appreciating themselves, respecting themselves, and taking care of themselves. In the discourse of some of the women we met, the building and rebuilding of their self-esteem was associated with their physical appearance. The cessation of substance use and the lifestyle changes they underwent since they began to make changes led to transformations in their body image. For some women, these changes led them to gain weight, which then caused them to fight against their desire to start using again in order to regain a body that corresponds more closely to the beauty standards imposed by society. Other women reported that losing weight after making changes led them to like themselves better. One participant explained how she had lost weight since she had stopped drinking and that this was a source of satisfaction that had a direct impact on her self-esteem.

Nicole: I had nothing left to lose, I was so broken, both physically and mentally. In 2000, things were not going well. […] There was my weight; I was up to 221. Now, I'm down to 150, 151, 152 […] That's good for your self-esteem, you know? It's not that obvious… (laughter). I don't have so much left to lose [esteem], but what I do have is staying put. It's solidly in place, I mean… It's already been acquired, it's been lost through consumption and neglect, and then it's been regained, so it's precious. [woman, 50 years old, ten service use episodes]

Curiosity

Curiosity also seemed to play a role in their ability to project themselves positively into the future and helped them to develop themselves in ways other than in relation to AOD use. In the participants' words, curiosity could be seen in their openness to new learning and the cultivation of varied interests. One participant said that he discovered new possibilities now that his mental state had improved thanks to a few months of abstinence and the time he could now devote to activities other than searching for drugs, using them, and recovering from their effects.

Jeff: I would say that I am increasingly regaining my intellectual abilities. I like to read, learn about things. I am naturally curious. I never used to think about going back to school, now I want to learn. Before I wasn't able to learn, I didn't want to go to school. Now, I know I want to learn. [Male, 34 years old, 3 service use episodes]

Ability to de-dramatize

Strengths employed in the recovery process also included the ability to de-dramatize, to laugh even when things were going wrong, and to look at life clearly and simply. One participant emphasized that this personality trait helped her to have a positive attitude towards life's difficulties.

Adèle: Well anyway, I think this will help me. And besides, the fact that before, you know, with or without drugs or alcohol, well I was really someone who found humor everywhere. I'm someone who's good at downplaying things. But I've certainly lost my touch a bit, you know, I'm in a depression now. I've been taking antidepressants for about a month now. I realized that I've never been in such an

> incredible down before. But you know, when I'm in my normal frame of mind, I'm like someone who sees things in a pretty simple way, so that helps me. [woman, 31 years old, 4 service use episodes]

Knowledge

The experiential knowledge of the participants, defined in particular by certain knowledge or skills acquired during their lifetime, can contribute to their recovery process. Participants reported having developed an understanding of withdrawal processes, of relapses, of coping with cravings as they occur, all of which enabled them to anticipate difficulties and remember how to overcome them. One participant explained how his experiences now enabled him to better manage his cravings by providing him with the knowledge to cope with them. A toolbox, as he called it, which he built up through an iterative reflexive process of trying to reduce his AOD use and applying the tools he acquired during his multiple service episodes.

> **Stéphane**: Then you know, you make your… what we call the toolbox, […]. The more time passes, the more things you discover, things that work, things that don't work. I realized that, for example, I had pretty well given up sports and now I've rediscovered my interest in it. I realized that it was an anchor in my life and, at the same time, it plays the same role that alcohol did. [man, 42 years old, twenty service use episodes].

Material and financial resources

The results show that material and financial resources were those that were the least available for supporting the people we met in their recovery process. Many of the participants we met reported that they had few financial and material resources on which to rely for their recovery. Some, however, were able to rely on family and friends for support. Others had to turn to community resources to meet their basic needs. Several of the women we met with explained that their precarious financial situation was a source of uncertainty and worry. The management of their budget came up often in their comments. In addition to the difficulties they experienced in making ends meet, many spoke of the need to be organized, to be proactive in finding ways to meet their needs, and to think about their future. One participant mentioned that her age pushed her to think about the need for financial security.

> **Marlène**: Well, in two years, I'll be sixty years old. And I don't have a penny to my name. I'm going to work until I'm 80. I might as well get my act together. To go south in the winter… And find a small, cheap apartment. [woman, 58, 4 service use episodes]

Several participants recounted the financial difficulties they experienced during their lives (e.g. difficulty paying rent, personal bankruptcy). A few people explained that they lost everything at the most difficult moments of their AOD trajectory, what some called their lowest point. But these comments must also be qualified by the fact that during their lives, financial and material resources were sometimes available. Some of the people we met mentioned having had periods in their lives with a form of socially valued prosperity (e.g. a good job, a house).

> **Julia**: So we decided to have a child, we had a house built, I was working in my field, he was working in the North. He was going on runs. We still had a good salary, we lived well, we had a nice big house built. Then I had two more children. […] We each had a car, we lived in a nice neighborhood, we took part in the school committee meetings. We were good citizens, good parents and all that. [woman, 39 years old, twenty service use episodes]

Participants explained that this was a major goal for them, to have a place to live and things of their own. Rayan, who was temporarily living in a friend's living room, associated the achievement of this goal with the pride of being self-sufficient.

> **Rayan**: So by then, I'd like to pay off all my debt, have an apartment in my name, my own furniture, my own things, my own bed, my own room, you know, live on my own. That's my short-medium term goal right now. Hum, to be proud of myself. [man, 33 years old, 4 service use episodes]

Others who have achieved these goals reported that it was a source of satisfaction, which they appreciated all the more after having experienced residential instability and life on the street. This was the case of Yves who lost everything at one point in his life and had to live in a shelter for homeless people.

> **Yves:** Well, to be frank, one night I was sitting here and I hadn't worked that day. So I made myself dinner and the whole kit, and then I settled down and watched Netflix. I started thinking, "Son of a gun, aren't I happy at home." You know, I had a moment where I was happy at home. You know, I was thinking about that, I didn't have a wife anymore, and now I have a small house, I can pay for it and all that… Let's say that was a thought that made me smile.
>
> **Int.:** To be in the comfort of your own home?
>
> **Yves:** Yeah, that's it, to be comfortable. That's what it is, to be happy with what I have. Compared to before, I had nothing, absolutely nothing. [man, 55 years old, 5 service use episodes]

Some of the women we met who had also experienced residential instability reported that having stable housing gave them a sense of security and independence. Nicole, who had had difficulty keeping a home due to repeated hospitalizations, mentioned that her apartment was a major source of satisfaction in her life.

> **Nicole:** There is nothing that makes me happier than having an apartment.
>
> **Int.:** What do you appreciate about having one?
>
> **Nicole:** Well I have my independence, I have my own place, I have… a roof over my head. [woman, 50 years old, 10 service use episodes]

Discussion

Based on interviews with people with persistent SUD, this study aimed to document the personal strengths and resources they harnessed in their recovery. The results indicate that their financial and material resources were limited, but that they had, nonetheless, the knowledge, skills, and qualities to undertake their recovery process. These results were obtained from people who had used specialized addiction services several times in their lives. They met with many difficulties and experienced many biographical ruptures (Bury, 1982), leading them to redefine themselves and to adapt by using their resources.

The results illustrate the complexity of developing recovery capital. People progress by improving intrinsic qualities, but also by progressively learning through relational and treatment experiences. Even though this study focused on the strengths and resources from the individual's viewpoint, the fact remains that the different dimensions of recovery capital (i.e. personal, social, and community) are linked and mutually influence each other (Hennessy, 2017; Van Steenberghe et al., 2021). For example, the factors explaining changes in self-esteem illustrate the complexity of developing recovery capital and the synergy between its different dimensions. Authors report how feeling supported by family and friends helps to better accept oneself, which nourishes the self-(re)construction process (Van Steenberghe et al., 2021; Vigdal et al., 2022). Experiences such as returning to school (Munton et al., 2011) or having a job (Yamashita et al., 2021) also seems to help develop self-esteem and a sense of self-efficacy. Others explain that their identity change process was fueled by the fact that they had made their achievements visible to the support group (e.g. number of days without using), creating in return a sense of pride and hope (Bliuc et al., 2017).

The participants we met with had numerous personal strengths that they were able to mobilize during their recovery process. These included the different facets of perseverance: day-to-day tenacity with long-term goals in mind, discipline, and emotional detachment. These are particularly useful strengths given the length of the recovery process for people with persistent SUD, who need to pursue long-term goals and be tenacious in the face of numerous challenges. The perseverance of the interviewees seems to have been fueled, on a personal level, by the identity changes that took place when people took credit for their successes and became aware of their strengths. Persevering through a long, arduous task – as can be the recovery process – is also an opportunity to learn and increase skills via the efforts made to overcome difficulties (Peterson & Seligman, 2004). This process was also observed in studies that examined perseverance as an ingredient of any success requiring long-term effort (Duckworth et al., 2007; Duckworth & Gross, 2014). Awareness of the positive facets and changes in identity that occur during one's recovery process would in itself be a factor in sustaining the recovery process, as it would help one to develop a positive self-view and free oneself from the label of addict (Brookfield et al., 2019).Our analysis of the commentary collected for this study likewise helped to identify other personal strengths, such as introspection, assertiveness, self-belief, and curiosity. This is new evidence that has not been widely published and that highlights the significant personal resources that people with persistent SUD have. The study by Gueta et al. (2021), which compares the recovery experiences of people who received treatment to recover with those who had not, shows that the former tend to attribute their ability to maintain their recovery process less to their personal resources, but more to the emotional and material support they received from peers and employees as part of the services they received for their SUD (e.g. finding employment).

For most of the participants that we met, their capacity for introspection is an element that helped them progress, which is consistent with several studies showing that it is an essential ingredient in the therapeutic process (Johannessen et al., 2020; Lindgren et al., 2017; Senay et al., 2010). The ability to be in touch with their feelings enables them to react more appropriately to the situations they encounter, which is a process that is built over time and in a supportive environment (Dekkers et al., 2021).

The people we met also pointed out that their ability to assert themselves is an important resource in their recovery process. Expressing themselves to others about their feelings and needs appears to improve their self-esteem and interpersonal relationships (Speed et al., 2018).

More studied in relation to the tendency to explore new substances and its relationship to danger (Hall-Simmonds & McGrath, 2019), curiosity has been less studied in terms of its usefulness in the recovery process. Yet, embarking on such a journey certainly requires openness to novelty and a willingness to place oneself in a situation of imbalance; these are foundations that are considered essential for self-fulfilment (Kashdan et al., 2004).

Knowledge gained during the recovery process (e.g. withdrawal process, coping with cravings, relapses) are among the personal resources identified in this study. This appears to be a resource that people looking to get well can draw on in order to learn how to deal with the challenges encountered in their recovery process. Baillergeau and Duyvendak (2016) highlight the importance of recognizing knowledge gained through experience, often referred to as experiential knowledge, as a resource that helps in the long-term recovery process because it fosters empowerment. Godrie (2016) states, furthermore, that experiential knowledge is more than an accumulation of experience: it requires an element of reflection about lived experiences in order to learn from them.

The participants with whom we met had little financial and material resources, which was consistent with their precarious situation at the time of participating, was a study selection criterion, and was representative of people with persistent SUD (Huỳnh et al., 2016). Several of the participants interviewed for this study mentioned that it was important for them to make progress in terms of their material resources, that is, to have their own place and belongings. This is consistent with the hierarchy of needs where economic security is paramount (Maslow, 1943). Those who have achieved this reported that it was a source of satisfaction that helped them to appreciate how far they had come. Having one's own home environment provides a sense of security that can help people flourish (Borg et al., 2005; Nelson et al., 2015). In addition to playing an instrumental role that ensures basic needs are met, material and financial resources also play a symbolic role in supporting the recovery process: they influence how people define themselves (Chen, 2018). Several participants testified, however, that their situation had not always been so adverse and that they had experienced prosperity at certain times in their lives. Indeed, recovery capital evolves dynamically over recovery trajectories, and the amount of resources possessed by an individual at any given time depends on multiple interacting factors (Hennessy, 2017). Taking into account the social and environmental context surrounding the participants' financial and material resources shows that for several of them, they could rely on

family and friends and different community resources. According to Bourdieu (1994), resources are not distributed equally among people since the amount of resources a person has is based on both the extent of the social networks in which the person operates and on the amount of resources these networks have. However, membership in these networks depends on the person's social status and the power relationship between the person and the various institutions in society (Bourdieu, 1980). For several women we met, the precariousness of their financial situation was a source of concern. The lack of financial and material resources would seem to be a particularly vulnerable issue for women living in these situations. Women as a group are more exposed than men are to certain social determinants that generate gender inequities (e.g. disproportionate share of family responsibilities, greater proportion of precarious employment than men, Green et al., 2021; Power, 2020). Gueta and Addad (2015) study of the recovery process of women two years after they received specialized, residential addiction services shows how the lack of material and financial resources continued to be an issue despite the progress made in other areas of their lives. It likewise encouraged them to return to their former living environment where substance abuse was normal and into a relationship with a man on whom they were financially dependent. This is an issue that should be taken into consideration when planning services specifically for women. The interviewed women likewise reported the importance of being organized and proactive in finding ways to support themselves. This proactivity is particularly attributed to women due to a greater ability than men to seek help from those around them (Neale et al., 2014b).

For some of the women we met, the construction or reconstruction of their self-esteem was related to their physical appearance. An observation that has likewise been made in the few studies conducted on the recovery of women with SUD is that the construction of a positive identity is often undermined by the desire to correspond to gender-dictated social expectations regarding body image and weight (Neale et al., 2014b; Van Steenberghe et al., 2021). Social norms and gender roles conveyed in our society create expectations that weigh heavily on women regarding their appearance, behavior, and obligation to take care of others, which in turn has an impact on their trajectories of substance use, service use, and recovery (Kougiali et al., 2017; Wincup, 2016). In addition, certain recovery tasks (e.g. assertiveness, focusing on one's own needs) conflict with gender roles and stereotypes that are more typically assigned to women, thus contributing to their exclusion (Benoit & Jauffret-Roustide, 2016).

Clinical implication

The results of the present study are in keeping with the paradigm shift that has grown in recent years, going from a medical model (where the therapist is the expert and services focus on usage symptoms) to a more holistic and recovery-focused view of the person (Kaskutas et al., 2014). This latter view involves considering, in particular, the person as a partner in the treatment, where their expertise regarding their situation is taken into consideration in the decisions and planning of services, as well as considering the progress made in all areas of life (Beaulieu et al., 2022).

This change of perspective is also in line with work in the field of positive psychology, which specifies how we should focus on positive aspects (e.g. well-being, positive emotions, resources) to deal with the darker sides of life (Ivtzan et al., 2016). To help people with persistent SUD develop recovery capital, we must adopt a strength-based approach that reframes their experience (Saleebey, 1996) and focuses on the recognition of their skills, abilities, and opportunities. Practitioners need to encourage them to develop a more positive self-image, to analyze their life trajectory, re-examine negative beliefs about themselves, and cultivate new ways of perceiving themselves (Weegmann, 2010; 2017).Service providers must try to foster their clients' ability to persevere when faced with challenges in their recovery process. They should create a context that helps clients to develop personal recovery capital by focusing on the construction or reconstruction of a positive self-identity and the cultivation of their ability to project themselves positively into the future (Dekkers et al., 2021; Neale et al., 2014a). Service providers need to create opportunities (e.g. employment, education, community engagement, other meaningful activities) so that people with persistent SUD can build their self-esteem and sense of self-efficacy (Cano et al., 2017; Yang et al., 2019). A meta-synthesis of qualitative studies on social recovery capital likewise points out that the feeling of giving back to one's community through social activities helps to rebuild one's dignity (Vigdal et al., 2022).

This practice is also in keeping with the notion of empowerment, in which people work to reclaim power in their personal lives, relationships, and communities by building on their strengths (Gutierrez, 1990). The results obtained in this study illustrate how gender influences the development of certain strengths. Gender-sensitive services need to put the empowerment model at the heart of their interventions by helping women to become aware of how gender roles and social expectations affect them negatively (particularly certain stigmas) and to identify their strengths in order to better cope with this (Mizock & Carr, 2020; Rungreangkulkij et al., 2021).

Our results also show that for some women with a particularly violent background, assertiveness, even when expressed inadequately, is a good strategy to avoid having to comply with the demands of those around them. Especially for women, assertiveness is often perceived more negatively, as it contradicts the gender roles assigned to them (e.g. women should be pleasant, gentle, and selfless [Lease, 2018]). These women should be able to count on trauma-informed care (SAMHSA, 2014) that helps them to maintain this assertiveness by learning healthy strategies for managing emotions and avoiding expressing their anger, and thereby having an end put to their service.

The precarious situation in which many people with persistent SUD find themselves should be considered with the utmost attention by those who organize specialized addiction services. The formers' situation requires the deployment of a comprehensive service offer that takes into account the complexity of their needs. It likewise includes the implementation

of psycho-social rehabilitation services to develop skills (e.g. budget management) and material conditions (e.g. access to affordable housing) that help foster recovery (Beaulieu et al., 2022). As White and Cloud (2008) suggest, the concept of recovery capital can be used to guide service planning. By providing a realistic picture of the range of personal, social, and community resources that are available to support the recovery process, it is easier to identify those that need to be strengthened and to fill in, if necessary, the gaps in certain personal and social resources.

Strengths and limitations

Whereas research in the addiction field most often focuses on the difficulties and vulnerabilities of people with persistent SUD, the present study looked at how they draw on their own resources to enhance their well-being. The former approach can have the effect of perpetuating any stigmas against them (Cournoyer Lemaire et al., 2021) and the social representations that depict them as people lacking personal willpower, responsibility, and self-reliance (Jauffret-Roustide, 2009). Admittedly, people with persistent SUD are distinguished by a greater clinical severity of the disorder and an accumulation of various difficulties (e.g. concomitant mental health disorder(s), hospitalization for these mental health problems, criminality and court ordered treatment, traumatic events [White, 2008a]). However, as the present study has illustrated, these people also have strengths, skills, and knowledge that they can use to enhance their recovery process.

Another strength of the study is that the analyses were subjected to a validation process with people who had similar characteristics to the participants. This desire to draw on the experience of those concerned led to a rethinking of the results: the theme of perseverance was reorganized and improved by way of discussion. Likewise, more emphasis was placed on assertiveness and introspection, two themes identified as fundamental by the people who participated in the validation process.

This study focused specifically on people who used specialized addiction services to help in their recovery, which was consistent with the aim of documenting the personal strengths of people with persistent SUD. However, this choice, which guided the sampling, limited the results' transferability to people who were not in contact with services or who did not have a long-term profile. Recovery is, nonetheless, a non-linear process in which one can experience ups and downs (Ashford et al., 2019). Conducting interviews when participants were in contact with services probably coincided with periods in their lives when things were going relatively well, which may have more positively influenced their response to questions. It is possible that an interview conducted at another time in their lives might have produced different results.

In addition, data collection had to be modified during the course of the study to comply with pandemic health guidelines, which meant that the majority of interviews were conducted remotely, either online or by telephone, with participants who were at home. While this setting left more room for distraction, on the whole the interviews were as rich as face-to-face interviews. The online method was preferred because it provides an almost equivalent setting to face-to-face interviews through the ability to share the content displayed on the screen and to see the participant's non-verbal reactions. In a few cases, the participants did not have access to an internet connection, so the interview was conducted over the phone, with the interviewer paying close attention to changes in the tone of their voices.

Conclusion

The goal of this study was to document the personal strengths and resources that people with persistent SUD employed in their recovery process. The results paint a picture of people who, despite their difficulties, managed to accumulate knowledge and skills and employ personal qualities to cope with their addiction problem. Not only is it important to adopt a balanced view of people with persistent SUD by looking at their strengths, skills, and abilities, it is also imperative to understand what helps them to move forward given the considerable length of their recovery process.

The organization of services for these people requires a shift from a short-term treatment model to long-term support adapted to the duration, changing severity, and complexity of their disorder (Beaulieu et al., 2022). It likewise requires moving from an illness-centered approach to a holistic perspective focused on well-being and strengths (White, 2008b). This latter view particularly implies: 1) considering all areas of life in service planning, assessment, and intervention; 2) integrating family and friends into the services; 3) relying on experiential knowledge and peer support; and 4) developing the people's personal, social, and community recovery capital (Brown, 2021; Cleveland et al., 2021; Martinelli et al., 2021; White, 2008b). Given that the notion of recovery capital is now a key concept in recovery research (Best & Hennessy, 2022), future research should focus on organizational models and practices that help to develop recovery capital in people with persistent SUD.

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Author contributions

All authors contributed to the conceptualization and material preparation for the investigation. Data collection, analysis and finding interpretation were performed by M.B. supervised by K.B., J.T. & M.J.R. The first draft of the manuscript was written by M.B. and all authors commented on previous versions of the manuscript. All authors read and approved the final manuscript.

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Data availability statement

The data that support the findings of this study are available from the corresponding author, [M.B.], upon reasonable request.

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