

Addiction and Spiritual Transformation.

An Empirical Study on Narratives of Recovering Addicts' Conversion Testimonies in Dutch and Serbian Contexts

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Summary

The article examines how recovering drug addicts employ testimonies of conversion and addiction to develop and sustain personal identity and create meaning from varied experiences in life. Drawing on 31 autobiographies of recovering drug addicts we analyze conversion and addiction testimonies in two European contexts (Serbia and the Netherlands, including a sample of immigrants). The analysis shows how existing frames of reference and self-understanding are undermined and/or developed. We first describe the substance abuse in participants' addiction trajectory. Next, we outline the religious aspects and the primary conception of recovering addicts' conversions as an example of spiritual transformation and narrative change. Moreover, participants select and creatively adapt cultural practices in their testimonies. In many of these examples (mostly in the migrant sample) converts clearly employ elements from their personal and family histories, their ethnic and religious heritages, and their larger cultural and historical context to create a meaningful conversion narrative.

The purpose of this study is to understand how recovering drug addicts employ testimonies of conversion and addiction to develop and sustain a sense of personal identity and create meaning from conflicting life experiences. The quest to undo the suffering and the affliction of addiction is seen as a spiritual attempt to reconfigure the addicted person's "spoiled identity" (Goffman, 1963). This research will show how individuals re-conceptualize their conversion and addictive experience to produce explanations for their recovery. It is therefore a study of identity reconstruction.

The main research question is how recovering drug addicts in the Netherlands and Serbia understand and create their life in terms of stories of addiction and conversion. It draws on the observation that addiction often (though certainly not always) develops in response to life crises or trauma and identity confusion, while spiritual transformation, including religious conversion, can foster recovery (Benda & McGovern, 2006; Ng & Shek, 2001). The study limits itself to Christian evangelical converts.

Theoretical Framework

As this is a study in identity reconstruction through conversion against the background of (sub)traumatic experiences, addiction and coping, and the socio-religious contexts, our theoretical framework brings together various perspectives. It follows the claim that the study of religious coping should take into account the concomitant fields of identity and context (Ganzevoort, 1998). The theoretical perspectives are held together in a fundamental narrative approach.

Narrative Identity

In line with Ricoeurian-inspired notions of identity as *idem* and *ipse*, we see identity as a narrative project, aiming at the construction and continuous reconstruction of a story of the self (McAdams 2006). This life story interprets and connects the significant events of one's life into a meaningful whole (emplotment) and is shared with significant others (enactment). Emplotment regards the referential dimension of the narrative identity; enactment the performative dimension. In combining these two dimensions, we can describe narrative identity as the effort to make sense of one's life before the audience of the other. The construction and reconstruction of narrative identity takes place in continuous negotiation with the audience and with new events occurring to the person. This perspective highlights the role of narrative agency and competence in identity development rather than focusing on epigenetic factors (although the influence of those factors is not denied).

This study focuses specifically on the role of testimony in reconstructing a viable narrative of the self, accounting for trauma, addiction, and conversion and embedding in different social, cultural, and spiritual contexts (Sremac & Ganzevoort, 2013). Understanding testimony as a performative discursive practice before an authoritative audience allows insight into the strategies recovering drug addicts employ to negotiate their identities and meanings in recovery process. In their testimonial talks, individuals perform agency in construing and re-construing their identities through storytelling practices. In order to relate to this audience and account for their lives, narrators turn to canonical language. Canonical language in this context means the dynamic interplay between an authoritative language of a particular faith community (e.g., liturgical and theological language) and the converts' personal life histories. As such, it contains a specific meaning-making potential generated

in a certain socio-religious context, allowing for the exploration of new stories when one encounters new audiences. Heuchemer and Josephsson (2006, 166) call this a narrative arena, in which individuals “could test their new lived plots, guided in creating and enacting them by the interpretative frames of a social and symbolic nature.” The ‘canonical discourse’ of a certain religious context of meaning becomes constitutive in its linking with an individual experience (Stromberg, 1993).

Conversion

Current psychological, sociological and practical theological literature particularly devoted to the phenomenon of conversion has begun shifting away from *causes* and *consequences* of conversion and the stages of the conversion process, which have occupied most researchers’ attention in the last 30 years, to the more recent narrative approach (Sremac, 2010). Narrative conversion investigations primarily understand conversion as a linguistic construction of self-performance whose focus is on interiority enacting, in various forms, processes of ‘giving account of oneself.’ Authors such as Snow and Machalek (1984), Staples and Mauss (1987) and Stromberg (1993), focus on the ‘lived experience’ and acknowledge a close connection between the conversion testimony and the biographical experience, and intend to show the socio-psychological functions that conversion testimonies fulfill in the biography. They also underscore the socially constructed and communal character of conversion accounts. Staples and Mauss (1987), drawing on the work of Snow and Machalek, argue that biographical reorganization is the marker and the only true indicator of conversion, which involves a change in one’s ‘universe of discourse’. It means that a person’s communication language (i.e. words, symbolic interaction) is transformed as a result of the conversion experience in order to make sense of self and world. Obviously Staples and Mauss take a functionalistic approach to language and argue that conversion narrative is not a reflection of some underlying change in consciousness, but a tool to achieve self-transformation. That is to say, conversion is a process whereby a new universe of discourse is used to reflexively change the self. Conversion therefore can be seen as a rhetoric performance of the self through which converts seek to establish connection between the canonical language of certain religious group and their own personal (in many cases traumatic) experiences.

In this social constructionist framework, Popp-Baier, (2002, 53) suggests three methodological steps for analyzing conversion narratives:

1. Considering conversion narratives as dependent on a structured discourse. That means examining the respective canonical religious language providing a certain structure and topics for conversion narratives;
2. Investigating conversion narratives as rhetoric by considering the use of religious language in these narratives as a means of achieving certain social effects; and

3. Realizing that conversion narratives are always constructed in the context of a particular social interaction.

The construction of meaning in conversion stories always depends on these processes. Therefore, conversion testimonies reflect the cultural models of conversion prevalent in a particular faith community. The new language of the convert “expresses new forms of relatedness. The public aspect of this belonging is perhaps a new identity, a newly inscribed communal self defined through the gaze of others.” (Austin-Broos, 2003, 2). This becomes manifest in a public testimonial narrative.

(Sub)traumatic Experiences and Coping

The term trauma in this paper primarily refers to potentially traumatizing events such as war and sexual abuse, based on the observation that these severe life events play a significant role in the story of the participants. In a secondary sense it refers to the psychological processes evoked by these events (psychotrauma). In line with research on posttraumatic growth, the term is not limited to severe psychotrauma meeting the criteria of posttraumatic stress disorder, but includes subtraumatic events and psychological responses (Joseph & Linley, 2008). Attribution theory proposes that individuals typically strive to implement a new explanation and understanding for their life situations when they lose confidence in themselves and encounter an obstacle they cannot solve and then experience a social context that supports the new perspective and perception different from their own (Kelley, 1967).

Following the perspective of positive psychology, trauma research in the past two decades has started to pay attention to the potential positive aftermath of (sub)traumatic experiences. Posttraumatic growth research finds spiritual transformation to be one of the key dimensions of growth and healing (Tedeschi & Calhoun, 1995, 2006; Joseph & Linley, 2008; Ganzevoort, 2009). Spiritual transformation is seen as a radical change in a person’s cognitive, attitudinal, and conative religious positioning and attitude and thereby as a key factor in the reconstruction of one’s biography (Sremac & Ganzevoort, 2013).

The processes of narrative identity (re)construction, posttraumatic growth, and religious coping are obviously intertwined. They cannot be isolated from one another and are best seen as three dimensions of the same process, each allowing for specific analytical perspectives as employed in this study.

Addiction and Recovery

The last few decades have shown rapidly expanding research on drug abuse, including many different scientific disciplines. All theorists in addictionology agree that the notion of addiction is an extremely complex one. Its complexity derives in part from the impact it has on the individual user psychologically, socially, and biologically; in part it stems from its effects on society, law,

economics, and politics. Consequently, drug addiction has been portrayed alternatively as a disease, syndrome, and behavior or in religious discourse as a sin.

Traditionally, the term *substance addiction* has been used to identify self-destructive behavior that includes a pharmacological component (DiClemente, 2003, 3). More recently the view of addiction as a disease has gained momentum among theorists, clinicians, and the media. The medical discourse of addiction defines substance abuse as a chronically neurobiological disorder that is defined by two major characteristics: a compulsion to take the drug with a narrowing of the behavioral repertoire toward excessive drug intake, and loss of control in limiting intake (American Psychiatric Association, 2004). This disease model, however, is in danger of absolutizing one aspect of the addiction problem (the current medical-psychological-pathologizing of substance abuse). Moreover, a pharmacological approach to helping individuals overcome their addiction has been only partially efficacious, probably because this medical understanding of addiction does not account for all the factors. We therefore side with those researchers who advocate for a comprehensive theory of addiction that includes biomedical, psychological, socio-cultural factors, and spiritual aspects.

A narrative approach has played a particularly important role in qualitative addiction research. Creswell, for example, suggests that such a methodology is suitable for studying the stories of people who have recently experienced addictive behaviors (Creswell, 2007). In this approach the participants are encouraged to tell their stories, which are then analyzed in terms of, for instance, structure of the plot and content. Prins (1995) has argued that drug addiction is such a profound and complex life experience that only an interview of considerable length, generated in an atmosphere of trust, could possibly result in a comprehensive and reliable picture of such a period.

Biernacki (1986) was one of the first theorists who used the narrative approach and emphasized the role of identity work in resolving drug addiction. For him, the process of recovery is explained in terms of the management of a spoiled identity. Similarly, McIntosh and McKeganey (2001) point out that the recovery narrative has also been delineated and understood as a method of constructing 'a non-addict identity' and transformation into a positive outcome. Heuchemer and Josephsson (2006) in their research on homelessness and addiction in Sweden show how social relationship can strengthen or change the lived plots of the participants' narratives, arguing that the transition out of substance abuse is usually accomplished through the development and enactment of new lived plots. In a quite different study, Hilde (2000) analyzed how the clients speak about the process of recovery. He focused on women's recovery from psychoactive substance abuse by examining the main characters in the recovery plot and by exploring how characters' actions influenced subsequent events. Recently, Oliver Taïeb and his collaborators (2008) applied Ricoeur's notion of narrative identity in arguing that drug addicts may need the help of literature, in a broad sense – fiction, history, and also specialized literature on addiction – to make their

lives intelligible, to construct their meaning and identities, and to be able to change. This notion of change links addiction research to conversion research. Autobiographical publications and clinical experience suggest that conversion (and spiritual change at large) can play a central role in terminating a life of addiction. Hitting rock bottom and experiencing an existential crisis are conditions commonly associated with religious conversion, although critics question whether conversions are always preceded by an existential crisis (Anderson & Lynn, 1998; Greil & Rudy, 1983). Snow and Philips (1980) rightly point out that converts exhibit an increased inclination to reevaluate their biographies after conversion to find evidence of dissatisfaction or crisis – a *post hoc* negative reinterpretation of the past and justification for the conversion – and that this can be encouraged by the religious communities the converts have joined (through their canonical narratives).

Recovering drug addicts are motivated to find meaning and ‘make sense’ of their lives in ways that maintain self-esteem and to create new social and religious identities. Thus to change their lives, Biernacki (1986, 91) argues, “[...] addicts must fashion new identities, perspectives, and social world involvements wherein the addict identity is excluded or dramatically depreciated.” This is exactly where conversion narratives take place. Shadd, Wilson and Curran (2006, 174) rightly point out that: “[the] conversion narrative allows the individual to maintain interpretative control over his life, warding off the stigmatizing labels that are applied externally by replacing them with a religious identity and universe of discourse.” For recovering drug addicts, therefore, conversion serves as an adaptive mechanism to resolve emotional conflicts and to sustain a balanced connection to God, themselves, and others (Stromberg, 1993). Or in the classical words of James (2004), the conversion narrative helps them to unify a “divided self.”

An important concept in recovery and transformation from addiction is forgiveness, a popular topic in contemporary psychology and psychology of religion. Clinicians and pastoral counselors have given much attention to the potential therapeutic benefits of forgiveness (Enright & Fitzgibbons, 2000; McCullough, Pargament & Thoresen, 2000), but it has only recently been recognized as an important coping mechanism in dealing with substance abuse. Forgiveness is connected to personal, interpersonal, and social well being, as well as finding meaning in the midst of suffering (Shults & Sandage, 2003). Evangelical Christianity in particular considers the experience of becoming saved to mean that one’s past life has been “washed clean” and can no longer harm the person (Richardson, Stewart & Simmonds, 1978). Forgiveness, therefore, like other spiritual variables, may be highly relevant to problematic substance abuse. It involves the reduction of negative cognitive, emotional, and behavioral responses regardless of interpersonal interaction (Webb, Robinson, Brower, & Zucker, 2006). Some valuable insights may be derived from recent work by Benda and Belcher (2006, 149) on forgiveness and drug abuse. In their empirical research among homeless veterans, they found that forgiveness reduces the direct and indirect correlations of substance abuse with abuse, distress, and depression. They point out that

“forgiveness offers immense therapeutic potential in ameliorating and remedying interpersonal difficulties and unhealthy psychological states.”

Socio-religious Contexts

Given the importance of the context in providing (canonical) language for understanding our lives, the authors decided to perform this study in three markedly different socio-religious contexts. The research project includes three samples: one of native Dutch participants, one of migrants in the Netherlands, and one of native participants in Serbia. This comparative approach allows us to study the construction of meaning in the interaction of (sub)traumatic experiences, addiction, recovery, spiritual transformation, and cultural and societal influences. There are three major comparative elements in the two cultures that the research will focus on: 1) antecedents of addiction; 2) attitudes toward religion; and 3) attitudes toward drugs. The antecedents refer to the different background factors found in the sample. In Serbia, civil war yielded *collective trauma*, erosion of moral values, and epidemic drug abuse (French, Kovacevic, & Nikolic-Novakovic, 2013). In the Netherlands, the authors found more *individual trauma* than collective societal instability as a background factor of drug abuse. Migrants’ stories tend to include either collective trauma as in the Serbian sample or individual trauma as in the Dutch sample (partly depending on their geographical background), but add to that the migration experience.

The attitudes toward religion are also different. The Netherlands shows clear erosion of a formerly strong religious presence. Serbia on the other hand has gone through shades of desecularization after the collapse of a rigid and oppressive communist regime. Today religion appears as a dominant marker of national and personal identity. Background cultures of the migrant sample tend to show high levels of religiosity with charismatic or fundamentalist overtones.

Finally, the attitudes toward drugs differ from liberal social policies and relatively low addiction statistics in Dutch society to an authoritarian prohibition of drugs and increasing addiction rates in Serbia.¹ The authors make no policy comparison here, but are interested in the impact of these discourses on the construction of meaning in individuals coping with addictions.

Design and Methodology

Sampling and Participants

The data for this research come from 31 autobiographical stories of people who had recovered from their drug addiction and had experienced some form

¹ See EU Drug Markets Report, 2013 and compare with Drug Situation Analysis Report South Eastern Europe, 2011.

of spiritual transformation. The sampling strategy was designed to target suitable participants (Watters & Biernacki, 1989). Participants who were addicted to hard drugs (opiates and/or crack/cocaine), abstinent for at least four years, and experienced some form of spiritual transformation were identified on recommendation by Christian rehabilitation clinics ($N=27$). To balance the subsamples, we sought additional participants ($N=4$) using snowball methods (Noy, 2008). The participants were selected through purposeful *criterion sampling* according to the following criteria: a) a history of addiction to drugs; b) an experience of some form of spiritual transformation;² c) abstinence since at least four years;³ d) motivation to participate; and e) availability for possible follow-up questions.

The three referring rehabilitation programs (two in the Netherlands and one in Serbia) have evangelical/Pentecostal backgrounds. Each with a history as private charity organizations, they have developed in varying degrees in the direction of professional institutions of mental health care. Their religious identity is still a central element of their program. The study is thus based on recovering drug addicts who converted to or within Christian evangelical communities, which helped them to overcome substance addiction. We chose to recruit participants through these programs because our research interest was primarily in Christian evangelical conversion narratives.

When prospective participants met the researcher face-to-face, they were asked to read an informed consent form detailing the study aims, procedures and confidentiality conditions. The participants were each informed that they could opt out of the interview or decline to answer questions whenever they chose to. All the interviews were recorded with the participants' previous agreement. None opted out of the study. We prearranged interview locations with respect to two major issues. The first involved pragmatic considerations, such as choosing places that participants could easily find and travel to, and the second was that the researchers did not want to conduct the interviews at the university office, which might influence the power relations between participants and researchers (Elwood & Martin, 2000). Therefore, we organized interviews in participants' homes, church offices (mostly in the case of the migrant sample), and residential rehabilitation clinics; in several cases we even used quiet restaurants or cafes. Five interviews from the Dutch sample were conducted in the Dutch language and the other four in English. All Serbian interviews were conducted in the Serbian language and all the migrants' interviews were conducted in the English language except one that was conducted in the Croatian language.

We included 11 participants for the Serbian group, nine for the Dutch group, and 11 for the migrant group, most having a background in West Africa or the

² In three cases of our sample the participants did not go through a rehabilitation program, but were part of a religious community that works with addicted people.

³ To represent the temporal span of the course of addiction, the criterion of four years has been used. This four years inclusion criterion has been assumed to provide a wide enough time span to reflect reliably on addiction and conversion experience.

Caribbean. Some of them ($N=5$) are second-generation immigrants; others ($N=6$) migrated as refugees or to look for a better life in the Netherlands. Overall, nine women and 22 men participated. The ages ranged from 25-67 with a median of 43. The addiction period lasted from four to 34 years with a median of 14. Drugs used most frequently were heroin (19), cocaine (17), and crack, amphetamine, and methadone (7). The period of abstinence at the time of interview had lasted between four and 34 years with a median of 10. Pseudonyms replace actual participants' names, and personal details have been changed to protect participant confidentiality. Interviews were conducted between December 10, 2009, and June 10, 2012. See Appendix 1 for detailed information on the participants.

Interview Method, Data Collection and Analysis

In order to understand how recovering drug users construct their testimonies of addiction and conversion, we conducted in-depth, semi-structured interviews.⁴ The interviews focused on the individual's life history with specific questions on the experiences of addiction and conversion. A standardized set of basic interview questions enabled the comparability of answers in the analysis (Patton, 2002). The standardized interview questions were the following:

4. I would like to ask you to begin with your life history
5. Could you please tell me about your addiction experience?
6. Could you please tell me about your conversion experience?
7. What was the turning point in terms of your starting recovery?
8. What kind of impact did the religious community in which your conversion happened have on you?
9. How did conversion influence a change in identity if at all?
10. How do you see your identity today in the light of addiction experience?
11. How did spirituality help you in the recovery process?

The interviews were sufficiently flexible to allow participants to share their narratives the way they preferred. Key areas included: biography, addiction history, recovery, and spirituality. The opening question 'I would like to ask you to begin with your life history' (Riemann, 1987) helped us to grasp the individual's background, especially early cultural and religious influences. The interviews then moved into pre-conversion experience with some questions about the experience of their life with addiction. Next, we asked participants to talk about the experience of conversion itself, post-treatment period and their present religious lives. The interviews lasted between 30 and 90 minutes, were tape-recorded and transcribed.

⁴ Interviews were conducted and/or supervised by the present authors and by MA-students Niels Gillebaard, René Mynkong, and Raffic Osman.

A detailed summary of the interview was written based on notes taken during the interview immediately after completion. If needed, participants were contacted by phone or through Skype for clarifying follow up questions.

The inductive and comparative analysis started with reading and re-reading the transcripts in order to obtain an overall impression of its content. All narratives were coded and analyzed separately. In order to gain an overview of the codes, these were organized into four categories (*addiction, religion, conversion, and social context*).

A uniform coding frame was then developed for all three groups of participants. First-level codes were broad and descriptive, trying to find the key aspects that emerged by the interview questions. Second-level codes emerged from the data analysis and were more specific as well as more conceptual in nature. In a second step, codes and categories were compared with the data to identify central themes. After the individual analysis, we performed cross-case analyses for each subsample. Cross case analysis started by looking at high degrees of contrast between narratives. The goal was to examine how addiction and conversion stories are similar or different and to establish patterns and factors involved. In a second layer of cross-case analysis we looked at differences between subsamples and at the sample as a whole.

There is a diversity of styles and content in the interviews that is readily apparent upon first reading, but which we have been able to clarify using a formal coding system developed in successive attempts to achieve coding reliability. Briefly, four main categories with the codes become apparent in terms of which we found it is possible to characterize participants' accounts in a reasonable reliable way. In the category *addiction* we used the basic codes background/reasons; addictive behaviors; addiction consequences; coping. In the category *religion* we coded for cognitive elements; experience; religious behavior; religious coping. In the category *conversion* we used crisis/turning point; conversion experience; interpretation of conversion; conversion consequences. Finally in the category *social context* we included family context; societal context; religious context; others.

Results

Substance Abuse: "Who Needs Reasons When You've Got Heroin?"

The first element in the testimonies of conversion and addiction regards the stories of addiction: circumstances and characteristics, social contexts, and (sub)traumatic experiences. Most of the participants disclosed extreme traumatic experiences, family problems, sexual abuse (especially in the Dutch sample), and war (particularly in the Serbian sample and one case in a migrant sample). All participants exhibited a high level of physical and mental morbidity during their addiction period; hepatitis C was particularly prevalent among the Serbian sample. The participants had used a variety of drugs across

their life course, such as crack cocaine, heroin, morphine, opium, LSD, XTC, methadone, hashish and marijuana. Many were poly-drug users, usually living on a combination of cocaine and heroin. Nearly all participants in the Serbian sample were chronic drug injectors, which is not the case for the Dutch and migrant sample. Related to this, more than half of the participants in the Serbian sample had taken at least one overdose in their addiction carriers. In the Dutch and migrant samples, participants predominantly smoked heroin and cocaine. Several participants mentioned vein damage as a consequence of long-term intravenous drug use the resulting difficulty of continuing injections. Summarizing their agony participants stated:

At this point I had already started to shoot myself in my groins and neck because I had no more healthy veins left to shoot. I got thrombosis in my leg, hepatitis C and stuff, you know. I had no place left to stick a needle into and so I had to go back to snorting heroin. (S. Damjan)⁵

I am telling you, it was torture. I had no healthy veins to get high, I felt like sticking the needle into my eye. You're doing it [looking for veins] for hours to get high... (S. Ivan)

Poor mental health was an evident throughout the sample. Although this was not assessed by means of standard instruments (and is therefore unsystematic and self-report information, prone to post-addiction narrative bias), it still is meaningful to note that almost all of the interviews narrated psychological conditions during addiction periods including depression, trauma, loneliness, suicidal tendencies and anxiety. The participants also talked in terms of a life using drugs being miserable.

So that I soon ended up on the street with heroin. And when I saw that I was getting worse and worse [...] then, you can't just simply describe that, it was chaos, these five years, from the age of 20 to 25. I was in the psychiatric ward 11 times, whether it was because I was suicidal, or depressed, or to get clean. I was looking for help. (S. Sonja)

Being so miserable, I took coke. I stuffed myself with it to the oblivion, to the point where I was not able to reason. Then you take drugs 'cos your misery is so big, you take so much to the point where you can't think, 'cos that's the only way to escape reality. You do it continuously, line after line, after line [...] When cocaine stopped working, I would force myself to sleep. I would sleep for four hours maybe, and even if I couldn't, I would stay in bed at least for four hours, 'cos that's how much time I needed to stay clean in order to feel high again, after taking cocaine. That was the only reason. You can't even imagine how I looked physically. (M. Dragana)

For three or four times, even here, I tried to commit suicide also [...] One time she [a woman] found me hanging on a robe in the bedroom. I don't know how she got me out, but I was hanging, but nobody was there. But she found the strength; I believe the Lord was there that she could take me out of the situation. Because, man, I was already gone. (M. Mike)

⁵ An indicator of the subsample will precede each name: S for Serbian, D for Dutch, M for Migrant.

The Serbian sample demonstrated a higher degree of collective trauma and its connection to substance abuse than the other two samples, due to the ongoing civil war that Serbia went through. Serbian participants speak of the societal situation during the war as follows:

The war did impact me a lot. For example during the war there was definitely a lot more drugs available in our area. People took drugs more intensively, the atmosphere was different, somehow the general chaos which brought with itself the drugs. It peaked around the time of the [NATO] bombing. (S. Maja)

Sexual traumas were prominent in narratives from the Dutch sample, but did not appear in the stories of the Serbian participants, and only once in the migrant sample. As it seems unlikely that sexual abuse is absent from their histories, we expect that discussing sexual abuse is more of a taboo so that Serbian and migrant participants do not tend to include it in their narratives. This can be seen as a contextual difference. However, the participants frequently reported that long-term effects of sexual trauma are seen to be powerful and cumulative and include self-destructive behavior, aggression, depression, anxiety and crisis with sexual identity later in their lives. In order to cope with their trauma, they used drugs to anesthetize the painful memories of early sexual abuses and the resulting agonizing emotions.

When I was 14 years old my uncle sexually 'educated' me... so he called it like that. This lasted for several years. He was a devout catholic man. On Sunday he would go to church and during the week he would abuse me. I also did this with my sister. Later I did not have a problem to work as a male prostitute to earn money for drugs. (D. Theo)

I've been abused at a very young age. When I was eight, I got to know a guy [a family friend], who took me out and eventually abused me sexually. This went on for a while and the longer the abuse went on, the more aggressive I became. I began to rebel. (D. Jan)

A majority of participants had started to take drugs during adolescence or early adulthood. The narratives do not portray a single pattern to drug initiation; drugs first used included alcohol, cannabis, hashish, LSD, morphine, glue, heroin and cocaine. The participants included various reasons for becoming addicted in their narratives: "to forget the pain," "to express myself," "to suppress the trauma and fear," "because I was lonely," "curiosity and inclination toward experiencing transcendence," "experiencing the forbidden, transgressive, and rebellious," "wish to be part of the higher society" and "desire to be accepted by peers."

Conversion/Religion: "Sacred and Secure, Do We Need Much More?"

The second element in the narratives regards the role of spirituality and conversion in the process of recovery. The narratives link this role to coping with addiction, shame, guilt, identity confusion, and other existential aspects. We analyzed the recovering addicts' construction of new (religious) narrative identities and the role of canonical language in that process.

We found striking differences among the subsamples. Most participants in the Serbian sample had very little experience of religion prior to conversion. Even those who did have prior religious connections said their previous religious orientation did not affect their everyday life and had no personal meaning to them. This may be related to the repression of religion during the 50 years of communist regime. In the Dutch sample, only three participants grew up in religious families, but the context here is not repression, but secularization. For the participants in the migrant sample, religious involvement was more self-evident.

Several participants in the Serbian sample struggled to find the words that would adequately articulate their conversion experience. When we asked them to explain their conversion experience, they replied: "It just happened," "Ask God how that happened. It's a mystery," "I just got transformed." This lack of language stands in contrast to their ease in narrating their addiction experience. Specific for the migrant sample is the finding that almost all participants believed in divine miracles, the supernatural, angels and demons prior to their conversion.

Over half of the participants of the total sample reported that the first contact with the therapeutic community and/or church happened through a friend, relative or acquaintance. Most participants in the migrant sample reported very intense personal spiritual lives at the time of the interview. In the Serbian sample, however, three participants experienced deconversion and/or disaffiliation from the church. Most participants in the Serbian sample are no longer in a contact with the therapeutic communities or churches where they converted and their *post hoc* interpretations of the conversion experience are more self-critical. They were also more critical toward church leaders and the therapeutic communities. Such a critical attitude is not uncommon in Serbia, possibly in response to a long lasting repressive political regime. In contrast, participants from the migrant sample talked about the requested obedience to the leaders and remarked, for example, that it was forbidden for them to drink or smoke. These participants came from religious groups and therapeutic communities with highly structured hierarchies and rigid disciplines of behavior and devotion. The Dutch sample stressed neither obedience nor overt criticism of leaders.

The conversion narratives in our study consistently follow a specific pattern, which we can call 'an amazing grace paradigm' (*'I once was lost but now am found'*) or "sinner to saint" paradigm (Shadd, Wilson & Curran, 2006, 161). Key elements in the conversion narratives are crisis experience, trauma, loneliness, social instability, and a sense of isolation from the outside world. Seven distinct religious aspects of the recovering drug addicts' testimonies appear in our material: 1) conversion experience as 'rock bottom;' 2) the therapeutic community as a new narrative audience; 3) conversion as shame management; 4) forgiveness versus guilt; 5) meaning and addiction: participants as agents of God; 6) spiritual warfare discourse as canonical and therapeutic language; 7) deconversion. We discuss each function in the following pages.

Conversion Experience as Rock Bottom: The Limitations of the Self

The decision to quit substance use is usually preceded by a profound existential crisis, which theorists named an “epistemological shift” (Shaffer & Jones, 1989), “turning point experience” (McIntosh & McKeganey, 2001), or hitting “rock bottom” (Maddux & Desmond, 1980). Biernacki (1986, 57) defines the rock bottom experience as a “subjective state; it is the point at which people reach the nadir of their lives and decide, with some emotion, that they must change” and a “symbolic death of the self”. In the context of the present study, the rock bottom experience can be understood as a crisis conversion experience in which addicts come to question their identities as drug users. Almost all participants had undergone an existential crisis before their recovery from addiction, supplying the impetus to break out of the powers of addiction.

Most participants describe their conversion as an existential crisis, where they had no other choice than to turn to God. That does not mean that there is an instantaneous religious experience, nor that the decision to change is immediately interpreted in religious terms. Although the testimonies portray the conversion as a sudden change, there clearly is a preceding incubation period. Many participants tell of numerous coping strategies in their struggle with addiction prior to conversion. It was only after these efforts had failed repeatedly that radical religious transformation became a serious possibility.

For Luka, an injecting heroin user for 15 years the rock bottom moment occurred while he was imprisoned. With chronic hepatitis C and physical and mental exhaustion, Luka was at the end of his strength at the age of 30. He speaks of the crisis situation as follows:

One morning the police took me to prison where I went ‘cold turkey’. It was at that point that I realized I was tired of doing drugs. I told myself that I would never go through the abstinence crisis again. I could not go back to addiction [...] I was mentally deranged and I had a bad memory. I was full of fears, somewhat paranoid – in a very complicated mental and physical condition [...] They told me at work that I could not stay there until I became well again. My mother let me stay with her, gave me a bed to sleep, and told me I had to change my life. I was in debt financially, and I did some criminal acts for which the prison sentence awaited me. I felt empty within, and I was tired of such a life. I simply could not find more money to buy drugs [...] There was a turning point when I came to God, alone, without having gone to church or talked to other people. I told Him [God] I wanted to live with Him and that I did not want to take drugs any more. That was my prayer to God on Christmas 2001. I have never taken drugs since. (S. Luka)

In Jelmer’s story, his addiction led to divorce and the loss of his family, which created his rock bottom moment:

When I look back I was feeling like Job in the Bible. I lost my job, my wife left me, I was losing my money which I saved [...]. All these months I felt terrible. I was as sick as a dog. (D. Jelmer)

Daria's rock bottom moment happened when her friend overdosed in her house:

He [friend] overdosed on dope I had sold him. I was very afraid. Together with my son I got down on my knees and said my first prayer. I cried out for God to bring back the lifeless body among the living. God answered my prayer and my friend came back to life. After all these events I decided to do something with my life. (S. Daria)

In those accounts we observe that participants' conversions are typically of a sudden or crisis type. Critical life events such as abuse, addiction and criminality and various health problems such as hepatitis C or overdoses forced participants to confront their self-limitations and stimulated religious resources to resolve problems. The pivotal rock bottom moment initiates a new spiritual direction toward recovery. In their stories both coping and conversion are processes of change, in which they experience a transformation in the mental and/or spiritual sphere, resulting in a way out of the crisis.

In our material however, the most important stimulus for spiritual transformation is not this sudden or accidental life crisis, but a crisis of identity: being forced to question who one really is. Claude, for example, reached a profound existential crisis where he questioned the meaning of his whole life and asked God for help. It appeared to be a rock bottom experience, which led him to questioning his sense of identity. Acute tensions in his life preceded this radical religious change and the negative effects were associated with his pre-conversion stage. This shift centered around the willingness to change his identity and initiated a search for other ways to fulfill his life. He describes:

When I was in prison, that is where I believe God started speaking to me. Because in prison I was not using drugs. I started to think normally. So on the 8th of April, 2005 I went to [*the rehab program*] and I told them that I really wanted to change my life. I was tired of living on the street as a drug-addict, and I didn't want to live like that anymore. (M. Claude)

Claude's dissatisfaction with his life as an addict caused a severe identity crisis, which eventually led to the desire to leave drugs. This dissatisfaction creates a condition for starting the transition out of addiction. Another condition is an environment in which dissatisfaction can be turned into conversion biographical work, thus reconstructing one's identity.

The Therapeutic Community as a New Narrative Audience

Social ties can strengthen and influence the participants' spiritual transformation and reconstruction of their narrative identities. The participants' search for meaning and struggle with addiction occurred through constant interaction with other individuals and groups. For most participants, the rehabilitation community or church in which they converted functioned as a source of meaning. The interaction with a new audience facilitated the exploration of possible new stories. The participants' testimonies underline

the important role of these social contexts in supporting the new narrative. More specifically, the religious groups helped to create new self-narratives as non-addicts. It provided a safe place for the participants to practice the performance (or enactment) of their renewed life stories, fostering the biographical work of building their personal and social identities. The discourse in the therapeutic communities provided an interpretative scheme and offered spiritual support and meaning. The reconstructed frame of reference provided understanding of the addiction experience and allowed life to be experienced as meaningful again (Wiklund, 2008b).

According to our participants, the culture of therapeutic communities and their narrative programs are crucial to the transformation and reconfiguration of identity that occurs in the program. Reinterpreting past and future in direct interaction with a new audience, the participants were able to develop a new, plausible, and viable narrative for the present. Through the performance of their testimonies they rehearsed their new identities and entered into a new relation with their audience. It is vital for the recovering addict that his or her claim to a new identity is accepted by significant others: "the acceptance of the addict into the social worlds of non-addiction" (McIntosh & McKeganey, 2001, 91).

Anja's story exemplifies how the faith community in which she converted influenced her, and how the similarity of backgrounds contributed to the construction of a new social and religious identity:

I knew a lot of them, knew their stories and I see how they carry their faith and it gives me strength. Those whose faith I sensed as particularly powerful had a very strong impact on me in terms of enhancing my own faith. Either consciously or otherwise, they contributed to my growth: sometimes by just being there, sometimes in a more overt way, like in the case of two friends who encouraged me to actually start my conversion, because I was deluded that I had been at church only to help my sister start her recovery, not knowing that I was simultaneously searching for my own purpose. Apart from that, regarding the impact of the community, I can say that all the parents and members of the addicts' families were so supportive and warm that I was always looking forward to go there. Yet, at the same time I would notice things I did not like, such as fake spirituality. That was so irritable, but it also had a positive outcome because it provoked me to sustain an authentic life in the spirit. (S. Anja)

Several participants described further how significant others and the spirituality to which they were introduced provided a framework for their biographical work. In the new supportive environment the participants construct and develop new narratives because they trust the audience who have gone through the same experiences (Jensen, 2000). The example of people who have succeeded in the same struggle yields hope. Accepted into the new religious community and adapted to their new cultural reality, the participants identified with the testimonies they heard, and began to develop new faith. The following excerpts show the influence of these significant others on their recovery:

I found three brothers from the street in the home [the rehab community] and one of the things I really appreciated during my stay in the home, two of those guys started helping me, sharing their experience with me. In a short time I came to understand that this was what I was looking for, that this is what I also needed. (M. Jerry)

In the beginning I didn't know a lot of people with a heavy testimony. But when I came to [the rehab program], then I heard many testimonies, which made me realize that I wasn't the only one in my situation. There are many people who have the same background like me before and that really helps me. (M. Cindy)

In the next section we examine the various strategies the participants used to cope with shame and guilt and their spoiled identities.

Conversion as Shame Management

The empirical findings reveal the needs of recovering addicts for a "restored dignity" (Wiklund, 2008a) and reestablished self-esteem. Those needs are very important for the successful recovery. McIntosh and McKeganey (2001, 93) argue, "a renewed sense of self has to be built and constantly defended against a variety of often-powerful opposing forces." When they experienced conversion and found freedom in their faith, the participants also experienced shame and guilt about some of their previous actions and the stigma attached to that. This indicates a crisis of self-narratives. One participant, for instance, said:

I really have a problem with my past. I mean, it appears especially when I am in some normal conversation. People remind you subtly, but how can you now explain simply to someone what happened? How did you end up here, you know, you always have to cosmetically improve the story a bit, leave out some parts and stuff, you can't say: hey, well yes, this is how it was. I mean even the society makes you do that [...] So this kind of impression that you are aware that you missed, or even failed your life chance. (S. Iva)

The main feature of participants' testimonies is the struggle with spoiled identities, severely damaged by drugs, and to recapture a sense of worth and self-respect. In Anja's account this positive outcome occurred when she was able to leave her past experience of addiction behind in order to accept the present and anticipate the future. The connections of past, present, and future had a healing effect on her. She said:

After my life in faith started, I told [the colleagues] everything, without any difficulty, without any bad feelings about it. Up to that point I was anxious at work: I was thinking that I might get fired, that they would look at me differently, etc. Later, I had no such fears. Moreover, I would tell anyone my life story if they asked me. I was finally happy with the outcome of my struggle. Before that I had bad feelings about my past. I was thinking: Why did it have to be my past? Why did I have to have that stigma? That changed, thanks to my faith. I'm not sure if struggle is the right word because with faith all these feelings disappeared rather than being conquered. It gave me a sense

of purpose and it took away my burden because I did not experience my past as a stain; rather I sensed it as the path that led me to where I am now. I have to admit that I take pride in it—not that I glorify things I did, but rather the fact that I could change and overcome it. Thus, everything has fallen in the right place. (S. Anja)

The conversion narratives challenged participants to reconnect fragments into a life history, and to make meaning of their present situation in light of their past. The conversion narratives help to avoid the hectic life of a “junkie” and create meaning and a personal and social identity. For the participants, the key to successful recovery was their desire to acquire a feeling of self-respect and self worth:

I simply cannot identify with drug addiction; it is the same as someone else not being able to identify with something, such as a person who suffered from a difficult illness and got cured, so they are no longer ill and cannot identify with the illness. Therefore, I even find it flattering when someone knows that for seven – eight years I took drugs and that now I am clean. I see myself simply as a winner; of course the victory belongs to God, and not to some kind of personal strength and will. (S. Bojan)

The conversion narrative also offers a perception of meaning in the participants’ lives that allows them to let go of hurt and resentment and work toward fulfilling a larger purpose, rather than focusing on negative feelings toward themselves. The biographical work of the participants show that they are aware that the past cannot be undone, but their response to the past can be changed. As they pointed out:

It would have been good if everything went its regular way, education and all that comes with it. If only there was no heroin, everything would have been great. God will make up for the years, which were eaten by grasshoppers. I do believe that. He is already making up for it, all those years of trying to quit, the crises... (S. Damjan)

Thus the newly adopted religious narrative functions as a source of shame management by creating a new personal identity and fostering self-esteem.

Forgiveness versus Guilt

Another major element in the participants’ recovery stories is forgiveness. In 14 cases of our sample, forgiveness functions as a clear mechanism for managing guilt, which helps individuals to cope with their past. In the participants’ accounts we found three different types of forgiveness: forgiveness of self, of others, and by God.

In our material, the conversion narrative provides a language and framework for forgiveness that helps participants cope with guilt. Forgiveness also offers the possibility of peace of mind: painful memories from the past can be healed and the person will no longer be held hostage by past actions. Forgiving themselves was particularly important for those participants with wartime experiences:

I know that I'm forgiven. I know that the things that happened, it wasn't something that I choose to do, something like they tell you to do. It was a period [...] you're under the influence. For me that is what the devil is telling you, that is your fault. And that is ... blaming me for everything. I take all the blame for everything that happened [...] So that guilt that I had, I don't have it anymore. I don't feel guilty anymore. I don't have nightmares anymore. I don't see any blood on my hands anymore. All of these things I had is clear. You see, my head is just clear, no guilt. You see, and I had a lot of fear, you see a lot of fear. All of these things are just gone. They're just gone. (M. Mike)

Mike's post-forgiveness narrative is a discursive reconstruction of meaning and it might be seen as a narrative strategy of neutralizing responsibility for his transgression. The idea that they had been forgiven by God and others was what enabled many participants to regain feelings of self-worth. Forgiveness also helped them to begin to rebuild relationships that had been damaged by many years of drug use. The following quotes show the relational variety of forgiving and asking for forgiveness:

When I met people I had hurt, by asking for forgiveness I became free. It was good to forgive and be forgiven. The Lord has long been speaking to me to go and ask for forgiveness from those I had hurt. It was good for me to ask for forgiveness [...] I became free. Before this process, I was preoccupied all the time with the wrong things I did. When I asked for forgiveness, I became free. (D. Theo)

God really helped me to cope with my past because he gave me the power to forgive, even to the father of my children. I was really bitter inside because of all the things I went through. But the more I read the word of God, the more I understood that I had to forgive in order to receive forgiveness and start a new life and to grow spiritually. (M. Cindy)

I had it for a very long time. Yes, I felt shame before, but now I have given it up to the cross of Jesus Christ. I have asked for forgiveness from people I hurt and I have forgiven those who hurt me. Therefore that chapter is closed. The most important is that I have forgiven myself. (D. Jelmer)

The narratives in this study show how forgiveness can contribute to liberation and psychological and spiritual well-being and self-development. Therefore, forgiveness offers the possibilities of reconciliation with God, others, and self and is a necessary antidote to the insular existence experienced while addicted. Converts who are recovering drug addicts find relief after the suppression of guilt by divine forgiveness. What has been done must now be seen in a new light in order to reduce guilt, shame and other negative feelings. For recovering drug addicts, however, their past will always be a part of their lives, but it has lost its power over their present and future. It is, perhaps, worth noting that forgiveness narrative restores the identity of the recovering drug addict by telling a new story about how they relate to past actions, but does not destroy the memory of those actions.

Meaning and Addiction: Participants as Agents of God

The participants' sense of meaning or "ontological significance of life" was found to be an important aspect in the recovery process.

Many of our participants explicitly mentioned the question what to do with their lives as an alternative to the addiction. Several of them ($N=14$) decided to rebuild their lives into a religious or helping career and use their personal experience to help other addicts to abstain. They stay in the context of recovery to induce the will for healing and foster self-esteem in newcomers through their exemplary behavior. Participants want to bring a message of hope to others who are still struggling with substance abuse problems, or that “one has an important role to play in preventing others from following the same path” (White, 2009, 73). This altruistic experience of giving support provides spiritual benefits to the participants. In his pioneering qualitative study of religious change, Starbuck (1899, 128) already suggested that the process of religious conversion and change initiated a more altruistic and selfless perspective. Starbuck concluded that in a number of cases “an immediate result of conversion is to call the person out from himself into active sympathy with the world outside.”

Several participants’ saw their addiction as part of God’s “plan” for them and considered it a necessary and inevitable life episode. Albeit a painful experience, their addiction was construed as not only a personal crisis, but also a gift or chance. Some argued that the time they spent involved with criminality and addiction was in fact a valuable experience for their missionary work among addicts. Sonja, for example, expressed the belief that her addiction was part of God’s plan:

To this day my past serves me only to glorify God. I always say that I wouldn't change anything, it all happened but it cannot be compared to how it is now. I thank God in the fact that I can say to someone today who has a problem that I understand because I was in it. That's why God let it all happen; it was all His plan. [...] This is all a challenge for me, to walk with God and to run this race until the end and to testify in front of people. I simply want God to use me and this challenge to live with God. (S. Sonja)

Eddy became a drug addiction therapist, which for him gives meaning to his addiction experience.

So I am very grateful and from my point of view it is like God saved me so that He would use me to save others too. That is why when I meet people today who are still using drugs, I wouldn't condemn them; I would go close to them and start telling them about God [...] That is why I believe it is my duty to help others too. (M. Eddy)

We can conclude that imbuing the addiction experience with meaning and purpose serves as a strategy for coping with the past and with guilt.

Spiritual Warfare Discourse as Canonical and Therapeutic Language: A Coping Mechanism

A specific aspect that emerged from the empirical data is “spiritual warfare discourse.” This aspect is only found in the migrant sample with one exception each in the Serbian and Dutch sample, which is probably related to the difference in cosmologies between Western and non-Western cultures. The

expressions of demonological rhetoric and/or spiritual warfare discourse can be seen as Christian reformulations of traditional ideas about witchcraft and evil spirits. Spiritual warfare discourse is understood here as a therapeutic and/or ritual language which helps participants to cope with difficulties in their emotional lives. This illustrates Stromberg's (1993) notion that converts who relate their conversion testimonies use a type of rhetoric that contains referential and constitutive forms of communication. Based on their study of prison conversion narratives, Shadd, Wilson and Curran (2006, 167) point out that becoming born-again "involves adopting not only the prescriptions of a newfound faith but also lexicon associated with that faith." Csordas (1994, 22) claims that conversion testimonies reflect a special vocabulary of motives, "words with specialized religious meaning which are constantly circulated in the genres of ritual language." Consequently to experience conversion is to adopt the canonical language of the community that serves as an important source for spiritual transformation. The new grammar of faith provides a new frame of reference, "offering guidance and meaning to the convert" (Shadd, Wilson & Curran, 2006, 167). Thus the frame of reference of the therapeutic community provides a master narrative that allows them to "read" the world again. In the faith community the converts learn to construct life and self in terms of canonical language through which they create a new identity and cope with the past.

Cindy's conversion testimony is framed by the Charismatic-Evangelical canonical language of the Pentecostal rehabilitation program, in which spiritual warfare discourse plays a central role:

I am not working in the way of evil any more. [...] I am growing stronger and stronger every day, and I am praying for my children to get them delivered from the power of the enemy. So I am no longer living under condemnation. Of course I am not perfect, and there are days that I do wrong things and the enemy would try to manipulate that. But I have the word of God with me. The word of God is my weapon against the enemy. [...] When I gave my life to Jesus Christ, he protected me not only from Satan, but also from all human enemies. So I am no longer living under condemnation. (M. Cindy)

In Rose's story spiritual warfare discourse relates to every segment of her life:

Because I was really possessed, always putting on black clothes. I think I was even a witch when I was doing all those wrong things because I was under the influence of the bad spirits of my father. [...] Satan was destroying my life and I never understood why; and now I can see the power and blood of Jesus taking control of my life. (M. Rose)

This statement is a clear example of how canonical language influences biographical work. The whole life story is framed by explicit demonological discourse. Rose describes her addicted self in dehumanizing terms. The spiritual warfare discourse is a way of coping with the past:

My father was a witch doctor and he worked with spirits. I never knew that my father sold my soul to Satan when I was a baby. From the time I was a baby, I was with demons and ghosts. I was demonized. (M. Rose)

Jan and Jerry similarly spoke of the influence of evil spirits:

Suddenly he began to talk about God and asked me if I believed. I said: I have been in the occult world and knew that there are bad and evil powers, but didn't know what to do with them. Eventually it became clear to me that Satan was involved; he wanted to destroy me. You don't know it, you don't see it, but it happens. (D. Jan)

I was living a devilish life and the devil was using me [...] I still have to say God's power has done miracles in my life; because I really was a good friend of the devil; he used to give me everything that was wrong and in that confusion I would have died. But God said no, you are going to die in my hand, he has done it and I am thankful for everything. (M. Jerry)

Spiritual warfare discourse helped others to adapt cultural, ethnic, and religious traditions in their testimonies. In the interview, Barry, for example, mentioned that he practiced voodoo in Surinam in order to get rid of drugs.⁶ A combination of Pentecostal deliverance theology and exorcist rituals probably influences his understanding of the present conversion narrative and the spiritual realm. Barry's conversion centers on a spiritual force:

... hmm, you see, it overwhelmed me because of the love of God. It is the same night I got delivered from the demonic spirit. I have to be renewed in my mind. I was taught how to use the word of God to fight the devil. (M. Barry)

For Mike, spiritual warfare discourse is directly tied to guerilla warfare discourse, related to his experiences in the Surinam civil war. The Pentecostal canonical discourse of spiritual warfare integrated his war experiences with his conversion narrative:

I experienced something again where I was at ... like something was choking me, trying to kill me, beating me up. I didn't know what it was. But later on I knew what it was, because the woman I was with, she tried to seek for help. Tried to call the police, or tried to call someone. But I told her, that I knew what it is. Because I knew that was the devil trying to kill me on that particular time. So, I cried out, and I called the name of Jesus. And the thing left me. (M. Mike)

We can conclude that spiritual warfare language serves as a coping mechanism and provides a means of empowerment (ritual, symbolic, spiritual, social) in the face of powerlessness, shame, guilt and moral failures. However, much more investigation needs to be done on the spiritual warfare discourse and its influence on the construction of conversion testimonies, its implicit coping potential and its rhetorical device, building on trans-cultural psychology (cf. Boyd-Franklin, 2010). Here the critical questions for further research are: Does the spiritual warfare discourse provides and creates the structure of culturally meaningful imaginary with which to interpret spiritual and social realm? Or does it provide a framework for divine agency that can plausibly account for shame, guilt and moral failures in the lives of recovering drug addicts? The study of spiritual warfare discourse makes it possible for

⁶ Because Voodoo is not a Surinamese tradition, the participant may refer to the parallel cult Winti.

scholars to appreciate more fully the ways in which some individuals combined the language from their religious and cultural traditions in articulating their religious stories. This kind of research makes room for understanding how individuals create their religious stories in light of their religio-cultural context and socialization and personal psychological factors.

Deconversion

An unexpected theme emerging in our analysis is “deconversion.” It was unexpected because the selection process steered toward religiously active participants. Nevertheless, three of the narratives from the Serbian sample include deconversion episodes. A new topic in psychology of religion and practical theology (Wulff, 2002, 55), deconversion describes processes of disengagement from a specific religious orientation. Streib and Keller (2004, 182) argue that deconversion involves “intellectual doubt, emotional uneasiness or distress, moral criticism and culminat[es] in disaffiliation from a religious organization. [...] Interviewees of this sort will rather tell the story of their religious change as a story of *deconversion* than a story of conversion.” Hunsberger (2000, 245) similarly argues that the deconversion process is “strongly intellectual and rational and seems to result from a slow, careful search for meaning and purpose,” resulting in “a dramatic transformation of self in ‘becoming one’s own person.’” Similar to conversion, the deconversion phenomenon is studied as a rock bottom moment involving crisis and conflict. Streib and collaborators (2007, 157), building on Barbour’s (1994, 2) characteristics of deconversion, identify five criteria: 1) Loss of specific religious experiences, meaning and purpose in life; 2) Intellectual doubt, denial or disagreement with specific beliefs; 3) Moral criticism; 4) Emotional suffering which consists of a loss of social support; 5) Disaffiliation from the religious group.

Some of these criteria were found among the Serbian sample. David, for example, narrates the ambivalence between doubt and faith and the dynamic tension between his newly adopted conversion narrative and his previous experiences. His deconversion problematizes his sense of identity. The breakdown of his conversion narrative makes him vulnerable and confused and his future story becomes fractured and dysfunctional. Although David continues to see himself as a religious person, he disaffiliates from the religious community in which he experienced his conversion and questions the conversion narrative:

Well, now that many years have passed, and I cooled down from the whole story, and it’s slowly fading. And then I think, looking at people in the world, and at myself, that this story was a bit forced, and that I got into that system, but that it is not exactly 100% true. [...] I saved myself, but that’s not exactly it. I can’t believe all that much and stand behind it. The only thing is I have a bit of a problem here with doubt, and maybe with identity [...] Sometimes I get the notion that it would have been better if I had never got into that story. Because, on the one hand, I managed to find my identity, but on the other, I also totally lost it. I don’t know if you understand what I mean. In the sense that at some point in my life I thought I made it all up, that this is how it all

should be. And at other times I start to be critical, when I do something wrong, because I realize, but you see, I can't even explain how much I feel in the dark when it comes to my identity and some doubts I have. Do you understand, it's as if I don't even have my identity, don't know if you understand, as if I was really in a sect and as if I am not normal. And then at some point I think, no, this is the way it's supposed to be, this is my identity. Not sure if you understand. (S. David)

David is clearly in the middle of his biographical work. When he moved out of the rehabilitation centre and the significant others were no longer available, the plausibility of this story faded and David reconsidered its meanings. Most probably in David's case, an evangelical narrative was more adopted than integrated in his life story. For him, the deconversion experience raised terrifying existential questions about his identity as a person and about his previous conversion narrative.

For other participants deconversion didn't involve an acute identity crisis as in David's case and they didn't experience the need to reorganize their mental processes and religious realities. Such elements of deconversion - or disaffiliation in her case - are found in Iva's story:

Well, you know this certain awareness in God, that he exists, that he is present and that I still have the same one, now, somehow life and circumstances took me from my path of being ultra religious. I am no longer as strict, I mean, far from being as spiritual as I was then [...] but I think that, even at times when I didn't go to church, that my perception of God didn't change. I now no longer know what church is, firstly, because I don't go, secondly, because of what people say... (S. Iva)

Maja's narrative shows a mild process of deconversion:

Well, I think that at one point I had enough, because after all this time the spirituality becomes routine. You know how to read, pray, I mean I still believe in all that, but I am thinking that there is an element of saturation. In addition, I always had a problem to have enough of something at some point, and this is my problem, but I want to fight it, but sometimes it's a struggle even to fight against it. But I will fight, I mean what else [...] I am thinking what will happen in ten years' time if I am already tired of it now. (S. Maja)

Deconversion thus doesn't mean necessarily leaving the faith. It implies critical consideration of the previous conversion experience and the need and search for an authentic self. The participants who experienced deconversion are more open for independent thinking and critical questioning. The main feature of deconversion narratives is that participants begin to rely on their personal principles of reason and conscience rather than obey the religious communities they belonged to. In this way, they start to develop personal agency. This is complicated because it questions existing religious and social identities. Reasons for deconversion are unclear and cannot be isolated on the basis of our analysis, but the rigid spirituality of the therapeutic community combined with the wider socio-cultural stance toward religion seems to play a role for the cases mentioned here.

Concluding Remarks

This study contrasted three subsamples of recovering drug addicts, one from Serbia, one from the Netherlands and one sample of individuals who had migrated to the Netherlands. The authors found several themes emerging from interviews of 31 study participants. The narratives reflect participants' descriptions of a transformational experience that they had during their recovery process. The testimonials provide rich examples of spiritual transformation, underscore the importance of canonical language, highlight the communal and interpersonal dimension of their experiences, and convey the powerful ways in which lives were transformed.

In participants' testimonials, turning point experiences are crucial. The rock bottom moment of the recovering drug addict involves heightened awareness and a spiritual-cognitive-emotional shift, "in which a person's regular pattern of seeing, interpreting and approaching things is suddenly changed." (Koski-Jännes, 1998, 226).

The narratives of our participants show how meanings of addiction and conversion are constructed and reconstructed, allowing for spiritual transformation and identity reconstruction. Conversion testimonies thus not only make sense of the past but also project recovering addicts' stories into the future. The conversion testimony integrates shameful life events into a coherent narrative, empowering the recovering drug addict to reconstruct a personal biography governed by hope. The group involvement and mutual disclosures by members foster a sense of group belonging, which is a key factor in the meaning making process, faith development, and reconstruction of one's biography.

The canonical language of the therapeutic community provides a frame of reference that fosters this reconstruction of life orientations (Popp-Baier, 2002). Thus for people who were addicted, the reconstruction of one's life story is of central importance. Narrativizing the addiction and conversion experience within the framework of one's own life history makes it possible to give meaning to events that have disrupted (addiction) and transformed (conversion) the course of one's life. In other words, conversion testimonies recreate and rearticulate a temporal context that had been lost and thereby takes on meaning as part of a life process. The integration of the conversion experience and reconstruction of identity are therefore key issues in these testimonies. The experiences of spiritual transformations involve the restorying of previous addiction experiences from the perspective of a newly adopted religious identity. The converts intentionally and thoughtfully employ the canonical language to articulate and perform an intelligible picture of self, to justify their new religious role. Therefore, testimony exemplifies the way in which the convert, through therapeutic discursive practice is able to establish and create the notion of non-addict identity and develops a new religious role. Also testimonial talks serve as a coping potential for de-stigmatization of addictive behaviors.

The psychological mechanism associated with adopting a demonological worldview or spiritual warfare discourse represents ongoing efforts to resolve certain deep emotional conflicts and ambivalences in participants' lives and consequently cope with difficulties. It serves as a link between a participant's deep emotional concerns and a larger community's canonical language. The socially mediated interaction with canonical language of the faith community is the major psychological mechanism by means of which participants come not only to encounter a religious framework and theology of the group but also to adopt it, to internalize it as part of their personality. Spiritual warfare discourse therefore refers to a specific religious context of meaning that becomes meaningful in a broader sense by linking canonical language directly with individual experiences (Popp-Baier, 2002, 57). This means that the recovering addict's testimony is a discursive performance through which converts seek to establish some connection between the language of their particular religious and cultural community and their own immediate situations.

One element of particular importance that emerged from the empirical data is deconversion. It should be noted that for some of the participants the deconversion experience had a negative influence on the plausibility of the religious story and they reconsidered its meanings. We suggest that these conversion–deconversion narratives might be understood in Tomkins' and McAdams' terms as *commitment* and *nuclear scripts* and *redemption* and *contamination sequences*. For Tomkins (1987) a commitment script is intertwined around a predominance of positive affect that is related to positive outcomes. In this script, bad things like crisis or illness can be overcome. The nuclear script by contrast, depicts a more negative narrative outcome; it contains stories of good things gone bad (Carlson, 1998). McAdams (2006) also distinguished two types of narratives: redemption and contamination sequences. In a redemption sequence, negative life events lead to eventually positive emotional, cognitive or spiritual outcomes. The contamination sequence, on the other hand, is very similar to Tomkins' nuclear script. These narrative patterns may be recognized in the conversion and deconversion processes. We suggest that conversion narratives follow a commitment or redemption script, while deconversion narratives follow a nuclear or contamination script in which an emotionally and spiritually positive experience becomes negative or dysfunctional. Clearly participants also develop other discursive strategies as well, and there are other useful perspectives to study their testimonies. Nevertheless this distinction can highlight some of the major testimonial patterns they use in their biographical work and may help us to conceptualize some of the narrative perspectives in convert's testimonies of conversion and deconversion.

To conclude, conversion 'works' because it offers recovering drug addicts meaning and control, and connects them with significant others. The most important social factors include the community's support, appeal, and view of conversion. In other words, conversion narratives allow an addict to restore interpretative control over his or her life, "warding off the stigmatizing labels

that are applied externally by replacing them with a religious identity and universe of discourse.” (Shadd, Wilson & Curran, 2006, 174). As the cases studied here indicate, conversion narratives can facilitate the development of a new life for recovering drug addicts and construct the believable option of a future without drugs.

Limitations and Future Research Directions

There are several limitations to be noted which are often associated with qualitative studies: 1) trustworthiness and retrospective nature of interview data; 2) the relatively small sample size and the question of generalizability; and 3) the self-selected nature of the sample.

The first limitation is the retrospective nature of the data collection. Some scholars doubt the accuracy of retrospective conversion testimonies as the present reconstruction may affect the accounts’ viability (Bruce, 2006). Testimonies of conversion and addiction in this study were based in large part on participants’ recollection of past events and motivations are always distorted by the passage of time. Although empirical studies have shown that recovering substance users generally provide fairly accurate reports of their pre- and post-recovery treatment (Carballo et al., 2008), this research did not aim at assessing the truth-value of participants’ testimonies. Instead the researchers approached conversion and recovery as narrative processes and studied the subjective performance of the person’s reconstruction in a story.

The relatively small sample size – which raises the question of generalizability – is the second limitation of this study, as it included only 31 people. The authors attempted to ensure diversity by selecting participants based on different cultural and gender backgrounds. The sample was limited to evangelical Christian converts. The authors acknowledge that the findings of this research may not be generalizable to all settings because recovering substance users in other religious and cultural contexts are likely to have very different experiences and hence their stories would differ. The aim here was to highlight the contextual particularities by bringing together participants from three different contexts with a similar religious tradition.

The third limitation, the self-selected nature of this sample, has been recognized in most recovery studies that used a convenience sample. The authors acknowledge that the self-selected or biased nature of the sample selection may not represent the opinions of other non-religious recovering substance users population. However, as the authors approach narratives as conscious self-presentations, self-selection may limit the generalizability but not so much the reliability.

Some suggestions can be made for further research on narratives of recovering drug users:

1. The findings of this study may be tested and elaborated in different samples with a larger population.
2. This study could be replicated in terms of methodology: other samples could be studied in a similar qualitative manner, paying attention to the cultural differences.
3. Future research could focus more on the relationship between deconversion and spirituality of recovery communities.
4. The study of immigrants among recovering drug users is underdeveloped in the literature and empirical research, and this is an important social issue in the light of increased migration and drug problems around the world.
5. Future conversion research among recovering drug addicts also needs to be more aware on gender aspects in the conversion process. Gender differences still receive inadequate attention in conversion studies.
6. Future research could be studied in other faith traditions as well.

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Appendix 1

SERBIAN sample	Gender	Age	Country of origin	Language (Interview)	Drugs & Length of addiction (yrs)	Abstinence (yrs)
Luka	M	41	Serbia	Serbian	Heroin - 15	11
Anja	F	41	Serbia	Serbian	Heroin - 10	9
Damjan	M	32	Serbia	Serbian	Heroin - 11	4
Neša	M	29	Serbia	Serbian	Heroin - 6	6
David	M	28	Serbia	Serbian	Heroin - 5	9
Daria	F	45	Serbia	Serbian	Heroin - 19	12
Ivan	M	39	Serbia	Serbian	Heroin - 6	9
Bojan	M	32	Serbia	Serbian	Heroin - 8	5
Iva	F	32	Serbia	Serbian	Heroin - 7	9
Sonja	F	31	Serbia	Serbian	Heroin - 5	5
Maja	F	34	Serbia	Serbian	Heroin - 10	4

MIGRANT sample	Gender	Age	Country of origin	Language (Interview)	Drugs & Length of addiction (yrs)	Abstinence (yrs)
Rose	F	58	Antilles	English	Heroin & Cocaine - 25	7
Mike	M	44	Suriname	English	Cocaine - 26	4
Jerry	M	61	Curaçao	English	Cocaine - 32	11
Nelson	M	59	Antilles	English	Cocaine - 16	9
Barry	M	67	Suriname	English	Cocaine - 26	24
Cindy	F	47	Curaçao	English	Cocaine - 14	15
Claude	M	40	Ghana	English	Heroin & Cocaine - 6	6
Humphrey	M	40	Kenya	English	Heroin & Cocaine - 12	7
Eddy	M	54	Ghana	English	Heroin & Cocaine - 30	7
Rudi	M	44	Indonesia	English	Cocaine - 20	5
Dragana	F	62	Croatia	Croatian	Heroin & Cocaine - 24	15

DUTCH sample	Gender	Age	Country	Language (Interview)	Drugs & Length of addiction (yrs)	Abstinence (yrs)
Mirjam	F	25	NL	Dutch	Cocaine - 4	4
Sjoerd	M	35	NL	Dutch	Cocaine & Crack - 17	6
Henk	M	57	NL	Dutch	Heroin & Cocaine - 20	19
Jan	M	45	NL	Dutch	Cocaine - 21	12
Joost	M	44	NL	Dutch	Heroin & Cocaine - 19	4
Herman	M	43	NL	English	Heroin - 8	21
Jelmer	M	51	NL	English	Various drugs - 24	5
Theo	M	60	NL	English	Various drugs - 9	34
Marten	M	43	NL	English	Heroin & Cocaine - 23	5