The Protective Role of Spiritual Wellness in Students' Long-Term Drug Recovery:

A Case Study of Drug Users and Ex-Users

by

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Statement of Originality

I, Leung Tak Man, hereby declare that I am the sole author of the thesis and the material presented in this thesis is my original work except those indicated in the acknowledgement. I further declare that I have followed the University's policies and regulations on Academic Honesty, Copyright and Plagiarism in writing the thesis and no material in this thesis has been submitted for a degree in this or other universities.

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Abstract

Reviews indicated that the predominant approaches on drug treatment and recovery were mostly based on a pathological perspective, which only focus on short-term drug abstinence and neglect the well-being of the drug-users. Recently, a shift of conception of drug recovery from this traditional pathological approach to a positive psychological approach emphasizes both persistent drug abstinence and well-being of the drug-users. This shift has initiated plenty of studies to explore the protective factors promoting this kind of long-term drug recovery.

Among different protective factors, spirituality is supported by literature that it can protect drug-takers from drug relapse and bring them well-being as well. In this research, this protective role of spirituality is theoretically linked with the spiritual transformation through the search of purpose of life / meaning of life of the drug-taker towards spiritual well-being by which the drug-taker also activates self-reflection and self-forgivingness about his/her drug-taking behavior. These two processes concerning self would lead the drug-users to give up their drug-taking behavior. In addition, the sustainability of the drug abstinence and spiritual wellness is subject to the support of the spiritual resiliency of the drug-taker and the complementary maturation in cognitive, moral, and psychosocial developments of the drug-taker.

By following this theoretical framework, the objectives of this study were: (1) To explore

how spiritual meaningfulness can facilitate drug abstinence and spiritual well-being; (2) To examine how spiritual resiliency works with self-efficacy of the drug-takers to achieve spiritual well-being in drug recovery; and (3) To examine the relationship between the spiritual development towards spiritual wellness, and the cognitive, moral, and psychosocial developments in long-term drug recovery.

The findings of this study can provide theoretical direction for further investigation about how to help the drug-taking students achieve persistent drug abstinence and positive life-development. This study also enhances the understanding of the relationship among the spiritual, cognitive, and moral development in achieving long-term drug recovery, which has not been well discussed in literature.

Regarding the methodology of this research, a qualitative research design was adopted. A sample of 14 participants including 10 ex-drug-users and 4 drug-users were recruited in the study by snowball sampling method. The data was collected by in-depth interviews, which were semi-structured in format and focused on the relationship among the theoretical constructs of drug experience, spiritual experience, and cognitive, moral, and psychosocial development of the participants within their life-development history.

The main findings of this research include the following: (1) The pursuit of spiritual meaningfulness is positively associated with the achievement of persistent drug abstinence and positive long-term drug recovery; (2) Continuous fulfillment in the pursuit of spiritual

meaningfulness and social support are crucial for one's resilience in drug abstinence and long-term drug recovery; and (3) A complementary maturation in cognitive, moral, and psychosocial development is positively associated with the actualization of spiritual wellness towards drug recovery.

Besides the above theoretical implications of the protective role of spirituality in long-term drug recovery, the findings practically revealed a dual role of social support in spiritual resiliency for sustaining a persistent spiritual transcendence along the drug recovery process. The presence of social support would have a protective function on the spiritual resiliency. However, lacking social support would have a negative effect on spiritual resiliency.

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Chapter 1: Introduction

The objective of this chapter is to outline the features of the study including highlighting the

gap in literature and the significance of my study, and to describe the structure of this thesis.

This chapter includes: (1) Overview of the problems in drug prevention education; (2)

Highlight of the focus of the study; (3) Description of the significance of the study; (4)

Overview of the conceptual framework; (5) Summary of the research questions; (6) Summary

of the structure of the thesis, and (7) Summary of the chapter.

1.1. Overview of the Problems in Drug Prevention Education

1.1.1. Statement of the Problems

In the past decade, our government has put a lot of efforts to fight against drug particularly in

school setting. However, the current figures from the Hong Kong Government indicated that

the median length of drug-taking experience of newly reported drug-users has increased from

1.9 years in 2008 to 4.6 years in 2013 (Leung & Fan, 2018). In addition, the survey

conducted by Narcotics Division about the awareness of "drug harms" among the youth has

also shown a decrease within the age from 21 to 35 (Narcotics Division, 2021). These

findings reminded us that drug prevention education cannot simply focus on the cognitive

aspect of the physical harmful effects of drug. The problems such as hidden drug-users and

drug relapses need to be addressed in drug education particularly in school's prevention

programs.

The latest figures from The Action Committee Against Narcotics (ACAN) even reported that the total number of young drug abusers under 21 in 2021 has an increase of 44% (from 607 to 873) compared with that in 2020 (Action Committee Against Narcotics, 2022; Narcotics Division, 2022 b). In addition, according to the report from law enforcement agencies, the number of young arrestees under 21 has increased by 32% (Action Committee Against Narcotics, 2022). These increments have alerted the educators and counselors about the urgency of reviewing the current drug prevention education program design, particularly the components that involve drug treatment methods and drug recovery.

There is increasing evidence to support that drug-taking not only endangers students' physical health, but also brings other problems to them such as poor academic performance, poor family relationships, inadequate social relationships, and low self-esteem (Task Force on Youth Drug Abuse, 2008). Regarding these harmful effects of drug, our government has increased her concern about the consequences of using drugs at a young age. Our former Secretary for Justice of the Hong Kong Special Administrative Region Government, Wong Yan Lung, even described these harmful effects as a threat to "the freedom and development of young people, the world's most valuable asset" (Task Force on Youth Drug Abuse, 2008, p.5). In 2008, Wong led a cross-departmental task force team to implement a large-scale prevention campaign against student drug-taking. Drug prevention education in school setting was one of the major elements of this campaign. At the beginning, this large-scale drug prevention education campaign has seemed to gain a bit of success. The students' drug-taking

rate has started to drop from the highest point of year 2008 and continued to decrease for several consecutive years (Narcotics Division, 2016). However, this decreasing trend has stopped in year 2017/2018. The survey conducted by Narcotics Division in 2018 has indicated that the number of lifetime drug-taking students had an increase of 22.7% in comparing with the number in 2014/2015 (Narcotics Division, 2016). In addition, the number of 1-year student drug-takers and students who took drugs within 30 days prior to the survey date were found an increase of 45.7% and 26.7% from 2015/2016 respectively (Narcotics Division, 2016).

Besides the recent increase in the number of student drug-takers, the current finding also indicated that the relapse rate of drug-taking students in the past three years maintained at a high level. For example, the data collected from 2016 to 2018 has indicated that 66.6% of secondary and post-secondary drug-taking students have a relapse experience (Narcotics Division, 2016, 2018). In the year 2017-2018, the data gathered has also indicated that over 55% of the secondary and post-secondary drug-taking students did not make any attempt to stop taking drugs or give up drugs. Moreover, the hidden nature of student drug-taking also draws our attention because figures have indicated that a high hidden rate has been maintained in the past few years (Narcotics Division, 2016, 2018).

These figures have alerted us that we are still at war against drug in our school settings. This drug war is undergoing mutation to go beyond the informative war against drug's harmful effects; it reminds us that we also need to move on to fight against the problems of drug

relapse and recovery of drug-taking students.

1.1.2. Gap in Literature

The scope and focus of our prevention education not only need to go beyond the primary level of the delivery of cognitive information about the harmful effects of drugs, but also need to cover the identification of hidden drug-taking students and providing them with treatment.

In the United States and United Kingdom, their governments in the early 1990s have already been aware of the importance of bringing the drug-taking students to recovery through implementing large-scale secondary and tertiary school drug prevention education (HMSO, 1998). The aim of these prevention education programs is not just to bring the drug-taking students away from drug relapse but also to help them achieve full recovery.

In the past, the knowledge in this area has been limited by the fact that the scope of study on the risk factors for drug relapse in adults has been mostly theoretically based on the pathological perspective of psychology (Coggan, Haw, & Watson, 1999). It only viewed drug recovery from a short-term recovery perspective and ignored the protective function of positive development of the youth against drug-taking. Recently, many researchers have put their efforts on the study of the contribution of the positive development among the youth drug abusers leading to long-term drug recovery. This perspective, besides emphasizing on the protective factors on drug recovery, also studies how to achieve long-term positive drug

recovery.

Among those protective factors studied, spirituality was identified as one of the important protective factors that can contribute to long-term positive drug discovery. The protective aspect of spiritual wellness in health has been discussed in much research, however, not much systematic research was found about how it operated within the process of youth's long-term positive drug recovery (Pardini, Plante, Sherman, & Stump, 2000). In additional to the narrow definition of drug recovery limiting the scope of the study of spiritual meaningfulness in positive long-term drug recovery, the research gap in this area was also characterized by the limited understanding of the relationship among spiritual well-being, spiritual experience, spiritual development, and spiritual transformation in sustaining spiritual wellness along the process of long-term drug recovery. Moreover, literature indicated that the achievement of spiritual wellness also required a parallel development of cognitive, moral, and psychosocial development of the individual. However, only a little study has focused on this aspect. These research gaps have motivated me to study how and in what ways spirituality promotes the process of long-term drug recovery. The purpose of this research is to explore the role of spirituality in promoting the process of long-term drug recovery through the study of the life experience of drug-users and ex-drug-users.

1.2. Focus of the Study

Plenty of studies have revealed that students taking addictive substances were easily found around the age of 12-17. For example, the study of Hansen and Altman (2001) has indicated

that age of 12-17 is a high-risk group to have their first attempt of addictive substances such as alcohol and drug. This study further pointed out that their first attempts were driven by the curiosity of looking for the solution to the uncertainty and negative social pressure that encountered during their formation of identity and self. Moreover, the statistics provided by the United Nations Office on Drugs and Crime, drug prevalence rates are highest among those aged 18-25 (Yip, & Chan, 2022). In the past, dozens of the school drug prevention education programs were designed by following this line of thought to target this age group of students.

However, a recent survey figure has indicated that the school drug-taking problem had an increased tendency and that this problem was also no longer confined to the age group 12-17 (Narcotics Division, 2016). For example, according to the report of S*urvey of drug use among students 2014-2015,* the total number of students estimated to have drug-taking experience in the primary, secondary, and post-secondary schools in Hong Kong was 14,500 (Narcotics Division, 2016). In contrast, the number of drug-taking students reported in the survey of 2017-2018 was found to have an increase of 22.7% to 17,800 (Narcotics Division, 2019).

In addition, the survey of 2014-2015 reported that the percentage of drug-taking students recorded in upper primary, secondary, and post-secondary schools were 0.8%, 2.3%, and 2.5% respectively (Narcotics Division, 2016). However, the rates reported in the survey of 2017-2018 has increases to 0.9% for upper primary, 2.6% for secondary and 3.9% for

post-secondary schools (Narcotics Division, 2019).

Apart from the recent increase rate of drug-taking students, the survey also reported that the relapse rate of student drug-takers was at a high level. Only one-third (27.6%) of the drug-taking students have attempted to stop taking drugs or give up drugs (Narcotics Division, 2016). These figures alerted us that the primary drug prevention education was not enough, in the sense that we cannot limit the concept of drug prevention to the delivery of cognitive information about the harmful effects of drug to students. This kind of cognitive-oriented prevention campaign such as "Stand Firm! Knock Drugs Out" launched in 2010 was not wide enough to handle the problems of drug relapse and recovery.

In the school drug prevention education, the secondary and tertiary levels of prevention were designed to tackle the problems of drug relapse and recovery. The secondary prevention includes the task of identifying the drug-taking students and leading them to receive treatment. The tertiary prevention is to provide treatment to the drug abusing students and help them to recover from drug abuse (Coggan, Haw, & Watson, 1999).

The experience of school drug prevention education from the West like the United Kingdom has told us that we cannot only rely on the primary prevention education in order to defeat drug in school particularly against the increase of school drug relapse rate. For example, as a response to the increasing drug relapse of student drug-takers, the government of the United Kingdom in the 1980s has already allocated much resource to implement and refine their

secondary and tertiary school drug prevention education programs (HMSO, 1998; HMSO, 2002). Meanwhile, the UK government also urged her officials and professionals to further examine the conception of drug recovery adopted in traditional secondary and tertiary school prevention which later was found dominated by a narrow conception of short-term drug recovery.

Indeed, this shift of prevention from primary education to secondary and tertiary level requires an exploration and examination of the predictive factors that contributes to the drug treatment and recovery (Greenberg, Domitrovich, & Bumbarger, 1999). In the past decades, the focus of research in this area was limited to the discussion and study of the risk factors for drug relapse and abuse which were based on a narrow conception of short-term drug recovery (Brook, Rifenbark, Boulton, Little, & McDonald, 2015). Following the recent shift from a pathological perspective to a positive psychological perspective (Hawkins, Catalano, & Arthur, 2002), more and more studies has concentrated on discovering and exploring the protective factors that contribute to drug abstinence and how these protective factors interact with the risk factors along the process of drug recovery.

This shift also goes parallel with the discussions about the replacement of the concept of short-term drug recovery used in school drug prevention education and drug treatment by the wider scope concept of long-term drug recovery.

The focus of this study was to follow this theoretical shift to explore the protective role of

spirituality in drug treatment and drug recovery. Among those predictive factors accountable to drug treatment and recovery, the review of literature has indicated that spirituality has been identified as one of the strong protective factors for short-term drug recovery, but not much systematic research about its protective role in long-term drug recovery was found (Hodge, 2011). In addition, the literature about the study of spirituality for drug recovery was mostly concentrated on the study of adult. Whether their results can apply to the student drug-takers still need further exploration (Cheung, Lee, & Lee, 2003; Leukfeld, & Tims, 1989; Mishra, & Ressler, 2000). My research aims to bridge up these research gaps through enhancing the understanding of the protective role of spiritualty in long-term drug discovery.

With regard to the above research purpose, a review of literature indicated that there was a theoretical linkage between spirituality and meaningfulness of life. Spiritual meaningfulness has a positive relationship with well-being in various life domains. In addition, appropriate spiritual development and transformation can promote spiritual wellness, through which it may lead to a positive life-development. This theoretical direction provides the present research a direction of investigation about the protective role of spirituality in long-term drug recovery.

This direction involves an investigation on the theoretical relationship among meaningfulness of life, spiritual transformation, and spiritual well-being. The literature review also indicated that their relationship has a theoretical linkage with cognitive, psychosocial, and moral development (Fowler, 1981, 1996).

Following this path of investigation, the objectives of this study were: (1) To explore how spiritual meaningfulness can facilitate drug abstinence and spiritual well-being; (2) To examine how spiritual resiliency works with the self-efficacy of the drug-takers to achieve spiritual well-being in drug recovery; and (3) To examine the relationship between the spiritual development towards spiritual wellness, and the cognitive, moral, and psychosocial developments in long-term drug recovery.

1.3. Significance of the Research

Reviews indicated that the dominant drug treatment methods for drug recovery only focus on short-term drug abstinence and neglect the long-term resistance against drug and the positive life-development of the drug-takers. These dominant treatment methods are mostly theorized under the influence of the cognitive-behavioral approach. This theoretical approach emphasizes on the provision of coping skills for drug-takers to overcome the risk situation of drug relapse. This emphasis was viewed as a short-term drug treatment approach from the positive psychological perspective rather than a long-term recovery approach.

According to the positive developmental approach, drug recovery is more than drug abstinence, it also requires the drug-users to possess a positive life-development. The study of spirituality in the literature indicated that, in this sense, it plays a protective role in long-term drug recovery. However, the studies in this area were not systematic and seldom explored how spirituality interacts with the positive life-development particularly with the development in moral, cognitive, and psychosocial domains of the drug-takers. My research

is going to explore this protective role of spirituality in long-term drug recovery along this direction. My study will focus on exploring the relationship between spirituality and the meaningfulness of life in the process of long-term drug recovery and how these protective factors contribute to persistent drug abstinence and positive life-development during the recovery process.

Unlike the dominant perspective that just limits drug recovery to short-term drug treatment, my study adopted a positive psychological perspective of drug recovery that emphasizes both the long-term drug abstinence aspect and the well-being's aspect in the life-development of the recovered drug-user. One of the significances of this study is to fill up the above mentioned theoretical and research gaps of short-term drug treatment and positive long-term drug recovery. It goes beyond the dominant theoretical discussion of short-term treatment method that only focused on drug relapse problem of the drug-users. It steps further to fill-up the gap between short-term and long-term drug recovery by exploring the protective function of spirituality within the framework of positive life-development. The findings can provide a theoretical direction for further investigation about how to help the drug-taking students achieve positive life-development, so that they not only can return to a drug-free school life, but also have a psychological and social well-being along their life-development. This, in turn, would help to provide insights for strengthening the secondary and tertiary drug prevention programs against the increase in drug-taking and relapse within school setting, particularly to cover the elements of helping the hidden student drug-takers and abusers to

overcome drug relapse and achieving well-being.

Besides the fact that the narrow definition of drug recovery has limited the scope of the study of spiritual meaningfulness in long-term drug recovery, the investigation of the role of spiritual meaningfulness was also limited by an insufficient understanding of the relationship among spiritual well-being, spiritual experience, spiritual development, and spiritual transformation in sustaining spiritual wellness along the process of long-term drug recovery. In addition, the understanding of the relationship among the spiritual, cognitive, and moral development in achieving long-term drug recovery was also not well discussed. Reviews indicated that only a little study was found about these theoretical lines of thought. Another significance of my study is to broaden the scope of understanding about the relationship among these theoretical constructs in long-term drug recovery.

1.4. Summary of the Conceptual Framework

As mentioned above, drug recovery cannot be simply viewed as a short-term drug abstinence. The positive psychological perspective proposes that drug recovery needs to take the aspects of the well-being of the drug-takers into consideration (Lerner, Dowling, & Anderson, 2003; Tang, Liang, Lee, Tang, Lam, Chan, & Lam, 2012; White, & Savage, 2005; White, 2004). From this perspective, drug recovery needs to be viewed as a long-term process that involves a long-term drug abstinence and an achievement of well-being in the life-development of the recovered drug-users. This definition of drug recovery provides a guide to my theoretical framework of this study.

Among those protective factors that account for this positive long-term drug recovery, spirituality was supported by literature that it can protect drug-takers from drug relapse and also bring well-being to the drug-takers (Miller, 1998; Hodge, 2011; Kaplan, Turner, Norman, & Stilson, 1996; Pollard, Hawkins, & Arthur, 1999). These protective aspects of spirituality associated with the search of meaning in life can promote a spiritual transformation towards well-being (Katsogianni, & Kleftaras, 2015). This positive dimension of spiritual transformation was understood in term as spiritual wellness (Myers, 1990). This study adopted this theoretical linkage to explore how spiritual meaningfulness can facilitate drug abstinence and spiritual wellness of the drug-takers in a long-term mode (Myers, 1990; Katsogianni, & Kleftaras, 2015). The achievement of spiritual wellness is a key element for bringing well-being to life domains in the life-development of the drug-takers (Chan, 2009; Halama, & Dedova, 2007).

Regarding the pursuit of spiritual meaningfulness, Hausser (1999) has distinguished three levels of pursuit, namely: subjective, objective, and intersubjective levels. All these three levels of pursuit of meaningfulness of life can promote spiritual wellness. Following Westgate's (1996) explanation of the relation between spiritual meaningfulness and spiritual wellness, the above three levels of pursuit can attain wellness in four interrelated dimensions. They are: (1) Life event interpretation; (2) Internalized intrinsic value system; (3) Spiritual transcendence; and (4) A sense of belongingness to special spiritual community.

However, theoretically speaking, the pursuit of meaningfulness cannot fully guarantee a

successful spiritual transcendence towards a long-term spiritual wellness (Maslow, 1971; Hodge, 2011). The road to long-term spiritual well-being also needs a steady support of spiritual resiliency by which the individual can equip with sufficient self-efficacy to transcend himself or herself towards spiritual wellness (Harris, Smock & Wilkes, 2011). This resiliency can facilitate a steady spiritual transformation towards a drug-free self and, in turn, foster well-being in various life domains of the drug-takers.

The unsuccessfulness of spiritual transformation in drug recovery can be interpreted as one's spiritual experience cannot provide enough support to his or her spiritual development towards spiritual wellness (Grof., & Grof., 1989). It can be understood as the insufficient development of the spiritual experience of the drug-taking students, which does not provide enough spiritual resiliency to sustain drug abstinence.

According to my framework, the successfulness of this spiritual transformation also needs an adequate parallel development in the moral, cognitive, and psychosocial domains (Fowler, 1981, 1996). Without the corresponding moral, cognitive, and psychosocial development, the individual cannot sustain a stable spiritual transcendency.

In sum, according to the theoretical model of this study, spirituality has a theoretical linkage with the pursuit of spiritual meaningfulness through which the drug-takers could achieve a higher spiritual state. The achievement of this state of transcendence not only provides the drug-takers protection against drug relapse, but also brings well-being to the drug-takers in

their life-development as well. However, the sustainability of this protective function towards spiritual wellness requires the support of the spiritual resiliency of the drug-takers. Besides spiritual resiliency, the development of this protective function of spirituality also requires a complementary maturation in the development of cognitive, moral, and psychosocial domains.

1.5. Research Questions

By following the conceptual framework of the study summarized above, three research questions have been drawn:

Research Question 1: Does the development of spiritual meaningfulness contribute to the achievement of persistent drug abstinence and positive long-term drug recovery?

Research Question 2: How does support from spiritual development for spiritual transformation affect one's resilience in drug abstinence and long-term drug recovery?

Research Question 3: Does cognitive, moral, and psychosocial development affect the actualization of spiritual wellness towards drug recovery?

The three research questions above led the direction of the investigation in my study.

1.6. Summary of the Organisation of the Thesis

This thesis consists of six chapters. Chapter 1 is an introduction to this thesis. It begins with an overview of the students' drug recovery problems in Hong Kong and provides the

background of the problems encountered in schools' drug prevention education today. Then, it gives a short highlight of the conceptual change in drug recovery to tackle these problems. The last section of this chapter is a brief conclusion of the significance, research questions, and conceptual framework of this research.

Chapter 2 will detail the literature review and present the conceptual framework of this study. It composes of the theoretical clarification of the construct of spirituality in drug recovery and its relationship with the meaningfulness of life in helping the drug-users to achieve long-term drug abstinence and spiritual well-being in life-development. It also reviews the theoretical relationship between spiritual resiliency in the sustainability of spiritual wellness for drug recovery. The last section of this chapter will present the research questions of this study.

Chapter 3 will describe the methodology of this research.   The details of research design, sampling method, data collection, data processing, and ethical issues will be described.

Chapter 4 will present the results of the research. The data collected will be analyzed and discussed deeply in this section.

Chapter 5 will discuss the research results. It will give the conclusion of this study and describe the limitations and implications of this study.

The next chapter will introduce the main issues related to this study and provide a review of literature on spirituality and drug recovery.

Chapter 2: Literature Review

This chapter contains 10 sections. Section 2.1 will give a review on the dominant drug treatment methods and conceptions of drug recovery relating to this study. Section 2.2 will discuss the paradigm of the conception of drug recovery. Section 2.3 will discuss the relationship between drug recovery and well-being from the perspective of the new paradigm of drug recovery. Section 2.4 will clarify the complexity of spirituality and its theoretical linkage with positive drug recovery. Section 2.5 will further elaborate the linkage between spiritual meaningfulness and spiritual wellness. Section 2.6 will concentrate on the theoretical discussion of the role of spiritual wellness in long-term drug recovery. Section 2.7 will discuss the role of spiritual resiliency in spiritual transcendence. Section 2.8 will clarify the relationship among spiritual wellness, cognitive, and moral development in life. Section 2.9 will present the Conceptual Framework of this study. The final section of this chapter will present the research questions.

2.1. Review on the Dominant Drug Treatment Methods

School drug prevention education is the front gate for protecting students from drug. As mentioned above, the recent increase of the relapse rate of the young drug-users has made the secondary and tertiary drug prevention more and more important. The key components of secondary and tertiary level education are drug treatment and recovery. A number of treatment methods that based on a variety of psychological approaches such as psychodynamic, behavioral, cognitive-behavioral, and psychopharmacological approaches

were adopted in drug treatment. The dominant methods are mainly psychopharmacological and cognitive-behavioral approaches. However, these approaches were being challenged by high drug relapse rates.

2.1.1. Psychopharmacological and Cognitive-Behavioral Approaches

Reviews have indicated that the drug treatment methods were dominated by two major theoretical perspectives namely psychopharmacological and cognitive-behavioral approaches (Cheung, Lee, & Lee, 2003; Mishra, & Ressla, 2000; Morgenstern, & McKay, 2007; White, 2007). These two perspectives viewed drug recovery as a short-term treatment against drug relapse. From their approaches, the priority of secondary and tertiary drug prevention education is to stop the drug-taking students from drug relapse. They are theoretically one-sidedly focused on the short-term drug abstinence.

Psychopharmacological approach was commonly adopted in many countries because of the cost (Action Committee Against Narcotics, 2002). Taking Hong Kong as an example, psychopharmacological approach has been adopted since 1960s until now. The treatment method is providing methadone to the opiate-takers as a substitute for the drug. The problem of this treatment method was a high drug relapse rate of the patients (ACAN, 2002). In addition, this approach was also criticized as not putting psychosocial and spiritual elements into their theoretical consideration (Battjes, Leukefeld, Pickens, & Haverkos, 1988; Hubbard, Marsden, Cavanaugh, Rachal, & Ginzburg, 1988).

Cognitive-behavioral approach was another dominant theoretical perspective in drug treatment (White, & Savage, 2005; White, 2004). Although this approach was commonly used in drug treatment, its effectiveness was challenged by research findings. For example, Stiles and her research colleagues stated in their meta-analysis that there was not enough evidence to conclude that the treatment effect of cognitive-behavioral approach was superior to other treatment approaches (Stiles, Barkham, Mellor-Clark, & Connell, 2008).

Within the cognitive-behavioral perspective, Marlatt's theory of relapse process was one of the most popular treatment methods adopted in drug recovery (Marlatt, 1979; Marlatt, & Gordon, 1980, 1985). It was an integrative approach of behavioral and social cognitive perspective. This treatment method emphasized on the importance of delivery of the cognitive information of the harmful effects of drug to the patients on the one hand, and also stressed on the importance of the delivery of the coping skills to the patients for keeping them away from drug relapse on the other hand. By contrast with cognitive information, coping skills can enhance the self-efficacy of the patients to keep away from drug's temptation under the high-risk environment (Marlatt, & Gordon, 1980, 1985). Self-efficacy is the key element of this treatment method.

2.1.2. Self-Efficacy in Cognitive-Behavioral Approach

Self-efficacy has received plenty of attention in the study of the treatment of addictive behavior. Zimmerman, Bandura, and Martinez-Pons (1992) stressed the importance of perceived self-efficacy in enhancing students' resilience against adversity. According to

Bandura, self-efficacy was composed of four major elements: (1) vicarious experiences; (2) social persuasion; (3) physiological and emotional states; and (4) mastery experience.

According to Bandura (Bandura, 1977, 1986, 2002; Bandura, et al, 1995), vicarious experience which refers to self-efficacy is developed by social modelling. The individual builds his or her self-efficacy through observing social models. The social persuasions refer to the support from the surrounding others such as the encouragement from parents, teachers, and peers. It can enhance the individual's resilience and self-confidence. The increasing of one's physical and emotional well-being can strengthen his or her self-efficacy. In the meantime, the decreasing of negative emotional states can also strengthen one's self-efficacy.

Among the four components, Bandura asserted that mastery experience is a powerful source for increasing one's self-efficacy (Bandura, 1977, 1986, 2002; Bandura, et al, 1995). Mastery experience is conceptualized as the individual's estimation about the chance of success in achieving the desired goal. This estimation was made according to the individual's previous experience. If the individual experienced success in similar situation before, it will enhance his or her self-efficacy through increasing his or her confidence of overcoming the obstacles encountered along the path of achieving the desired goal (Bandura, 1977, 1986, 2002; Bandura, et al, 1995).

In drug treatment, mastery experience refers to the drug-taking student's previous successful experience of overcoming drug relapse. The drug-taker makes use of this previous experience

to assess whether he or she is able to overcome the obstacles encountered during the treatment. If his or her assessment is positive, it will enhance the drug-taker's self-efficacy against the drug temptation.

Bandura's perspective assumes that if these four components of the perceived self-efficacy are at a high level, then it is most likely that the resilience of the drug-taking students against drug is high.

Marlatt's model focused on the high-risk situation that threatens drug-taker's sense of control and increases his or her chance of drug relapse (Marlatt and Gordon, 1985). The coping skills produce an increase in self-efficacy. If the coping skills are not used, the drug-taker experiences a decrease in self-efficacy. Although Marlatt and Gordon (1985) have provided a different consideration from Bandura about how self-efficacy interact with other variables in drug treatment, the fundamental aspect remained intact with Bandura (Brandon, Herzog, Irvin, & Gwaltne, 2004).

2.2. A Shift to Long-Term Drug Recovery

2.2.1. Positive Life-Development Perspective in Drug Recovery

Recently, the effectiveness of coping skills in drug recovery has been challenged by a number of research findings. For instance, Cheung (2012) revealed that a high proportion of 70% of the patients who have received the training of coping skills took drug again after their return to the community. In addition, the study of Tang and his colleagues also pointed out that the

treatment effect of coping skills cannot last more than one year except for the drug

"amphetamine" (Tang, Liang, Lee, Tang, Lam, Chan, & Lam, 2012).

Both psychopharmacological and cognitive-behavioral approaches were challenged by the

high relapse rate. This challenge has initiated a reflection about the theoretical direction of

drug recovery. The new theoretical direction argued that drug recovery cannot be simply

interpreted or defined as a short-term recovery and drug abstinence. Recovery also needs to

promote a positive life development of the drug-recovering users (Lerner, Dowling, &

Anderson, 2003). This argument of drug recovery was rooted in the perspective of positive

psychology.

This positive development approach was first rooted in Humanistic perspective. It was first

initiated by humanistic theorists Carl Rogers, Abraham H. Maslow, and George A. Kelly.

According to Rogers' client-centered therapy, the life development of any individual is

distinguished from each other (Rogers, 1951, 1991). Maslow used the term "positive

psychology" in the last chapter of his book *Motivation and personality*. It emphasized the

importance of the development of the positive self-esteem and self-actualization of every

individual (Maslow, 1954). George Kelly also highlighted this similar positive development

perspective in his personal construct theory (Kelly, 1963).

This positive life developmental perspective was further endorsed by the former chairman of

American Psychology Association, Martin Elias Pete Seligman. He acknowledged the

achievement of Rogers and Maslow in viewing psychology as a discipline to promote

positive development of individuals. Seligman also urged the members to replace the

traditional pathological point of view of psychology and counseling by adopting the positive

perspective of psychology and counseling psychology that aimed at helping individuals to

attain their well-being and helping clients to achieve positive cognitions (Seligman, 1991;

1998).

Romano and Hage (2000) has stepped forward to put this perspective into school prevention

education and argued that promoting positive life development of the students is one of the

major tasks of school prevention education. Later, Walsh and his colleagues echoed Romano

and Hage's point of view in the article *A Conceptual Framework for Counseling*

Psychologists in Schools. They further argued that a successful school prevention education

needs to take both the risk and protective factors into consideration particularly the protective

ones which can enhance the positive development of the students (Walsh, Galassi, Murphy,

& Park-Taylor, 2002). The strength-based perspective that was endorsed by the American

School Counselor Association also aligned with the Walsh, et. al.'s argument (American

School Counselor Association, 2005).

From this perspective, the school prevention education including the secondary and tertiary

drug prevention education needs to broaden their scope to cover the positive life-development

of the students. In drug treatment and recovery, this perspective goes beyond the dominant

conceptions of recovery that merely focuses on drug relapse to emphasize the well-being of

the drug-users in their recovery.

2.3. Well-Being and Drug Recovery

With regard to the well-being, the review of literature has identified at least four major domains of well-being that accountable for the positive life development (Chandler, Holden, & Kolander, 1992; Fisher, 2009; Rathopoulos, & Batesb, 2011; Westgate, 1996). They were namely physical, family, community, and self-formation. First, well-being in physical development refers to a voluntary self-control on the drug-taking. Second, the well-being in family refers to a pleasant relationship with family and a healthy family life (White, & Savage, 2005). Third, the well-being in community refers to a contribution to the community and have a meaningful relationship with the community (Kegan, 1982). Fourth, the well-being in self-formation refers to a spiritual wellness in one's self-concept by the support of a meaningful purpose in life (Rathopoulos, & Batesb, 2011; Ring, 1984). Briggs and his colleagues (et.al, 2011) also identified similar spiritual well-being for enhancing positive life-development by calling it "spiritual well-being" instead of "well-being in self-concept".

In drug recovery, well-being in spirituality was one of the major life domains to be promoted in long-term drug recovery. This aspect of drug recovery has gained its recognition by the drug treatment bodies. For example, the National Institute of Drug Abuse in United States has adopted this positive long-term perspective of drug recovery to replace the perspective of short-term recovery (White, & Savage, 2005; White, 2004). The Betty Ford Institute Consensus Panel (2007) also endorsed this positive long-term recovery. The panel held that

drug recovery not only required the rehabilitator to have both physical and psychological health, but also required them to have a spiritual well-being as well.

Drug recovery is more than a voluntary drug abstinence. A quality of life also is an important pre-requisite for the recovery (Mishra, & Ressler, 2000; Hawkins, Catalano, & Arthur, 2002). Wellness particularly spiritual wellness is a crucial component for this quality of life.

The shift of the conception of drug recovery from relapse treatment to concern more about the well-being of the drug-users has brought a lot of attention for the researchers in health education and counselling to study the role of spirituality within this area. For example, Prezioso (1987) suggested the lives of substance abusers who experienced a negative spirituality would lead to a state of depression, low-esteem, and a feeling of insecurity.

In addition, a number of empirical research suggested that spirituality can serve as a protective factor against developing addictive behaviors (Faigin, Pargament, & Abu-Raiya, 2014). However, the research findings in this area were challenged by lacking sufficient conceptual clarification about the complexity of the construct spirituality and its relationship with religiosity. One of these critiques was using religious measurement tools such as religious affiliation or practice to measure spirituality in their drug recovery research (Booth, & Martin, 1998; Miller, 1998). Another major critique was overlooking the deeper aspect of spirituality in the process of recovery such as spiritual struggle (Cook, 2004). These insufficiency of spiritual studies in drug addiction reflected a priority for reaching a better

understanding about the conceptual complexity of spirituality such as its conceptual and operational definition, its difference between the religiosity and its relationship with well-being before stepping into the theoretical investigation of the deeper aspect of how spiritual wellness facilitates positive long-term drug recovery.

2.4. Complexity of Spirituality

2.4.1. Positive Role of Spirituality in Substance Abuse Treatment

Regarding the protective factors for substance abuses, literature review has identified a number of factors such as spirituality, intelligence, positive orientation, good self-esteem, and resilient temperament that can help individual get away from substance abuse (Kaplan, Turner, Norman, & Stilson, 1996; Pollard, Hawkins, & Arthur, 1999). Spiritual wellness was identified as a crucial element for enhancing the treatment effect in alcoholic misuses (Miller, 1998). Research finding also indicated that spirituality can enhance the effectiveness of cognitive-behavioral treatment against alcoholic abuse (Hodge, 2011).

In drug treatment and recovery, there has been a growing interest in exploring the relationship among spirituality, spiritual wellness, and drug recovery. Nowadays, spirituality has been adopted as one of the major components in drug treatment and recovery program around the globe (Borras, Khazaal, Khan, Mohr, Kaufmann, & Zullino, 2010). It was supported by research findings that spiritual growth occurred in the recovery process would help the drug-users to have a better self-awareness and connection to others (Joe-Laidler, & Hunt, 2013). However, the relationship between spirituality and spiritual wellness in drug recovery

still lack clarity (Chandler, Holden, & Kolander, 1992). This obstacle increased the difficulties of investigating the complex relation among spirituality, spiritual wellness, and positive long-term drug recovery.

2.4.2. Conceptual Ambiguities of Spirituality

Although research finding and practical experience have revealed that spirituality plays a positive role in the treatment and recovery of substance abuses, there exists ambiguities about their theoretical relationship which still requires further methodological and theoretical clarification. We use 12-step treatment program in Alcoholics Anonymous and Sanchez's study about the relation between religion and drug abuse of youth at risk as examples to illustrate this theoretical ambiguity. First, 12-step treatment method was theoretically supported by the cognitive-behavioral approach in which spirituality was used as a supplementary component for enhancing the treatment effect of decreasing the substance misuse (Magura, 2007). Hodge and Lietz (2014) have conducted a longitudinal study to examine the treatment effect of spirituality in 12-step method. Their result confirmed the contribution of spirituality in this alcoholic misuse treatment method.

In drug abuse, Sanchez and her colleagues have conducted a study about the relation between religion and drug abuse of youth at risk (Sanchez, de Oliveira, & Nappo, 2008). Their result confirmed the contribution of religiosity in drug abstinence within this high-risk group.

From both studies, spirituality seems to have a positive relation with substance abuse

recovery. However, the construct spirituality used in both studies was lacking clarity. For instance, 12-step was not a solely spiritual-oriented treatment. Spiritual element only acted as a supplementary component to enhance the effectiveness of the cognitive-behavioral therapy in this program. The construct spirituality used in this program referred to the feeling, ability to think, and behave differently in a way that was previously impossible when the participants attempted substance abuse recovery without joining this program. This definition of spirituality was different from the conception used in spiritual research such as referring to meaning and purpose in life, connectedness to oneself, or to a higher power.

In Sanchez 's study, the typical conceptual ambiguity about spirituality and religiosity was also found (Sanchez, de Oliveira, & Nappo, 2008). The research team did not distinguish the conceptual difference between religiosity and spirituality, though religiosity and spirituality were commonly found to be used interchangeably in some drug recovery research. According to Miller (1998), religiosity referred to the belief and practice that involved the fundamentals proposed by a religion. As proposed by Sullivan (1993), spirituality is a construct that may or may not include a belief in "God". It embraced the necessity to look for well-being.

In fact, the conceptual ambiguities of spirituality may increase the difficulty in building theoretical model for the investigation of spiritual well-being in long-term drug recovery. The difference in conceptual and operational definition about spirituality among the researchers also increased the difficulties. For example, Sanchez's research team used

religiosity interchangeably with spirituality in their research, but Hodge used spirituality as an empowerment of the patients to overcome the temptation of substance abuse. The above examples have reflected a necessity to clarify the complexity of spirituality before stepping into the discussion of its linkage to positive long-term drug recovery.

2.5. Spiritual Wellness and Meaning of Life

2.5.1. Conceptual Distinction between Spirituality and Religiosity

Besides the conceptual and methodological ambiguities of spirituality mentioned above, the other major ambiguity is its relationship with the theoretical construct "religiosity". We usually use spirituality and religiosity interchangeably in our daily communication. This daily usage easily made us confuse that these two constructs are theoretically the same. In theoretical speaking, spirituality cannot be simply used interchangeably with religiosity in drug recovery study, even though we may find in some research spirituality is operationalized as religious attendance and practices (Canda, & Furman, 2010; Zinnbauer, Pargament, Cowell, Rye, & Scott, 1997). Research defines spirituality largely in terms of religiosity because it is easier to operationalize spirituality as the frequency of religious practice and experience.

In fact, defining religiosity and spirituality in drug recovery research is a significant challenge (Piedmont, 2004). Regarding this difficult task, Cook (2004) has systemically reviewed 265 articles and proposed a definition for spirituality. It referred to a universal and creative dimension of human experience. This immanent experience is transcending the boundary of

material world. Spirituality in drug recovery is a complex theoretical construct whose conceptual complexity makes it difficult to operationalize for measurement (Rathopoulos, & Bates, 2011). Ellison (1983) has made a theoretical distinction between spirituality and religiosity. According to Ellison (1983), spirituality is used to refer to the well-being in existential and religiosity is used to refer to well-being in religious. The well-being in existential is perceived as a sense of purpose of life. In contrast, religious well-being is conceived as the well-being that relates to God (Miller, 1998). Gotterer (2001) has further defined religiosity as a collective transcending process for well-being which involved a collective practice and collective sharing through joining the religious community. Unlike religiosity, well-being in spirituality is an individual spiritual transcending process that does not involve worship of God or supernatural power (Gallup, & Jones, 2000). From this perspective, the major difference between well-being in spirituality and religiosity is whether the well-being involves any collective religious practice or not. Spirituality and religiosity do not seem to contradict each other about making improvement in quality of life. Their major difference seems to be lying on whether the pursuit is achieved through individual or collective practice.

However, there is evidence that these two constructs represent two different concepts in personality domain and dimensions of well-being (Saucier, & Skrzypinska, 2006). According to Miller and Thoresen (1999), spirituality is an attribute of an individual by which the individual connects himself or herself to a higher being and transcendent state. Religiosity is

connected to how the individual's experience of a transcendent being was shaped by and realized in social community. Assagioli (1989) further clarified that spirituality refers to all states of awareness and human activities that are possessed of values higher than average. He asserted that these spiritual drives are basic and fundamental of human existence. Spirituality is characterized by the realization of holistic nature of existence by which self-awareness was connected to transcendent being (Joe-Laidler, & Hunt, 2013). Unlike spirituality, religiosity was a formal set of beliefs, rituals, and practices that expresses a commonly shared spiritual reality under a community context (Hodge, Cardenas, & Montoya, 2001).

2.5.2. Positive and Negative Impacts of Spirituality on Psychological Well-Being

The complexity of spirituality is not only confined to its complicated definition and its ambiguous relationship with religiosity. It is also reflected in its positive and negative associations with psychological well-being. For instance, Pargament and colleagues (1998) have distinguished positive and negative aspects of spirituality in coping with life stress event. Spirituality in responding and interpreting life event not only has its positive association with a sense of purpose and meaning of life, spiritual connectedness with others and a sense of spirituality, but also has its negative influence upon the psychological adjustment and behavior pattern (Exline, 2013; Exline & Rose, 2013; Pargament, 2007).

Taking drug addiction as an example, it represents the drug-takers try to avoid facing their life stressors through seeking for a feeling-on-demand lifestyle and they are incapable to manage their desires for the feeling (Pruett, Nishimura, & Priest, 2007). Their inability to

carry out solution leads them to place drug-taking in the position of ultimate value in their life (Willard, & Simpson, 2005). It reflected a negative aspect of spirituality which causes the drug-takers to experience a feeling of insecurity, low self-esteem, and psychological depression (Warfield, & Goldstein, 1996).

In contrast, the positive aspect of spirituality associates with the search of meaning in life and seems to serve as a predictive factor in well-being of the drug addicts (Katsogianni, & Kleftaras, 2015). This positive dimension of spirituality was understood as spiritual wellness (Myers, 1990).

Although not many studies have found about how and in what ways spiritual wellness affects the drug-users during the process of drug recovery (Pardini, Plante, Sherman, & Stump, 2000), this duality of spiritualty has provided a theoretical direction in the following section to investigate the relationship among spirituality, spiritual wellness, and positive long-term drug recovery.

2.6. Spiritual Wellness and Drug Recovery

2.6.1. Human Quest for Spiritual Meaningfulness

By following the theoretical thread mentioned in the above section, the duality of spirituality in drug abuse is theoretically linked up with the pursuit of the meaningfulness of life which has played a key role in well-being along the drug recovery.

According to the process of model of addiction and recovery (Harris, Smock, & Wilkes,

2011), every individual would experience "pain" in life. It can be pains from physical, mental, emotional, social, and spiritual matters that cause discomfort for the individual. For example, the lack of meaning in life or emptiness in purpose of life will cause pain in spiritual. Substance abuse will occur if the protective factor such as spirituality cannot provide enough resilience for the individual to cope with the "pain" caused by emptiness in meaning in life.

As discussed above, spirituality is conceptualized as an innate capacity or tendency of human to look for transcendence to a higher being. Theorists define this tendency and capacity as one's pursuit of the meaning or purpose in life (Banks, Poehler, & Russell, 1984; Bazan, & Dwyer, 1998; Benjamin, & Looby, 1998). For example, Frame (2003) conceptualized spirituality as one's search for meaning, purpose, and value of life toward a state that is greater than oneself. In drug addiction, it represents a condition that the individual is living in an opposition to or lacking this crucial component of spirituality (Pruett, Nishimura, & Priest, 2007). On contrary, research findings supported that meaningfulness in life is positively associated with one's happiness (Robak, & Griffin, 2000), and psychological well-being (Halama, & Dedova, 2007). Spiritual meaningfulness is the fundamental element of spiritual wellness (Myers, 1990; Katsogianni, & Kleftaras, 2015).

The tendency to pursue meaning in life is a fundamental essence of human existence (Opatz, 1986). Theorists such as Batten and Oltjenbruns (1999) defined spiritualty as a universal human quest to understand meaning of life. Frankl (1969) also made the similar ontological assertion about the essential role of spiritualty in well-being. He even mentioned that the

non-actualized individuals in spiritualty will struggle with meaninglessness of life and suffer from existential vacuum. Anyone who does not strive for meaning in life will lose his or her well-being (Frankl, 1969). Halford (1999) held similar argument about the quest of spiritual wellness through the search of the meaning of life. He argued that the quest of meaning or purpose of life in spirituality is a natural part of being human.

2.6.2. The Nature of Spiritual Meaningfulness

The pursuit of spiritual meaningfulness of life is the essence of human nature. This nature can be emancipated in different levels. Wolf (2010) discussed the nature of meaningfulness by examining from two levels of meaning: the fulfillment view and the larger-than-oneself view. The former referred to the meaning by which the individual finds fulfilling, and the latter referred to the meaning that goes beyond the fulfillment of oneself. According to Wolf (2010), both levels of meaning in life are the essential elements for knowing how an individual is motivated to do the things he or she does and why he or she makes those decisions.

Silverman (2013) has elaborated Wolf's discussion and distinguished three levels of meaningfulness of life, namely subjective, intersubjective, and objective.

First, the meaningfulness at subjective level can be viewed as the pursuit of one's happiness and quality of life. If the individual finds this subjective good was missing in his or her life, then he or she will find something to do to fill up the gap as it was not fulfilled (Wolf, 2010). Drug-taking will be one of the individual's options to fill up this missing gap. Second, the

meaningfulness at the objective level refers to the moral good or virtue which relates to the collective good of the society. Intersubjectivity is the third level of meaningfulness. It involves a search of mutual good shared at the community level. It needs not be motivated towards moral or virtuous good. The pursuit of meaning through religious practice or football playing in football community is an example of this level. Such activities immerse individual in a diverse network of intersubjectivity that includes a search of living a good life within the community or group. Unlike the subjective pursuit of good at personal level, the pursuit of spiritual well-being at the objective and intersubjective levels is related to social and cultural good. In other words, the search of meaning in life towards spiritual well-being can be understood at the individual, cultural, and societal levels.

2.6.3. Meaningfulness of Life and Spiritual Well-Being

The pursuit for spiritual meaningfulness at different levels and spiritual wellness are two sides of the same coin. Westgate (1996) has further elaborated this relationship by defining spiritual wellness in terms of 4 different interrelated dimensions. They were:

(1)　Life event Interpretation at personal dimension. The individual interprets his or her experienced life event according to the meaning of life. This is an innate need of human existence (Frankl, 1959; Maslow, 1971). The individual with a meaningful life is viewed as a self-actualized being.

(2)　An internalized intrinsic value system. The spiritual meaning in life achieved at this

dimension acted as one's internalized value system by which one's life can be understood. It performs as a basis of one's behavior. Maslow (1971) suggested that this intrinsic value system is a necessary characteristic of human being. The fulfillment of this dimension leads to a spiritual well-being which avoids the individual being sick and brings him or her to a state of fullest humanness.

(3)　　Spiritual transcendence. The spiritual meaning at this dimension acts as ultimate values that carried a transcendent significance. It refers to people who gain personal satisfaction by a sense of transcendence that relates to having a relationship with a higher being (Westgate, 1996). Maslow (1971) described this dimension of wellness as a stage of sacred life and motivated by truth and unity. Chandler, Holden, & Kolander (1992) described this dimension of wellness as an individual achieving his or her spiritual satisfaction through being connected oneself to the aspect of humanity and universe.

(4)　A sense of belongingness to a spiritual community. This dimension of meaningfulness brings a wellness that involves a sharing of symbols, values, and support from the spiritual community (Banks, 1980). This wellness can promote the mental health in a way of increasing a sense of connectedness.

The achievement of spiritual well-being at these 4 interrelated dimensions through spiritual meaningfulness can provide a key building component of a spiritual self which can promote a self-actualized well-being in one's life-development (Chan, 2009; Halama, & Dedova, 2007).

This theoretical relationship was echoed by psychologists Abraham Maslow (1971) and

Kenneth I. Pargament (1997).

Regarding the theoretical relationship among spiritual meaning in life, self-formation and

well-being in life-development, Maslow (1971) argued that the actualization of the spiritual

well-being is the essence of life-development even though not everyone can achieve this

well-being. The transcendent self-actualized person with spiritual wellness will be an

appreciation of truth and a recognition of the sacred of life (Westgate, 1996). Pargament

(1997) also held similar argument that meaning in life is a crucial component of the

well-being in our life-development. Theorists also suggested that a lack of spirituality is

associated with a lower level of mental and psychological health such as meaninglessness and

problem in self-formation (Westgate, 1996).

In short, spirituality is a complex theoretical construct. It is conceptually different from

religiosity. It is conceptualized as an innate capacity or tendency of human to look for

transcendence to a higher being (Banks, Poehler, & Russell, 1984; Bazan, & Dwyer, 1998;

Benjamin, & Looby, 1998). This pursuit of higher being involves a looking for meaning in

life. This meaningfulness of life can be achieved in subjective, objective, and intersubjective

levels (Silverman, 2013). This pursuit of spiritual meaningfulness is a human essence which

can bring us spiritual wellness in four inter-related dimensions (Westgate, 1996). Although

not everyone can achieve this state of spiritual wellness, it is an essence of well-being in

life-development (Maslow, 1971; Pargament, 1997). People without this component of

spiritual meaningfulness may suffer from a low level of mental and psychological health (Westgate, 1996). This conceptual linkage between spirituality and well-being of life-development can provide us a theoretical direction to investigate the role of spirituality in positive long-term drug recovery in the following section.

2.6.4. Spiritual Meaningfulness and Self-Concept in Drug Recovery

Although some drug recovery studies were found focused on the relationship between spiritual well-being and drug-taking behavior, their findings were not strong enough to explain this theoretical linkage. For example, Green and colleagues' (1997) research indicated that having a spiritual wellness can sustain drug abstinence. Another example came from Hammermeister and Peterson's (2001) study of college students. Their results indicated that the students who achieved a higher level of spiritual well-being were less likely to report taking drugs. Their findings supported that spiritual well-being has an influence on drug-related behaviors but not detailed enough to explore the underlying picture about its relationship with long-term drug recovery. Although these studies have provided a theoretical direction to explore about the role of spiritualty in drug recovery, they lacked a conceptual map about the theoretical linkage among the constructs of spiritualty, meaning in life, well-being and life-development, and long-term drug recovery particularly about their relationship with the self-concept of the drug-takers.

As mentioned above, according to the perspective of positive psychology, physiological and psychosocial health both are crucial elements in drug recovery. The drug-takers need to

enhance their resilience against drug on the one hand, they also need to foster well-being in their life-development process on the other hand. These two processes need to develop in parallel along their journey of drug recovery. In other words, drug recovery cannot merely be limited to the study of the harmful effects of drug or the treatment effect. It requires to view drug recovery as a long-term process in which sustainability requires the support from the well-being of the drug-taking patients along their life-development. Spiritual meaning in life as discussed is one of the essential components of maintaining the well-being in one's life-development. From the above, we can assume spirituality can increase the resilience of the drug-taking students against drug and also direct them towards spiritual wellness in their life-development to achieve long-term drug recovery. The pursuit of meaning in life of the drug-taking students at subjective, intersubjective, and objective levels can be perceived as their pursuit of well-being in personal, cultural, and social dimensions. This spiritual transformation of the students can be actualized in terms of spiritual wellness as what Westgate mentioned above at 4 interrelated dimensions. Once the drug-taking students were directed by the spiritual wellness, their resilience against drug-using under the risk situation increased (Briggs, Akos, Czyszczon, & Eldridge, 2011), and it also brings them psychosocial health in their life-development (Greene, Galambos, & Lee, 2003).

This spiritual wellness resulted from the spiritual transformation involves a spiritual change of oneself (Williamson, & Hood, 2013). This change of self is a journey towards spiritual transcendence (Rambo, 1993).

Drug-taking is usually accompanied by a low self-esteem and defected self. Spiritual meaningfulness in the 4 interrelated dimensions of spiritual wellness discussed above can increase the ability of the drug-taker to modify his or her damaged self-identity and increase his or her capability to remedy the unhealthy ego self. As a result, the drug-taker will abandon the "drug-polluted" self-burdened by a sense of wrongness in life and replace it by a spiritually transcended self with a high level of consciousness (James, 1982). This spiritual meaningfulness embraced self may lead to enlightenment and foster the moral development of the drug-taker. This spiritual change in self not only provides the drug-taking students a protection against drug relapse, but this change also directs them towards a state of spiritual wellness along their drug recovery.

Besides bringing well-being to the drug-takers, spirituality as a pursuit of purpose of life / meaning in life also can perform a protective role in drug abstinence. Literature reviews revealed that self-reflection and forgiveness played an important mediating role within the relationship among purpose of life / meaning in life, drug abstinence, and drug relapse (Aquino, & Reed, 2002; Lapsley, 2015; Lyons, Deane, & Kelly, 2010; Sahar, & Naqvi, 2020). Research finding supported that self-reflection has a positive relationship with drug-takers' moral identity (Aquino, & Reed, 2002). The actualization of the purpose of life / meaning in life of the drug-takers is positively associated with an increase of their self-reflection and self-forgiveness (Carpenter, Carlisle, & Tsang, 2014; Lyons, Deane, & Kelly, 2010; Sahar, & Naqvi, 2020). During their pursuit of purpose of life / meaning in life, their self-reflection

including an assessment and evaluation of their thought and feeling about their drug-taking behavior has a positive association with the forgiveness of their drug-taking behavior (Carpenter, Carlisle, & Tsang, 2014; Sahar, & Naqvi, 2020). Their self-forgiveness is the forgiving of their drug-taking value and behavior, and also allows them to restore back to a positive self-regard (Griffin, Worthington Jr., Lavelock, Greer, Davis, & Hook, 2015). The greater ability to be forgiving and to a better understanding about their drug-taking behavior would allow them to communicate and interact with the surrounding systems particularly social and family system in a way that was formerly unknown, uncertain and unwanted (Lyons, Deane, & Kelly, 2010). The greater ability of the drug-takers in understanding, forgiving, and driven by purpose of life / meaning in life will increase their self-efficacy against drug relapse and reduce their drug-use as well (Lyons, Deane, & Kelly, 2010). This forgiveness of their drug-taking offended value and behavior not only contributes to the increase of the self-efficacy of the drug-takers against drug relapse (Scherer, 2010), but it also promotes a positive drug-free moral identity within their self-concept towards a personal growth (Griffin, et al., 2015). This positive moral identity internalizes as a moral trait into part of their self-concepts and enhances behavioral changes according to this moral trait (Aquino, & Reed, 2002; Robitschek, Ashton, Spering, Geiger, Byers, Schotts, & Thoen, 2012).

However, even though the drug-takers have achieved this state of spiritual development in self-formation, this state may not be permanent. The individual may spring back and forth

across spiritual wellness within the process of spiritual transformation, which may even be vanished during the recovery process eventually. The persistency of this state of spiritual wellness is subject to the spiritual resiliency of the individual. In the following section, we will focus on this discussion.

2.7. Spiritual Resiliency and Sustainability of Spiritual Wellness

2.7.1. Resiliency in Drug Treatment

Spiritual wellness could in principle bring desired positive outcome for the drug-takers towards a long-term drug recovery. However, not every individual can successfully pass through spiritual transformation to spiritual wellness (Maslow, 1971; Hodge, 2011). Individual with less "resiliency" may only experience temporary spiritual change but not a transformation to spiritual wellness.

Regarding the conceptual definition of resiliency used in spiritual studies, it is different from that in cognitive approach. According to cognitive perspective, resiliency is a crucial factor in drug treating and recovering. It was conceptualized as an important protective factor against risk situation in drug recovery. Resiliency is defined as a capacity to spring back, rebound and ability to overcome adversity (Masten, Herbers, Cutuli, & Lafavor, 2008). Its theoretical discussion was usually associated with the theoretical construct "self-efficacy" (Bandura, 1977, 1986, 2002; Bandura, et al, 1995). Self-efficacy is an important determinant of one's resiliency to overcome the stress and adversity encountered in the risk condition (Harris, Smock, & Wilkes, 2011). It has received plenty of attention in the study of the treatment of

addictive behavior. Zimmerman, Bandura, and Martinez-Pons (1992) stressed the importance of self-efficacy in enhancing students' resilience against adversity.

According to Bandura (Bandura, 1977, 1986, 2002; Bandura, et al, 1995), self-efficacy was composed of four major elements: (1) vicarious experiences; (2) social persuasion; (3) physiological and emotional states; and (4) mastery experience. Bandura assumed that if these four components of the perceived self-efficacy are at a high level, then it is most likely that the resilience of the drug-taking students against drug is high.

2.7.2. Conceptual Definition of Spiritual Resiliency in Drug Treatment

Resiliency is a social context concept. Individuals may exhibit several types of resiliencies or may be resilient in one particular domain of their life, but not resilient in the other (Briggs, Akos, Czyszczon, & Eldridge, 2011). The conceptual definition of resiliency in spiritual studies is different from that in cognitive model. According to Harris, Smock and Wilkes (2011), the conception of resiliency is termed as relapse prevention which is different from the conception of resiliency in spiritual model. Resiliency in spiritual model cannot be simply understood as self-efficacy. It is rather associated with the presence of social competence, autonomy, and sense of purpose to overcome the challenging or threatening situation (Benard, 1995). The element of resiliency which closely connects to spirituality is sense of purpose (Rathopoulos, & Bates, 2011). It involves a sense of coherence and ability to provide meaning to experience which closely parallels with the spiritual dimension of continuing pursuit of meaning and purpose of life in human existence (Hausser, 1999). In drug recovery,

we termed this sense of resiliency as spiritual resiliency by which individual can sustain his

or her spiritual meaningfulness for achieving permanent drug abstinence and well-being.

From this spiritual model perspective, the development of this resiliency in long-term drug

recovery is characterized by one's spiritual development and transformation. As discussed

above, the unsuccessfulness of spiritual transformation in drug recovery is related to the

condition that one's spiritual experience cannot provide enough support to his or her spiritual

development towards spiritual wellness (Grof., & Grof., 1989). This situation can be

understood as the development of the spiritual experience of the drug-taking students not

strong enough to provide them with protective resiliency to sustain recovery.

In spiritual study, spiritual experience is defined as any experience of transcendence of one's

previous of reference to a higher level of knowledge and love (Chandler, Holden, & Kolander,

1992). The spiritual experience incorporated with the process of spiritual development will

result in a spiritual transformation towards spiritual wellness. However, the occurrence of the

spiritual experience cannot ensure the successfulness of spiritual development (Grof., & Grof.,

1989). Not everyone can achieve a persistent spiritual wellness even though the pursuit of the

meaningfulness in spiritual development is an essence of being. In some cases, individuals

with less profound spiritual experience may get a short-lived change but cannot achieve a

new stage that characterizes with a persistent spiritual transformation.

The personal change induced by spiritual transformation is manifested by an observable

behavioral change such as drug abstinence. The sustainability of this observable behavioral change needs a continuous accompaniment of the spiritual transcendence otherwise the individual will experience a short-live change (Chandler, Holden, & Kolander, 1992). In other words, resiliency for spiritual transcendence can be understood as a steady support from spiritual meaningfulness towards a spiritual higher being.

In drug recovery, the drug-taker whose contemplation of the spiritual transcendence questions about the spiritual experience of meaning in life can facilitate the drug abstinence and well-being in his or her recovery. The development of the spiritual experience of the drug-takers in spiritual meaningfulness is a crucial factor for maintaining the resiliency of achieving behavioral change. With the continuous support of this spiritual experience, in principle, the drug-taker's "drug-polluted" self can be theoretically replaced by a new self which internalized the spiritual meaningfulness either at subjective, objective, or intersubjective level, or all as his or her frame of reference. This transcended self will lead to one's personal and observable behavioral change towards drug abstinence and well-being along the process of recovery.

Although spiritual resiliency can in principle sustain the spiritual wellness of drug-takers, the spiritual resiliency alone cannot provide a sufficient condition to facilitate the sustainability of the spiritual transformation towards a transcendent high being. This sustainability of the spiritual wellness and the successfulness of spiritual transcendency both require a parallel development in other major life domains. Literature review has indicated that the

successfulness of one's spiritual transcendency is also theoretically linked with the cognitive,

moral, and psychosocial development of the individual (Fowler, 1981). In the following

section, I will discuss this linkage and its relationship with spiritual wellness in drug

recovery.

2.8. Parallel Development in Cognitive and Moral Domains

2.8.1. Spiritual Development and Fowler's Concept of Faith

On some occasions, the individual may have a high resiliency against drug, but he or she still

suffers from drug relapse or swing between drug abstinence and relapse. The possible

theoretical reason for this situation is that his or her spiritual development did not get enough

preparation or support from his or her cognitive, moral, psychosocial development. Fowler's

faith development theory (1981) can provide us a clearer conceptual picture on the

understanding of this theoretical linkage in drug recovery.

In the book *Stages of Faith* (1981), James Fowler provided a structural-development

framework for understanding spirituality and human growth. His model of stage of faith

development not only gave an outline of the different stages of spiritual development, but

also identified the relationship among cognitive, moral, psychosocial, and spiritual

development within the different stages of human development.

Fowler (1981, 1996) preferred to use the term faith rather than spirituality and religion in his

theory of faith development. According to Fowler (1981, 1996), faith is a multidimensional

theoretical construct which is composed of social and relational dimensions. The social dimension of faith refers to the trusts in and loyalties to people in community as covenantal patterns such as s pursuit of meaning in life through religious practice. The relational dimension of faith refers to a way of knowing and seeing the conditions of people's lives that relates to an ultimate environment. It is similar with a pursuit of spiritual meaningfulness through self-actualization as a fulfillment of higher being of living. The social and relational aspects of the Fowler's conception of faith echoes with the definition of spiritual meaningfulness used in my study, which refers to the pursuit of purpose of life through religiosity and self-actualization respectively.

According to Fowler (1981, 1996), faith is a multidimensional theoretical construct which is a foundation to social relations, to individual personality, to personal identity, to self, and to making life meaningful (Fowler, 1996). Faith is a generic essence of human being.

He defined faith as:

> People' s evolved and evolving ways of experiencing self, other and world (as they construct them) as related to and affected by the ultimate conditions of existence (as they construct them) and of shaping their lives' purpose and meanings, trusts and loyalties, in light of character of being, value and power determining the ultimate conditions of existence. (Fowler, 1981, pp. 92-93).

The term faith used in Fowler's theory echoed with the definition of spirituality—a pursuit of spiritual meaningfulness (Griffith, & Griffith, 2002; Parker, 2011). It is a universal human activity of pursuing of meaning in life for transcending to a higher being of living or what

Fowler called "ultimate environment" (Fowler, 1981).

Fowler (1996) further characterized faith as that: (a) gives coherence and direction to one's life; (b) links with others through a share trust and loyalty; and (c) grounded one's communal loyalty under a larger frame of reference.

These characteristics of faith echoed with Silverman (2013) and Wolf's (2010) discussion of the pursuit of spiritual meaningfulness towards spiritual wellness at subjective, intersubjective, and objective levels adopted in this study.

Fowler's theory of faith development emphasized that this universal human activity is grounded in our human interactions. This grounded structure shapes how we construe and interact with one's inner self and the external world. This conceptual definition of faith is in line with the definition of spirituality adopted in this study. Both of them refer to the inherited human nature in pursuing of spiritual meaningfulness for reaching spiritual wellness.

Moreover, Fowler further argued that the highest state of being can be achieved through a progressive development of faith. The achievement of this ultimate spiritual stage requires passing through a series of faith stage development. It cannot be done by spiritual transformation alone, it also requires the structural maturation in cognitive, moral, and psychosocial domains. Fowler (1981, 1996) incorporated the works of Piaget's level of cognitive development, Kohlberg's stages of moral reasoning and Erikson's stages of psychosocial development into his conceptual framework (Levinson, 1978). In his book

Stages of Faith, Fowler (1981) stimulated a fictional discussion with Piaget, Kohlberg, and Erikson about the dynamic of human development. Through the fictional dialogue among these theorists, Fowler examined the complementarity of these theories and tried to make use of their complementarity to ground a comprehensive theory about the human spiritual development.

Fowler's theory of spiritual development can provide a conceptual understanding about the pre-conditions for facilitating a stable spiritual transcendence of the drug-taker towards positive long-term recovery. In the following section, I will focus on this theoretical discussion and its relationship with spiritual meaningfulness in drug recovery.

2.8.2. Cognitive Reasoning and Spiritual Development

In the book *Stages of Faith*, through the fictional conservation, Fowler (1996) incorporated the works of Piaget, Kohlberg, and Erikson into his theory of faith development. He named this integrative perspective as "structural-developmental interactive" approach for spiritual development. Fowler (1981, 1996) argued that the pursuit of spiritual transformation and transcendence is a universal essence. This universal transcendence needs to pass through stages of development in faith. Fowler (1981) outlined seven stages of faith development throughout human life span. Each developmental stage consists of both adaptive and maladaptive characters. Faith development involved a complex interplay of structural elements such as biological maturation, cognitive development, moral reasoning, emotional development, and religious-cultural influences. Stage progression from one stage to another

is not automatic and ensured. For example, it is commonly to find one's structural stage of faith associated with early middle childhood or adolescence even though he or she is chronologically and physiologically adulthood. The unsuccessfulness in the transition from one stage of faith to another would have a negative effect on one's spiritual transcendence.

According to Fowler's theory, the first faith stage is called Primal Faith. It is the first preverbal year of life. This is a pre-stage for providing foundation in trust and mistrust for next faith stage building. Infancy at this stage of development has a pre-language disposition of trust relationship with parents to offset the mistrust derived from the cognitive and emotional experiences of separation that appeared during this stage. The last stage of development is universalizing faith stage of late adulthood. It is the final end point of development and rarely found empirically (Fowler, 1996; Parker, 2011). In this stage, the faith, meaning making and justice have completely extended beyond the boundaries of social class, race, gender, ideological affiliation, and religiosity.

The remaining five stages of faith development are the intuitive-projection stage in early childhood, mythic-literal stage in school years, synthetic-conventional stage in adolescence, individualistic-reflective faith stage in young adulthood, and conjunctive stage in mid-life (See Table 1: Fowler's Five Stages of Faith Development).

Table 1

Fowler's Five Stages of Faith Development (Fowler, 1996)

Faith Stage	Structural Characteristics and Process
Intuitive-Projective (Early Childhood)	Impulsive Self: 1. Unable to develop logical thinking. 2. Only depends on perception and feelings to create images about the threatening and protective surrounding.
Mythic-Literal (School Years)	Imperial Self: 1. Developing logical thinking about time, space, and causality. 2. Starts to input others' perspective and capture life meaning in stories.
Synthetic-Conventional (Adolescence)	Interpersonal Self: 1. Able to make mutual perspective and integrate self-image into a coherent identity. 2. Able to evolve beliefs and values to support identity and emotional solidarity.
Individual-Reflective (Young Adolescence)	Institutional Self: 1. Able to have critical reflection on one's values and beliefs and build a third-person perspective. 2. Able to internalize authority and make choices about ideology and lifestyle.
Conjunctive (Mid-life and Beyond)	Inter-individual Self: 1. Able to embrace polarities and alert for paradox. 2. Requires multiple interpretation of reality.

With regard to the complementarity in cognitive, moral, psychosocial, and spiritual development, Fowler (1981, 1996) argued that the unfolding of each stage of spiritual development requires the support of the development in particular cognitive, moral, and psychosocial dimensions. In other words, spiritual development towards wellness needs to be unfolded developmentally. For example, individual is able to demonstrate meaning in life only when his cognitive development is at the formal operational stage (Piaget, 1952). Meaning in life is not the same thing to a secondary school student and a post-secondary student but is equally important to both students (Ingersoll, & Bauer, 2004).

The progression from one spiritual stage to another requires typical maturation of various

structure (Ingersoll, & Bauer, 2004). Besides the maturation in the developmental structure of cognitive reasoning, moral and psychosocial structures are also crucial for facilitating the spiritual transition from one stage to another (See Table 2: Summary of the Human Development in Cognitive, Moral, and Psychosocial Domains).

Regarding the stages of cognitive development, according to Jean Piaget's theory, each stage of cognitive development was characterized by a distinct mode of thinking (Piaget, & Inhelder, 1969). Each of them incorporates a distinctive mode of thinking that is different from the preceding stage. New skills add to transcend the previous mode of thinking to a more sophisticated mode of thinking (Piaget, 1972; Piaget, & Inhelder, 1969)

Taking the cognitive development from childhood to adolescence as an example, the individual transits from concrete operational thinking stage to formal operational thinking stage. According to Piaget (1968), the cognitive reasoning of the individual at formal operational thinking stage can facilitate having reflection on the course of one's life (Fowler, 1981). The individual is able to reflect on his or her life event and relationships from "inside" and "outside" according to the self and his or her aspiration. In addition, Piaget also pointed out that the individual with formal operational thinking can transcend empirical experience for building his or her ideal states or regulative norms (Piaget, 1968). These aspects of Piaget's discussion implied that the maturity of one's cognitive reasoning is a condition for the development of spiritual meaningfulness.

Table 2

Summary of the Human Development in Cognitive, Moral, and Psychosocial Domains
(Fowler, 1981, p.52)

Ages	Erikson	Piaget	Kohlberg
Infancy (0-1½)	Basic Trust vs Basic Mistrust	Sensorimotor	
Early Childhood (2-6)	Autonomy vs Shame and Doubt	Preoperational or Intuitive	
Childhood (7-12)	Initiative vs Guilt	Concrete Operational	Preconventional Level: 1. Heteronomous Morality 2. Instrumental Exchange
Adolescence (13-21)	Identity vs Role Confusion	Formal Operational	Conventional Level: 3. Mutual Interpersonal Relation
Young Adolescence (21-35)	Intimacy vs Isolation		4. Social System and Conscience
Adulthood (35-60)	Generativity vs Stagnation		Post-Conventional Principled Level: 5. Social Contract, Individual Right
Maturity (60-)	Integrity vs Despair		6. Universal Ethical Principles

Fowler (1981, 1996) has stepped ahead to incorporate Piaget's cognitive reasoning

conceptual scheme into his theory of faith development. He used it to demonstrate the

necessity of the complementarity in one's cognitive development for facilitating the transition

from one stage of faith to another in order to achieve spiritual wellness.

For example, at the mythic-literal faith stage, the individual in the middle childhood is

required to develop a concrete operational thinking through which the individual can make a

stable form of consciousness about his/her interpretation of experience and meaning. In

addition, the form of knowing at this stage of spiritual development is sub-ordinated to more

logical mode and cause-effect relations (Fowler, 1981, 1996). Fowler's emphasis on the

complementarity of cognitive development in spiritual development can provide a theoretical direction for further examination of the condition for maintaining the spiritual resiliency of the drug-takers towards the spiritual transcendency (See Table 3 for the corresponding cognitive and moral reasoning in spiritual development). This conceptual model is particularly useful for locating the factors accountable for the individual with less "resiliency" that only experiences temporary spiritual change but not a transformation to spiritual wellness.

In the following section, I will follow Fowler' framework to discuss the role of moral reasoning in spiritual development.

Table 3

Summary of the Corresponding Cognitive and Moral Reasoning in Spiritual Development (Fowler, 1996; Parker, 2011)

Stage of Faith	Cognitive Reasoning	Moral Reasoning	Spiritual Experience
Intuitive-Projective (Early Childhood)	1. Depends on speech and symbol for organizing sensory experience. 2. Poor in cause-effect relationships.	1. Values are shaped by stories. 2. Egocentric. 3. Awareness of being seen and evaluated by other.	1. First representation of God.
Mythic-Literal (School Years)	1. Piaget's concrete operation thinking: Conscious interpretation of experience and meaning. 2. Understanding of cause-effect relationships.	1. Justice and fairness are determined by reciprocal fairness. 2. Difficulty in understanding other's motives.	1. Narrative as a mode of giving coherence to one's world.
Synthetic-Conventional (Adolescence)	1. Early form of Piaget's formal operational thinking. 2. Able to use and appreciate abstract concepts.	1. Mutual interpersonal perspective taking. 2. Forming a sense of personal identity. 3. Lack of third-person perspective taking.	1. Over internalized other's evaluation and meanings. 2. Asserting one's ideology and worldview. 3. Values and beliefs are held rather than examined.
Individuative-Reflective (Young Adolescence)	1. Critical reflection on self. 2. Over-confident in one's conscious awareness.	1. Emergence of third-person perspective taking. 2. Reground self with new quality of responsibility. 3. Emergence of an executive ego. 4. Social relationships are understood under social system.	1. Critically examine the beliefs and values at previous faith stage. 2. The asserted meaning becomes problematic. 3. Struggles with the question of identity.
Conjunction (Mid-life and Beyond)	1. Goes beyond the polarized logic of previous stage. 2. Enters into symbols world and allows individual to illuminate and mediate power.	1. Truth is conceived as multidimensional and organically independent.	1. Develop spiritual experience to maintain peace with the tensions among different perspectives. 2. Able to participate in deeper meaning.
Universalizing (Midlife and Beyond)	1. A steady widening social perspective.	1. A tensional self.	1. Openness to religious beliefs.

2.8.3. Moral Reasoning and Spiritual Development

Besides cognitive development, the demonstration of spiritual transformation and wellness also needs the support from one's moral development. Regarding the relationship with spiritual development, Fowler (1981, 1996) was in line with Kohlberg's (1984) point of view. Both agreed that moral reasoning is a necessary condition for facilitating the spiritual development.

According to Fowler's (1981, 1996) faith-development theory, one's spiritual development also relies on the maturation of the moral reasoning of the individual (See Table 2 and Table 3 for the summary of the requirements of moral reasoning for each stage of faith development).

Fowler acknowledges the contribution of Kohlberg's theory of moral development to his theory of stages of faith. Fowler (1981, 1996) further argued that it is necessary for individuals to achieve at least conventional moral level of judgment in order to facilitate the spiritual wellness in adolescence.

Noddings (2003) elaborated this sense of caring as an empathic caring for others which is the highest level of moral behavior. According to Kohlberg (1984), the individual needs to begin from a level of egocentric to a level of caring local others and universal care. Rest (1995) termed this highest of morals as group morality. This notion of moral behavior converges with the above discussion of the levels and dimensions of spiritual wellness. Such moral development matches with the pursuit of meaningfulness of life in individual (egocentric),

cultural (local care), and social good (universal care) domains.

This argument about the positioning of moral development along the process of spiritual development is in line with the research finding in drug prevention program. Sussman and Ames (2008) found that the prevention program which involved moral principle such as drug recovery program is more effective for the age around 16-17 with a post-conventional stage of moral development by which the youth can demonstrate the spiritual meaning in life. It is better for the drug-user to reach the stage of post-conventional stage of moral development in order to facilitate the spiritual change towards the well-being of drug recovery.

However, according to Kohlberg (1984), not everyone can get through all stages of moral development in his or her life span. In other words, if the individual cannot achieve the corresponding development in morality, then the expected outcome of spiritual wellness will be affected or suspended. For example, in the stage of late adolescence and adulthood, it requires the individual to develop a sense of caring others instead of focusing on self (egocentric). It also involves a practice of mutual interpersonal relationships, expectation, and interpersonal conformity. Fowler (1981, 1996) named these characteristics of moral reasoning as third-person perspective which is a remarkable spiritual growth of one's faith stage in adolescence and adulthood.

By applying this theoretical approach into drug recovery, the occurrence of drug relapse or absence of spiritual wellness can partially be understood as the insufficient support of one's

moral development to facilitate the transition of spiritual stage from one to another, even though the occurrence of the spiritual experiences was found within the individual. The internalization of the new self requires a certain degree of support from the cognitive and moral development to facilitate the spiritual change towards spiritual wellness by which the individual can sustain drug abstinence and well-being.

Despite the steady development of spiritual resiliency, the maturation of the development in the cognitive and moral domains is also the important factor for facilitating the sustainability of spiritual well-being or transition of faith stage along the process of long-term drug recovery.

Besides cognitive and moral reasoning, Fowler (1981, 1996) also mentioned that one's psychosocial development is an important domain for facilitating the sustainability of spiritual transcendent. In the following section, I will focus on this discussion.

2.8.4. Psychosocial Stages and Spiritual Development

In the book *Stages of Faith*, Fowler (1996) not only emphasized the importance of maturation of the cognitive and moral reasoning in faith development, but he also emphasized that the maturation of psychosocial development is important for the successfulness of faith transition. His fictional discussion with Erik Erikson has provided a theoretical framework to understand the psychosocial developmental conditions that affect the spiritual transcendent towards well-being in drug recovery.

Erikson (1963) followed the theoretical path of Freudian's psychoanalytical approach to

distinguish human psychosocial stages into seven stages of development (See Table 4 for the

summary of the seven stages of psychosocial development). Erikson (1963) emphasized that

each stage of development involves a pair of negative and positive aspects of crisis or conflict.

The crisis usually appears at the transition from one stage to another. It is characterized by the

conflict between one's new emerging capacities and the ability to integrate these capacities

into one's well-being. Each crisis may be not resolved entirely. The unresolved crisis will

bring to the next stage of development until it has been resolved. Each new stage

development needs the reworking of the crisis solution in the previous stage with the crisis

encountered at the new stage.

Table 4
Summary of Erikson Stages of Psychosocial Development

Ages	Erikson's Stages of Psychosocial Development
Infancy (0-1½)	Basic Trust vs Basic Mistrust
Early Childhood (2-6)	Autonomy vs Shame and Doubt
Childhood (7-12)	Initiative vs Guilt
Adolescence (13-21)	Identity vs Role Confusion
Young Adolescence (21-35)	Intimacy vs Isolation
Adulthood (35-60)	Generativity vs Stagnation
Maturity (60-)	Integrity vs Despair

Taking adolescence as an example, Erikson (1963) pointed out that the psychosocial stage at

adolescence involves a development of one's identity. The crisis in this stage can be viewed

as a struggle between identity and role confusion. The formation of identity in this stage

requires the individual continuously maintaining his or her past meanings to others and integrating the image of oneself that directed by significant others with one's inner self. However, the danger in this stage is role-confusion. Adolescent at this stage faces the doubts of one's sexual identity and anxiety about incapability of locating one's role in work or social-political status that can sustain his or her current and future identity.

Fowler (1981) synthesized the conflicts experienced by individuals at each psychosocial stage in Erikson's theory together with the Levinson's (1978) eras of life development into his work of stages of faith. Fowler (1981) stated that Erikson's psychosocial development has provided an interpretative mindset for his research on faith development while the logic of time in Levinson's eras of cycle of life has provided an ontological significance to his theory of faith (See Table 5 and 6 for the mapping of Levinson's eras and Erikson's psychosocial development with Fowler's stages of Faith).

According to Fowler (1981), growth and development in spiritual is a result of restoring equilibrium through overcoming the developmental conflict appeared during the transition from one faith stage to another. Following the line of thought from Erikson (1963), each stage of faith has adaptive qualities as well as maladaptive qualities. Each stage of faith including transition involves this pair of loss and adaptive antagonistic qualities (Schneider, 1986). The failure of adapting or overcoming the maladaptive qualities may cause disturbance in the growth of faith.

Table 5

Psychosocial stages and Fowler's Stages of Faith (Fowler, 1996, p.113)

Levinson's Eras and Erikson's Psychosocial Stages	Fowler's Stages of Faith

Era of Infancy, Childhood and Adolescence
  1. Trust vs Mistrust
  2. Autonomy vs Shame & Doubt
  3. Initiative vs Guilt
  4. Industry vs Inferiority
  5. Identity vs Role Confusion
	Undifferentiated Faith
	1. Intuitive-Projective Faith
	2. Mythical-Literal Faith
	3. Synthetic-Conventional Faith

First Adult Era Intimacy vs Isolation	4. Individuative-Reflective Faith
Middle Adult Era Generativity vs Stagnation	5. Conjunctive Faith
Late Adult Era Integrity vs Despair	6. Universalizing Faith

Table 6

Interplay between Faith Stages and Psychosocial Stages (Fowler, 1981, p.108)

Average Age Range	Psychosocial Stages	Faith Stage
0-2	Trust vs Mistrust	Undifferentiated Faith
2-3	Autonomy vs Shame & Doubt	Undifferentiated Faith Intuitive-Projective Faith
3-6	Initiative vs Guilt	Intuitive-Projective Faith Mythic-Literal Faith
6-12	Industry vs Inferiority	Intuitive-Projective Faith Mythic-Literal Faith Synthetic-Conventional Faith
13-20	Identity vs Role Confusion	Mythic-Literal Faith Synthetic-Conventional Faith Individuative-Reflective Faith
21-	Intimacy vs Isolation	Synthetic-Conventional Faith Individuative-Reflective Faith Conjunctive Faith
35-	Generativity vs Stagnation	Synthetic-Conventional Faith Individuative-Reflective Faith Conjunctive Faith Universalizing Faith
60-	Integrity vs Despair	Conjunctive Faith Universalizing Faith

In the book *The Seasons of a Man's Life*, Levinson (1978) divided the life development into era of infancy, childhood and adolescence, first adult era, middle adult era, and late adult era. Fowler (1981) argued that the shaping of new life structure of each major era transition can only be enhanced through one's engagement in those tasks that bring new and enriched ways of being in faith. It is dangerous for the individual to cling too tightly to the structural style of faith employed at previous era (Levinson, 1978).

Taking the young adolescence as an example, from Levinson's perspective (1978), an individual within the period seventeen to twenty-two experiences a transition of the early adult era. It corresponds to Fowler's stages of faith or spiritual transition from synthetic-conventional faith stage to individuative-reflective faith stage. The individual may not enter the new faith stage smoothly or successfully if he/she cannot settle these crises in his/her psychosocial development. Fowler (1981, 1996) elaborated these crises by adopting Erikson's (1963) dichotomy of identity vs role confusion. Firstly, value, belief, and commitment developed in the previous stage are under critical examination by a newly developed third person perspective. These spiritual components by which individual orients lives now are allowed to be critically questioned and interpreted. Fowler (1981, 1996) further termed this awareness of oneself in this stage of development as identity. The individual makes use of these spiritual elements to maintain continuity with his or her past meanings to others and to oneself and uses them to anticipate a coherent understanding of oneself in the future. The presence of this spiritual experience gives rise to a conscious inner feeling of

coherence and being together as a self.

Secondly, an individual experience an inner struggle between self and identity. The self previously supported by its roles and relationships now struggles with the strong doubt about one's sexual identity or values in relationship with family. For instance, an individual moving to the individuative-reflective faith stage (Stage 4) may suffer from the loss of relationship with friends or family members that hold synthetic-conventional beliefs (Stage 3) because he or she find these people no longer understand his or her values or identity (Parker, 2011). Fowler interpreted this struggle as dangerous from role confusion. This struggle can be intensified by the anxieties about the incapability of finding the roles in work or affect which are the major components for maintaining the sustainability of one's present and future identity.

Fowler (1981, 1996) argued that if the young adult both overcomes the crises and successfully builds up a first adult life structure through modification and changes, then this maturation will bring his or her stage of faith transit to mid-life. For instance, an individual entering the individuative-reflective faith stage (Stage 4) will experience a transition that not only grieves losses, but also can experience anticipating and embracing if he or she can overcome the anxieties caused by the role confusion. This adaptation paves the way for the individual towards maturation in this spiritual stage through having a new and self-authenticated identity (Frame, 2003; Miller, 2005).

The identification of these maladaptive psychosocial qualities at each faith stage can allow individuals to alert the ways faith stages contribute to the spiritual impasses (Cashwell, Bentley, & Yarborough, 2007). An individual needs to distinguish whether these maladaptive psychosocial qualities came from stage transition or from those unplanned life crises such as loss of parent or job that co-happen at stage transition, otherwise it will lead the individual to misinterpret about his or her psychological readiness for faith transition (Parker, 2011). According to Erikson (1963) and Fowler (1981, 1996), not every individual can overcome the crises that occurred in each stage of development. The unresolved anxiety will pass to the next stage and become an obstacle for his or her psychosocial and spiritual development.

The above framework provided a conceptual picture about the relationship among psychosocial development, spiritual transformation, and spiritual transcendent for the understanding of the sustainability of the spiritual wellness in drug recovery.

As discussed above, the sustainability of the spiritual wellness also requires a complementary maturation of cognitive and moral reasoning as well as complementary maturation in psychosocial development to ensure a stable spiritual transition from one stage to another (Fowler, 1981, 1996).

This conceptual approach can be used to clarify why some drug-takers fail to sustain spiritual wellness or spiritual resiliency throughout their drug recovery even though he or she has spiritual experience in the pursuit of meaningfulness of life. The sustainability of spiritual

transcendence of the drug-taker towards spiritual wellness requires not only the support from spiritual meaningfulness, but also the complementary maturation of cognitive, moral, and psychosocial development of the drug-takers.

In sum, drug recovery is a positive long-term process which involves both drug abstinence and well-being in life development. Spirituality has proven to be an effective protective factor for promoting these two elements in drug recovery. Spirituality in drug recovery can be understood as spiritual meaningfulness in subjective, objective, and intersubjectivity levels through which the drug-takers can achieve spiritual transcendence to sustain their drug abstinence and promote their spiritual well-being in life development. The sustainability of this spiritual transcendence towards persistent drug recovery needs a support from the spiritual resiliency of the drug-takers. Moreover, the maturation of cognitive, moral, and psychosocial development of the drug-takers has a theoretical linkage with the successfulness of the spiritual transformation. Besides spiritual resiliency, it also requires the complementary development in cognitive, moral, and psychosocial domains to support the spiritual transformation of the drug-takers from one stage to another along their long-term drug recovery.

In the following section, I will proceed to the discussion of the conceptual framework of this research.

2.9. Conceptual Framework of this Research

2.9.1. Spirituality in this Theoretical Framework

In this section, I will formulate the conceptual framework of this study by consolidating the above theoretical examination. First, my conceptual framework adopts a positive psychological perspective of drug recovery instead of the narrow conception of drug recovery that only focused on short-term treatment. By this positive perspective, the understanding of drug recovery is not only restricted to drug abstinence, but it also needs to step ahead to focus on the well-being of the drug-takers in their life-development (Lerner, Dowling, & Anderson, 2003; Tang, Liang, Lee, Tang, Lam, Chan, & Lam, 2012; White, & Savage, 2005, White, 2004). My theoretical framework adopts this conceptual change of the definition of drug recovery as a positive long-term process that requires both long-term drug abstinence and well-being in life development of the drug-users.

Reviews indicated that spirituality is a strong protective factor for the sustainability of the drug abstinence and well-being of the drug-users for their positive long-term drug recovery (Miller, 1998; Hodge, 2011; Kaplan, Turner, Norman, & Stilson, 1996; Pollard, Hawkins, & Arthur, 1999). By following this line of thought, the theoretical framework of this study adopts that the pursuit of spiritual meaningfulness of the drug-takers can maintain the sustainability of drug resistance and well-being of the drug-takers along their recovery (Katsogianni, & Kleftaras, 2015). This protective dimension of spirituality was understood as spiritual wellness (Myers, 1990). The pursuit of the meaningfulness of life can help the

drug-users to be protected from drug-taking on the one hand and can promote spiritual wellness of the drug-takers on the other hand (Chan, 2009; Halama, & Dedova, 2007; Myers, 1990; Katsogianni, & Kleftaras, 2015).

Regarding the usage of the theoretical construct spirituality and religiosity in this study, spirituality is theoretically distinguished from religiosity. Spirituality is defined as an attribute of an individual by which the individual connects himself or herself to a higher being and transcendent state (Miller & Thoreson, 1999). Religiosity is connected to how the individual's experience of a transcendent being was shaped by and realized in social community (Miller & Thoreson, 1999).

In this study, spirituality refers to all states of awareness and human activities that are possessed of values higher than average (Assagioli,1989). These spiritual drives are basic and fundamental of human existence. It is characterized by the realization of holistic nature of existence by which self-awareness was connected to transcendent being (Joe-Laidler, & Hunt, 2013). In contrast to spirituality, religiosity is defined as a formal set of beliefs, rituals and practices that expresses a commonly shared spiritual reality under a community context (Hodge, Cardenas, & Montoya, 2001).

In this study, although spirituality and religiosity are theoretically distinguished from each other, they can be understood as the protective components for promoting spiritual well-being of the drug-takers towards a higher being.

Regarding the relationship between the pursuit of purpose of life / meaning in life and the spiritual well-being of the drug-takers, the theoretical framework of this study adopts Wolf's (2010) and Silverman's (2013) clarification about the relationship between spirituality and spiritual meaningfulness. According to Wolf (2010), there are two dimensions of spiritual meaningfulness: the fulfillment view and the larger-than-oneself view. The former referred to the meaning by which the individual finds fulfilling, and the latter referred to the meaning that goes beyond the fulfillment of oneself. These two dimensions of spiritual meaningfulness are the essential elements for knowing how an individual is motivated to do the things he or she does and why he or she makes those decisions. According to my theoretical framework, this pursuit of meaning of life and spiritual wellness of the drug-takers are two sides of the same coin in spirituality.

In the present study, the pursuit of meaningfulness of life of the drug-takers can be achieved at three different levels. By borrowing Silverman's (2013) classification, the fulfillment of these two aspects of spiritual meaningfulness can be achieved at three levels. Silverman (2013) has distinguished three levels of pursuit, namely subjective, objective, and intersubjective levels.

First, subjective level refers to the attainment of spiritual meaningfulness as the pursuit of one's happiness and quality of life. Second, the meaningfulness at the objective level refers to the moral good or virtue which relates to the collective good of the society. Intersubjectivity is the third level of meaningfulness. It involves a search of mutual good shared at the

community level. It needs not be motivated towards moral or virtuous good. The pursuit of meaning through religious practice or golf playing in golf community is an example of this level. According to Silverman (2013), all these three levels of pursuit of meaningfulness of life can promote spiritual wellness.

The pursuit of spiritual meaningfulness at these three levels can bring spiritual well-being to the drug-takers at 4 interrelated dimensions. Westgate's (1996) argued that the above three levels of pursuit can attain wellness at four interrelated dimensions. They are: (1) Life event interpretation; (2) Internalized intrinsic value system; (3) Spiritual transcendence; and (4) A sense of belongingness to special spiritual community.

At the life event interpretation dimension, the drug-taker interprets his or her experienced life event according to the meaning of life. This is a universal innate need of human existence (Frankl, 1959; Maslow, 1971). The drug-taker with a meaningful life is viewed as a self-actualized being that experiences a fulfillment of innate need of existence.

The spiritual meaningfulness achieved through an internalized intrinsic value system performs as a basis of drug-taker's behavior. The fulfillment of spiritual meaningfulness at this dimension can help the drug-takers to avoid drug-taking and brings them to a state of fullest humanness as well (Maslow, 1971).

At the dimension of spiritual transcendence, the drug-takers develops spiritual meaning as ultimate values to achieve a higher being. The spiritual meaning at this dimension acts as

ultimate values that carried a transcendent significance (Westgate, 1996). It can be described as a stage of sacred life and motivated by truth and unity (Maslow, 1971). The drug-takers who achieve this dimension of spiritual meaningfulness are connected themselves to the aspect of humanity and universe (Chandler, Holden, & Kolander, 1992).

The dimension of the belongingness to a spiritual community refers to a wellness that involves a sharing of symbols, values, and support from the spiritual community (Banks, 1980). This wellness can promote the mental health of the drug-users in a way of increasing a sense of connectedness.

The above 4 interrelated dimensions have shown how pursuit of meaning of life in spirituality is associated with spiritual well-being of the drug-user during his or her process of drug recovery (Chan, 2009; Halama, & Dedova, 2007). Thus, according to the theoretical framework of this study, the pursuit of purpose of life / meaning in life in spirituality and religiosity are understood as the protective components for promoting well-being of the drug-takers in their recovery.

In addition, the pursuit of purpose of life / meaning in life also promotes drug abstinence of the drug-users. This pursuit brings self-reflection and forgiveness to the drug-users by which the drug-takers assess and evaluate their thought and feeling about their drug-taking value and behavior (Aquino, & Reed, 2002; Lapsley, 2015; Lyons, Deane, & Kelly, 2010; Sahar, & Naqvi, 2020). This self-reflection is positively associated with the self-forgivingness of the

drug-users that leads to a forgiving of their drug-taking value and behavior and allows them to restore back to a positive self-regard as well (Carpenter, Carlisle, & Tsang, 2014; Sahar, & Naqvi, 2020; Griffin, Worthington Jr., Lavelock, Greer, Davis, & Hook, 2015). The greater ability to be forgiving and a better understanding of the drug-taking behavior of themselves would allow them to communicate and interact with the surrounding context, particularly social and family system, in a way that was formerly unknown, uncertain and unwanted about their drug-taking behavior (Lyons, Deane, & Kelly, 2010). The greater the ability of the drug-takers in understanding, forgiving, and be driven by purpose of life / meaning in life, the greater will be the increase in self-efficacy against drug relapse and the decrease in drug-use as well (Lyons, Deane, & Kelly, 2010). This forgiveness of their drug-taking offended value and behavior promotes a positive drug-free moral identity within their self-concept towards a positive personal growth (Griffin, et al., 2015). It can enhance behavioral changes of the drug-users towards drug abstinence (Aquino, & Reed, 2002; Robitschek, Ashton, Spering, Geiger, Byers, Schotts, & Thoen, 2012).

2.9.2. Sustainability of Spiritual Wellness

According to the framework of this study, although spirituality plays a positive role in well-being, spiritual meaningfulness cannot fully guarantee a permanent achievement of spiriutal wellness to fight against drug relapse and bring a positive life-development to the drug-users. Not every individual can successfully pass through spiritual transformation to spiritual wellness (Maslow, 1971; Hodge, 2011). Drug-users with less "resilience" may only

experience temporary spiritual change but not a transformation to spiritual wellness.

The persistency of the spiritual well-being of the drug-takers also needs a steady support of spiritual resiliency by which the drug-users can equip with sufficient self-efficacy to transcend himself or herself toward spiritual wellness. This resilience can facilitate a steady spiritual transformation towards the development of a drug-free self and, in turn, foster well-being in various life domains.

The conceptual definition of self-efficacy in my framework is different from that in the cognitive perspective. It is different from Albert Bandura's conception of resiliency (Bandura, 1977, 1986, 2002; Bandura, et al, 1995). Resilience in my spiritual model is rather associated with the presence of social competence, autonomy, and sense of purpose to overcome the challenging or threatening situation towards a steady pursuit of one's spiriutal meaningfulness (Benard, 1995). The component of resilience in spirituality is related to a sense of purpose of life (Rathopoulos, & Bates, 2011). It refers to the coherence and ability to provide meaning for the continous pursuit of meaning in life and purpose of life in human existence (Hausser, 1999). The development of this resilience is characterized by drug-user's spiritual experience (Grof., & Grof., 1989).

In this study, spiritual experience of the drug-takers is defined as any experience of transcendence of one's previous frame of reference to a higher level of knowledge and love (Chandler, Holden, & Kolander, 1992). With the continuous support of this spiritual

resiliency and spiritual experience along the spiriutal development of the drug-users, their "drug-polluted" self will be theoretically replaced by a persistent new self which internalized the spiritual meaningfulness at either of the subjective, objective, intersubjective levels, or at all levels as his or her frame of reference.

2.9.3. Parallel Developments for Spiritual Transformation

As mentioned in the previous section, the persistence of the spiritual development of the drug-users towards wellness not only requires the support from spiritual resiliency and experience, but it also requires the complementary maturation in the development of the drug-users in the domains of cognitive and moral reasoning, and psychosocial development to facilitate the sustainabiliy of spiritual wellness. Fowler (1981, 1996) has systematically integrated the theories from Jean Piaget, Lawrence Kohlberg, and Erik Erikson about the complementary maturation of the developemnt in cognitive, moral, and psychosocial into his theory of faith development. By following the line of thought, my theoretical framework takes Fowler's theory of faith development as frame of reference about the complementary maturation of cognitive, moral, and psychosocial development for the sustainability of the spiritual transcendence of the drug-users towards well-being.

Although Fowler's theory of faith development prefers using the term faith instead of spirituality in his theory, he defined faith as an ultimate conditions of existance (Fowler, 1981). This "ultimate environment" refers to a universal human activity of pursuing of meaning in life for transcending to a higher being of living (Griffith, & Griffith, 2002; Parker,

2011). In fact, the theoretical construct "faith" in Fowler's theory echoes with the definition

of spirituality in this study. Fowler's theory of stages not only provides a clear theoretical

map about the path of spiritual development, but it also provides a theoretical reference for

this study about how one's cognitive and moral reasoning, and psychological development

interact with spiritual development (Piaget, 1969; Piaget, & Inhelder, 1972; Kohlberg, 1958,

1971, 1976, 1984; Erikson, 1963).

A summary of the defintions of the key concepts in this study is shown in the following table:

Table 7
A Summary of the Definitions of the Key Concepts in this Study

Key Concepts	Conceptual Definition
Drug recovery	Drug recovery is a long-term on-going process which goes beyond short-term drug abstinence. It needs to achieve a state of long-term drug abstinence and also to promote positive life-development of the drug-recovering users.
Faith	A pursuit of spiritual meaningfulness for transcending to a higher being or ultimate environment.
Religiosity	A collective transcending process for spiritual well-being which involves a collective practice and collective sharing through joining the religious community.
Spirituality	An individual spiritual transcending process that does not involve worship of God. This transcending process is an innate capacity or tendency of human to look for a higher being. This capacity and tendency are defined as a pursuit of meaning in life or purpose of life or self-actualization.
Spiritual Experience	Any experience of transcendence of one's previous of reference to higher level of knowledge and love.
Spiritual Resilience	Resilience by which Individual can sustain his or her pursuit spiritual meaningfulness for achieving persistent drug abstinence and spiritual well-being.
Spiritual Transcendence	An achievement of transcendence that relates to having a relationship with a higher being.

As discussed in the previous section, Fowler (1981, 1996) divided spiritual development into seven different stages. The transition of each stage of spiritual development requires a corresponding maturation in cognitive and moral reasoning and psychosocial development. If the development in these domains at each spiritual stage have not been completed or unsucessfully transited, it will lead to a negative influence on the spiritual transcendence of the indivudal. The theoretical framework in this study incorporates this perspective to enhance the understanding about the conditions for the sustainability of the spiritual meaningfulness towards a protective long-term drug recovery.

In sum, according to the theoretical framework in this study, spirituality performs a protective role in long-term drug recovery by means of enabling the drug-takers to pursue their meaningfulness of life / meaning in life. This pursuit of spiritual meaningfulness not only can bring drug abstinence to the drug-users through self-reflection and self-forgivingness about the drug-taking behavior of the drug-takers, but it also brings spiritual wellness to the drug-takers through actualizing the essence inherited inside the drug-takers to transform to be a spiritually transcended being. It assumes this protective role of spirituality through the pursuit of spiritual meaningfulness brings drug abstinence and well-being to the drug-takers.

However, the persistency of this protective function is subject to the resilience of the drug-takers. It supposes this achievement of spiritual wellness needs a steady support in the spiritual development and transformation towards spiritual meaningfulness of the drug-takers. This support is termed as spiritual resiliency. It assumes spiritual resiliency is one of the

determinants for maintaining the sustainability of the spiritual transcendence towards spiritual meaningfulness. If the spiritual resiliency is strong and persistent, it is more likely for the drug-users to attain a persistency in drug abstinence and spiritual wellness along their drug recovery.

Besides the support from the spiritual resiliency, it requires a complementary maturaion of the development in the cognitive, moral, and psychosocial domains of the drug-users. By following the argument of Fowler (1981, 1996), the achievement of spiritual well-being of the drug-users along the recovery also requires a complementary maturation of the cognitive, moral and psychosocial development of the drug-users along their spiritual development. The unfulfillment in these domains may have adverse effect on the sustainability of the spiritual wellness within the recovery process of the drug-users. It assumes a complementary maturation of the development in these domains is necessary in order to achieve persistent drug abstinence and spiritual wellness.

The theoretical framework of this study was summarized in the following diagram:
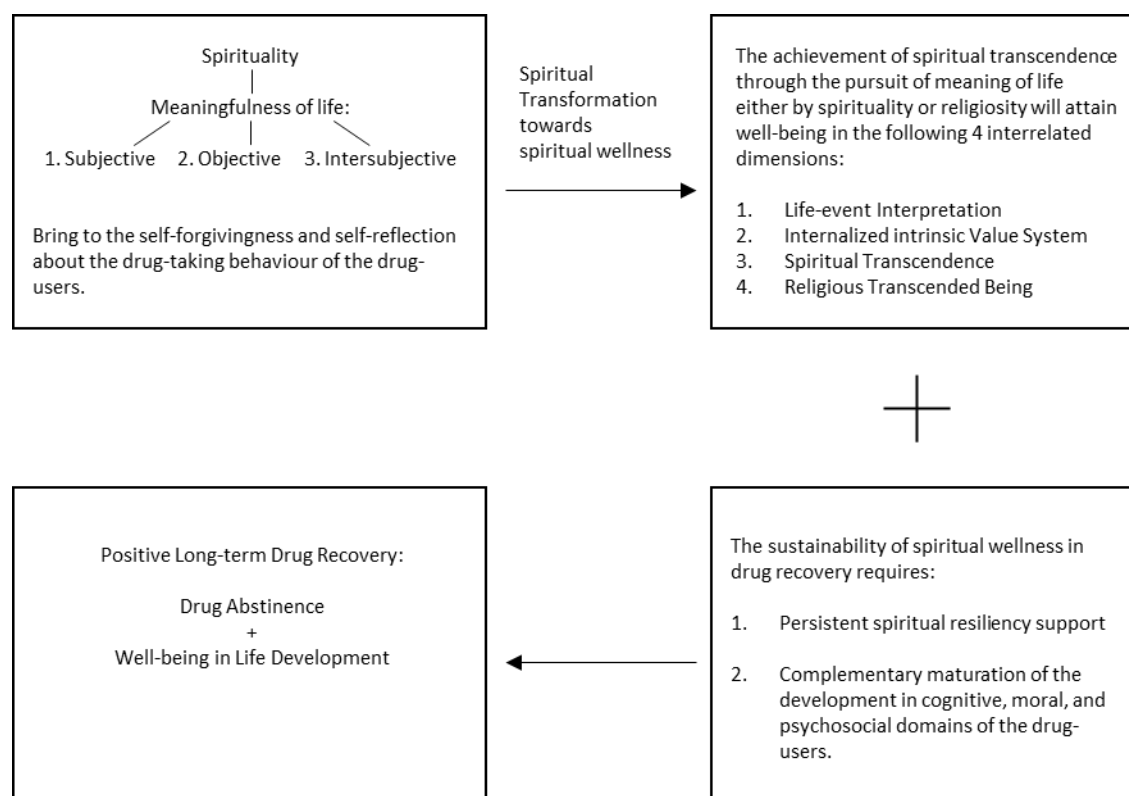
Diagram 1: Summary of the Conceptual Framework of this Study

Based on the above theoretical assumptions, three research questions were formulated.

2.10. Research Questions

According to the conceptual framework discussed above, the following research questions

were set:

Research Question 1: Does the development of spiritual meaningfulness contribute to the

achievement of persistent drug abstinence and positive long-term drug recovery?

Research Question 2: How does support from spiritual development for spiritual transformation affect one's resilience in drug abstinence and long-term drug recovery?

Research Question 3: Does cognitive, moral, and psychosocial development affect the actualization of spiritual wellness towards drug recovery?

The above three research questions led the direction of the investigation in this study.

2.11. Chapter Summary

In this chapter, a positive long-term drug recovery definition is justified to replace the traditional definition that only focuses on short-term treatment and recovery. Drug recovery cannot be simply viewed as a temporary drug abstinence. We need to take a positive psychological perspective to view drug recovery as a long-term process which includes persistent drug abstinence and well-being of drug-takers. Under this perspective, spirituality was found to be one of the strong protective factors fostering a positive long-term drug recovery. The pursuit of spiritual meaningfulness can enhance spiritual well-being of the drug-takers through spiritual transformation on the one hand, and also motivates self-reflection and forgivingness about the drug-taking behavior of the drug-takers on the other hand. Self-reflecting and self-forgivingness can facilitate long-term drug abstinence of the drug-takers. Nevertheless, the sustainability of the well-being and drug abstinence is also subject to the presence of the spiritual resiliency and the complementary maturation of the cognitive, moral, and psychosocial development of the drug-takers.

Under this theoretical framework, the research questions of this research can be summarized as follows:

Research Question 1: Does the development of spiritual meaningfulness contribute to the achievement of persistent drug abstinence and positive long-term drug recovery?

Research Question 2: How does support from spiritual development for spiritual transformation affect one's resilience in drug abstinence and long-term drug recovery?

Research Question 3: Does cognitive, moral, and psychosocial development affect the actualization of spiritual wellness towards drug recovery?

The research design of this study will be discussed in the following chapter.

Chapter 3: Methodology of the Research

The previous chapter reviewed the literature related to the definition of drug recovery, complexity of spirituality, the relationship among spiritual meaningfulness, spiritual wellness, spiritual resiliency, spiritual experience, spiritual transformation, life development, and long-term drug recovery, and presented the research questions of the study.

This chapter will discuss the methodology that has guided this study and the research methods that were used.

Section 3.1 will highlight the methodological framework of the study. Section 3.2 will present the research design used in the study. Section 3.3 will describe the sampling and sample size. Section 3.4 will describe the approach of the data collection and analysis of the study, the approach of the in-depth interviews and how interviews were conducted. Section 3.5 will explain the ethical issues of the study.

3.1. Highlight of the Methodological Framework

In this section, I will first focuses on the description of the methodological framework of the study. Then, I will discuss the details of the methodology of the study in the subsequent sections.

The purpose of the study is to explore the role of spirituality in protective long-term drug recovery. This exploratory nature of the research questions requires the study to focus on the

understanding of the life-development, drug-taking experience, and recovery experience of the drug-users from an insider's perspective. This understanding is richly descriptive based on the meaning, process, and context that are constructed by both the subjects and the particular setting surrounded.

Qualitative design can serve the purpose of the study in a way that it can focus on the process, meaning, and understanding of drug-taking experience of the subjects (Warren, & Karner, 2010). The research questions of the study require to understand the drug experience and recovery history of the drug-users from their perspective, or insiders' perspective, not the researchers' perspective.

As discussed in the previous section, spiritual development and protective long-term drug recovery both are contextual dynamic processes. The knowledge learned from the exploratory study about these processes is different from the other research knowledge (Stake, 1978). It is impossible to separate them from the context. Qualitative design is better than quantitative design to understand the meanings and progress that the drug-users brought to their social worlds they constructed and inhabited (Warren, & Karner, 2010).

Case study is a design especially suited to this contextual purpose (Merriam, 1998). The spiritual development and life-development of the drug-users are rooted in context as discussed in the last chapter. This contextual knowledge is distinguished from the formal knowledge derived from the other research designs (Stake, 1978). Among those research

designs, case study design can perfectly match with this distinguishable characteristic (Merriam, 1998). In addition, the spiritual development and drug recovery as discussed in the last chapter are on-going processes in nature. Case study design also matches with the purpose of gaining knowledge from the studying of these on-going processes such as long-term drug recovery and spiritual development (Reichardt, & Cook, 1979).

Among the variety of case study methods, multiple case studies is the most appropriate type of case study to serve the research purposes. It involves collecting and analyzing a range of similar and contrasting drug recovery cases (Merriam, 1998). By using this variation of drug recovery cases, it can strengthen the precision of the findings particularly enhancing the external validity and stability of the findings (Miles, & Huberman, 1994).

The sample of the study included both ex-drug-users and drug-users. The drug-users need to have drug treatment and recovery experience. A total of 14 cases were selected by snowball sampling. In order to increase the variation of the sample, the selected sample covered a wide range of genders and ages from young adulthood to late adulthood. In-depth interviews were conducted with the cases.

Data collected has been scripted and encoded before proceeding to data analysis.

The methodological flow of the study was as follows:

Diagram 2: Flow of the Methodology (Source: Warren & Karner, 2010)

In the following section, I will describe the methodology in detail.

3.2. Research Design

3.2.1. Qualitative Design and Research Purpose

The philosophical orientation of this study is to investigate the subjective drug experience of the ex-drug-users and drug-users, small-scale contextual interactions and the meaningfulness of life of the ex-drug-users and drug-users. This generic interpretive approach to understand the meaning that socially constructed through interaction between the ex-drug-users and drug-users, and between the ex-drug-users and drug-users and their context is typically associated with qualitative research design (Hesse-Biber, 2017). Despite the shared

characteristics of qualitative research, different types of qualitative research differ in their methodology and purpose. As this study aims at generating knowledge about how ex-drug-users and drug-users perceive their pursuit of spiritual meaningfulness and drug recovery experience, phenomenology is a qualitative approach adopted in this study to uncover the "essence" or "structure" of this meaningful interactions of the ex-drug-users and drug-users (Hesse-Biber, 2017; Merriam, 1998).

From the methodological perspective, the aim of quantitative research approach is to explain and describe a particular phenomenon or testify the relationships among variables (Neuman, 2006). It serves a descriptive and explanatory purpose by collecting a lot of numeral data through the samples. It usually starts from existing theory and move on to generate hypothesis from that theory. The data collected is mainly numerical figure. The analysis of the data is characterized by using statistic methods. Researcher interprets the statistical findings to disprove or support the hypothesis (Warren, & Karner, 2010).

In contrast to quantitative design, qualitative research design is mainly used to build new theory or increase the understanding of the phenomenon (Merriam, 2009; Merriam, & Associates, 2002). It serves an exploratory purpose through a collection of text, and audio-visual images.

With regard to deepen the understanding of the phenomenon, qualitative researchers are interested in the understanding of the meaning that people constructed and how the meaning

makes sense within their social world (Merriam, 1998). Patton (1985) explained that

qualitative research is an effort to understand situations in their uniqueness as part of a

particular context and the interactions there (Patton, 1985, p.1).

Merriam (1998) has summarized the major characteristics of quantitative and qualitative

research designs (See Table 8). The question of using which design depends on two major

criteria. The first criterion is the focus of the research (Freebody, 2003). For qualitative

design, it mainly focuses on the description, interpretation, and understanding of the

phenomenon that being studied (Merriam, 1998). The purpose of the study is usually

exploratory in nature that focuses on questions of how and what. In contrast, quantitative

design is usually descriptive and exploratory in nature. Its purpose of study usually focuses

on how many or how much (Merriam, 1998). Another criterion of choosing which design is

the theoretical framework of the study (Merriam, 1998). The theoretical framework is derived

from the objectives that researchers bring to their study. It generates research questions, data

collection and analysis approach, and how researchers interpret their findings (Merriam,

1998). It also guides research process in terms of selection of research design and sampling

design (Schultz, 1988).

Table 8

Major characteristics of Qualitative and Quantitative Research Design (Merriam, 1998. p.9)

Items	Qualitative Design	Quantitative Design
Focus of Research	Quality (Nature, essence)	Quantity (How Much, How many)
Philosophical Roots	Phenomenology, symbolic Interactionism	Positivism. Logical Empiricism
Associated Phrases	Fieldwork, ethnographic, naturalistic, grounded, constructivist	Experimental, empirical , statistical
Goal of investigation	Understanding, description, discovery, meaning, hypothesis generating	Prediction, ,control, description, confirmation, hypothesis testing
Design Characteristics	Flexible, evolving, emergent	Redetermined, structured
Sample	Small, nonrandom, purposeful, theoretical	Large, random, representative
Data Collection	Researcher as primary instrument, interviews, observation, documents	Inanimate instruments(scale, test, surveys, questionnaires)
Mode of Analysis	Inductive	Deductive (by statistical mode)
Findings	Comprehensive, holistic, richly descriptive	Precise, Numerical

According to these criteria, qualitative design can fit the research purpose and theoretical

framework of this study. Firstly, the purpose of this study is to explore the role of spirituality

and enhance the understanding of the protective function of spirituality within the process of

drug recovery. The study is exploratory, not explanatory in nature and aims to study how and

what spirituality interacts with the processes of life-development and long-term drug recovery.

Secondly, the theoretical framework described in the last chapter also requires an

examination of the processes of drug development, cognitive, moral, and psychosocial

development of the drug-users and ex-drug-users. It needs an understanding and

interpretation of these processes and the meaning attached from the insiders'

perspective—the perspective of the drug-users and ex-drug-users. These processes are rooted

in the context that the drug-users and ex-drug-users constructed and inhabited. Moreover, as

described in the theoretical framework, the understanding of the spiritual meaningfulness of

the drug-users and ex-drug-users is based on the meaning and experience that they bring to

the natural setting.

By the characteristics described above, qualitative design obviously suits the purpose and the

theoretical framework of this study.

In the following section, I will describe which of the different types of qualitative designs can

fit this study.

3.2.2. Multiple Case Study

According to Merriam (2009), there are six types of qualitative research design, namely case

study, grounded theory, ethnography, narrative analysis, critical research, and action research.

Among all these six research designs, case study is most suitable for my research topic in a

sense that it cannot be detached from the real-life context (Yin, 2009).

Case study design is adopted to attain an in-depth understanding of the phenomenon and

meaning for those inherited (Merriam, 2009). Its primary interests are the study of process

and context involved rather than the outcomes and special variable (Merriam, 2009). Case

studies are different from other forms of qualitative methods in a way that they are intensive

descriptions and analysis of a unique unit (Smith, 1978). These characteristics of case studies perfectly match with the nature of this study.

The research questions of this study involve an examination of the relationships among a variety of processes such as spiritual development, spiritual transcendence, cognitive and moral reasoning development, psychosocial development, and drug recovery. The understanding and exploration of the relationships among them need to be studied within the context that they evolved and their dynamic interaction among these processes. This emphasis on contextual analysis of those on-going processes matches the objectives of case study.

In addition, the unfolding of these contextual-developmental processes requires an understanding from the drug experience and life-development from the subjective perspective of the drug-users and ex-drug-users. Case studies can enhance the understanding of the uniqueness of this subjective perspective of the participants.

Case studies is an appropriate approach to study these subjective-contextual theoretical constructs. However, in traditional developmental psychology, theorists such as Bronfenbrenner, Erikson and Piaget assumed that one's life development is similar to one another (Walsh, Galassi, Murphy, & Park-Taylor, 2002). For example, Bronfenbrenner's theory of ecology (1979) assumed that one's life development is conditioned by the surrounding context such as social, cultural, and political system. Although this theory of

ecology about life development has emphasized the contextual factors, it has neglected the

dialectic and discursive interaction between the active participation of the individual and

context (Bronfenbrenner, 1979; Bronfenbrenner, & Croute, 1983; Bronfenbrenner, U., &

Morris, 1998). This interaction makes one's spiritual experience, spiritual change, spiritual

wellness, spiritual transformation, and moral development different from each other.

In contrast with traditional developmental psychology, the holistic

developmental-contextualism suggested that one's life development is not solely conditioned

by the developmental context. The life development is contributed by both the individual and

the surrounding context (Lerner, 1995; Lerner, Dowling, & Anderson, 2003; Walsh, at. el.,

2002). The individual and the context both make contributions to the development by acting

as active agents within this dialectic process. Under this perspective, spiritual development

and life development are unique dynamic developmental processes which involves a dialectic

and discursive interaction between the drug-users and ex-drug-users and their environmental

context. This perspective has further provided a theoretical ground for adopting case study as

the research design to explore the uniqueness and subjective experience of drug-users and

ex-drug-users during their drug recovery and life development processes.

In sum, among the different designs in qualitative approach, case study is the best approach

to study the research questions of this study.

Instead of studying one case, this study prefers to collect and analyze data from several cases.

This approach may be called as multisite studies or cross-case studies, or comparative case studies. By using Merriam's term (2009), I prefer to call it multiple case studies.

This type of case studies can offer a cross-case analysis and a better generalization. More cases involved with a greater variation across the cases can constitute a more compelling interpretation about the phenomenon (Merriam, 2009). By comparing the similarity and differences among a spectrum of various cases, it can enhance the precision, validity, and stability of the result (Miles, & Huberman,1994). This inclusion of a variation of cross-cases also can increase the external validity and generalizability of findings (Merriam, 2009).

In the following section, I will give details of the sampling and sample size.

3.3. Sampling and Sample Size

3.3.1. Sampling Method

In this section, I will describe the sampling method and sample size of this study. There are two basic types of sampling methods, namely probability sampling (non-purposive sampling) and non-probability sampling (purposive sampling). The non-probability sampling is the choice of sampling method for most qualitative research designs (Merriam, 2009). This purposeful sampling design is mainly used to answer what happens, not the questions of how much and how often (Honigmann, 1982). It assumes that the researchers want to discover, understand, and obtain insight. Purposeful sampling is a design to achieve these central objectives through a selection of information-rich cases for the study (Patton, 1990). It has a

variety of purposeful sampling designs. The most common designs are typical, unique, maximum variation, convenience, and snowball sampling (Merriam, 2009). This study adopted snowball sampling design. It is the most common design in purposive sampling. Each participant in the study was identified by asking people who know what cases are information-rich for study (Patton, 1990). Thus, the first stage of sampling was done by purposive snowball sampling to identify the information-rich subjects by referral. The referral first started from the "trustable insiders" and then followed by their recommendations for identifying the remaining cases. It is because these "trustable insiders" would have a better understanding of the cases than the outsiders (Merriam, 2009).

In this study, the spiritual and drug recovery experiences of the drug-users and ex-drug-users are the key to this study. It needs to examine the drug experience, spiritual experience, recovery experience, and life development history of the cases through in-depth interviews from both active drug-takers and ex-drug-users. These kinds of samples can be identified by the recommendation of the people or group of people who know the cases well about their drug-taking, drug recovery, and spiritual experience. People from the drug self-helping groups, drug treatment agencies, and spiritual drug rehabilitation agencies are the possible sources to identify those information-rich cases for this study.

The first case of this study was drawn by snowball sampling with the help of the priest of a church's drug self-helping group. The priest of the Hong Kong Council of the Church of China in China was invited to nominate potential interviewees. Besides preaching, he also

hosts a spiritual self-helping group to help people recover from drug-taking. The first interviewee of the study was identified by his recommendation. Meanwhile, his knowledge and understanding of the interviewee can also be an additional source of data for triangulation.

3.3.2. Sampling Size

After the first subject was successfully invited to join the research, another case was introduced until the sample size was reached. The exact sample size depends on whether the information collected is enough for analysis or not (Lincoln, & Guba, 1985). This is called sequential snowball sampling method. The purpose of using snowball sampling is to maximize the useful information for analysis. Once no new information is required from new sampled cases, it reached the point of saturation. According to the principle of sequential snowball method, the size of the sample depends on the informational considerations. If there is no new information from the new cases, then it is the point of redundancy (Lincoln, & Guba, 1985).

3.3.3. Sampling Criteria

Regarding the selection of the most information-rich units for the study, it needs to meet the criteria of maximizing variation among samples (Merriam, 2009). This maximizing variation strategy has guided the selection processes of the cases about the criteria in the duration of drug-taking, types of drug-used, types of spiritual experience, and gender difference of the sample.

First, the sample included drug-users and ex-drug-users. Regarding the criteria for the selection of drug-users, there is no restriction on whether they are active drug-users or drug-users that move between relapse and abstinence. This group of samples is used as comparison with ex-drug-users. Regarding the ex-drug-users, they have successfully recovered from drug for at least 5 years (Cheung, Lee, & Lee, 2003). Finally, the sample included 4 drug-users and 10 ex-drug-users.

Second, the units selected need to have a past experience of drug-taking during their school life. The definition of drug-taking is the same as the definition used by Drug Beat Fund (Narcotics Division, 2016, 2019). It was defined as a person who ever taken any heroin or non-medical use of psychotropic drugs at least once in his/her lifetime. There is no restriction to be placed on the types of drugs, and the duration of drug-takers and ex-takers. This non-restriction of the drug-taking background of the cases can increase the variability of the sample, and in turn, enhance the validity and the fruitfulness of the findings.

Third, spiritual experience is a key construct of the theoretical framework of the study. Thus, the ex-drug-users in the sample are also required to have a spiritual experience during his or her process of drug recovery. For the drug-users, they also have the spiritual experience. The spiritual experience is defined in terms of Silverman's (2013) conception of the meaningfulness of life at subjective, objective, and intersubjective levels.

Fourth, with regard to the gender difference of the sample, the figure from the Survey of

Drug Use among Students 2020/2021 indicated that the proportion of male drug-takers was 1.2% of the total student substance-taking population, whilst the corresponding proportion for female students was 0.8% (Narcotics Division, 2022). In comparing with the figures in the 2017/2018 Survey, it was 1.3% for male students and 0.9% for female students (Narcotics Division, 2019). These two surveys' figures have indicated a similar proportion of male to female in student drug-taking. This gender distribution of the sample of this study followed this proportion. The sample of this study included 9 male and 5 female participants. The gender difference within the sample can help explore whether gender of the participants will affect the collection and analysis of data. Research findings pointed out that women look more spiritual and religious than men. Women are more frequently to attend worship services and are also more subjectively spiritual than men (Taylor, Mattls, & Chatters, 1999). This spiritual characteristic of women more likely makes us infer that women are more resistant to drug than men. The gender distribution of the sample can help to explore more about this characteristic.

Fifth, the age distribution of the student drug-taking from the Survey of Drug Use among Students 2020/2021 peaked at the age group of 21 or above (Narcotics Division, 2022). In the 2017/2018 Survey, the proportions of drug-taking also peaked at the age group of 21 or above (Narcotics Division, 2019). From these figures, it seemed that age of 21 or above is an important age group. However, according to the theoretical framework of the study, spiritual development for positive long-term drug recovery requires age-related changes that are

associated with development in cognitive domain. Recently, neo-Piagetian theory and post-formal thought criticize this Piagetian theory that the development changes in cognitive domain is not necessarily constrained by chronological age (Cartwright, 2001). They rather emphasized on the influences from the individual's subjective experience, social interaction, context, and life events than the chronological age for transcending one's cognitive development from one stage to another (Cartwright, 2001). In addition, moral and psychosocial development is not strictly constrained by chronological age as well. Thus, in order to increase the variation of the sample in cognitive, moral, and psychosocial development, the age of the participants need to cover a wide range of age group instead of focusing on a particular age range.

In sum, based on the description of the sampling criteria above, the characteristics of the 14 participants are listed in Table 9.

Table 9

Summary of the Characteristics of the Participants of the Study

Participant	Gender	Age	Drug experience (Year)	Status (Drug-user / Ex-User)
1	M	30	15	User
2	M	45	25	Ex-User
3	M	35	15	Ex-User
4	F	36	15	Ex-User
5	F	35	10	Ex-User
6	M	40	19	Ex-User
7	F	39	10	Ex-User
8	F	39	15	Ex-User
9	F	42	14	Ex-User
10	M	35	10	Ex-User
11	M	30	10	User
12	M	32	7	Ex-User
13	M	37	15	User
14	M	26	10	User

3.4. Background of the Participants

3.4.1. Highlight of the Participants

In this study, a total of 14 participants have been invited to share deeply their drug history and life development that they have come across. Among them, 10 participants have recovered from drug-taking and the other 4 participants were still taking drug in different degrees. The table below (Table 10) summarized the general information of each participant interviewed.

Table 10

Summary of the Participants

Participant	Gender	Age	Drug Experience (Year)	Status (Drug-user/ Ex-User)	Drug-taking Start at	Drug Treatment Experience	Drug Used	Background	Education Background	Religiosity
01	M	30	15	User	Since Form 4	Nil	Marijuana	• Grew up in a middle-class family. • Currently an administrative staff of a detective agency.	• Graduated from a band 1 secondary school. • University graduate.	Nil
02	M	50	20	Ex-User	Since age 15	Yes	Marijuana, Heroin, Ketamine, Ecstasy, Methylamphetamine	• Elder son in a middle-class family. • Was a drug dealer. • Was a triad society member. • Currently a priest of the Hong Kong Council of the Church of China in China.	• Graduated from a band 1 secondary school.	Christianity
03	M	30	12	Ex-User	Since age 16	Yes	Ketamine, Methylamphetamine	• Elder son in a grassroot family. • Was a drug dealer. • Was a triad society member. • Had been in prison. • Currently working in a community center helping the elderly.	• Quitted school at Form 3. • Received vocational training in car repair.	Nil
04	F	34	10	Ex-User	Since age 14	Yes	Marijuana, Heroin, Ketamine, Ecstasy, Methylamphetamine	• Grew up in a grassroot family. • Had involuntary and voluntary in-patient drug	• Quitted school at Form 2. • Studying a bachelor's	Nil

Participant	Gender	Age	Drug Experience (Year)	Status (Drug-user/ Ex-User)	Drug-taking Start at	Drug Treatment Experience	Drug Used	Background	Education Background	Religiosity
								treatment experience. • Currently working in the media. • Married, with two kids.	degree.	
05	F	35	10	Ex-User	Since age 12	Yes	Marijuana, Ketamine, Heroin, Methylamphetamine	• Grew up in a middle-class family with authoritarian parenting style. • Had involuntary in-patient drug treatment experience. • Had Spiritual drug treatment.	• Secondary school.	Christianity
06	M	40	10	Ex-User	Since age 12	Yes	Marijuana, Ketamine, Heroin, Methylamphetamine	• Grew up in a working-class family. • Was a member of the triad society. • Previously had a bad relationship with his father. • Married, with one kid. • Currently studying an associate degree.	• Not finished secondary school.	Nil
07	F	39	10	Ex-User	Since age 14	No	Marijuana, Ketamine	• Grew up in a broken grassroot family. • Divorced, with one kid. • Currently running a retail business at Tsuen Wan.	• Quitted school at Form 2 and resumed study 2 years later. • University graduate.	Nil
08	F	39	15	Ex-User	Since age 15	Yes	Ketamine, Heroin, Coco (Cocaine)	• Grew up in a grassroot family. • Currently living with	• Not finished secondary school.	Buddhist

Participant	Gender	Age	Drug Experience (Year)	Status (Drug-user/ Ex-User)	Drug-taking Start at	Drug Treatment Experience	Drug Used	Background	Education Background	Religiosity
								comprehensive social security assistance. • Her husband and son are drug-users. • Had involuntary in-patient spiritual treatment experience. • Had been in prison.		
09	F	38	6	Ex-User	Since age 13	No	Ecstasy, Codeine, Cough Medicine (Codeine), Marijuana	• Grew up in a grassroot family. • Unhappy family and first marriage. • Re-marriage with son. • Currently running a vegetable retail business with current husband.	• Not finished secondary school.	Nil
10	M	45	15	Ex-User	Since age 20	Yes	Ecstasy, Codeine, Cough Medicine (Codeine), Marijuana, Ketamine	• Grew up in a single-parent family. • Was a triad society member in youth. • Had involuntary in-patient spiritual drug treatment experience. • Had suffered from physical damage that caused by drug. • Currently helping other drug-takers.	• Not finished secondary school.	Christianity
11	M	30	10	User	Since age 14	Yes	Codeine, Cough Medicine (Codeine), Marijuana, Ketamine,	• Grew up in a grassroot drug family. • Had involuntary and voluntary in-patient drug	• Quitted school at Form 2.	Nil

Participant	Gender	Age	Drug Experience (Year)	Status (Drug-user/ Ex-User)	Drug-taking Start at	Drug Treatment Experience	Drug Used	Background	Education Background	Religiosity
							Methylamphetamine	treatment experience. • Had Spiritual drug treatment. • Currently working in a restaurant.		
12	M	32	7	Ex-User	Since Primary 6	Yes	Marijuana	• Grew up in a single-parent family. • Had informal spiritual treatment. • Good in sport. • Currently a primary school teacher. • Married, with two kids.	• College graduate. • Master's degree.	Christianity
13	M	37	15	User	Since Form 2	Yes	Ketamine, Heroin, Ketamine, Cocaine	• Had been in prison. • Had involuntary in-patient drug treatment. • Married, with 2 kids. • Currently running a logistic company (which he took over from his father).	• Quitted school at Form 4 later received vocational training in building construction.	Nil
14	M	26	10	User	Since age 18	Nil	Marijuana	• Grew up in a middle-class family. • Had good relationship with family. • Currently a stage designer. • Feels stressful.	• University graduate.	Nil

The participants were asked whether they preferred pseudonyms or real names in the report after they have been explained about the confidentiality and ethical issues of the study. All participants preferred to be represented by a number in the report instead of using their real names or pseudonyms. Numbers were assigned to them from 01 to 14 according to the sequence of their interviews.

3.4.2. General Background and Drug Experience of the Participants

The following paragraphs describe the personal and family background related to the drug experience of each participant in this study. The description also includes their drug treatment, relapse and recovery history, and their spiritual experience as well. Particularly, it will highlight the elements of spirituality and religiosity that were found during their process of drug recovery.

According to the theoretical framework, spirituality and religiosity are defined as an inherited essence of human being to pursue a higher being through a pursuit of meaningfulness in life (Miller, 1998). The difference between spirituality and religiosity is whether it involves a community practice or not (Gotterer, 2001). Religiosity is one's spiritual transcendence that shaped and realized by social community (Miller and Thoresen, 1999), but spirituality does not have any involvement of social community.

Participant 01

Participant 01 is a marijuana-user. He is an outgoing and extraverted university graduate. He

grew up in a single-child upper-middle-class family. After graduated from a band one Christian secondary school in Hong Kong Island, he pursued his study at the communication and journalism school of a local university. His purpose of life is to serve the society and community as a journalist. However, this was rejected by his parents. It was because his parents thought that the salary of journalists was unreasonably low while the workload was unreasonably high. After his graduation, he gave up his purpose of life as a journalist. He was forced by his parents to work as an administrative staff at a detective agency. Marijuana-taking becomes his buffer to this conflict.

His drug experience is unique as it shows how a middle-class adolescent with good education and a stable job will take marijuana as a way of relaxation and spiritual meditation. He started to take marijuana when gathering with friends since Form 4. He has continued his taking marijuana behavior for 15 years. At the moment of the interview, he does not show any intention to quit taking marijuana. In addition, according to his description, marijuana is not a harmful drug because it is used in medical treatment, and also marijuana-taking is legal in some Western countries. He is confident with himself that he can control the negative effects from taking marijuana. He admits his unfulfillment in his self-actualization brings him little psychological support of spiritual resiliency to overcome his drug relapse. According to his description, this unfulfillment in his self-actualization contributed to his failure in drug recovery. His failure experience, compared with those recovered participants who successfully attain their goals in life, provides a clearer picture of the role of purpose of life in

drug recovery.

Participant 02

Participant 02 is a 50-year-old poly-drug ex-user in marijuana, heroin, ketamine, ecstasy, and methylamphetamine. He has 20 years of drug-taking experience. According to his description, he has recovered from drug-taking since his age of 35 when he was enlightened by God. After the drug recovery, he now enjoys his spiritual wellness as being a pastor of the Hong Kong Council of the Church of China in China.

His family background is similar to Participant 01. He was raised in a middle-class family with good banding secondary school education. The dissimilarity with Participant 01 is that Participant 02 was not only a poly-drug-user before, but he also was a member of a gang of violent criminals and was arrested by the police for the charges of drug trafficking and offences against person during his adolescence. After the imprisonment and the involuntary in-patient spiritual treatments, he still suffered from drug abuse until he found his purpose of life in Christianity. He eventually recovered from drug addict behavior through the guidance of the spirituality from Christian religious belief. Besides his drug history, the story of Participant 02 is unique in his spiritual journey towards positive drug recovery. He experienced an extraordinary change in his adulthood. According to his description, he not only recovered from drug-taking by the process of spiritual transcendence towards God, but he also studied theology and became a pastor of the Hong Kong Council of the Church of China in China. Now, he makes use of his drug recovery experience and spiritual experience

to assist grassroot drug-takers to distant from drugs. He has also set up a helping center in To Kwa Wan to assist them to return to normal community life.

Under the theoretical framework of this study, his drug recovery which involved a pursuit of meaningfulness of life through religious belief is significant in this study. In addition, his moral, cognitive, and spiritual development during his drug recovery in adulthood is valuable to this study.

Participant 03

Participant 03 was raised up in a working-class family with poor relationship with his father. He quitted school at Form 3 and became a gangster in Tai Po. At first, he took drugs just for fun but later became a poly-drug-user of ketamine and methylamphetamine. He suffered from health problems caused by over-taking ketamine and methylamphetamine. In order to earn money to support the expense of his drug-taking behavior, he turned to be a drug distributor in Tai Po. At last, he was arrested by the police for the charge of trafficking and sentenced to jail. His story was unique in the study in a way that his successfulness in drug recovery is driven by his pursuit of purpose of life. Although he has received voluntary and involuntary drug treatments including religious drug treatment, he suffered from drug relapse again shortly after the treatments. Until receiving vocational training and started his career in car repair, he started looking for his goal of life in rebuilding his relationship with his father and making contribution to the community. At present, he not only successfully recovered from drug abuse, but he also devotes most of his time and effort to take care of his father

flighting against his cancer and works as a junior trainee in a community center helping the elderly use computers. This pursuit of meaning in life not only turned him away from drug-taking behavior, but also rebuilt his form of life towards spiritual wellness. His experience is significant in illustrating how purpose of life works with drug recovery.

Participant 04

Participant 04 is a female ex-drug-taker. Her family background is similar to Participant 03 in a way that she was raised in a grassroot family. Her childhood and early adolescence were unhappy. Her parents were unwilling to put any resources on her because of the traditional Chinese culture of son preference over daughter. She was excluded by her family not only in terms of resources, but also from love and caring of her parents. She ran away from home at Form 2 and started taking marijuana and heroin with drug-taking peers. She later turned to be a poly-drug-user in marijuana, heroin, ketamine, ecstasy, and methylamphetamine. In order to earn for the expense of her drug-using behavior, she even worked as a "public relationist" in a night club. She has tried to quit drug but was successful even though she has received both involuntary and voluntary in-patient drug treatments several times. Until her adulthood, she started to look for spiritual wellness through the fulfillment of self-actualization and then restored to a drug-free normal life. By the guide of her purpose of life in building a healthy life and family, she eventually recovered from drug abuse and worked in the media. Now, she is not only a career woman with two kids but also a mature student studying a bachelor's degree program in creative media. The uniqueness of her story in the study lies on her

spiritual transformation that found in adulthood. Besides her spiritual experience in self-actualization, her cognitive, moral, and psychological development in adulthood is also valuable to this study. It also provides insight for the understanding of the complementary maturation in these developmental domains in relation to the sustainability of spiritual development for the achievement of spiritual wellness along drug recovery.

Participant 05

Participant 05 is a female ex-drug-user. She was raised in a single-child middle-class family. Unlike Participant 04, she grew up in an over-protective and over-tension family. Her daily activities and life in adolescence were tightly controlled by her parents. This control turned her to develop a strong rebellious attitude towards her parents. She ran away from home at Form 2 and started to take drug like marijuana at Form 3. Later, she became a poly-drug-user of ketamine, methylamphetamine, and Heroin.

At age of 16, she was arrested while she was taking drug with her boyfriend at home. She was then sent for involuntary in-patient drug treatment. After the in-patient treatment, she continued to suffer from drug relapses until she received her second spiritual-religious drug treatment. During this second spiritual treatment in her early adulthood, she was enlightened by the religious belief and looked for her purpose of life. According to her drug-recovery story, her husband was also a poly-drug-user and has struggled with drug relapse for many years. However, he was motivated by the spiritual journey of Participant 05 in drug recovery to fight against drug relapse. Eventually, he was successfully recovered from drug-taking.

The significance of Participant 05's story in this study was her spiritual transcendence in drug recovery through religious belief in her adulthood. Her spiritual transformation through the pursuit of spiritual meaningfulness in religiosity not only turned her away from drug relapse, but also pathed her way towards spiritual well-being.

Participant 06

Participant 06 is a male ex-drug-user without any religious belief. He came from a working-class family. He is a poly-drug-user in marijuana, ketamine, methylamphetamine, and heroin during his adolescence. His first drug experience was at the age of 12 when he was kicked out by the school for being a member of a gangster. After discontinued his secondary school study, he stayed close with the drug-taking peers. He took drug as a recognition of a member of the drug-taking peer group. At first, he only took marijuana and heroin. Later, he started to take ketamine and methylamphetamine. He has tried hard to quit drug but was not successful, even though he has received involuntary in-patient drug treatment several times. However, the health problems that caused by taking over-dosage of ketamine and methylamphetamine together with the birth of his daughter made him rethink his purpose of life. He gradually stayed away from the drug-taking peers and started a drug-free life again. He worked in a garage to earn the living for his family particularly his new-born daughter. Eventually he has successfully recovered from drug-taking behavior through his fulfillment of purpose of life. He has placed his health and family as his priority in his goal of life. The change in his adulthood shows the significance of pursuing subjective

meaning in life. His spiritual development has provided rich information about the influence

of pursuing subjective meaning of life based on the spiritual transformation towards drug

recovery.

Participant 07

Participant 07 is a female ex-drug-user. She was raised in a single-parent family. Her mother

left the family at her age of 11. Her father could not perform well the dual roles in providing

the living for the family and taking care of three children including Participant 07, her

younger sister and elder brother. Because of lacking parental care and love, she started to

blame her father for the broken family. She later ran away from home and school at the age of

12. She soon addicted to marijuana. Two years later, she returned to school to continue her

study. This dramatic change accomplished with a change of her attitude towards her father

from hatred to forgiveness. She kept on her study to Form 7 and quitted taking marijuana.

After the Advance Level Examination, Participant 07 got an offer from a local university to

study journalism. It was the goal she has been flighting towards for the past few years. Being

a journalist is her dream and purpose of life. She later became a news anchor in a television

station after graduation, then she fully quitted marijuana. Later she lost her job because of the

close-down of the television station. After she was unemployed, she also got divorced. She

needs to take care her 10-year-old child on her own. During this hard time, she still can

withstand, with spiritual resiliency, against drug. The significance of her story in this study is

not only her fulfillment in the pursuit of meaningfulness of life along her process of drug

recovery, but it is also significant about the understanding of her moral and psychological development in her young and middle adulthood in relation to the sustainability of spiritual wellness along drug recovery. It can provide a better understanding about how the complementary maturation of moral and psychological development of the drug-takers affects the sustainability of the spiritual development in their positive drug recovery.

Participant 08

Participant 08 is a grassroot former drug-user and housewife. She was a poly-drug-user and first started to take Coco (Cocaine) at her age of 15. Later she was also addicted to ketamine and heroin. Her drug recovery is guided by her religious belief in Buddhism.

According to her description, she was arrested by the police for a charge of possession of drugs and drug-using. She was sent to in-patient drug treatment. After the involuntary in-patient spiritual-treatment, she continued to face the problem of drug relapse. It was because she disliked the way of living and interaction among people in the in-patient treatment center. The uniqueness of her story was her recovery experience after the ordeal of the spiritual treatment in Christianity. In order to quit drug, she looked for help from other spirituality. However, she was convinced by her friend to join an evil cult and was forced to be a prostitute to make money for that cult. Fortunately, she was set free from the cult by the social workers and police. Now, she has recovered from drug and relapse for nearly 9 years by the support of spirituality from Buddhism. However, her road to recovery has faced the challenges from her husband and son. They both are drug-users and unemployed. Their living

mainly relies on the government's comprehensive social security assistance. Most of their money was spent on the expense of drug-taking, not their living. Participant 08 needs to take part-time jobs to support the family. Under this challenge from her family members, Participant 08 not only stands firm on her ground in drug abstinence and spiritual well-being, but she also tries hard to demonstrate a positive model for her husband and son to keep away from drugs.

Her story is significant in this study in a way of her religious belief in Buddhism. Her pursuit of subjective meaning in life through Buddhism can provide an understanding about the difference of religious beliefs between Christianity and Buddhism on the outcome of drug recovery.

Participant 09

Participant 09 is a female ex-drug-user. She was raised in a grassroot family in which all resources only allocated to her brothers. She also was a victim of physical abuse in her family during her childhood. Her parents punished her physically when she came home late and performed not good as expected in academic. All these together made her feel unhappy at home and she eventually decided to run away from home at Form 3. She stayed at her boy-friend's place and started her drug journey there. She was first addicted to cough medicine (codeine) and marijuana and later also addicted to ecstasy and codeine. She tried to quit her drug-taking behavior at age 16 but her drug abstinence only lasted a short time. She returned to take marijuana as a buffer to her pain and tension. She was working at a vegetable

market with her ex-husband at the age of 18. The long working hours and heavy workload at that time caused her suffering from serious lower back pain. This suffering drove her to look for spiritual mitigation by means of pursuing self-actualization, instead of depending on taking marijuana to release her pain and stresses. She wanted to actualize her drive to look for affection and belongingness by means of building a harmonious family. Thus, she first decided to quit drug-taking and then followed by starting a new life with her ex-husband. Although this marriage, an unexpected life event, did not last for long, it did not bring any adverse influence on her drug resilience. Her spiritual resiliency is still strong enough to keep her away from drug relapse. She had her second marriage soon after the divorce and had her first baby. Meanwhile, she and her husband have started a retail business and had their own housing as well. Her story is unique in a way that her success in recovery involves the pursuit of subjective meaning in life in her adulthood. Her drug recovery was driven by a pursuit of subjective meaning in life from building connectedness with her husband and family members. Her pursuit of subjective meaning of life provides an understanding of the sustainability of spiritual resiliency for drug recovery.

Participant 10

Participant 10 is a male ex-drug-user with religious belief in Christianity. He was raised together with other 4 siblings in a single-parent family. He lived together with his siblings and father in a 100-square-feet flat. In this poor living environment, Participant 10 always stayed outside with his drug-taking peers after school. At the very beginning, he only drank

and took cigarette without taking any drug. Until he broke up with his girlfriend and was laid off by his employer at the age of 20, he started to take marijuana. Later he turned to be a poly-drug-user in ecstasy, codeine, cough medicine (codeine), ketamine, and marijuana. He usually took ecstasy, ketamine, and codeine at nightclubs in both Hong Kong and Mainland China together with his drug-taking peers. This way of living style had lasted for over 10 years. He tried to quit drug-taking at 30. He has received in-patient voluntary and involuntary drug treatments including spiritual-religious treatment but were not successful. Later he was arrested for drug-possession and trafficking. After the imprisonment, he continued to be troubled by the relapse problem. Until his income cannot support his drug-taking together with the side effects of various health problems caused by taking over-dosage of ketamine, he started to look for spirituality to help him stay away from drugs. In the meantime, his buddy friend from Christian Church brought him to services. He then was empowered by the spirituality to quit drug and recovered with a meaningful life. He thought his life is meaningful now in a way of assisting other drug-takers to find the way to recover from drug-taking under the guidance of God. His story is significant in the study in that his fulfillment of the pursuit of subjective meaning in life through Christianity to achieve his drug recovery can provide a better understanding about the difference between the pursuit of religious belief and spirituality in achieving drug recovery.

Participant 11

Participant 11 is a male poly-drug-user without any religious belief. He was raised in a

grassroot drug family that both parents were drug-takers. Although he is the only kid in the family, his parents did not spend much time and resources on him. He quitted school at Form 2 and worked in a restaurant as a part-time waiter. Half of his time at his adolescence was spent on a football pitch where he started his drug-taking journey with his peers. At first, he only took marijuana and later turned to be a poly-drug-users in codeine, cough medicine (codeine), ketamine, and methylamphetamine. When his ex-girlfriend broke up with him, he then turned to be a heavy user in ketamine and methylamphetamine. After suffering from the health problems of taking these two kinds of drug, he shifted to take ketamine only. However, his mother reported to the police while he was taking ketamine at home. Then he was sent to Hei Ling Chau Addiction Treatment Center and Christian Zheng Sheng College for treatments, but these treatments were not successful.

Participant 11 did not impress about spiritual-religious treatment but particularly was unpleasant with the people there. Now he still takes ketamine when he feels unhappy and worried, but the dosage and frequency were not as much as before. The significance of this case in the study is the linkage of his unfulfillment of pursuit of purpose of life and his failure in his drug recovery.

He looked for his subjective meaning of life through the pursuit of love and belongingness in building an intimate relationship with his girlfriend. He wanted to sustain a stable relationship with his girlfriend and even marry her. However, the broke-up turned him to hit rock bottom. Drug became his companion during this hard time.

He now works as a deputy chef in a Chinese restaurant with an under paid salary. In addition, he also worries about lacking money to have their own housing with his current girlfriend. This made him worry that his girlfriend would break up with him for this reason. Drug-taking is his buffer valve for his worries. This unfulfillment in his pursuit of meaning of life is valuable to this study to understand the failure of drug recovery.

Participant 12

Participant 12 is a male ex-drug-user with religious belief in Christianity. He grew up in a single-parent family with his mother. His father was a criminal and was shot dead by the Taiwan police when he was 10. Since then, he needed to take part-time jobs for the living of the family during his secondary school study. At Primary 6, he started to take marijuana. He believed that marijuana could help him release his stress and unhappiness about the death of his father and overcome the feeling of helplessness about his future. He believed that he could control himself from being addicted to marijuana. However, he kept on taking marijuana for six years until he failed in the Hong Kong Certificate of Education Examination. Marijuana-taking was his buffer to his suffering from his miserable family background.

After he dated with his girlfriend, he started to think of his future and his living. Unfortunately, nearly at the same time, his mother was suffering from serious health problems. After Form 5, he was convinced by a social worker to go to church and joined the self-helping group. Under the guidance of the pastor and tutor, he started to quit taking

marijuana and also changed his life perspective towards a communal moral perspective.

The uniqueness of his story is his pursuit of meaning in life in teaching. He finished his part-time associate degree study and further pursed his top-up overseas degree study in information technology. After that, he earned the post-graduate diploma in primary school teaching at The Education University of Hong Kong and a master's degree at Baptist University of Hong Kong. Now he is a primary school teacher in Ma On Shan. His purpose of life is to make use his particular life history and knowledge to help the minority students to overcome their unprivileged environment. This is why he chooses to be a primary school teacher as his career and teaches at a low banding primary school. His change from a materialistic point of view about life to a societal good perspective about life is helpful to this study. Besides a persistent drug abstinence, he also makes use of his knowledge of spiritual meaningfulness of life in helping the minority achieve spiritual.

Participant 13

Participant 13 is a male poly-drug-user without any religious belief. He has lived in Tin Shui Wai with his father and mother since his age of 10. His family background was good because his father was a logistic company owner, and her mother was a dedicated housewife. The only task of her mother was to take care of Participant 13 and his younger brother. Participant 13 was good in academic study at Form 1 and Form 2. However, he started to take drug at Form 4 after he was kicked out by the school for being too close with the street gang. This sudden change in his life made him so upset and started to look for recognition from his

drug-taking peers. He soon became a poly-drug-taker in ketamine, heroin, and cocaine. He later turned to vocational training in building construction. After that, he worked in a construction site in Tin Shui Wai. However, his wage could not cover his expense on drug-taking. He later was convinced by the friends to take part in drug trafficking in Tin Shui Wai. He was arrested for drug trafficking and sentenced to prison. His uncle tried to help him recover from drug and so locked him up in a village in Mainland China. Nobody could reach him even his father and mother during that period of time. There was no cell phone and no contact from the outside world. He was recovered from drug after that, but he shortly retook drug again. He was later sent to Hei Ling Chau Addiction Treatment Center for involuntary spiritual in-patient treatment. The outcome was not as expected until he joined voluntary spiritual in-patient treatment held by a Christian organization through the referral of a friend. The significance of his story is this spiritual development in drug recovery. Although the in-patient spiritual treatment helped him stop drug-taking for a short period of time, the recent attack of pandemic made him suffer from drug relapse again. It was because he has picked up his father's logistic business. He viewed it as his priority to achieve his meaning in life through his love and caring of his father and family. At first, his business was on the right track. However, the pandemic hit his business and made him stressed and anxious about the business. Then he took ketamine again though the dosage is less than before. His story is unique in the relationship of his unfulfillment of pursuing purpose of life and his failure in drug recovery particularly his to-and-fro between drug relapse and abstinence. The sustainability of his drug abstinence and his development of spiritual meaningfulness are

interesting to this study.

Participant 14

Participant 14 is a male drug-user without any religious belief. He was raised in a well-educated middle-class family. He was well educated and graduated from the film school of the Baptist University of Hong Kong. He now is 26 and works as a stage designer in a government agency. Even though it is a stable and good income job, it is not his destiny. Since he studied film in the university, and therefore, he prefers to work in the film industry as his career. He finds film director as his goal of life for his self-actualization. However, it is insecure for his living if he quits the current governmental post to work in the film industry. He has been struggling for many years. From his point of view, the only mental support for him in this struggle is to take marijuana. He viewed the moment of taking marijuana as a kind of meditation to release his tension and stress arising from the conflict between reality and his goal of life. He has started to take marijuana since 20. Although he has tried to quit taking marijuana when he was studying in university, he eventually gave up and relapsed again. According to his description, the reason for taking marijuana again is to release his tension during studying and tension from work, particularly during the current pandemic period. He thinks that there are evidences supporting that marijuana is not a harmful drug and it is good for tension release as well. In addition, he also thinks that he is not a marijuana addict because he believes that his cognitive and moral thinking can keep him away from marijuana addiction. Another reason for him to continuing taking marijuana is that it is the sub-culture

within the design and art performance circle. His story is unique in the study because of his

unfulfillment of purpose of life and his failure in drug recovery. Moreover, his development

in moral, cognitive, and psychological in relation to the sustainability of spiritual

transcendence for drug recovery is also unique in this study.

In sum, all participants in the study including both ex-users and current users have overcome

the hardship in drug recovery. They are sampled not only because of their successfulness or

failure in drug recovery, but also how they handle the resistances in drug recovery through

spirituality on the way, demonstrating the spiritual resiliency in the process of positive

long-term drug recovery. The above summary has highlighted the element of spirituality of

each participant within their drug experience. It, as a theoretical framework assumed, has

indicated that spirituality has played a crucial role in their failure and success in drug

recovery and drug relapse.

3.5. Data Collection and Data Analysis

In this section, I will describe the data collection and analysis of the study. I will first describe

the data collection of the study particularly the design of the structure of the in-depth

interview, and then discuss the data analysis.

3.5.1. Pilot Observation

The data of the study were mainly collected by in-depth interview from cases that were

selected. A sample of 4 drug-users and 10 ex-drug-users have been selected to participate in

in-depth interviews. The interviews focused on the relationship among the theoretical constructs of drug experience, spiritual experience, spiritual, cognitive, moral, and psychosocial development of the participants within their life-development histories. The interviews are semi-structured in format.

Before the data collection, a preliminary observation was conducted after the approval of the University's ethical review committee. The observation was conducted at the working place or living place of the interviewees. The aims of observation in these natural setting are to (1) provide an additional aspect of insight into and clarification of what will be said in interviews; (2) help put what will be reported into context; and (3) help understand what will be reported in interviews; (4) help triangulate emerging findings; and (5) provide knowledge of the context that can be used as reference points of the interviews (Merriam, 1998).

The scope of the observation included a gathering of the contextual information that is located at their working place or living place such as observing the physical aspect of the setting (Merriam, 1998). The checklist of the observation included a gathering of the contextual information that is located at their working place or living place such as observing the physical aspect of the setting such as decoration, boards at setting, and posters in the setting. Besides the physical setting, the checklist of observation also included the perceptions in regard to the activities involving interviewees within the settings such as the interviewees' posture and the mode of communication between the interviewees and the people within the setting (Goetz, & LeCompe, 1984; Patton, 1990).

The pilot observations were used to provide stimulation for the coming data collection. Both observations were selected according to the drug experience of the participants. They need to be away from drug for at least 5 years. Participants 01and 02 were selected as the target for the pilot observation. Before conducting the interviews, visits to the working places of Participants 01 and 02 in Tsim Sha Tsui and To Kwa Wan respectively were arranged.

The workplace of Participant 01 is located at the middle floor of a commercial building in Tsim Sha Tsui which is the office of a famous detective agency. The setting there is a typical clerical cubicle format with partitions between each staff member. The privacy is low because the office is only 200 square feet but crowed with 7-8 staff members. Participant 01 is seated facing the front of the desk of the boss. His seat is also in-between two senior managers. There are four CCTV installed around the office. The boss can monitor all CCTV at his computer. All the windows inside the office are blocked by black and thick curtains. No sunlight can penetrate into the office.

Besides the working environment, the communication among Participant 01 and his colleagues is less. Their communication only confined to business. No personal chat was found during the observation. The boss of the company communicates with his staff in a top-down authoritarian style. The entire impression of this workplace and the interaction within this context was stressful and indifference.

The workplace of Participant 02 is located in a multi-story factory building in To Kwa Wan.

In contrast with Participant 01, the workplace there looks bigger though it is nearly the same size as Participant 01's office. Only a table and some chairs are located at the center of the office. There is a picture hanging on the wall with the words "Sing Tak Tong" (勝德堂) in Chinese. It means a moral land in Chinese. Participant 02 uses this office for preaching Christianity and uses it as a venue for the spiritual self-helping group for the grassroot drug-taker within To Kwa Wan as well. When the sunshine comes through the windows, it makes the whole office bright and energetic. The desk of Participant 02 is clean and tidy.

Unlike the workplace of Participant 01, the interaction among the people there was like a family. Everyone treated each other as a member of the family with love and care. The overall impression of this workplace is totally different from that of Participant 01, which gives a feeling of warm, energetic, and vigorous.

The observation finding about the differences in the physical setting and the mode of communication in the workplace of these two participants raises the concern about the contextual influence on the spiritual experience and identity formation of the participants. In addition, the finding also makes the concern about the contextual influence on the well-being of the participants from their working context. By the Bronfenbrenner's ecological systems theory (1979, 1983, 1998), the development from childhood to adulthood has a complex system of relationships with the surrounding systems. The development is affected by the interaction between the individual and the multiple levels of the surrounding environment which extends from the immediate settings of workplace, family, and school to

macro-systems such as cultural values, laws, and customs. The interaction between the participants and immediate contextual setting such as their working peers and workplace environment are crucial component for one's development. In other words, the interaction with these contextual settings may in turn exert an influence on the development of the participants. Thus, the design of the interview questions needs to take these concerns into consideration. Moreover, whenever possible, all the interviews would be conducted at the workplace or living place of the participants in order to observe the interaction and contextual settings of the participants. The comparison of the observation about the workplaces and living places among the participants can triangulate the contextual influence on their development.

In the following section, I will describe the details of the design and operation of the interviews.

3.5.2. Design of the In-depth Interviews

As mentioned above, a total of 14 in-depth interviews were conducted. The duration of each interview was within the range of 2 to 2.5 hours. If the interviewee requests to have a break, then the interview will split into two sessions or more, depending on the request of the interviewee. In the end, only two interviewees requested to split the interviews into two sessions. All interviews were conducted either at the workplaces or living places of the participants in order to carry out the contextual observation. The ratio of workplace to living place is 1:1.

All interviews were guided by the following dimensions derived from my conceptual

framework. The dimensions that guided the interviews are as follows:

(1)   Life history of the interviewee.

(2)   Life development of the interviewee.

(3)   Drug-taking and drug abstinence experience of the interviewee.

(4)   Drug resilience experience of the interviewee.

(5)   Interviewee's self-efficacy against drug relapse.

(6)   Spiritual development of the interviewee including his or her process of the pursuit

       of meaningfulness of life, and his or her experience of spiritual transformation and

       spiritual transcendence.

(7)   Moral and cognitive development of the interviewee, and their relationship with his

       or her spiritual development.

(8)   The psychosocial development of the interviewee including the experience   of

       identity formation and role confusion.

(9)   The ability for critical reflection on self and one's outlook such as awareness of the

       responsibility for his or her own lifestyle, commitment, and beliefs.

(10) Confidence in rational thinking to resolve the tension in cognitive dilemmas or

       social issues.

(11) Self-fulfillment or self-actualization of the interviewee.

(12) Well-being in various life domains of the interviewee after and before drug

recovery or during the recovery process;

(13)   The mode of interaction with the peer, family and colleagues;

(14)   The influence from the contextual setting such as school, working place and family.

Besides the dimensions of interview, it needs to handle the assessment of the key theoretical construct within the interviews. As described above, the moral, cognitive, and psychosocial development and the well-being of the participants are the major theoretical constructs to be investigated. The description of the assessment of these constructs will be explained in the following section.

3.5.3. Moral, Cognitive and Psychosocial Development Assessment

In this section, I will focus on describing how to access the interviewees' well-being and their stages of cognitive, moral, and psychosocial development. I will first describe the assessment of one's well-being, then discuss the assessment of one's moral, cognitive, and psychosocial development.

According to the theoretical framework of this study, the interviewees who are successfully recovered are required to have spiritual experience during their process of drug recovery and enjoy psychological and social well-being after drug abstinence. How can it be ensured that the interviewees satisfy the requirements of social and psychological well-being?

First, regarding the psychological well-being, it was assessed by a positive self-esteem of the interviewees (Kress, Newgent, Whitlock, & Mease, 2015). Interviewees who have a positive

self-esteem enable them to manage stress and report a higher level of life satisfaction. Second,

social well-being of the successfully recovered interviewees was assessed by their social

connectedness with the community such as their relationship with the peer, family, and

community (Kress, Newgent, Whitlock, & Mease, 2015).

Besides social and psychological well-being, according to my theoretical framework, a

complementarity maturation in moral, cognitive, and psychosocial development is also

accountable for achieving the sustainability of the well-being of the drug-users (Margolis,

Kilpatrick, & Mooney, 2000).

Some assessment samples for these theoretical constructs were found from literature review.

Taking the moral development as an example, since most of the participants in this study

experienced their drug recovery in their late adolescence and adulthood, therefore the review

of the assessment samples was mainly concentrated on the assessment of preconventional,

conventional, and post-conventional stages. The first assessment example was from Heilbrun

and Georges (1990). They suggested that one's moral development at the preconventional and

conventional stages can be assessed by the terms of one's conformity to what people expected

and the group law. According to Heilbrun and Georges (1990), one's moral judgement in the

preconventional and conventional moral stages is primarily driven by the external

reinforcement. At the preconventional stage, the individual avoids breaking the rules to

escape from extrinsic punishment and follows the rules to attain extrinsic rewards. Heilbrun

and Georges (1990) further elaborated that the moral judgment at these stages involves

external social reinforcement which can be assessed by the terms of the reward of keeping in-line with the interpersonal expectation. According to this assessment, the moral development of the participants in this study can be in principle assessed by how they respond to the extrinsic reinforcement and external social reinforcement such as avoid breaking the rules and mutual interpersonal expectation.

For the assessment of the post-conventional stage, the theoretical explanation from Kohlberg indicated that the individual at this stage makes his or her moral judgment according to the internalized moral values and principles that are not truly personal (Kohlberg, 1958, 1971, 1976). As described by Kohlberg, this principled moral reasoning of the individual can be assessed by how they resolve the moral dilemma about drug-taking (Kohlberg, 1958, 1971, 1976).

For the assessment of the cognitive development, Piaget mentioned that each stage of cognitive development was characterized by a distinct mode of thinking (Piaget, & Inhelder, 1969). Each of them incorporates a distinctive mode of thinking that is different from the preceding stage. New skills add to transcend the previous mode of thinking to a more sophisticated mode of thinking (Piaget,1972; Piaget, & Inhelder, 1969). The assessment of each stage of cognitive development relies on the objective modes of thought that can be measured (Cartwright, 2001). For example, the instrument "How is your logic" that developed by Gray W. M. (1973) was designed to assess the levels of concrete operational and formal operational thought.

For the assessment of the psychosocial development, the sampled participants in this study mostly are adolescents and adults. According to Erikson (1963), the psychosocial development at these stages is characterized by the formation of personal identity. It is conceptualized as an opposite polar of a continuum in which identity building and role confusion are located at the two opposite polars of the continuum (Erikson, 1963). The former refers to the synthesis of one's various identities into a single consistent and persistent identity which acts as a strong predictor of one's psychological functions (Schwartz, Zamboanga, Wang, & Olthuis, 2009). The latter refers to one's confusion in life direction and purpose (Erikson, 1963). Identity building and role confusion are the opposite polar of a single continuum. Marcia (1966) has proposed to assess these two polars by identity status model. He first operationalized Erikson's conception of identity synthesis into two dimensions, namely exploration and commitment. Exploration represents the process of selection of the identity from the possible alternatives. Commitment refers to taking a particular set of values, goals, and beliefs as reference (Schwartz, Zamboanga, Wang, & Olthuis, 2009). If an individual has explored identity alternatives and committed to identity, then the individual is recognized as a status of achieved Erikson's identity synthesis. The individual is placed into the identity achieved status (Marcia, 1966). In contrast, if an individual has not committed or partial committed to identity exploration, then the individual is recognized as a status of role confusion who is placed into identity diffused status (Marcia, 1966). Later, Schwartz (2005) argued that Erikson's development of identity can be formulated empirically in relation with the indexes of psychosocial functioning. Identity as a

psychosocial construct can be empirically indicated by its relevance with psychological health and maladaptive function (Schwartz, 2005). Identity synthesis is associated with adaptive psychological health outcomes such as good self-esteem, high resilience and life purpose, and identity confusion is associated with maladaptive mental health like anxiety and depression (Schwartz, Zamboanga, Wang, & Olthuis, 2009). Schwartz (2005) further argued that these relevancies to psychological health and behavioral outcomes matched with the primary interest of Erikson's (1963) writings of identity development, and also provided a benchmark for empirical evaluation. By adopting Schwartz's (2005) theoretical assumption, the psychosocial development of the drug-users particularly the development in adolescence can be assessed empirically.

Besides the above assessment examples, as discussed in Chapter 2, the research work from Fowler's theory of stages of faith also provides the frame of reference for the assessments of the condition for psychosocial development in facilitating the stable transition of spiritual wellness from one stage to another. Since the sampled participants in this study experienced drug treatment and recovery around the range of age from 15-35, therefore they were at the stage of individuative-reflective faith accordingly to Fowler (1981, 1996). Whether or not the transition to this stage of faith can be theoretically assessed by two essential features.

First, an individual entered into this stage would make a critical distance from his or her previous assumptive value system. Second, the individual will experience an emergence of executive ego. The individual starts to possess the ability to assume responsibility for choices

about lifestyle and beliefs (Parker, 2011). After that, the individual would start to challenge

the third-person perspective which was adopted in the previous stage (Fowler, 1981).

Parker (2011) further characterized the assessment of this stage transition concretely by: (1) A

possession of the ability for critical reflection on self and one's outlook such as awareness of

justice; (2) Starting to take seriously the responsibility for his or her own lifestyle ,

commitment, and beliefs; (3) Being relied too much on the rational thinking to resolve the

tension in cognitive dilemma or social issues; and (4) Concerning about self-fulfillment or

self-actualization as priority against servicing for other.

In short, the examples of assessment discussed above can provide a frame of reference for

this study. Having described the assessment of the moral, cognitive, psychosocial, and

spiritual development, I will describe the data analysis of the study in the coming section.

3.5.4. Data Analysis and Processing

In this section, I will focus on the description of the data analysis. I will first highlight the

processing of the data collected from the interviews, and then describe the data analysis

approach.

3.5.4.1. Data Processing

In case studies, a tremendous amount of data was derived from the interviews. The

management of the complexity of this data is extremely important and needs to be organized

in a way of easily retrievable (Merriam, 1998). Yin (1994) termed this management of data

as case study data base by which the data collected is organized in a way that the researcher can identify the data easily during the analysis. Coding and categorization of data gathered is the first step to constitute this data base.

Before the thematic categorization of data from the in-depth interviews, it first needs to convert the recorded dialogues into scripts. In this study, the data collected through the interviews is mainly text. All interviews were conducted in Cantonese and were recorded on a digital recorder with the consent of the participants. The recorded dialogues were fully transcribed, and then underwent data processing such as coding, categorization, and inference.

The first step of the data processing was to code the scripts of interviews and define where the responses were for each theme. Then, it looked for categories of meaning according to (a) what people talk about the most and (b) what are the most common latent aspects. The categories need to be inclusive and mutually exclusive. Later, the categorization of the meaning by theme was done according to the theoretical framework of the study by using the computing software NVivo. It helped to identify all the required key words involved in the theoretical framework from the transcripts and classify them into thematic categories.

Regarding the categorization of the meaning from the data, thematic analysis was used to identify and summarize the responses of the participants from the transcripts to answer the research questions of the study. This analysis focuses on identifiable themes and patterns

(Aronson, 1995; Fereday & Muir-Cochrane, 2006). Thematic analysis is a common research tool for analyzing text through identifying the patterns or themes from the interviews (Braun & Clarke, 2006; Vaismoradi, Turunen, & Bondas, 2013).

After the process of thematic categorization, I started to analyze both connotative and denotative meaning through textual analysis skill. The aim of this practice is to interpret the attached meaning of each dialogue under their contextual setting. Then, the data involved two levels of analysis which include individual sample analysis and cross-sample analysis. In the following section, I will focus on the description of these two levels of data analysis.

3.5.4.2. Data Analysis

In this study, data analysis involves the data collected from 14 cases. This multiple case analysis employed two levels. The first level is the analysis of each single case under its context, and the second level is an induction of data from each single case. It aims to find out any generalization among these cases. Merriam (1998) called the first level as within-case analysis and the second as cross-case analysis.

The within-case analysis aims to learn as much as possible about the contextual conceptual variables from the data gathered in each single case (Merriam,1998). Once the within-case analysis is completed, cross-case analysis starts. This second level aims to establish a general explanation which can apply to each individual case (Yin, 2009). It helps to develop a sophisticated and powerful explanation across the cases (Miles, & Huberman, 1994). This

study employed these two levels of analysis. At the first stage, judgments and interpretations

are made for each individual case according to my conceptual framework. In order to avoid

summarizing superficially, it is necessary to check carefully from within each case before

making any general explanation across the cases. This essential precaution is ensured by the

safeguard from the quality and validity assurance in the data collection and analysis. The

coming section will focus on this issue.

3.6. Quality and Validity of Data Collection and Analysis

This section focuses on the validity and reliability of the data collected and analyzed.

According to Merriam (2009), there are 5 methods to assure the internal and external validity

of my research findings.

(1) Triangulation: Cross-check the result among different researchers or by different

sources of information (Denzin, 1970).

(2) Long-term Observation: Gather the data through a long period of time.

(3) Members Check: Invite the information provider to verify the preliminary result.

(4) Peer Examination: Invite the colleagues from the research team to verify the result

once obtained.

(5) Joint Assessment: Invite the team members and participants to give comment during

different stages of analysis.

In the study, it invited the interviewees to judge the validity of the data collected as my

method of triangulation. The interviewees can judge by using his or her understanding to evaluate the transcripts.

Regarding the reliability of the measurement of qualitative case study design, it is similar to traditional research (Lincoln, & Guba,1985). The reliability of case studies design can be increased by the techniques of analysis and triangulation though the replication of the interpretations of the same data in each case may not obtain the same results (Merriam, 1998). Unless new evidence from new interpretation of data directly contradicts with the original interpretation, otherwise it does not discredit the reliability of the study (Merriam, 1998). Lincoln, and Guba (1985) suggested that the question of reliability in qualitative case studies design is a question of whether the findings are consistent with the data gathered instead of asking the outsiders to get the same findings. One of the techniques employed by the researcher to assure the findings is dependable is through triangulation (Merriam, 1998). It not only can ensure the internal validity; it also can strengthen the reliability of qualitative case studies. The observation from the workplace or living place of the participants can act as a triangulation in this sense.

In this research, the tentative interpretations of the data collected were brought to the participants for them to check the accuracy of the phenomenon under study. The transcriptions of the interviews were returned to participants for their checking. After the processing and analysis of the data, the researcher also sent the findings to the participants again for their endorsement and corrections. These checking processes can ensure that the

data has accurately reflected the participants' experiences during the data collection and analysis processes.

In addition, the researcher also looked for the advices and comments from the supervisors and peer researchers about the data analysis and results during the research process.

Furthermore, the researcher team also performed the assessment intercoder reliability (ICR) to ensure the reliability of coding system and frame. A peer researcher from the City University of Hong Kong was invited as an inter-rater to evaluate the reliability of the coding frame and the encoded data. This checking process can provide an assessment criterion for the transparency of the coding frame and its application to data (Hruschka, Schwartz, St John, Picone-Decaro, Jenkins, & Carey, 2004). It also can provide confidence that the data collected from the participants in different contexts has been coded consistently and correctly (Joffe, 1999). The result from the ICR assessment reflected that there was a total agreement with the interrater in the coding frame and data encoded.

As stated above, the two preliminary observations can serve as a contextual understanding about the working place or living place of the interviewees. The observations not only can help to structure the questions, but they can also act as means of triangulation in a way of (1) providing an additional aspect of insight into and clarification of what will be said in interviews; (2) helping put what will be reported into context; and (3) helping understand what will be reported in interviews.

Besides the data collection and analysis, ethical issues are another important issue of the study particularly in drug-taking and recovery. I will focus on this issue in the following section.

3.7. Ethical Issues

For the ethical issues, approval for the study was granted by the Human Research Ethics Committee of The Education University of Hong Kong. Data was collected for research purposes and reported in this thesis or all related publications thereafter. Confidentiality of data sources was ensured. All participants were requested to sign the informed consent forms (See Appendices A and B) before the interviews start. In order to protect the privacy and the personal identity of the participants, their real names are hidden from the transcripts and replaced by numbers. Their numbers were assigned from 01 to 14 according to the chronological sequence of interviews conducted.

An ethical issue of concern in recruiting drug-using participants in the study is whether they have an impaired capacity to consent to participate in the in-depth interviews or not. It is an issue that has been discussed in the addictions field. People may question about the ability of the drug-dependent persons for giving free and informed consent. However, it would probably be agreed that drug-taking does not impair in the same way or to the same degree as who is intermittently or permanently cognitively impaired (Shamoo, 1997).

Another ethical issue predicted during the recruiting process is that persons who are

intoxicated by drugs like cocaine could be similarly viewed as a person who suffered severely from mental illness (Adler, 1995). Their capacity to make consent for participation may be in question. The participants need to reconfirm their condition by asking whether they are under the influence of drugs while they sign the informed consent forms.

3.8. Chapter Summary

In this chapter, the qualitative case studies are justified in accordance with my research's purpose and the context of the research. Data was collected by multiple case studies with a total of 14 participants engaged in in-depth interviews. The data were fully transcribed and thematic categorized. Two levels of analysis were adopted, namely within-case analysis and cross-case analysis.

In the next section, I will focus on the description of the findings of the analysis.

Chapter 4: Findings

The previous Chapter described the research design and methodology of this study. This Chapter will present the findings from the in-depth interviews. Section 4.1 will report the background and the drug history of the participants. Section 4.2 will report how the spiritual meaningfulness interacts with drug recovery between the drug-taking and ex-drug using participants. It will describe the mode of the interaction among spiritual resiliency, spiritual transformation, and sustainability of spiritual wellness among drug-taking and ex-drug using participants. Section 4.3 will describe the interaction among the spiritual, cognitive, moral, and psychosocial development of participants within their drug recovery process.

In the following sections, I will describe the findings of the interviews according to the theoretical framework mentioned in Chapter 2. I will first summarize the background and drug experience of the participants individually, and then highlight the element of spirituality within their drug experience in relation to their successfulness or failure across their processes of drug recovery. As mentioned in Chapter 2, spirituality is defined as a pursuit of meaningfulness in life. It is the driving force for drug-takers to pursuit drug abstinence and well-beings. In the second section of this Chapter, I will describe the participants' pursuit of spiritual meaningfulness including their spiritual resiliency in relation to their successfulness and failure in their drug recovery. In the last section of this Chapter, I will focus on the description of the cognitive, moral, and psychosocial development of the participants that facilitate their spiritual development towards drug recovery or not.

The following section will report the participants' drug recovery experience in detail as they construed in relation to their pursuit of purpose of life / meaning in life. Then, I will go further into the details of the description of how their life development in cognitive, moral, and psychosocial domains interacts with spiritual meaningfulness in drug recovery in the subsequent section.

4.1. Revisiting the Participants' Spiritual Meaningfulness in the Drug Recovery

The participants are sampled because of their spiritual experience in drug recovery. As mentioned in the previous section, out of the 14 participants in this study, 10 of them have successfully recovered and enjoyed well-being in their life development along the path of recovery. Only 4 of the sampled participants, namely Participants 01, 11, 13 and 14 have experienced failure in drug recovery though they have experienced spirituality. Among the 10 successfully recovered participants, 5 of them reported their recovery involved the pursuit of meaningfulness of life through religious beliefs. The other 5 participants reported their pursuit without any involvement of religious belief.

As mentioned at the theoretical framework in Chapter 2, spirituality is defined as a pursuit of meaningfulness in life with or without religiosity. Spirituality can be distinguished into subjective, objective, and intersubjective levels of pursuit of meaningfulness of life (Silverman, 2013). These three levels of pursuit of meaning in life can bring recovery and well-being to the drug-takers through 4 interrelated dimensions of spiritual wellness: (1) life event interpretation; (2) internalized intrinsic value system; (3) spiritual transcendence; and

(4) sense of belongingness to a spiritual community (Westgate, 1996).

Moreover, as mentioned in the theoretical framework of this study, besides the achievement of the spiritual wellness of the drug-users, the pursuit of spiritual meaningfulness is also positively associated with drug abstinence. It involves two processes—self-reflection and forgiveness of the drug-taking behavior of the drug-users (Aquino, & Reed, 2002; Robitschek, Ashton, Spering, Geiger, Byers, Schotts, & Thoen, 2012). According to the framework of the study, the pursuit of purpose of life / meaning in life may activate the process of self-reflection of the drug-takers in which it includes an assessment and evaluation of their thought and feeling about their drug-taking behavior (Carpenter, Carlisle, & Tsang, 2014; Sahar, & Naqvi, 2020). The self-reflection of the drug-user associates with forgivingness for their drug-taking behavior. This self-forgiveness allows them to communicate and interact with the surrounding systems particularly social and family systems in a way that was formerly unknow, uncertain, and unwanted about the wrongness of their drug-taking behavior and helps them bring back a positive self-regard (Griffin, Worthington Jr., Lavelock, Greer, Davis, & Hook, 2015; Lyons, Deane, & Kelly, 2010). It will in turn motivate them to quit drug-taking. The greater the ability of the drug-takers in self-reflection and self-forgiving during their pursuit of the purpose of life / meaning in life, the more increase in self-efficacy against drug relapse and reduction in drug-use (Lyons, Deane, & Kelly, 2010).

Within the sampling pool, by the classification of Silverman's (2013) level of pursuit of meaning in life, all participants sampled have reported their involvement of pursuit of

meaningfulness in life in one of the three levels of pursuit along their drug recovery. Among all the participants, only 10 of them has successfully attained spiritual wellness as Westgate (1996) mentioned in his 4 interrelated dimensions of spiritual wellness in their drug recovery through the achievements in their search of meaning of life. The other 4 participants experienced failure in drug recovery with an unfulfillment in the search of meaning in life. The details of these findings will be explained in the following sections of the participants' description.

4.2. Spirituality and Spiritual Resiliency in Drug Recovery

This section describes the participants' spiritual experience during their drug recovery, including the description of the participants' spiritual meaningfulness along their process of drug recovery, and the possible reasons of failure and success in recovery that relate to spiritual meaningfulness and resilience construed by the participants as they looked back on their drug recovery process.

The description will be divided into three parts. The spiritual meaningfulness of the participants will be described within their process of drug recovery as they construed according to (1) The pursuit of meaningfulness of life involved religious beliefs among those successfully recovered participants; (2) The pursuit of meaningfulness of life without involved religious beliefs among those successfully recovered participants; and (3) The spirituality among those participants who experienced failure in their drug recovery.

In the following section, I will explain the descriptions of the participants according to the theoretical framework of the study.

4.2.1. Spirituality and the Success of Drug Recovery

Among the 14 participants, 10 out of them are successfully recovered from drug-taking behavior. According to their description, 5 of them reported that their successfulness in drug recovery involved spiritual meaningfulness with religiosity. The other 5 successfully recovered participants reported that their recovery involved a support of meaningfulness in life without any involvement of religious element. The drug recovery experience of the participants that involves religiosity will be explained in the following section.

4.2.1.1. Religiosity and Spiritual Resiliency

Participants 02, 05, 08, 10 and 12 reported their successfulness in drug recovery involved religiosity. All of them, except Participant 10, reported that their involvement of meaning in life in their drug recovery is related to Christianity. For Participant 10, her religiosity involvement is Buddhism.

According to the theoretical framework, the constructs of spirituality and religiosity are different in a form of achieving transcendent being. Spirituality refers to one's pursuit of higher being and transcendent state through a search of purpose of life or meaning in life, but religiosity refers the same search of meaning in life towards a transcendent being by a commonly shared spiritual reality under a community context (Miller and Thorsen, 1999;

Hodge, Cardenas, & Montoya, 2001). In other words, it assumes spirituality and religiosity perform the same protective role for the participants in drug recovery. However, before going into the description of the participants, it needs to clarify the usage of the constructs of "purpose of life" and "meaning in life". These two constructs are always used interchangeably. Although it is difficult to distinguish these overlapping constructs or difficult to address any of them without the other, it will distinguish their usage in this study. Purpose of life in this study refers to having an aim or goal in life which is derived from one's beliefs, value, and disposition (Lyons, Deane, & Kelly, 2010). Meaning in life refers to the significance that derived from pursing life goal (Lyons, Deane, & Kelly, 2010). Since this section focuses on the religiosity of the participants, and therefore, the focus of this section is more on the meaning in life of the participants than their purpose of life.

Among the 5 sampled participants that involved religious belief in their drug recovery, a strong religious character was found in Participant 02's process of drug recovery. He is a poly-drug ex-user in marijuana, heroin, ketamine, ecstasy, and methylamphetamine. He has experienced failure in religious drug treatment in his adolescence.

He said,

> I have received voluntary and involuntary in-patient drug treatment in my teenage.
> The spiritual treatment there did not work for me. I shortly returned to drug after
> the treatment. I think it was because my cognitive and moral standard at that time
> were not mature enough to internalize the value and ideology that attached within
> the religious beliefs. The spiritual treatment could not provide enough spiritual
> power for the sustainability of my drug abstinence. Besides of my immaturity, the
> lack of purpose of life was another reason that accountable for my failure in
> recovery at that time. Without any purpose of life, I even never admitted my

wrongness of my drug-abuse (02, D1, p.6).

When he was in his adulthood, he has experienced a dramatic change in his attitude and value of life towards God after he was released from the jail. He not only dropped out from drugs, but he also found his spiritual wellness through his pursuit of his meaning in life to be a pastor to help other drug-takers to recover. This experience matched with the theoretical framework in a way that the pursuit of purpose of life / meaning in life is associated with self-reflection and self-forgiveness of one's drug-taking behavior.

He said,

> *I remembered when I walked out from jail at my 25, I stepped out from the main entrance of Stanley Correctional Detention Center, and I saw my wife carrying my newborn baby walking towards me. At that moment, I felt loss in my life direction. My mind suddenly came out a voice like someone talking to me from the top that it was the time for me to think about my future and my family in the coming future particularly the future of my son as well. It is my first enlightenment to rethink about my meaning of life by which to encourage my self-efficacy in drug recovery. After that, by the help of my social worker in the Christian community center, I started to walk away from my darkness. I decided to reconstruct a new identity under the guidance of Jesus and God towards spiritual wellness. It is meaningful to me because it brings me away from my human imperfection and inherent sinful nature. It empowers me with courage and faith to reshape my value and beliefs towards drug recovery. The pursuit of this purpose of life also motivated me to engage a self-reflection about my past particularly my drug abuse behavior. By the help of God, I forgave my wrongdoing and rebuild a new identity for myself. My first achievement under that self-reflection and self-forgiveness was to stop my drug-taking behavior.*
>
> *It gives me not only resilience, but also spiritual transcendence. Besides recovered from drug abuse, I also work under the name of God to help people get away from drug abuse and bring them to God. It helps me to achieve the ultimate goal of my being (02, D1, p.8-9).*

Participant 02 was asked how his religious beliefs help him keep away from drug and how he

keeps his self-efficacy on preventing drug relapse.

He answered,

> *Faith in Christ empowers me with spiritual awakening. My drug-taking behavior is an inherent sinful nature of mankind, and this behavior misdirected my purpose of life that against the will of God. The spirituality from Christianity helps me to develop the coping skills to fight again the temptation from drugs. These skills, including a development of wisdom, attentiveness and compassion, provide tools for me to overcome the resistances in drug abstinence. To be a pastor in my church is a great step for me towards spiritual wellness. The Bible and the spiritual community teach me how to look and go beyond the self and provide a moral model for the modification of my behavior. In fact, church attendance such as spiritual practice is an effective and protective factor for my drug abstinence. Faith community together with the coping skills that learnt from the Bible and the dialogue with God through praying enhance my spiritual resiliency against drug-taking and also bring me to a meaningful life as well. Moreover, under the name of God to serve the minority and drug addicts within the community transforms the self into a transcended high being (02, D1, p.12).*

Regarding the sustainability of his drug abstinence and well-being in life, his description indicated that his spiritual transformation is guided by the theme of purpose of life to serve God and the community.

He said,

> *The sustainability of my well-being in recovery including drug abstinence and spiritual wellness is maintained by my faith of God. The people from the self-helping group and church community provided a lot of communal support for me. The moral reasoning from the Bible and church empowered me with strengths as a pastor to serve the minority, drug-takers, our community and society. My resilience and sustainability of my wellbeing in drug recovery are strengthened by spiritual development towards a Christian purpose in life. It involves the elements of the proclamation of salvation that given by Christ; the enhancement of personal and community faith by worship; and service to God through caring and loving for all creature. All of these requires a maturity in my cognitive and moral reasoning.*

> *Of course, the community support from my church also provides a great support to my achievement to be a pastor to serve God and others. This attainment of self-actualization is an unbreakable shield for my drug recovery and achievement of my psychological wellness (02, D1, p.16).*

The story of Participant 02 about his pursuit of meaning in life from Christianity within his drug recovery echoes with the theoretical framework. Besides his admitted powerlessness over his drug-taking behavior, he came to believe that the power of God could restore him to sanity, a transcendent significance through a sense of belongingness to the Christian community. It was accompanied by his self-reflection and self-forgivingness to actualize his decision to remove away from his drug abuse behavior, which also brought him to spiritual wellness.

Participant 10 shared a similar spiritual journey with Participant 02 in his drug recovery. Participant 10 is a poly-drug ex-user in ecstasy, cough medicine (codeine), and marijuana. After his in-patient spiritual treatment, he soon faced drug relapse problem because of the temptation from his drug-taking peer group. According to his description, religious treatment did not work for him in his adolescence and early adulthood. It was because his readiness in looking for meaning in life was weak at that period of time and, in turn, lacking any self-reflection about his drug abuse behavior.

He said,

> *I thought that it was too young for me to take spiritual treatment at that time. My cognitive, moral, and psychosocial development at my teenage were not mature enough to assimilate the spiritual element. It made my resilience not strong enough to fight against drug relapse after treatment. Moreover, I only focused on the pursuit of happiness and pleasure in my life at that age. I was lacking any*

purpose of life at that stage of development. I never reflected the moral obligation of my drug abuse behavior. Well-being and spiritual wellness were not my first concern during that period.

Until I were 30, I was arrested at a police roadblock with the charge of possession of drug. I started to think about my life in the future. I asked myself whether I would like to live in a way of in-and-out between the drug treatment center and prison for the rest of my life. Luckily, one of my friends was a volunteer in a Christian church. He brought me before Jesus and God. This was my first time to think I need a purpose of life from spiritual-religious belief for my resilience along the path of drug recovery.

God and the religious community not only gave me power and support to get away from drug, but also empowered my self-reflection about my drug-taking behavior. The spiritual awakening by Christ redirected me from my sinful nature. My drug-taking behavior was my imperfection and also redirected me from God. Looking for forgiveness of my sin particularly my drug taking behavior was the driving force to keep away from drugs. Drug abstinence was the first step of my drug recovery, and next was to look for meaningfulness of life. This forgiving to my drug abuse behavior enabled me to stop my drug-taking behavior.

With the help of the religious community, I started a new life working as a computer trainee in a logistic company. Meanwhile, I also looked for my meaning in life in helping other drug addicts get rid of drugs. The value and beliefs in Christianity guides my way to the well-being during the drug recovery. The support from the church and the community also gave me power to overcome the resistance in fulfilling the quest from God (10, D1, p.8-9).

Similar to Participant 02, he admitted his powerlessness over drug-taking and turned his life

to the care of God by self-reflection and forgiveness of his drug-taking behavior during his

religious pursuit of meaning in life. His admitted powerlessness and the belief in the power of

God turned him to remove his drug-taking behavior. This experience is in line with the

theoretical framework of this study.

Regarding the spiritual resiliency in drug recovery, Participant 10 mentioned that his current

resilience was totally different from that in his teenage experience.

He said,

> *The sustainability of my spiritual resiliency in drug recovery now is totally different from that in my teenage. It is stronger than before in a way that religious value becomes a guidance for my behavior towards my purpose of life. In addition, the new moral identity also increases my ability and resilience against drugs.*
>
> *The support from my religiosity and our community keeps me strong along the path of my drug recovery. My recovery is not only confined in drug abstinence, but also gives well-being in my life. Besides serving my religious community, under the name of God, I need to live in the drug-free world and makes as much contribution as I can for the community and society as well. This is why I join the voluntary team of the church to help the addicts keep away from drugs and also help them return a normal life in our community.*
>
> *This spirituality not only purified my polluted self, but also provides a moral and value guides to my behavior by which brings to a hard stage of being. In addition, the religious community and practice such as praying and reading of the Bible are the coping skills for me when I am facing the temptation from drug. The positive social support from the religious community also provides a back-up. Their encouragement increases my ability and self-confident along my path of spiritual transformation and also provides a good social model for identification (10, D1, p.13-15).*

Besides the acknowledgment of his inherited sinful nature and powerlessness over his drug-taking behavior, his removal of drug-taking behavior by the reason of having recognition of God matches with the theoretical framework of this study. His recovery was further empowered by his internalization of the values and beliefs from the faith of Christ and sustained this spiritual transformation through the sense of belongingness from spiritual community. It is similar to the case of Participant 02.

The path of the spiritual transformation of Participant 05 in drug recovery also shares a

similar experience with Participants 02 and 10. She is a poly-drug ex-user in marijuana,

ketamine, methylamphetamine, and heroin. Her first spiritual experience was at her teenage

when she received in-patient spiritual treatment. According to her description, the outcome of

the treatment was not good. The religious element was not working in her recovery.

According to her story, the unsuccessfulness in spiritual treatment at that period of time was

related to the absence of any purpose of life.

She said,

> I was so rebellious at that age. It was because I hated my mother's authoritative parenting style. I said "No" to all what my mother said "Yes". Of course, drug-taking was one of my ways to say "No" to my mother. Thus, after released from the treatment center, I returned to taking drug again. Until I and my boyfriend were arrested for trafficking at his home, my sister came to talk to me and asked: "Do you want to live in this way in the rest of your life?" I was suddenly enlightened. She later brought me to a Christian church. This was my second spiritual experience, but the outcome was totally different from the first one.

> At the very beginning, I kept joining the religious activities as a way of avoiding me to keep in touch with my drug-taking peer group. I was afraid of losing my control from the temptation of drug if I kept on hanging out with my drug-taking peers. I did not want to lose my freedom if I was sent to treatment center or prison again.

> Later, I found a change in my attitude towards the relationship with God. I started to understand my drug-taking behavior was my imperfection. It was sinful act that inherent inside my selfhood. It also redirected me away from God. The Bible and spiritual activities enlightened me about my goal of life. I need to pursue my meaningfulness in life. This religious purpose not only directed me towards well-being, but it also directed me to quit drug-using through self-reflection and self-forgivingness about my sinful drug-taking behavior.

> I gradually put the Christian beliefs as my internal value to guide my drug abstinence behavior. This internalization changed my attitude towards drug recovery. At first, I was scared of the punishment of being arrested and detained in

treatment center and jail, so I stopped taking drug. But, later, I found my drug abstinence was not driven by this kind of external force, it is rather driven by my internal force—the Christian values. In other words, my drug recovery now is driven by my own internal force not by the external pulling or pushing force. The praying and reading of the scripture purified my self. The spirituality serves as an internalized moral guidance to my behavior which keeps me away from any sinful thinking and behavior. It also opens the door to the salvation towards Christ.

Of course, the sustainability of this transformation is greater than the spiritual treatment. In concretely speaking, this mode of internalization of religious beliefs provides with me an internal force getting away from drug and also serves as a positive guideline for my well-being. My personal experience tells me that this internal force can make my resilience strong in drug recovery, and it can be more sustainable than just pushing by punishment. In addition, unlike the environment in spiritual treatment center, the religious practice within the spiritual community is a good social support for my behavioral change towards recovery (05, D1, p9-11).

The religious experience of Participant 05 in drug recovery not only showed us a picture about how spirituality can work more efficiently than spiritual treatment for drug recovery, but it also told us about how the internalization of Christian theology works with the search of meaningfulness in life towards a higher being within the process of drug recovery. Her experience was also in line with the theoretical assumption about the dual role of spirituality in drug recovery. She first acknowledged her sinful nature about drug-taking and her powerlessness over this sinful act. Her path of recovery then followed by a removal of her drug-taking behavior through self-reflecting and self-forgiving about her drug-using behavior.

The drug recovery of Participant 08 is similar to the participants mentioned above in a way that they all involved an enlightenment by religious beliefs in their adulthood though the religious belief of Participant 08 is not Christianity. Participant 08 is a poly-drug ex-user. She

recovered in her adulthood. According to her story, she has experienced failure in drug

recovery in her teenage. Later, her success in recovery involved an enlightenment by both of

her pursuit of meaning of life and religious belief of Buddhism.

She said,

> *I have received spiritual in-patient drug treatment when I was 20. The outcome*
> *was not as expected. It was because the religious belief, Christianity, there was*
> *not my cup of tea. In addition, my conditions including cognitive, moral, and*
> *psychosocial state at that period were not ready. The official and clergy of the*
> *center were not as what you think so nice and helpful. I was not the only*
> *exceptional case among my drug-taking peers who committed drug relapse again*
> *after treatment. It was so common for my drug-taking peers to retake drug after*
> *treatment. Besides, the atmosphere within the treatment center did not support my*
> *recovery, lack of purpose of life at that period of time was also a major reason for*
> *my failure in drug recovery. Without purpose of life made me a lost soul. Drug*
> *became my companion under this directionless circumstance (08, D1, p.7).*

She admitted lack of purpose of life was the major reason for her failure in religious drug

treatment. She further described this failure was overcome after her purpose of life was

found in her adulthood.

> *When I stepped into my adulthood, I experienced a terrible change in my family.*
> *My husband was fired and became joblessness. His state of joblessness was at*
> *least lasted for three years. He eventually turned to be a drug addict. Meanwhile,*
> *I discovered my son also took drug with his friends. During this hard time, I*
> *started to look for spirituality to comfort my anxiety and stress. However, I was*
> *misled by my friend to join an evil cult and forced to be a prostitute at Sum Siu Po.*
> *Luckily a social worker saved me from that evil cult and set me free from that kind*
> *of evil life. This unpleasant experience activated my pursuit of meaningfulness of*
> *life through formal religiosity. I eventually found Buddhism can provide spiritual*
> *support to me to find my purpose of life. The self-reflection and forgivingness*
> *were then generated by the pursuit of the purpose of life in Buddhist practices.*
> *The reflection gave me an understanding of the sinfulness of my drug-taking*
> *behavior. It can be forgiven only through the abandonment of this sinful behavior*
> *by means of Buddhist meditation and practices. Retreatment in drug-taking was*

my first move. After recovered from drug-taking, I started to look for my well-being. Under the guidance of Buddhism, I stepped further to attain my meaningfulness of life in serving my family, community, and society. Besides charity, I was also a volunteer in an elderly center, I also helped my husband and son quit drug. All these together has provided me resilience against drug and kept me moving towards a spiritual well-being as well.

Of course, it was not an easy job to do, but the religious beliefs together with my faith are my back-up (08, D1, p.14-15).

When asking Participant 08 what the differences between Christianity and Buddhism along her road of drug recovery are since she has experienced both religious beliefs in her life development, she said,

Although I received the Christian drug treatment at my teenage, it was not actually a religious treatment there. It was just a detention center for drug addicts. There was not much religious element within the treatment program. In fact, after released from the treatment program, I have learnt from my friends about Christianity, not from the training program.

In my understanding, Christianity is totally different from Buddhism. Unlike Christianity, Buddhism tells me that drug addict is not a sin, it is a kind of suffering like poverty that is rooted in human existence. According to Buddhism, every human experience different types of suffering in life. It can be removed by cognitive training—meditation. It is one of the reasons that I found my spiritualty support to my drug recovery in Buddhism. Moreover, Buddhism does not require me to focus on the relationship with God. I don't trust God. I always asked myself why I was born as a drug addict, but not other. If it has been God, please gave me an answer why I was chosen to be suffering so much unfairness and underprivilege in my life. In addition, Buddhism provides me wisdom and coping skill to fight against my drug relapse. It first helps me to understand the sinful nature of my drug-taking behavior and the necessity to remove it in order to attain a purified selfhood. Buddhist meditation is my best weapon to fight against drug relapse (08, D1, p.20).

When asking about how Buddhism provides her spiritual resiliency in drug recovery and well-being, she said,

Unlike Christianity, there is no worshiping, studying of the Bible or praying in Buddhism. The cognitive meditation is about the realization of the unhealthy and unpurified attachment in self which is at the root of human suffering. It can enhance my techniques in mindfulness to sustain my resilience along the path of my drug recovery.

Besides the removal of my drug-taking behavior, doing charity and voluntary work, such as helping drug addict to recover, is also the powerful protective force to enhance my capability in my drug recovery and brings me spiritual well-being as well (08, D1, p.23).

Although the religious belief involved in Participant 08's drug recovery is Buddhism, her story also indicated her pursuit of meaning in life matches with the theoretical framework. The acknowledgment of her drug-taking behavior as not a sin through self-reflection was the first step to the door of recovery. It later followed by the replacement of the drug-taking behavior and a pursuit of meaning in life from the Buddhism theology. Buddhism provides an internalized intrinsic value system and spiritual transcendence through a sense of belongingness to spiritual community to the achievement of drug recovery of Participant 08. However, the spiritual resiliency towards well-being along her drug recovery is different from those participants with religious belief in Christianity. Unlike those participants with Christian belief, the sustainability of the spiritual transformation of Participant 08 comes from individual meditation rather than worship of God (I will address this difference in the next Chapter). The meditation acts as a cognitive training for her to enhance her mindfulness for her efficacy in spiritual resiliency for the sustainability of the spiritual transcendence along the process of on-going drug recovery (Cook, & Powell, 2022).

Among the participants described above, their stories match with the theoretical framework

which describes the role of religiosity in positive long-term drug recovery. However, Participant 12's successfulness of drug recovery is different from the above-described participants. Participant 12 has experienced both religiosity and spirituality in his process of drug recovery. Christianity has brought him to the starting point of his drug recovery, but he eventually quitted the Christian community. His success in drug recovery was attained through the pursuit of self-actualization.

Participant 12 was not a heavy marijuana-user. He took marijuana as a way of escaping from his past unpleasant memory about his family. His father was a criminal and shot dead by the Taiwan police. He was required to take plenty of part-time jobs to make a living for himself and his mother since he was a teenager. His religious experience in drug recovery is different from the other participants described in this section. The difference is that his religious driven force in drug recovery has experienced a transformation by which he was driven from a zero-mark HKCEE candidate to a primary school teacher.

He said,

> *I took marijuana in my adolescence only when thinking of my father and family. It could take me to a quiet and isolated reality in which all unpleasant memory about family and pressure from life were ticked away. Until a social worker brought me to a Christian youth center, I gradually made use of the religious music to replace marijuana. The social worker taught me playing guitar and music to replace taking marijuana when in down mood. It seems to be effective at the very beginning, but reality is reality. Christianity opened the door for my acknowledgment about my marijuana-taking behavior as a sinful behavior. This moral awakening about my marijuana-taking behavior was enlightened by the self-reflection that was accompanied by my pursuit of goal of life. The moral awakening turned me away from marijuana.*

However, my life at that period of time actually was as a dog. I need to take three part-time jobs a day to earn money for the living of family. Later, I quitted any of the Christian activities because I felt helplessness about my poverty. Under the suffering from my living, this unfulfillment of my purpose of life made me return to marijuana-taking again (12, D1, p.10).

The story of Participant 12 is a bit different from the other participants mentioned above. His motivational force for behavioral change does not simply come from religious belief. The religious influence on his behavioral change is replaced by his pursuit of meaningfulness in life for educating and helping the minority. Although there is a shift of meaning in life from religious belief to self-actualization, his positive long-term drug recovery is still guided by his pursuit of meaning in life. It is in line with the theoretical framework of this study.

Until I told myself my purpose of life is to work hard with double effort to change my destiny. This positive attitude about my life and future was enlightened by my purpose of life to equip myself with further education. Self-actualization through my academic results can transform me to a high-being. My first thing to do was to admit my fault in my marijuana-taking behavior. My family background and poverty were not an excuse for my drug-taking behavior. Besides, I quitted marijuana-taking, I decided to study a part-time associate degree program to upgrade my education qualification. Although my sleeping time has cut from previously six hours to four hours a day, I still could get it through. This mode of living lasted for at least three years until I finished my associate degree. Within this period, I still could keep away from marijuana even though I faced a lot of pressure and stress. This pursuit of meaning in life through actualizing myself in my career provided energy for my drug recovery. The self-reflection and forgivingness accompanied by this pursuit of meaning in life made me stand on a solid ground to quit my marijuana-taking behavior.

After I married, my wife encouraged me to pursue further study in a part-time top-up degree in information technology. Her support and encouragement awoke me to rethink my purpose of life. The most amazing thing was that I changed my job from the post of information technology officer to a teaching assistance at a Christian primary school. The department head encouraged and recommended me to study post-graduate diploma in teaching at the Education University of Hong Kong. After my graduation, I got a permanent teaching post in that primary

school till now.

Within this period, my sustainability of my resilience against marijuana was good and stable. The pursuit of the meaning in life through the self-actualized higher-being empowered me for this sustainability. Recently, I was also awarded a master's degree in physical education from the Baptist University of Hong Kong (12, D1, p.18-19).

His pursuit of meaning in life through religious belief provided moral awakening in his drug-taking behavior and later his pursuit of meaning in life through self-actualization in subjective good and societal good redirected his recovery from drug abstinence to spiritual well-being. His story will lead us to the discussion of the description of the participants who achieved their drug recovery only through self-actualization in their pursuit of meaningfulness of life in the next section.

During my drug recovery, my meaning in life has experienced a bit change from a pursuit of personal good to a societal good. I don't want just focusing my purpose of life on my personal goodness. I want my life to be meaningful. I find it is meaningful to use my knowledge and resource to help those youngsters that suffering from poverty and under-privileged. It is the resilience from my pursuit of meaning in life that supported my drug abstinence and transformation towards a higher being (12, D1, p.20).

In sum, the successfulness of these stories concerning the spiritual transcendence of the participants in drug recovery described in this section told us about how the religious element and spiritual resiliency interacted with drug recovery. The findings indicated that religiosity as a pursuit of spiritual meaningfulness has played an important role in drug resistance to provide the intrinsic value system and spiritual transcendence in their sustainability of their spiritual transformation towards spiritual wellness along their drug recovery.

In the following section, it will focus on the descriptions of the successfulness of the participants who do not involve any religious belief. Their successfulness and spiritual resiliency in protective long-term drug recovery rather involve the element of their pursuit of meaningfulness of life.

4.2.1.2. Purpose of Life and Spiritual Resiliency

As mentioned in Chapter 2, spirituality and religiosity both can attain spiritual wellness through the pursuit of purpose of life or meaningfulness of life in subjective, objective, or intersubjective level (Westgate, 1996). Theoretically speaking, the pursuit of purpose in life / meaning in life without any involvement of religious beliefs also can facilitate drug-takers to achieve positive long-term recovery. The achievement of this spiritual meaningfulness is similar to that of religious meaningfulness to provide the drug-takers a sense of significance of drug-free life and a fulfillment of a state of fullest humanness (Lyons, Deane, & Kelly, 2010; McKnight, & Kashdan, 2009). They first admitted their powerlessness about the control of their drug-taking behavior and their lives are unmanageable through self-reflection and forgivingness accompanied by the pursuit of purpose of life / meaning in life. They started to interpret their experienced life events according to their meaning in life to restore them to sanity. This, in turn, motivated drug-takers moving away from drug-taking. They further internalized this meaning in life as an intrinsic value system and interpret their life by this value system. They gain spiritual satisfaction and transcendence through connecting to a relationship with the self-actualized high being (Westgate, 1996). The steady spiritual

transcendence can enhance the efficacy of the drug-takers' spiritual resiliency which leads to spiritual transformation towards persistent positive recovery.

Participants 03, 04, 06, 07 and 09 are the ex-drug-takers that successfully recovered from drug with a well-being through this mode of pursuit/attainment of meaning in life. In the following paragraphs, I will describe the experience of these participants as they construed.

The first story is the experience of Participant 03. He is a poly-drug-user in ketamine and methylamphetamine. He does not have any religious belief. Although he has received involuntary and voluntary in-patient religious treatment, he soon returned to drug abuse after the treatment. According to his description, the spiritual treatment provided by the in-patient centers was not effective for his drug recovery. It was because the design of the treatment program was not spiritual or religious in nature. The design was focused on disciplinary training rather than spiritual treatment.

He said,

> *My adolescence was characterized by drug-taking and drug trafficking. I was arrested for drug trafficking and drug-taking. I have spent plenty of time in in-patient treatment center and jail at my youthhood. I found that the voluntary and involuntary in-patient spiritual drug treatment could not work for me. They could not provide any incentive for me to get away from drug relapse. The spiritual training inside was not really spiritual. It was just a disciplinary training with no strong enough spiritual components. In addition, the absence of purpose of life during that period was also a major cause for my failure in recovery. I was suffered in a state of loss in my life direction. No valid self-reflection about my drug abuse behavior was found under this directionless circumstance. Drug-taking was the only solution to this suffering (03, D1, p.8).*

The absence of goal of life was the major cause for his drug relapse after his short-term

religious drug treatment. He later experienced a positive change in his drug-taking behavior

when his purpose of life was found in adulthood.

According to his description, he had an unhappy relationship with his father in his childhood.

After the suffering from the loss of freedom in jail, the repairment of this broken relationship

with his father became his drive to rebuild his life. This breakthrough involved the

engagement of the pursuit for his purpose of life.

He said,

> *The relationship with my father was very bad since I was in primary school. The*
> *unpleasant experience of child abuse was the major reason that was accountable*
> *for this bad relationship. In order to avoid child abuse, I ran away from home and*
> *school, and stayed with my drug-taking peer group starting from my secondary*
> *school days.*
>
> *After released from the treatment center, the social worker arranged a vocation*
> *training course in car repairing for me. At first, being a car repairing worker was*
> *okay for me until my backbone was hurt. I depended on taking ketamine and*
> *methylamphetamine to release my pain. However, On one rainy day in summer,*
> *my father came to my working place and said, 'Son, it is time to go home!' We two*
> *talked to each other under the shelter of my garage for nearly half an hour. It was*
> *the first time I talked with my father for such long time in a calm mood. Since then,*
> *I moved back to his house and stayed with him until he left this world last year.*
> *You may query why he came to my workplace and what he said to me during that*
> *conversation. He told me that he got a terminal lung cancer and needed me to*
> *take care my mother after he left. He begged me back home and hoped I can stay*
> *together with him in his last journey in this world. His change in attitude towards*
> *our relationship made me work hard in drug abstinence and redevelop my life*
> *goal. I started to rethink the broken relationship with my father, but also rethought*
> *my future particularly my purpose of life. I told myself that I need a meaningful*
> *goal in life to organize and manage my behavior. After this self-reflection, I felt*
> *guilty for my drug addict behavior. My bad experience about my family was not*
> *an excuse for my drug-taking behavior. This self-reflection guided by my purpose*

of life gave me a feeling of forgiving about my father and my drug abuse behavior. I need to look for a better outcome for my life together with my family. So, I cut off the contact with my drug-taking peers. Meanwhile, besides quitted my drug-taking behavior, the self-reflection told me that what I need in my life was a sense of belongingness, love, and an achievement in my career. All these were not found in my childhood and adolescence. Besides moving back to live with my sick father, I also found a new job as a computer technician in a youth center through the referral of my social worker. My daily job is to help the elderly to use computer and access internet. It is meaningful to me because it was my first time to contribute to my family and the community. This pursuit of the sense of belongingness and affection guided my process of drug recovery. In addition, this positive move was also supported by my drug-free peers and family. It was a great motivational force for me to sustain my resilience and efficacy towards this self-activated life goal (03, D1, p.12-13).

In fact, the process of recovery is not smooth for him. He has encountered obstacles in this journey. There was a temptation when his father passed away, but he overcame this resistance through his spiritual resiliency.

After my father passed away, my girlfriend left Hong Kong and broke-up with me. She migrated to the United Kingdom with her family. It was really a great shock to me. I nearly fell back to drug addict again. Fortunately, my resilience was strong enough to keep from taking drug again. My mother and the colleagues of the community center also give a lot of encouragement and spiritual support to me. My ability and self-confident is strong enough to keep me to stand firm on my ground. I told myself I never turned back to those evil deeds again. I need to make my life towards a positive development because it is my promise to my father. My purpose of life in looking for belongingness and achievement provides power and energy to my resilience against drug and keeping my life meaningful. Now, I am living good and being positive to my life (03, D1, p.19).

His story is in line with the theoretical framework of this study. His spirituality in the pursuit of meaning in life activated his self-reflection about his drug-taking behavior. He admitted the wrongness of his drug-taking behavior and quitted any drug-taking. In addition, his pursuit of purpose of life also redirected him to a well-being in his social and psychological

domains.

The drug experience of Participant 06 is similar to that of Participant 03. They both were raised in a grassroot broken family. Participant 06 started taking drug when he left school at Form 2. He took marijuana, ketamine, methylamphetamine, and heroin. He experienced drug relapse after the in-patient treatment. According to his description, the failure in recovery after treatment was related to a lack of purpose in life that provides a frame of reference and support to his life direction and, in turn, could not lead him to self-reflection about his drug abuse behavior. This unfulfillment then led him to suffer from drug relapse.

He said,

> *The bad relationship with my father not only pushed my life into a dead end, but it also pushed me into the hell of drug. My adolescence and early adulthood were wholly damaged by drugs. Besides drug-taking, I also committed the crime of drug trafficking and was sentenced to jail and in-patient drug treatment center. This repeated cycle of in-and-out between treatment center and prison was all my life in adolescence and early adulthood.*

> *In fact, I have attempted to quit drug, but it did not work. I have received voluntary and involuntary in-patient spiritual treatment, but that kind of religious treatment did not work for me. Besides treatment, I also looked for recovery through joining religious self-helping group. The result was the same, drug relapse followed by drug relapse. I guessed this unsuccessfulness might be due to lacking a spiritual support from my purpose of life as a frame of reference for modifying my drug-taking behavior., My life was directionless within that period. Drug-taking was the only way to make me comfort (06, D1, p.9).*

His drug relapse stopped when he found his purpose of life in attaining a healthy and happy family life with a stable income career at his middle adulthood. It was in line with the theoretical framework that his pursuit of purpose in life brought him self-reflection and

self-forgivingness of his drug-taking behavior, and, in turn, took him away from drug-taking

and led him to well-being.

He said,

> *Until my adulthood, I found the door to my drug recovery. After my wife gave birth to my daughter, it totally changed my value of life. I did not want this new member to grow up in a family like what I experienced in my childhood. I also wanted to be a positive social model for her. So, her birth has activated my need to look for a purpose of life which became a strong driving force for me to quit drug. This disposition of building a warm and caring family for my daughter not only is my purpose of life, but it also becomes a belief and value that guide my thinking and behavior.*

> *Finally, under the guidance of this life value, I successfully recovered from drug abuse after my self-reflection and self-forgivingness about the wrongness of my drug-taking behavior. Now I even stepped ahead to rebuild the relationship with my father. I also picked up the business of my father's garage. It was because I need to act as a positive social model for my daughter. I need to cultivate a positive and sustainable environment for my daughter to pursue her study in university. If she made it, it is the first university student in my family. In fact, I have already actualized half of this purpose of life. My daughter has enrolled in an associate degree program at HKU SPACE this year. Her achievement has provided a positive reinforcement for my spiritual resiliency and efficacy for my spiritual transformation. The fulfillment of my purpose of life now is more than bringing drug abstinence to me, but also brings me well-being particularly social and psychological well-being through maintaining a warm and supportive family for my father and daughter (06, D1, p.17).*

Regarding the sustainability of his drug abstinence and well-being in recovery, he described

the support from his wife and father played an important role.

> *My wife and father have provided a lot of spiritual support in my drug abstinence. Their encouragement enhanced my ability and confidence in drug abstinence and spiritual transformation. I really enjoyed the family life today. It is the fountain of my well-being. This wellness from the pursuit of my meaning in life empowers my transformation towards my purpose of life—being a responsible father striving for a harmony and happy family for my daughter and father. It is my best weapon to*

fight against drug (06, D1, p.20).

The pursuit of the purpose of life of Participant 06, like the stories of the other participants described in this section, turned him away from taking drug on the one hand and provided him with spiritual resiliency for his spiritual transformation on the other. His experience in self-reflection and self-forgiving about his drug abuse behavior echoed with the framework of this study. This characteristic is similar to the story of Participant 04 as well.

Participant 04 was a female poly-drug ex-user in marijuana, heroin, ketamine, ecstasy, and methylamphetamine. She did not have any religious beliefs. According to her description, her first attempt of drug was related to her broken family.

She said,

> *I grew up in a male-dominated family. My parents put all resources on my brothers. It was unfair to me that I needed to take part-time jobs after school and even on holidays for the living of the family, but my brothers could play football and go to cinema with friends on Saturdays and Sundays. Besides this unfairness, child abuse was quite common in my childhood. Starting from my senior primary school, I did not believe in religiosity because I thought I was abandoned by Jesus and God. They were not on my side since I came to this world.*

> *Under this environment, I decided to run away from my family and stayed with my friend at her house after Form 3. At that time, I worked in a hair saloon as an assistant and started to take drugs like marijuana and heroin for fun and the recognition of my drug-taking peer group. I never thought of withdraw from drug-taking at that period though the living standard was not as good as before. Later, I worked as a public relationist at night club. More income made me spend more money on drugs. I also started to take ketamine, ecstasy, and methylamphetamine. Drug-taking provided a comfort zone for me to forget all these awful experience in out childhood and early adulthood. In addition, the absence of goal of life also was a major reason for my drug abuse behavior. Lacking direction in life blocked the door to self-reflection about my drug abuse behavior.*

> *Although I have received several voluntary and involuntary in-patient drug treatments, with religious element or without, they did not bring me away from drug-taking. The religious drug treatment did not work for me because I hated God. He was never on my side. As my dependence on drug increased, I started to notify that my health condition and mental state were getting worse day-by-day. It made me think about cutting the dosage and frequency of drug taking. However, without the support from a goal of life, it cannot provide sufficient motivational force for me to remove the drug-taking behavior away from my daily life (04, D1, p.10-11).*

She later received religious drug treatments, but the outcome was not as good as expected.

She was soon troubled by drug relapse after the treatments until she found her purpose of life.

According to her description, her successfulness in drug recovery is related to her pursuit of purpose of life in self-actualization.

She said,

> *Fortunately, one of my customers in the night club who was working in the media suggested me to change the working environment. It was better for me to keep away from drug-taking if I really wanted to quit drugs. He introduced me to work as a junior sale representative in a magazine house. After several months, the new working environment including the people there reinforced my resilience in drug abstinence. Meanwhile, this connectedness and the humanity from this new environment inspired my pursuit of propose of life. I started to formulate my purpose of life as a top sales and marketing executive in the media. The self-actualization in career brought my first self-reflection and forgivingness of my drug abuse behavior. With this support, my drug abuse behavior was abandoned from my daily life. My achievement in the media also provided me the strong self-confidence to get away from drug. Now, I am an event organizing officer of digital media platform of a local news corporation. This successfulness of my drug recovery was also facilitated by the encouragement of my husband. He encouraged me to formulate my purpose of life in self-actualization through my career in the media. I want to demonstrate my ability in my career and academic path that gender difference and family background are not the obstacles for my self-actualization. Under the guidance of this value and beliefs, I successfully recovered from drug abuse and stepped ahead to achieve my well-being in my family and career.*

Today, having a happy and health family is my destination of life. I have two kids and I also go back to school again for the fulfillment of my purpose of life. I am studying as a mature student in a multimedia degree program at a local university. My husband and I plan to migrate to Canada with our kids after my graduation. This purpose of life gives me guideline and power against drug, and also, it helps me attain a well-being in my life as well. This purpose of life makes my life meaningful in a way that it provides me the direction to achieve a well-being in my life which was lacked in my adolescence and early adulthood. Family is the most important asset to me now. This pursuit of life powered me with spiritual wellness and resilience along my road of drug recovery (04, D1, p.18-19).

Her drug recovery experience was in line with the theoretical framework of this study in a way that drug abstinence was followed by self-reflection and forgivingness through the pursuit of purpose of life. It also followed by a well-being in life as she went through this process of self-actualization in career. In addition, the fulfillment of the self-actualization also increased her self-efficacy in spiritual resiliency towards a sustainable spiritual transcendent along her drug recovery. Her drug recovery experience also shared a similar characteristic to Participants 07 and 09.

Participants 07 and 09 are female marijuana ex-users. Their family backgrounds are similar to that of the other participants described in this section. They grew up in unhappy families. Drug-taking was their escape door to their unpleasant experience in their adolescence. They also have a similar spiritual experience in drug recovery. Their pursuit of purpose of life is their driving force for their positive long-term drug recovery.

Participant 07 said,

I have quitted my secondary school study at Form 3 because my father had an affair with another woman. He later divorced my mother and moved out from our

house without saying a single word to us. It was a shock to me. My mother raised us by taking three part-time jobs a day. Marijuana was my gateway to happiness and helped me escape from this unpleasant reality. I stopped taking marijuana for a short period of time when I returned to my study at Form 6 because I found my purpose of life. The work of a news reporter gave me an inspiration in my purpose of life. It was an interesting career to be a journalist to protect the rights of freedom of expression and press freedom in a civic society. This goal of life led me to concentrating on the A-level examination. I believed that a university degree not only could bring a better living to me and my hard-working mother, but also could bring a fulfillment of my self-actualization as a journalist to serve the community and society. The first step for me to actualize my purpose of life was to reflect on rightness and wrongness of my marijuana-taking behavior. I thought I could not afford any damages caused by marijuana-taking behavior to my purpose of life, so I quitted marijuana-taking. Eventually, I successfully got an offer in journalism study from a university (07, D1, p.10).

She eventually overcame the drug relapse problem during her study in journalism at university. She became a news anchor in a television station after her graduation. However, this struggling happened again. An unexpected life event in her family made her self-efficacy against marijuana down to the redline level.

She said,

Until I got an internship as a news anchor in a television station, I successfully quitted drug again before my first day of work at this television station. It was because protecting freedom of speech and press freedom in a civic society was what I looked for in the past years. I need to do whatever I could to pursuit this meaningfulness. This belief of well-being stemmed from the self-actualization of being a journalist was the power for me to overcome the temptation of marijuana, even though my ex-husband hit me gravely and eventually we divorced few years ago. Under this unexpected life event, I still stand on my ground to say "No" to marijuana. My resilience is still good because I do not want marijuana to damage my purpose of life and well-being. My ability and confident to kick off drugs from my life is still high today under this awful condition (07, D1, p.15).

Her story indicated that her pursuit of spiritual meaningfulness at subjective and objective

levels not only sustains her resilience against drug, but also brings her well-being along the path of drug recovery.

The spiritual experience of Participant 09 in drug recovery is a pursuit of purpose of life for maintaining a harmonious and health family for her son and husband. She is a marijuana ex-user. The failure in her first marriage together with the failure of her vegetable retail business put her at the bottom pit of her life. According to her description, drug-taking was the door to her comfort zone during that period of time.

> *I started to take marijuana at my secondary school study. I turned to marijuana addict at my first marriage. I worked from the early hours of the morning to late evening at the vegetable market all year round without any holiday. All I did in those years was for my son and family. However, my ex-husband betrayed me and took all my bank money away. It pushed me to the bottom of my life. Marijuana was my buffer to this pain during that time. The temptation of marijuana was rooted deeply in my heart. I tried hard to kick it out from my heart but was unsuccessful no matter how hard I tried. I thought it was because I lacked a goal of life to direct my life particularly after my divorce and failure in my retail business. Marijuana was an escape door for my awful ordeal in my childhood and my failed marriage. Lack of self-reflection kept me to be a marijuana addict at that period of time.*

> *Luckily, I met my second husband. He encouraged me to start over again. His love and caring together with my self-reflection on my drug-taking behavior provided supporting momentum for me to say goodbye to marijuana forever. We started our new life together with our common purpose of life—looking for connectiveness and harmony in our family life. Although this purpose of life was not a big deal, it was so important to a housewife like me. Family is everything to me particularly after the social movement in 2019 and the pandemic attack within these three years. Money and material are no longer important to me. My life becomes meaningful to me through my self-actualization to maintain a connected and caring family. This well-being also is my "reservoir" for sustaining my transformation towards both long-term drug abstinence and wellness in life (09, D1, p.10-11).*

Her description showed that meaningfulness of life played an important role in her long-term drug recovery. The sustainability of her pursuit is also important for maintaining her spiritual resiliency in drug recovery. Her recovery experience is in line with the framework of my study.

In sum, although religious beliefs do not play any role in the long-term drug recovery of the 5 participants described in this section, their pursuit of purpose of life through self-actualization is in line with the theoretical framework of this study about their successfulness of recovery. According to their description, pursuit of meaning in life is an important element for their positive long-term drug recovery, which brings them long-term drug abstinence and well-being in life. Their self-reflection and forgivingness of their drug-taking behavior resulted from their pursuit of purpose of life / meaning in life were positively associated with their drug abstinence. The sustainability of their spiritual resiliency against drug depends not only on their self-efficacy particularly their successful experience, but also depends on their self-reflection and forgivingness.

With regard to the resilience of their spiritual transformation towards spiritual well-being in their drug recovery, their description also indicated the importance of the sustainability of their pursuit of purpose of life / meaning in life. Moreover, it is similar to the participants that with religious beliefs in a way that the social support from their peers, family, and significant others is positively associated with their sustainability in spiritual transcendence towards long-term drug recovery.

In the following section, it will describe the failure experience of those participants without any pursuit of purpose of life / meaning in life. Their experience can act as a comparison to the data that were collected from the participants described above who have experienced a pursuit of life purpose or meaning through self-actualization and religious beliefs on the road of their drug recovery.

4.2.2. Spiritual Meaningfulness and Failure in Drug Recovery

In this section, I will describe the spiritual experience and the spiritual resiliency of the participants who had experienced failure in their drug recovery.

As mentioned in Chapters 2 and 3, spirituality is theoretically linked with well-being in a way of providing spiritual meaningfulness in subjective, objective, or intersubjective mode with or without involving religiosity. The spiritual resiliency is the self-efficacy of their spiritual pursuit of meaningfulness of life along their processes of drug recovery. Among 14 participants, 4 of them including Participants 01, 11, 13 and 14 have reported that they had experienced failure in drug recovery. All of these participants reported that a lack of or experienced failure in the pursuit of the purpose of life. Within this group of participants, Participants 01 and 14 did not receive any voluntary or involuntary in-patient spiritual treatment. The other two participants have received spiritual drug treatment.

Participant 01 started to take marijuana since he studied at secondary school. He has never tried any other type of drug and never received any drug treatment before. He never thinks

of quitting marijuana-taking. He thinks taking marijuana is not harmful to health and has

nothing to deal with morality as well.

He said,

> *I usually like to take marijuana when I am in a down mood and being under*
> *pressure. Marijuana can make me forget the unhappiness and release my pressure*
> *from what I suffered. In fact, I have started taking marijuana with friends since*
> *Form 4 till now. Besides marijuana makes me feel relax, it also can inspire me of*
> *a lot of new ideas and creativity. I usually take marijuana during the gathering*
> *with friends such as at pub or nightclub with friends.*

> *To my understanding, marijuana-taking will not cause serious addiction problems.*
> *Marijuana-taking is legal in many European and American cities. Morally*
> *speaking, marijuana-taking is nothing to do with right or wrong. Its right or*
> *wrong is just a relative speaking only. In addition, research in the United States*
> *has pointed out that marijuana is actually less harmful to the human body than*
> *cigarettes. In other words, marijuana is not harmful at all. I do not have any*
> *intention to quit using marijuana not only because of no absolute answer about*
> *whether marijuana-taking is wrong or right, or whether it is harmful to my*
> *physical health or not, but it is also nothing to do with the unfulfillment of my*
> *purpose of life. I cannot actualize myself through my current job. My job now is*
> *not what I want. I need a way to release this pressure and stress that raised by this*
> *unfulfillment. Marijuana can help me to avoid thinking too much on this (01, D1,*
> *p.9).*

As he construed, he does not have any religious belief though he took religion classes at

school. According to his understanding, spirituality is construed as a pursuit of purpose of

life. In his interpretation, his purpose of life as a journalist was jeopardized by his parents.

Marijuana-taking is his way to minimize the discomfort generated from this frustration in the

actualization of his purpose of life.

He said,

I don't have any religious beliefs though religious studies was a compulsory course in my Christian secondary school from Form 1 to Form 7. As I learned in my psychology course, spirituality is not only confine to religious belief. Rather, spirituality does exist in a form of meaning of life or self-actualization. It can be understood as a pursuit of purpose of life. It is a form of self-actualization. In this sense, my purpose of life at my school age was to be a journalist to protect the freedom of press and expression in our society. I studied hard to get an offer to study journalism at a university. However, my parents stopped me to be a journalist after my graduation because they insisted the political environment in Hong Kong is not favorable for me to take journalist as my career. They not only forced me to give up my purpose of life, but also jeopardized my path of self-actualization by imposing their value on me. They pushed me to work in their friend's detective agency. That job nature is boring, and its working environment also makes me so stressful. It made me so frustrated. Marijuana-taking is my way to put this frustration temporarily aside (01, D1, p.13).

As observed in his office, he works in a detective agency in which the working environment is crowded and lacking free space and privacy. He thinks taking marijuana can bring relaxation for him under the stressful working environment. He takes marijuana particularly when he is under pressure and stress.

Participant 01 reported that this unfulfillment of the pursuit of purpose of life has a negative effect on his self-efficacy to quit marijuana-taking. The lack of support from his social network also has a negative effect on his self-efficacy against marijuana in drug recovery.

He said,

Of course, this unfulfillment of my purpose of life has a negative effect on my resilience against the temptation of marijuana. Actually, I have attempted to quit marijuana after my tertiary journalism study. It was because I wanted to join the police force after my parents have banned me from taking journalist as my career. I were afraid that I could not pass the drug test in the interview. So, I stopped taking marijuana, but this marijuana abstinence did not last long. I returned to marijuana-taking after I dropped out from the police training program. It was because being a police officer cannot fit my purpose of life particularly after the

> *social movement in 2019. This unfulfillment in my self-actualization has been bothering me a lot. My ability and confidence against marijuana were not strong enough under this circumstance. If my purpose of life in being a journalist to monitor the public and government can be actualized, I am confident that I can fully quit marijuana.*

> *Lack of social network support is other major reason accountable to my relapses. I don't have any friends who can provide to me as a positive social model and encourage me to quit marijuana-taking behavior. My best friends were also my drug-taking buddies. During our gathering, they do not give any social support for me to quit, but they rather encourage me to take marijuana together (01, D1, p.19).*

Similarities were found in Participant 14 who is also a marijuana-taker without any religious belief. Regarding Participant 14's drug history, he only takes marijuana and is still an active marijuana-user today. He has experienced a short abstinence from marijuana but relapsed again.

He said,

> *Actually, my first attempt of taking marijuana was at my secondary school study. It was just for fun with friends. However, the high expectation from my parents about my DSE results made me feel stressed and turned me to depend on marijuana as my buffer to this stress. Eventually, I got an offer in film study, but my parents expected me to take global business as major. This struggle between my favorite subject and parents' expectation deepened my dependence on marijuana. Until I was in Year 2, I have quitted marijuana for a short while because I was afraid my parents would know about this. Recently, as the deviation of my purpose of life from my current career gets deeper and deeper, my resilience against marijuana is getting lesser and lesser. This unfulfillment of my purpose of life causes a decrease of ability and confident in drug resistance (14, D1, p.8).*

Spirituality is construed by Participant 14 as a pursuit of the purpose of life in looking for a career that can actualize his potential in film production. Like Participant 01, marijuana-taking is a way for Participant 14 to escape from his unfulfillment of

self-actualization.

He said,

> *I do not have any religious belief. In my understanding, spirituality can be nothing to deal with religiosity. It could be a pursuit of purpose of life, which guides the path of my life meaningfully. For me, it should be a pursuit of life-long career in film making by which my potential and talent can be fully actualized. Since I stepped in the film school of Baptist University, being a film director is my destination in self-actualization.*

> *Although my current job as a stage designer in a government agency can sustain my middle-class living standard, the nature of this job is not my cup of tea. It is because I studied film in university and being a film director is the highest rank of my hierarchy of needs. However, being a film director as my career today cannot provide me a good living standard as my current job. Particularly, as my salary increased according to the accumulation of my working experience in this salary structure of the civil service, it seems that the chance of actualizing my purpose of life as being a film director is decreasing year by year. This purpose of life seems to walk away from me as time goes by. Under this circumstance, I find myself suffering from anxiety and stress when I think about this unfulfillment in my self-actualization (14, D1, p.20).*

Like Participant 01, Participant 14 admits that taking marijuana is a way of escapement from his unfulfillment of self-actualization and lacking social support is a reason accountable to his low self-efficacy in the resistance against marijuana.

Participant 14 said,

> *Marijuana can help me get away from the anxiety and stress that caused by the dilemma between my purpose of life and living standard. Actually, I don't think marijuana is a harmful drug. It was supported by evidence that its harmful effect is not much, and marijuana-taking is legalized in some European countries as well. In addition, its effect on me is to escape from the reality as if making me free from any constraint in the fulfillment of my purpose of life. That is the key reason why I don't want to quit taking marijuana particularly under this dilemma. Marijuana acts as a buffer for me. I admit that this is the weakness in my resilience against marijuana-taking. Marijuana-taking is good more than harm to*

me under this unfulfillment of self-actualization. At least, it can release the emotion and tension raised by this unfulfillment.

Lack of support from my parents and peer group is also a major reason accountable to my insufficiency in my ability and belief against marijuana-taking. They only care about how much I earn from my current job, but they never concern about whether my job can bring me gratification or not. It seems to me that I am alone in this dilemma about my purpose in life. It indirectly decreases my ability and confidence against marijuana as well (14, D1, p.22).

Both Participants 01 and 14 have experienced failure in their pursuit of purpose of life which is associated with their drug relapse and failure in drug recovery. Their failure has provided a contrast to the recovery experience of those participants who experienced a fulfillment of pursuit of purpose of life / meaning in life.

Unlike Participant 14, Participant 11 is also a poly-drug-user including cough medicine (codeine), marijuana, ketamine, and methylamphetamine. He does not have any religious belief. Within his 10-year drug experience, he was sent for voluntary and involuntary in-patient drug treatments but returned to drug-taking shortly after released from the treatments. He interpreted his failure in drug recovery as a lack of purpose of life to guide his direction of life. And, in turn, it decreased his self-efficacy in drug resistance.

He said,

In fact, I don't have any religious belief. The involuntary and voluntary spiritual treatment did not work for me. I do not believe God can give power to manage my life or give me what I want in my life. In order to get out from the treatment center as far as possible, I just pretended to be religious.

I need a purpose of life to guide my life rather than religion. I grew up in a low-income family. My mother and father both were drug-takers. My life and living were a mess. After finished Form 2, I needed to work in a restaurant to earn

money for my living and family. I don't think God is on my side. You may say I depend on drugs to help me escape from such kind of life. In fact, I had a very short moment quitted drug before. It was around my 24-25. I had a girlfriend, and my job was stable at that time. I really thought that I can have my family with her. It was meaningful to me because it was what I did not have in my life—a happy family. As I told you before, I was raised in a grassroot family, and my education level is low. Under these constraints, I only placed my self-actualization at a (third) lower level in the hierarchy of needs as I just looked for love and belongingness only. I did my best to keep my job and build a harmony family with my love. This wishful thinking became my purpose of life at that time and motivated me to quit drugs. However, the drug abstinence was only lasted for a year after my girlfriend broke up with me. Meanwhile, my left leg was also injured seriously while playing football almost at the same time. These unexpected events turned all my effort to pursuit of purpose of life into a failure. It made me in a down mood. Under this circumstance, only drugs can heal my wound caused by the loss of my love and sense of belongingness. This unfulfillment of my self-actualization put me away from drug recovery (11, D1, p.10-11).

Regarding his failure in drug recovery, he admitted that his spiritual resiliency was weak under the current suffering from his unfulfillment of purpose of life.

He said,

God has taken away everything from me including my family, my girlfriend and my career. How can I increase my confidence in drug recovery under this condition? I am at a state of hopelessness that makes me difficult to keep myself to transform spiritually towards wellness against the temptation of drugs. Although it is an illusion that drug-taking can help me keep away from the disappointment about my life, it at least can provide me a moment that masked all dissatisfaction about my life. Unless I get my meaningfulness of life back again, otherwise I don't think I can get away from drug-taking. Particularly, under the current circumstance, no positive support from my family and social network about the loss of my life direction and life value as if I am alone in this battlefield. In fact, I am an introvert. I don't have many friends. My ex-girlfriend was the one and only one person that gave me spiritual support in drug abstinence. After she broke up with me, my resilience together with my ability has reached their lowest point. In addition, my father is a drug addict. How can he give me any spiritual support or provide me a positive social modeling in my drug recovery? Under these circumstances my faith is not strong enough, without these supports, to sustain my drug abstinence (11, D1, p.19).

Participant 13 is another drug-user similar to Participant 11. He is also a poly-drug-user who

has been taking ketamine, heroin, and cocaine since Form 2. He does not have any religious

belief. His first contact with spirituality was in an involuntary in-patient drug treatment center.

According to him, the experience about spiritual drug treatment was unpleasant.

He said,

> I have spent one year in Hei Ling Chau in-patient drug rehabilitation center for
> treatment. Religious treatment did not work for me. The experience there was not
> pleasant. People there was not really helpful and spiritual. They just did their
> routine job there. In order to release from the center quickly, I just forced myself
> to follow their order and did what they want me to do.
>
> After released from the center, I shortly returned to drug-taking because I found
> my emotional support from drugs only. Until my father retired from his logistic
> company recently, I have stopped from taking any drugs because I need to pick up
> his business and take care of him as well. My father was found to have lung
> cancer and my mother was nearly 70 at that moment. I thought it was my time to
> pick up the responsibility to take care of them and his business. In order to
> concentrate on these subject matters, I placed this responsibility as my prior
> purpose of life at this period of time. It was my spiritual support to quit drugs. It
> was important to me because it was what I did not have in my past. I needed a
> family life and my career. This meaningful reform in self and identity is valuable
> to me in a sense of providing a value framework to guide my behavior and
> motivate me to quit drug-taking. In fact, I really made it happen. Unfortunately,
> this drug abstinence was temporary and did not last long. It was because my
> father was died of lung cancer two years later together with the negative impacts
> from the social movement and Covid 19 on my logistic business, Eventually, I
> returned to drug-taking again. Although I still run my dad's business today, I face
> a great pressure from the economic downturn. It makes me feel stressful and
> emotional. Drug-taking can provide me a comfort zone against this stressful
> environment under the unfulfillment of my pursuit of purpose of life (13, D1,
> p.12-13).

When asked if this relapse stemmed from his loss in direction of life, Participant 13 answered

"yes".

> *It is definitely 'Yes'. These unexpected life events made me lose my direction of life and guidance. The death of my father, and the impacts from the social movement and pandemic have turned my purpose of life into a void. It not only made me lose the point of reference in my life; it also suddenly turned my life into meaninglessness. My ability and confidence against drugs could not sustain anymore under this situation. Another important factor that makes my ability not strong enough in drug recovery is no positive social support since my father passed away. My social network is so narrow. Nearly all my friends are drug-takers. The social support for my drug recovery from them is zero. My father is the only positive social modeling figure to my drug abstinence. He fought hard against his lung cancer. This never retreat spirit provided a positive encouragement for my self-confidence in drug abstinence. However, once he left this world, this spiritual support to my drug abstinence went away together with him. Under these circumstances, my self-efficacy against drug was at its lowest point (13, D1, p.18)*

As construed by Participants 01, 11, 13 and 14, they all are non-religious drug-users and experienced failure in drug recovery. The spirituality that guided them in the path of drug recovery was their pursuit of purpose of life at subjective level. However, they have had a similar failure experience in the pursuit of their spiritual meaningfulness which, in turn, caused drug relapse and their failure in drug recovery. As their description has shown, once they suffered from any obstacle to their pursuits of purpose of life, drug relapse was their buffer to mitigate the suffering that they encountered. In addition, lacking positive social support are commonly found from these 4 participants. According to their description, the lack in this support is associated with their low self-efficacy in spiritual resiliency in drug abstinence. Their description can provide a clearer picture about the outcome of the absence of spiritualty in drug recovery in contrast to the presence of spirituality of those successfully

recovered participants.

In the following section, I will discuss the description of the selected participants about the relationship of moral, cognitive, and psychosocial development within their spiritual development along their path of long-term drug recovery.

4.3. Cognitive, Moral and Psychosocial Development in Drug Recovery

As mentioned in Chapter 2, the facilitation of the sustainability of spiritual transcendence towards well-being in drug recovery required the complementary maturation in cognitive, moral, and psychosocial development. Fowler (1981, 1996) has systematically integrated these requirements about the life development for the sustainability of spiritual transformation into his theory of stages of faith. This integrative approach provides a frame of reference to my conceptual framework about the pre-condition in life development for the sustainability of spiritual transformation of the drug-takers towards positive long-term recovery. The complementary maturation of this development is reflected by the smoothness of the transition of the stages of faith (Fowler, 1981, 1996).

In this study, the sampled participants reported that their drug recovery experience was found in their late adolescence and adulthood. According to the theoretical framework of the study with reference to Fowler's stage of faith development (1981, 1996), their drug treatment and recovery were theoretically located at the stage of faith transition from synthetic-conventional faith to individuative-reflective faith. This transitional stage of faith is characterized by two

essential features. First, the individual who enters this stage would make a critical distance from his or her previous assumptive value system. Second, the individual will experience an emergence of executive ego. The individual starts to possess the ability to assume responsibility for choices about lifestyle and beliefs (Parker, 2011). It follows by a formation of a third-person perspective taking (Fowler, 1981). Under these changes, the individual at this stage understands the social relationship from a social perspective such as social justice. The individual also has an awareness of facing the tension between group membership and individuality.

Parker (2011) further formulated these characteristics of transition concretely by: (1) A possession of the ability for critical reflection on self and one's outlook such as awareness of justice; (2) Starting to take seriously the responsibility for his or her own lifestyle, commitment, and beliefs; (3) Being relied too much on the rational thinking to settle the cognitive dilemma or social issues dilemma; and (4) Concerning about self-fulfillment or self-actualization as the priority against servicing for other.

In the following section, I will describe this transition experience of the selected participants in relation to their drug recovery process as they construed from their life histories according to the framework of this study.

4.3.1. Religiosity and Faith Development

In this section, I will focus on the description of the relationship among the spiritual,

cognitive, moral, and psychosocial development in relation to the successfulness of the recovery among the ex-drug-users with a pursuit of meaning in life in association with religious beliefs.

Participants 02 and 08 are poly-drug ex-users with a pursuit of purpose of life / meaning in life with an association with the religious beliefs in Christianity and Buddhism respectively. In the following, I will describe their cognitive, moral, and psychosocial development in relation to their religious-spiritual development towards their drug recovery.

Participant 02 has experienced a significant development in cognitive, moral, and psychosocial domains in his adulthood which facilitated his spiritual transformation towards spiritual meaningfulness. According to his description, he admitted that his spiritual awakening and sustainability of spiritual well-being and drug abstinence along his recovery was positively associated with a complementary maturity of his cognitive, moral, and psychological development.

He said,

> My first spiritual awakening for my pursuit of meaning in life through Christianity
> was at my second release from prison which was around my middle adulthood.
> When I stepped out from the main door of the prison, I saw my wife carrying my
> kid with an umbrella at the front gate of Stanley prison. It was heavy raining
> outside. I asked myself why they had to suffer repeatedly from my drug-taking
> behavior. They were innocent and they were supposed to be living in a happy and
> drug-free family. This scene woke me up from my drug-taking behavior and
> brought me to a critical reflection of my selfhood. It seemed God sent his message
> to me and bring me home through this unforgettable scene. This enlightenment
> was supported by the maturity of my moral and psychological development.
> Without the support from my moral maturity, I was unable to take a third-person

perspective to consider the suffering of my wife and son about my drug-taking behavior. In addition, this moral maturity also allowed me to make moral judgement about my drug-taking behavior according to the will of God. It also directed me to be a pastor to serve the community and minority in the name of God today.

Without the maturity in my cognitive development, I could not grasp the meaning of the Bible and God. My maturity in my psychological development allowed me to reflect on my drug-polluted identity and selfhood at that period of time. It also facilitated the rebuild of my identity and selfhood according to the message of God. Otherwise, my spiritual transcendence could not sustain to the present moment (02, D2, p.10-11).

Participant 02 further explained these developments were not mature in his adolescence and early adulthood, which could not facilitate any further spiritual transformation towards drug recovery.

You may ask me why this change was not found at my teenage, though I have received in-patient religious drug treatment at my youth. My answer is that this spiritual awakening in my adulthood was facilitated by the complementary maturity of my development in cognitive, moral, and psychosocial domains which I could not find before my adulthood.

I could not feel this message when I was at spiritual in-patient drug treatment until the second release from prison. Although I have already touched on similar spiritual message from God during my in-patient drug treatments, my moral and cognitive development were still far behind in a way that I could not possess the ability to assimilate these God's messages. My cognitive thinking and moral judgement at that period of time were fixated at a lower level of development which could not afford capacity to go further. It was due to my human imperfection. It was a result of my inherent sinful nature which made me different from God. This imperfection nature limited my cognitive and moral reasoning to understand God's message and purpose. At that period of time, my drug-taking behavior was misdirected by this limited ability in cognitive and moral reasoning (02, D2, p.19-20).

The experience of Participant 02 indicated that his successfulness in positive long-term drug

recovery involves a support from the complementary maturity in the cognitive, moral, and psychological domains to develop a sustainable Christ purpose of life. This is in line with the theoretical framework of this study that the complementary maturity in these development domains is positively associated with occurrence and sustainability of the spiritual transformation towards drug abstinence and well-being of the drug-users.

Participant 08 is another poly-drug ex-user with religious belief. She has experienced sustainable spiritual wellness after her drug recovery. She has spiritual experience from both Christianity and Buddhism in her adolescence and middle adulthood respectively. According to her description, Buddhism instead of Christianity brought her to drug recovery and spiritual wellness. It was due to her immaturity of her cognitive and moral development in her adolescence.

She said,

> I have received spiritual in-patient drug treatment in my adolescence. The Christian religious belief within the treatment program could not bring any positive effect to my drug recovery. It was because my cognitive and moral reasoning were not ready to assimilate Christian theology. Until I have transited to my middle adulthood from adolescence, my cognitive and moral are mature enough to assimilate the language of religious beliefs particularly the language of Buddhism.

> Unlike Christianity, Buddhism does not assume addiction such as drug abuse as a sin. In contrast to Christianity, Buddhism does not require me to focus on the relationship with 'God'. Rather, all unhealthy stuff such as addiction lie at the root of human suffering. According to Buddhism, addiction is part of our human condition which affects all of us. The method of dealing with this universal human suffering is to develop quality skills such as elements of wisdom and attentiveness. By using these skills, I can view my drug-taking behavior and motives differently and keep away from these unhealthy motives that is located within craving.

Without a maturity in my cognitive development, I cannot grasp the meaning to understand my sinful drug abuse behavior.

Unlike Christianity, the transformation in spirituality within Buddhism needs not take a form of prayer, worship, or studying the Scripture. It rather takes a form of meditation. I always meditate when resisting the temptation of drug-taking behavior. These skills also require a certain level of cognitive and moral reasoning. In other words, the acquisition of these meditation skills requires a maturity of cognitive and moral reasoning. From my experience, in cognitive reasoning, it needs to use and appreciate abstract concepts to grasp the hidden meaning of my religious belief. In addition, a critical reflection on my selfhood and identity during meditation is also necessary. These self-reflection and self-forgivingness help me rebuild a purified identity and selfhood to facilitate my drug recovery towards persistent drug abstinence and well-being. Moreover, the re-build of my identity and selfhood also facilitates the pursuit of what I really want to be along my drug recovery.

In moral reasoning, it needs to develop a perspective to consider the needs of the others and the community. This moral perspective also allows me to help my family members quit drug-taking. Without this maturation in reasoning, the sustainability of spiritual transcendent will be problematic (08, D2, p.8-10).

The description of the experience of Participants 02 and 08 indicated the complementary maturation of cognitive and moral reasoning, and psychological state in their spiritual development towards drug recovery. In the next section, I will describe the developmental experience of the participants who did not have any involvement of religious belief in their successfulness of drug recovery in relation to their pursuit of spiritual meaningfulness across their drug recovery.

4.3.2. Spiritual Meaningfulness and Faith Development

Participants 04 and 07 are two ex-drug-users who do not have any religious beliefs.

Participant 04 is a poly-drug ex-user. She described her failure of drug recovery in

adolescence and young adulthood was related to the immaturity in her cognitive and moral reasoning. This insufficiency emptied her spirituality, and she depended on drugs to overcome this spiritual vacuum.

She said,

> *My failure in drug recovery in my adolescence and young adulthood was due to the immaturity of my cognitive and moral reasoning. This immaturity cannot provide support for my spiritual protection against drugs at that life transition period. The immaturity in cognitive reasoning limited my ability to reflect critically on my selfhood. Moreover, the immaturity of moral reasoning rationalized my drug-taking behavior in a way of providing me a false belief about drug-taking, though I have received in-patient spiritual drug treatment several times within that period. In addition, I messed up the relationship and commitment with the people surrounding me such as my father, sister, and boyfriend. It became a problem in the formation of my personal identity. This confusion in identity limited my capacity to think about my purpose of life. Under this condition, I lost my goal of life. Drug-taking was the only buffer for me to handle this loss (04, D2, p.12).*

According to her description, until after she has transited into her middle adulthood, the appearance of the complementary maturation in moral, cognitive and psychological domains provided a foundation for her to find the way to spiritual well-being and quitted from drug-taking behavior.

She said,

> *In contrast with adolescence and young adulthood, my middle adulthood has experienced an improvement in my moral reasoning. I started to take third -person perspective particularly to take the perspective from my father. It motivated me to quit drugs. In the meantime, I was also encouraged by my customer in nightclub to work as a sales representative in a publishing house. The new working environment and people there enlightened my cognitive reasoning and, in a way, provided reasoning assistance to me to rethink about my purpose of life as an actualization of myself in my career and family life. The fulfillment of*

this pursuit becomes my primary concern. This goal of life not only directs me away from drugs, but it also helps me rebuild a new identity and selfhood to support my pursuit of purpose of life. This psychological development facilitated my spiritual development in the pursuit of my purpose of life, which brought me back to school to study a multi-media degree program in a university. The study enhances my capacity in cognitive and moral reasoning. It also provides a fulfillment of my purpose of life. Without the support in moral, cognitive and psychological domains, the sustainability of this spiritual goodness may not be possible (04, D2, p.18).

The developmental experience of Participant 07 is similar to that of Participant 04 particularly in their adolescence and young adulthood. Participant 07 is a marijuana ex-user. According to her experience, the immaturity in her cognitive, moral, and psychological development caused failure in her drug recovery.

She said,

My experience in my adolescence and early adulthood was unpleasant. My cognitive and moral were insufficient to make judgment about my marijuana-taking behavior. I only took my personal perspective as reference to make moral judgement about my marijuana-taking behavior. Furthermore, my cognitive reasoning only confined within a narrowed perspective. These turned me into a state of loss of valued reference and self. I discontinued my secondary school study at Form 5 and ran away from my home staying at my friend's house for two years. Marijuana-taking was the only way for me to escape from this reality (07, D2, p.17).

She further elaborated that the spiritual transformation leading to her drug recovery was facilitated by the complementary maturity in cognitive, moral, and psychological development during her adulthood.

She said,

Until the transition to adulthood, I found my goal of life after I critically reflected on my beliefs, commitment, lifestyles, and attitudes. Eventually, I returned to

school and gained a degree in journalism. Meanwhile, I quitted marijuana-taking behavior. My pursuit of my purpose of life as a journalist is not only a spiritual guide for my drug abstinence, but it also provides spiritual meaning for my well-being. The fulfillment of this self-actualization is supported by the breakthrough in the development of my cognitive, moral, and psychological domains. These developments also provide a steady support for the sustainability of my spiritual development. Taking an example in psychological domain, a new identity of being a journalist, after I was graduated from journalism study, was developed and which is no longer relied on the interpersonal circle of significant others. This newly formed identity composes a meaning frame for my pursuit of actualization. My goal of life as a journalist telling the public about the world is supported by the maturity in my moral judgment about social justice (07, D2, p.22).

The description from these successfully recovered participants who do not have any religious beliefs indicates the positive relationship of the complementary maturation in cognitive, moral, and psychosocial development with the sustainability of spiritual transformation for drug recovery. Together with the description in Section 4.3.1, the stories of both categories of participants, with or without religious components in their pursuit of purpose of life / meaning in life, have shown a positive association between the complementary maturity and the occurrence of sustainability of spiritual meaningfulness along their drug recovery.

In the following section, I will describe the developments in these domains of those participants who experienced failure in drug recovery.

4.3.3. Failure and Faith Development

This section will focus on the description of the responses from the participants who are still active drug-users and who have also experienced failure in drug treatment and recovery.

As mentioned in the previous section, Participant 01 described that his drug relapse was

linked with his failure in the pursuit of purpose of life as a journalist after graduated from

university. He further described that this failure was due to his immaturity in his cognitive,

moral, and psychosocial development in his adulthood.

He said,

> *I sometimes query about my obligation of my drug-taking behavior to my family
> and the community. I think my failure in my drug relapse is something to deal with
> my capacity in cognitive and moral thinking. I mistrusted marijuana-taking can
> bring me psychological satisfaction and comfort. I also have a misunderstanding
> about the consequences of marijuana-taking to rationalize my marijuana-taking
> as a buffer to release the emotions and unhappiness under the condition of the
> fulfillment of the pursuit of my purpose of life. I admit that my moral thinking
> about marijuana-taking is egocentric rather than taking a third-party perspective
> (01, D2, p.9).*

He admitted that his failure in drug recovery is related to the insufficiency of his cognitive

and moral thinking. His reflection also indicated that his moral reasoning is egocentric

without an emergence of third-party perspective-taking.

Furthermore, he described his psychological development does not provide enough

motivational force to overcome the psychological demand for marijuana after his

unfulfillment of purpose in life.

He said,

> *My marijuana-taking behavior has been intensified after my pursuit of purpose of
> life as a journalist was rejected by my parents. Up to now, I am not willing to push
> up my motivation to stop my taking marijuana behavior. I feel a loss of personal
> connection to my parents. My psychological state is also not ready for rebuilding
> my meaning of life and identity. Indeed, my selfhood is facing a problem of*

identity confusion. All these together make me easy to fall into marijuana-taking behavior again. This obstacle in my psychological development has a harmful effect on my self-actualization, which, in turn, promotes my marijuana-taking behavior (01, D2, p.14).

He expressed his concern about the obstacle of his immature psychological development resulting in his unfulfillment of self-actualization.

His developmental experience in stage transition is similar to that of Participant 14. The academic and family background of Participant 14 is similar to that of participant 01. They both were raised in a middle-class family and have media-related bachelor's degrees. They both are marijuana-takers and encounter an obstacle in their fulfillment of the purpose of life.

According to the description of Participant 14, he has encountered an obstacle in his psychological development during his transition from an adolescent to an adult, which has facilitated his marijuana-taking behavior.

My transition from adolescence to adulthood has faced an obstacle in my psychological development particularly in my identity formation. It was originated from the unfulfillment in my pursuit of purpose of life as a film director. This unfulfillment causes a confusion in my identity. This fixation of the unfulfillment of self-actualization troubles me a lot. It makes me stand in front of a crossroad junction about my selfhood and identity. This obstacle makes me feel isolated from my family and my friends. It is because my family is happy with my current job as a stage producer at a governmental production division, and my friends questions me about my dream career as film director as well. They never show their empathic understanding about what I need and what I fight for in my life. Under this circumstance, how can I develop my spiritual wellness? My spiritual development towards my self-actualization was blocked by this identity conflict. It seems that my selfhood is no longer belong to me. It was manipulated by the third party. It gives an excuse to my marijuana-taking behavior as my best companion to elude this unfulfillment in my self-actualization (14, D2, p.9).

Similar to Participant 01, Participant 14 also admitted his moral reasoning is immature to

resist against his marijuana-taking behavior.

> *Cognitively speaking, I know marijuana is harmful, but it is not as much as other*
> *drugs. Some countries in Europe like Holland legalizes marijuana-taking. In*
> *addition, I never take marijuana at any public places. I only take it at a private*
> *setting. My marijuana-taking behavior makes nothing harmful to my health and*
> *public order. I am confident about my ability to make all these under my control.*
> *My marijuana-taking behavior is nothing to deal with the immaturity of my*
> *cognitive reasoning.*
>
> *Rather, I admit that my moral reasoning is immature in a way that it was*
> *narrowed in an egocentric perspective instead of taking the others' perspectives*
> *into my moral consideration. I never think about the moral standard or moral*
> *judgement from a third-person perspective. I use this narrow perspective to justify*
> *my marijuana-taking behavior (14, D2, p.17).*

Participant 14's response indicated that the immaturity in moral and psychological

development is accountable to his development of spiritual meaningfulness to abandon his

marijuana-taking behavior. His egocentric perspective about his marijuana-taking behavior

shows that his moral development does not match the conventional level in a way that it lacks

the consideration of the social system and conscience.

Another two unsuccessful recovered participants are Participants 11 and 13 who are

poly-drug-users grew up in low-income broken families. Besides the differences in education

level and family background, Participants 11 and 13 are also different from Participants 01

and 14 in their drug-taking behavior. Participants 11 and 13 are intensive poly-drug-users

who have received voluntary and involuntary in-patient drug treatments. Both of them

returned to drug-taking immediately after the treatments. Even though they acknowledged

that they suffered from the harmful health effects of drug-taking, their motivation for quitting

drug-taking is still low. As they reported, it is related to the unfulfillment in their purpose of

life during their adolescence and adulthood. This unfulfillment is positively associated with

the development in their cognitive, moral and psychosocial domains.

According to the description of Participant 13, he admitted that his moral reasoning and

psychological state were at an inappropriate perspective to judge the wrongness and

harmfulness of his drug-taking behavior, but he also lacked psychosocial support to develop a

replacement for the unfulfilled purpose of life. Drug-taking is his way to escape from this

spiritual vacuum.

He said,

> *My purpose of life involves a pursuit of a connective family life and making my father's logistic business profitable. It is my driving force to get away from drugs, and it also gives me a direction to reconstruct a life structure for my middle adulthood. Although it does not involve any communal and societal good, it empowers me with a strong motivational drive to say 'no' to drug. However, my father died of cancer. This unexpected life event together with the pandemic's attack on my logistic business drove me to go in an opposite direction to take drugs again. My resilience against drug-taking is not strong enough under this unexpected life event and unpredictable pandemic crisis. It is because of my insufficient support and ill-preparation for this transition in my psychological component. Lack of psychological preparation to cope with this environmental change turned me back to drugs. These double unexpected attacks create a confusion about my identity and selfhood. I lost my faith and identity without the support both from my father and my achievement in his business. Drug-taking is my way to escape from these double whammies.*

> *In addition, under this circumstance, I feel helplessness and lonely. This psychological immaturity becomes a resistance to my transition towards a meaningful life, and it blocks my way towards a health living as well. Without this psychological support, my motivation to quit drug gets lower and lower once*

encounters any obstacle such as the unexpected life event that I experienced now.

Moreover, my moral reasoning also gets down to some extent and that only limits my moral thinking from the perspective of my self-interest, not from the perspective of the others. I admit it is this immature moral thinking that rationalizes my drug abuse behavior (13, D2, p.9-10).

As Levinson (1978) and Fowler (1981, 1996) mentioned, between the ages of thirty and forty-five, it is a major life transition. An individual usually starts to undertake the preparation of building a life structure for his or her second adult era. Participant 13 has faced difficulties in this faith development stage and, in turn, returned to drug-taking again. Participant 13 described his moral and psychological development could not facilitate his spiritual development towards a meaningful life. This unfulfillment, in turn, weakened his resilience against drugs. Participant 11, like Participant 13, also encountered an unexpected life event in the transition from stage 3 to 4 in his spiritual development, and that made him turned back to drug-taking.

My meaning of life is so simple and personal. I just wanted to live under the same roof with my girlfriend and have a stable income for our living as well. It was what I strived for in the past years. However, my girlfriend broke up with me and my boss fired me nearly at the same time. My pursuit of purpose of life suddenly turned into dark. The resilience against drugs was totally collapsed. Of course, this failure in my spiritual development against my drug-taking behavior is due to the weak support from my psychological state, and cognitive and moral reasoning. First, I am unable to conduct any critical reflection on my selfhood and the outlook about my life transition. Second, my moral reasoning is incapable to reign my drug-taking impulse. I rationalize my drug-taking behavior by asking questions such as 'why God put me into this suffering without any caring and solution?' I think I am sinless because I at least do nothing harmful to other people with regard to my drug-taking behavior. I am the only victim of my drug-taking behavior. God just watches from the top about my daily struggling and suffering without giving me a helping hand (11, D2, p.16).

The above description reflects the failure of the participants in drug recovery which is linked with the unsuccessfulness in the pursuit of purpose of life on the one hand, and also linked with the non-complementarity maturation in their cognitive, moral, and psychosocial development with their processes of pursuit of purpose or meaning of life on the other hand.

The stories of the above cases of those participants who have experienced failure in drug recovery described in this section not only shared a common association between their unfulfillment in their pursuit of purpose of life / meaning in life and their failure in drug recovery, but also shared a common developmental immaturity in cognitive, moral, and psychosocial domains which was associated with their unfulfillment of spiritual development towards drug recovery. It provided a clearer picture of the theoretical framework of this study about the understanding of the importance of the presence of the complimentary maturity in these domains for the continuous spiritual development towards the positive long-term drug recovery.

4.4. Chapter Summary

The findings in this Chapter have shown the significance of the presence of spirituality for the protective role in long-term drug recovery. The two groups of participants, with and without religious component within their pursuit of purpose of life / meaning in life, have indicated an association between the continuous fulfillment of the pursuit and the positive outcome of the drug abstinence and the well-being of the participants. The result also revealed that the pursuit of spiritual meaningfulness can unfold the process of self-reflection

and self-forgivingness about the drug-taking behavior of the participants that activates the participants' motivation to abort their drug-taking behavior.

In addition, the findings showed that the continuous fulfillment of the pursuit of the spiritual meaningfulness was the key for the sustainability of the drug avoidance and well-being of the participants. Social support was an important factor for the increase of the efficacy and resilience of the participants in this sustainability. These findings were also supported by the results of those participants who experienced a failure in their drug recovery. The findings from this group of participants indicated that the unfulfillment of the search of purpose of life / meaning in life was associated with their failure in drug recovery and their low efficacy against their drug relapse.

At last, the findings indicated the significance of complementary maturation of the cognitive, moral, and psychological development to support the continuous spiritual development of the participants during their process of drug recovery. The description of the participants who experienced failure in drug recovery reflected lacking a complementary maturation in these developments has provided support for the above findings.

Further discussion and conclusion of the study will be presented in the following chapter.

Chapter 5: Discussion and Conclusion

The previous chapter presented the results of the study. This chapter will discuss the results in relation to the Research Questions that were identified in Chapter 2. Section 5.1 will offer interpretations on the results in relation to the Research Questions. Section 5.2 will discuss the main implications from the study. The last section of this Chapter, Section 5.3, will be the conclusion of the study, which includes the limitations of the study and the recommendation for further studies.

The objective of this study is to explore the role of spirituality in the positive long-term drug recovery. The data was drawn from the case study of a group of 14 drug-users and ex-drug-users. The ex-drug-users included two sub-groups: one sub-group of ex-drug-users who have successfully pursued their spiritual meaningfulness with the involvement of religious belief and another sub-group of ex-drug-users who have successfully attained their spiritual meaningfulness without religious belief. The group of drug-users includes 4 participants who have experienced failure in their drug recovery.

According to the objective of the study, the following research questions were set:

Research Question 1: Does the development of spiritual meaningfulness contribute to the achievement of persistent drug abstinence and positive long-term drug recovery?

Research Question 2: How does the support from spiritual development for spiritual

transformation affect one's resilience in drug abstinence and long-term drug recovery?

Research Question 3: Does cognitive, moral, and psychosocial development affect the actualization of spiritual wellness towards drug recovery?

The above three research questions have led the direction of the investigation in this study.

5.1. Answers to Research Questions

5.1.1. Research Question 1: Does the development of spiritual meaningfulness contribute to the achievement of persistent drug abstinence and positive long-term drug recovery?

The findings from the in-depth interviews among two groups of participants that involved a spiritual meaningfulness with and without religious belief indicated a significant relationship between the pursuit of spiritual meaningfulness and positive long-term drug recovery. During the interviews with these two groups of participants, all participants mentioned that there was a positive association between their fulfillment of the pursuit of purpose of life / meaning in life and their positive long-term drug recovery. According to their descriptions, the pursuit of their purpose of life / meaning in life, whether with or without religious belief, was associated with a process of self-reflection and forgivingness about their drug-taking behavior, which would activate their motivation and conviction to abandon their drug-taking behavior.

Both groups of participants reported that the process of self-reflection and forgivingness

motivated them to admit the falseness of their drug-taking behavior and brought

forgivingness to their behavior. It was then followed by drug abstinence. Meanwhile, the

internalization of the values system from their purpose of life / meaning in life brought them

psychological well-being as well. Although the spiritual meaningfulness of the group of

participants without religious beliefs in their pursuit of purpose of life / meaning in life was

driven by their process of self-actualization instead of religiosity, the mechanism towards

recovery was similar to that of the group with religious meaningfulness. The only difference

is that the sustainability of the spiritual meaningfulness of the group through the pursuit of

self-actualization is not as strong as that of the group with the pursuit of religiosity.

According to their experiences, the sustainability of their spiritual meaningfulness towards

drug recovery depended on the stability of their pursuit of self-actualization. It was subject to

mastery experience about their successfulness in overcoming the obstacles that they

encountered across their pursuit of self-actualization such as unexpected life events. Taking

the experience of Participant 13 as an example, he returned to drug-taking again when his

pursuit of self-actualization was blocked by the death of his father and the downturn of his

logistic business during the period of pandemic attack. The other participants, like Participant

11 who experienced failure in drug recovery, also shared similar negative experiences in their

pursuit of self-actualization. Similar to Participant 13, Participant 11 also fell into drug

relapse when his self-actualization in career and search for the sense of belongingness were

blocked by the unexpected life events. He was dumped by his girlfriend and also lost his job

after his legs were broken while playing football. According to his description, these

unexpected life events turned his self-actualization to an end. This unfulfillment of

self-actualization caused by these unexpected events then turned him to drug-taking again.

According to his description, this drug-taking behavior acted as a buffer to compensate his

loss in spiritual meaningfulness. This experience indicated the protective role of the pursuit of

the spiritual meaningfulness in avoiding drug relapse. This pursuit acted as a firewall to

protect the drug-takers from drug relapse. Once this firewall is blocked or disappeared, the

drug-taker is in a risk situation that lack of protection against drug-relapse.

Besides unexpected life events, lacking family support for their self-actualization is also a

crucial obstacle to the sustainability of the spiritual wellness in their drug recovery.

Participants 01 and 14 both admitted that the objection from their parents about their pursuit

of self-actualization in their career as a journalist and film director respectively was

accountable for their failure in achieving drug abstinence and well-being. Their experience

not only reflects that drug relapse usually associates with the unfulfillment of the pursuit of

purpose of life, but it also provides a further support to the significance of the finding that the

development of spiritual meaningfulness can contribute to the positive long-term drug

recovery.

Nevertheless, the data collected were insufficient to make any assertion about the details of

the mechanism showing the theoretical relationship among the theoretical constructs of

self-reflection, forgivingness, and purpose of life / meaning in life within the spiritual

transformation towards positive long-term drug recovery. This will be discussed in the next

section of this Chapter.

5.1.2. Research Question 2: How does support from spiritual development for spiritual transformation affect one's resilience in drug abstinence and long-term drug recovery?

The findings from the group of participants who involved religious belief in their pursuit of purpose of life / meaning in life indicated that the support from the religious theology and religious community played an important role in promoting one's resilience in drug abstinence and long-term recovery. Within the Christian participants, they first admitted their powerlessness over their drug-taking behavior and then followed by a faith in the power of God believing in a greater power to help them to overcome the temptation of drugs. This self-reflection of the Christian participants viewed their drug-taking behavior as inherent suffering. It further involved a self-forgivingness of their drug-taking behavior and looked beyond, focusing on one's faults and failing to a wider horizon to embrace a faith to unify with God so as to achieve eternal life and essential characteristics that required them to pursue the God's will. This self-reflection and forgivingness increased their resilience in drug abstinence and spiritual transformation. Moreover, the exposure of the spiritual doctrine and religious practice such as personal prayer and service attendance can also maintain their resilience in drug abstinence and spiritual transformation. This mode of strengthening personal and community faith through worship can be viewed as their way to keep their resilience to drug abstinence and spiritual transformation. In addition, the social support from the Christian community also played an important role in maintaining the resilience of the

participants.

The participant in this group, who has a religious belief in Buddhism rather than Christianity, reported a similar mechanism as the Christian participants. The sustainability of her spiritual transformation also involved a process of self-reflection and forgivingness of her drug-taking as a sinful behavior though the Buddhist disagreed with Christians who contemplated drug-taking is an inherent sinful suffering. Unlike the religious practice of the Christian, the participant with spirituality in Buddhism relied on meditation rather than religious activities such as personal prayer and service attendance to maintain her resilience. These differences between Christianity and Buddhism will be addressed in the coming section.

The internalization of the value system of the religious belief would provide a guideline and framework for their interpretation of life events and behavior. The fulfilling of ultimate value in religious practice provided an exit for them to go beyond the fulfillment of oneself. The experience of Participant 02 was a typical example of this type of spiritual transcendence. Moreover, the belongingness to the religious community also affected the spiritual transformation through the sharing of symbols, values, and support in a way of promoting the participants' sense of connectedness. These religious community relationship and activities enhanced the spiritual resiliency of the participants of this religious group.

In comparing with the group of participants who experienced successfulness in drug recovery due to the fulfillment of achieving purpose of life / meaning in life, the search for

self-actualization as their purpose of life has replaced the role of religious value in their

process of spiritual transformation along their drug recovery. It activated a similar mechanism

of self-reflection and self-forgivingness about their drug-taking behavior. It was then

followed by drug abstinence, and they looked for well-being through actualizing their life

goals. Self-actualization replaced the role of religious belief in sustaining their resilience in

drug abstinence and spiritual transformation. In addition, similar to the religious group, social

support in this group acted as a protective factor for their spiritual resiliency. It was reflected

in the experiences of Participants 03, 04, 06 and 12. Instead of religious community support,

family and peer supports enhanced their resilience. For example, the experience of Participant

12 reflected the significance of these supports in enhancing his resilience against drug on the

one hand and enhanced their resilience towards spiritual wellness on the other hand. The

support from his wife provided a positive encouragement for him to level-up his

self-actualization from a primary school teacher to the higher level of spiritual transcendence

helping the minority.

However, social support from family and spouse not only performs a protective role for the

spiritual transcendent, but it also can act as an obstacle for promoting the spiritual resiliency

of the drug-takers during their process of spiritual transformation. This dual role was found in

the group of unsuccessful recovered participants. Once their pursuit of self-actualization

encountered obstacles from lacking social support and connectedness, it would have a

negative effect on their spiritual resiliency. This negative effect on spiritual resiliency was

reflected by the findings from the group of participants experienced failure in drug recovery. Participants 01 and 14 reported this obstacle in their process of self-actualization. The attainment of their goal of life through self-actualization of being a journalist and film director respectively could not get the blessing from their parents and was rejected by their parents as well. This turned them to rationalize drug-taking as their buffer to this unfulfillment of spiritual meaningfulness.

As discussed in the previous section, besides lacking social support such as family support, unexpected life events also had negative effects on their pursuit of self-actualization. This, in turn, affected the sustainability of their spiritual resiliency, and eventually turned them back to drug-taking. The experiences of Participants 11 and 13, who failed in drug recovery due to their unfulfillment of self-actualization caused by unexpected life events, echoed with this assertion.

In sum, lacking social support and unexpected life event are the obstacles for building up the spiritual resiliency of the drug-takers towards spiritual transformation.

5.1.3. Research Question 3: Does cognitive, moral, and psychosocial development affect the actualization of spiritual wellness towards drug recovery?

The descriptions from the two groups of participants, who have recovered with religious belief and recovered without religious beliefs, reflected that cognitive, moral, and psychosocial development affects the actualization of spiritual wellness towards drug

recovery. Their description reflected that they have experienced a complementary maturation in these domains by which it provided support to sustain their spiritual development towards spiritual wellness. Taking Participant 04 as an example, her maturity in her moral development towards a third person perspective has enlightened her to take her father's perspective and motivated her to quit drug-taking as well. In addition, the maturity of her cognitive reasoning also led her to rebuild her goal of life through self-actualization in her career and academic achievement. This process of spiritual transformation towards well-being was also supported by a parallel development in her psychosocial domain. She started to develop an identity and self-concept that can facilitate her pursuit of purpose of life / meaning in life in career and academic achievement. The developmental maturity in these domains was extremely important for the sustainability of their spiritual transformation.

The experience of the participants with religious belief also reflected a significant association between the complementary maturation in these developments and the sustainability of spiritual transformation. Taking Participant 02 as an example, he admitted that his spiritual development towards a steady spiritual wellness in his adulthood towards positive drug recovery was supported by the complementary maturation in moral, cognitive, and psychosocial development. Without the maturity in moral development, he would not be able to take a third person perspective to conduct self-reflection and self-forgiving about his drug-taking behavior. Moreover, without the maturity in his cognitive reasoning, he could not grasp the meaning of the Bible to sustain his spiritual development. Psychosocial maturity

also played a key role for him to rebuild his identity and self-concept according to the will of God to accommodate the drug-free life onwards.

In contrast, the stories from the group of participants who experienced failure in drug recovery reflected that the failure in drug recovery is linked with the unsuccessfulness in the pursuit of purpose of life on the one hand, and with the immaturity in their cognitive, moral, and psychosocial development to support their pursuit of purpose or meaning of life on the other hand. Such developmental immaturity in cognitive, moral, and psychological domains was associated with their failure in developing a third-person perspective and purifying selfhood about their drug-taking behavior. Their experience provided a support for the importance of the presence of the complementary maturity in these domains for their continuous spiritual development towards the positive long-term drug recovery. For example, Participants 01 and 14 have suffered failure in their search of purpose of life through self-actualization in their career to be a journalist and film director respectively. They both admitted that their moral reasoning was not mature to take a third-person perspective about their marijuana-taking behavior. In addition, they also admitted that the immaturity of their psychosocial development could not make them psychologically well-prepared for the fulfillment of their self-actualization and thus made them turn back to marijuana-taking behavior.

In short, the complementary maturation of cognitive, moral, and psychosocial development affects the spiritual development towards wellness.

5.2. Implications of the Study

5.2.1. Theoretical Implications of the Study

The discussion of the theoretical implications of this study will be divided into two sections. The first section will focus on the theoretical implications from the difference in the protective function of spirituality within the process of drug recovery between the pursuit of meaning in life through religiosity and self-actualization. The second section will focus on the discussion of the factors affecting the resilience and sustainability of the spiritual development of the drug-takers along their recovery.

5.2.1.1. Difference between Religiosity and Self-Actualization

According to the theoretical framework of this study, the pursuit of spiritual meaningfulness through either religiosity or self-actualization can provide protection against drug relapse and bring well-being to the drug-takers. Religiosity and self-actualization both can purify the drug-takers' polluted self and help them rebuild a drug-free self towards a self-actualized being. The findings of the study have indicated that there exists a difference in the protective capacity of spirituality against drug relapse among the pursuit of spiritual meaningfulness at subjective, intersubjective and objective levels. According to the theoretical framework of this study, the pursuit of spiritual meaningfulness can be achieved at three levels, namely subjective, intersubjective, and objective. First, the difference between subjective and intersubjective levels can be illustrated by the findings between the participants with the pursuit of meaning in life through religiosity and self-actualization. Taking the stories of

Participants 01, 11, 13 and 14 as examples, they returned to drug-taking after experiencing failure in their pursuit of spiritual meaningfulness through self-actualization. According to the Silverman's (2013) classification, their pursuit of spiritual meaningfulness was classified as a pursuit of meaningfulness at subjective level. These participants viewed their self-actualization as a search of happiness and quality of life at personal level. From Wolf's (2010) perspective, if the individual finds this subjective good missing in his or her life, then he or she will find something to do to fill up the gap as it was not fulfilled. These participants eventually rationalized their drug relapse behavior as a buffer to the unfulfillment in their self-actualization. For example, Participant 14's pursuit of meaning in life through self-actualizing to be a film director is a pursuit of meaning in life at subjective level. Once he experienced failure in this pursuit, he interpreted this subjective good was missing in his life. He rationalized his drug relapse as a buffer to this failure in self-actualization. He tried to use drug to fill up the gap as it was not fulfilled.

In contrast, participants whose pursuit of spiritual meaningfulness involved religiosity such as Participants 02, 05, 08 and 10 not only experienced success in their drug recovery, but they also showed a stable spiritual development towards spiritual wellness in their recovery. By the classification of Silverman (2013), this pursuit of meaning in life through religious belief is classified as a pursuit in intersubjective level. For example, Participant 02 has mentioned that the theological doctrine and Bible from Christianity not only provided power and support for his pursuit, but also led him to become a priest and made him devote his effort in helping

the grassroot drug addicts to receive treatment. They pursued the meaning of life through

religious practice with a mutual good shared within their religious community at the

intersubjective level. Participants 02 and 10 even stepped ahead with a search of meaning at

objective level. They pursued meaningfulness through helping other drug addicts to recover.

This pursuit involved a search of moral good or collective good at societal level.

Unlike the pursuit at subjective level, participants who pursue meaning at intersubjective

level act according to their internalized value system or ultimate values would have a stronger

binding and motivational force to overcome the obstacles encountered (Westgate, 1996). This

implication echoed with Emile Durkheim's understanding of the pursuit of meaning of life

through religiosity as a form of social obligations to provide social forces upon the followers

(Giddens, 2006). In addition, the spiritual meaning obtained from religious beliefs also acts as

ultimate values that carries a transcendent significance. It provides a sense of transcendence

that relates to having a relationship with a higher being (Maslow, 1971; Chandler, Holden, &

Kolander, 1992). All these together provide a stronger motivational and binding force for

Participants 02 and 10 to overcome the obstacles encountered during their pursuit of spiritual

meaningfulness, and, in turn, empowered them with a better protective capacity against drug

relapse during their drug recovery.

Besides the difference in protective capacity at subjective and intersubjective levels, the

findings also indicated a difference in protective capacity of spirituality between the pursuit

of meaning in life at subjective and objective levels. This difference is illustrated by the

difference found within the participants who search meaning in life through self-actualization at subjective and objective levels. This difference can be illustrated by the stories of Participants 12 and 14. Participant 12's search of meaning of life through self-actualization shifted from a personal interest of looking for better living standard to a societal good level of helping minority. This represented a shift of search of meaning in life from subjective level to the objective level of looking for collective good of the society. The shift to objective level provided strong motivational force for keeping Participant 12 away from drug and motivated him to pursue further study in universities and teach the minority in primary school as well. In contrast, Participant 14's personal level of pursuit of meaning in life through self-actualization of being a film director was not strong enough to keep him away from drug relapse. Once his pursuit was blocked, he returned to drug-taking again. The experience of Participant 10 was similar to Participant 14. When the self-actualization of Participant 10 was blocked by the death of this father and the downturn of his logistic business, he also encountered the same situation as Participant 14. He used drug-taking to compensate his unfulfillment of self-actualization.

Furthermore, spirituality in particular the pursuit of religious meaningfulness not only possesses a protective role for long-term drug recovery, but it also possesses a negative character fostering long-term drug recovery. Participant 12 has experienced a markedly different spiritual experience in his drug recovery. He took marijuana as a buffer to his poor living standard. His first drug abstinence experience was during his participation in a

Christian youth center's guitar and music interest group. During this time, he experienced moral awakening about his marijuana-taking behavior. This awakening led him admit his marijuana-taking behavior and subsequently he quitted marijuana. However, he later quitted the interest group. According to his description, he did not participate in the religious practice and left the Christian youth center because he thought that God was not standing on his side to fight again his poverty. He blamed God has done nothing to improve his poor living. His drug abstinence only lasted a short period of time. This negative character of religious meaningfulness turned him back to marijuana-taking as a buffer for his poor living standard after he left the Christian youth center. This negative impression about God was expected to be an obstacle to his drug recovery.

However, the experience of Participant 12 indicated that this dark side of spirituality can be redirected to positive again through the pursuit of spiritual meaningfulness through self-actualization. After Participant 12 has suffered a short moment of drug relapse, he picked up his drug recovery journey again without any pursuit of religious meaningfulness. Now, he has achieved a long-term drug recovery and a positive life development as well. His recovery experience is different from the findings of those successfully recovered participants through the pursuit of religious meaningfulness in a way that his negative attitude towards religiosity has not been an obstacle to his recovery. Instead, it provided him with the motivational force to fight against poverty by his own effort through further study. This move from religious meaningfulness to self-actualization in purpose of life turned him to study hard from

associate degree level to postgraduate diploma and master's degree level. This process of self-actualization has provided him spiritual meaningfulness to keep away from marijuana-taking and achieve well-being through serving the community in particular the minority. This negative impression of God has indirectly facilitated his positive move towards recovery, rather than turned him to persistent drug relapse. His experience has provided this study a wider scope of understanding about the dual role of spirituality in drug recovery. Negative affiliation of religiosity can bring drug-takers away from recovery, but it can also facilitate the drug-takers to stay away from drug relapse. In addition, Participant 12's experience also indicated that the dark side of spirituality can be removed by the pursuit of spiritual meaningfulness through self-actualization towards long-term drug recovery.

In sum, the above findings enhance a further understanding of the difference in protective capacity among these three levels of pursuit of spiritual meaningfulness that has not been mentioned in the theoretical framework of this study. It provides a theoretical thread to further investigation.

5.2.1.2. Resilience and Sustainability

According to the theoretical framework of this study, positive drug recovery requires a sustainability of spiritual transformation towards spiritual wellness in terms of spiritual meaningfulness. This steadiness of spiritual transformation is partially related to the degree of spiritual resiliency of the drug-takers.

In traditional drug treatment perspective, the theoretical construct *resilience* is usually interpreted by the cognitive perspective as the self-efficacy of the drug-takers against drug relapse (Marlatt, 1979; Marlatt and Gordon, 1980, 1985). In some studies, it was used interchangeably with Albert Bandura's construct *perceived self-efficacy* (Bandura, 1977, 1986, 2002; Bandura, et al, 1995). As mentioned in Chapter 2, the conception of resiliency in spiritual studies is different from that in cognitive research. The conception of resiliency in spiritual studies is associated with the presence of social competence, autonomy, and sense of purpose to overcome the challenging or threatening situation (Benard, 1995). Moreover, spiritual resiliency in spiritual studies refers to a sense of coherence and ability generated by the spiritual experience of the individual to sustain his or her continuous pursuit of purpose of life / meaning in life (Hausser,1999; Rathopoulos, & Bates, 2011). This conception of spiritual resiliency is adopted in the present study of positive drug recovery, which refers to the ability of the drug-takers to sustain their spiritual transcendence through the pursuit of spiritual meaningfulness towards permanent drug abstinence and well-being. Although the findings of this study support a positive association between the pursuit of spiritual meaningfulness and protective drug recovery, the attainment of the protective drug recovery also needs the support of spiritual resiliency to maintain a persistent spiritual transformation towards a long-term drug abstinence and well-being of the drug-takers. Unfortunately, only a few studies and investigations have focused on the protective and risk factors that are responsible for the presence of this spiritual resiliency. The findings about the spiritual resiliency of the participants of this study can provide a theoretical direction to bridge this

research gap.

As mentioned in the previous section, the findings from the ex-drug-users including with and without religious belief indicated that social support is a strong protective factor for the presence of the spiritual resiliency. Among those ex-drug-users with religious belief, the social support from the religious community and practice was the major source to sustain their spiritual resiliency. Taking Participants 2 and 10 as an example, the social support from the religious community has played an important role for the sustainability of their spiritual resiliency towards a steady spiritual transformation in achieving spiritual wellness.

For the ex-drug-users who do not have any religious beliefs, the social support from the family or spouse for their continuous achievement in self-actualization has played an important role in their sustainability of spiritual resiliency. For example, the social supports from the husband of Participant 4 and the wife of Participant 12 not only provided them support for their spiritual resiliency in self-actualization, but it also motivated Participants 4 and 12 to level-up their spiritual transcendence to a higher goal of life. Participant 12 under the encouragement of his wife continued his study in the graduate school of the Hong Kong Baptist University and devoted most of his time to help the minority after his graduation. By the encouragement of her husband, Participant 04 actualized her multi-media talent as a new media event planner in a newspaper corporation and also further her study in a bachelor's degree program. These supports from family members acted as a protective factor to enhance their self-efficacy in spiritual resiliency towards a steady spiritual transformation during their

self-actualization.

In other words, social support including supports from family members, religious community, peer, and social community performs a positive role in reinforcing the self-efficacy for the spiritual resiliency of the drug-takers towards a steady spiritual transcendence. This theoretical implication echoes with the Albert Bandura's conception of perceived self-efficacy. According to Bandura (Bandura, 1977, 1986, 2002; Bandura, et al, 1995), self-efficacy was composed of four major components: (1) vicarious experiences; (2) social persuasion; (3) physiological and emotional states; and (4) mastery experience. The social support from the family members, peer, and religious community performs a similar function as Bandura's social persuasion to encourage the drug-takers to have a higher level of perceived self-efficacy about their spiritual resiliency towards spiritual transformation either in religious pursuit of meaning in life or in non-religious pursuit of spiritual meaningfulness through self-actualization.

Indeed, lack of social support can exert a negative influence on the spiritual resiliency of the drug-takers. The findings from the unsuccessfully recovered participants indicated this negative influence of the lack of social support in their spiritual resiliency. Participants 01 and 14 are two drug-users with an unfulfillment in their self-actualization. Their family members disagreed with their goals of life as a journalist and film director respectively. They claimed that this disagreement or lack of support not only blocked their pursuit of self-actualization, but also pushed them to rationalize drug-taking as a buffer for their

unfulfillment of self-actualization. Lack of social relationship in these cases illustrated a negative influence on the sustainability of spiritual resiliency. This theoretical implication also echoes with the negative role of physiological and emotional states in building up one's self-efficacy. According to Bandura (Bandura, 1977, 1986, 2002; Bandura, et al, 1995), people would fall into trouble within their physiological and emotional states when they encounter difficulties in overcoming the obstacles in modifying their behavior. This would in turn have a negative effect on their perceived self-efficacy. Lacking social support from the family members for their pursuit of self-actualization has turned them into unstable physiological and emotional states which, in turn, pushed them falling into drug relapse again.

However, study indicated that high expenditure was found in recruiting social workers in those posited social and family support counselling projects (Law, Lok, Wei, Luo, 2021). The result of the meta-analysis of Law's study (et.al., 2021) revealed that this type of counseling projects had the highest expenditure (81%-93%) on recruiting social workers.

In sum, the findings of this study have a significant theoretical implication that social support such as support from family, peer, and community can perform a dual role for the presence of a steady spiritual resiliency of drug-takers towards drug abstinence and spiritual wellness along their process of positive drug recovery. Meanwhile, this theoretical implication also provides a practical direction for the educators and counselors to address the importance of social support within the school drug prevention education and treatment program.

5.2.2. Practical Implications for Drug Treatment and Prevention

As the drug-taking rate among the students under 21 has an increase of 44% (Action

Committee Against Narcotics, 2022) and, according to the report from law enforcement

agencies, the number of young arrestees under 21 has increased by 32% (Action Committee

Against Narcotics, 2022), the increasing figures have alerted the educators and counselors

about the urgency of reviewing the current drug prevention education program design,

particularly the components that involved drug treatment methods and drug recovery. Besides

the recent increase in the number of student drug-takers, the current findings also indicated

that the relapse rate of drug-taking students maintained at a higher level in the past three

years. For example, the data collected from 2016 to 2018 has indicated that 66.6% of the

secondary and post-secondary drug-taking students have a relapse experience (Narcotics

Division, 2016, 2019). In the year 2017-2018, the data gathered has also indicated that over

55% of the secondary and post-secondary drug-taking students did not make any attempt to

stop taking drugs or give up drugs. Moreover, the hidden nature of student drug-taking also

draws our attention because the figures have indicated that a high hidden rate has been

maintained in the past few years (Narcotics Division, 2016, 2019). The increasing figures

have alerted the educators and counselors about the urgency of reviewing the current school

drug prevention education program design.

The drug prevention education program today mainly focuses on the delivery of cognitive

information on the harmful effects of drug-taking. It only emphasizes the risk factors within

drug prevention and neglects the importance of the protective factors such as spirituality. The findings of this study about the protective role of spirituality in drug recovery reminds the educators and counselors to pay attention to the protective function of the purpose of life and meaning in life of the students in drug prevention program. Thus, in addition to providing the cognitive information on the harmful effects of drugs to students, the findings remind the educators and counselors that they need to make use of the adaptive qualities of the students' spiritual and religious meaningfulness to fit well with the positive developmental perspective focused on human growth, as opposed to the traditional pathological perspective in their design of school drug prevention and treatment programs. In addition, the findings also indicated that the cognitive, moral, and psychosocial development could affect the actualization of spiritual wellness towards drug recovery. It reminds the stakeholders of the drug treatment program and school drug prevention education program that they need to identify the stage of development of the students' cognitive, moral, and psychosocial domains, and to be alerted how the ways of these developments contribute to the spiritual development and wellness of the students as well.

As indicated from the findings, spirituality can perform a protective role in long-term drug recovery. The pursuit of spiritual meaningfulness through religiosity and self-actualization can provide a protective function for drug abstinence. However, in the contemporary societies particularly in the United States, there has been a decline in religious affiliation and a decline in concern about the contribution of religious beliefs in public health (Grim, & Grim, 2019).

It is the time to consider to the importance of religiosity in addiction intervention by helping the drug-takers to rebuild or achieve their spiritual meaningfulness.

In additional to the findings of this study indicating the protective role of self-actualization in long-term drug recovery, the research results of this study also demonstrated that adolescents receiving the education in positive life-development program such as Project Positive Adolescent Training through Holistic Social Programmes (P.A.T.H.S.) exhibited significantly slower increases in adolescent problem behaviors and substance use (Shek, & Yu, 2011, 2012). However, the school drug prevention programmes in Hong Kong today has neglected this aspect. Regarding the school drug prevention education programme in Hong Kong, it is solely primary prevention in nature, which only focuses on the delivery of the harmful effect of drug to the students. It has neglected the protective role of the positive life-development of the students, such as helping students to pursuit spiritual meaningfulness through self-actualization. The educators and researchers should not only move on to secondary and tertiary drug prevention education, but they also need to consider integrating the component of promoting self-actualization into their primary drug prevention education.

Moreover, it is important for the counselor to recognize that the student's drug-taking behavior is likely a result of disequilibrium of typical developmental transitions or unexpected life crises. On some occasions, the disequilibrium of spiritual developmental stage transition may co-happen with unexpected life crises and the counselor needs to distinguish whether the disequilibrium is a result of transitional problems or unexpected life

events. As mentioned in the previous section, unexpected life events may affect the spiritual resiliency of the participants. This awareness can help the counselor to identify whether the drug relapse was caused by these unexpected life events or distorted spiritual development or their co-occurring within the developmental stage transition which, in turn, helps the drug-taker to acknowledge the losses that fail to attend the stage and anticipate the future.

Furthermore, according to the findings, Participant 01 and 14 who have experienced failure in their drug recovery have reported their failure were related to the unfulfillment in their self-actualization. The unfulfillment caused them to rationalize their drug relapse behavior as the buffer to their low life satisfaction caused by the failure in achieving their self-actualization. Participant 01 and 14 faced challenges in achieving their life satisfaction through self-actualization and, in turn, experienced low self-efficacy against drug relapse after their life goal as a journalist and film director were blocked by their parents. Under this circumstance, counselors and educators can help the drug abusers to reformulate a workable life plan as their life goals. Life planning facilitates life satisfaction, which provides longer-term protection for the abuser against drug relapse (Zhou, Cheung, Li, and Cheung, 2021). Life planning, self-efficacy and life satisfaction are theoretically interrelated (Azizli, Atkinson, Baughman, & Giammarco, 2015). Life planning not only facilitates young drug abusers to explore themselves in facing these psychosocial tasks such as isolation, and identity and role confusion and reduce the tendency of drug relapse (Zhou, Cheung, Li, and Cheung, 2021), but it also enhances the perceived self-efficacy of the young abusers against

drugs through achieving life goals from lower level to higher level.

Under the risk situation similar with Participant 01 and 14, counselors and educators can help the drug abusers to make a piecemeal life planning to replace their unfulfilled life goal and allows the abusers to achieve their life goals step-by-step. Piecemeal life planning not only provides transition and adaption for the abusers to overcome this risk situation through the fulfillment of life goals from lower level to higher level, but also helps the abusers to rebuild their perceived self-efficacy to overcome drug relapse. The experience of Participant 12 is a good example of attaining life goals through this kind of piecemeal life planning. He achieved his self-actualization as a primary school teacher through a piecemeal life plan. He started from taking part-time associate degree course while worked as a teaching assistant in a primary school. After associate degree was awarded, he continued his study from top-up degree to post-graduate diploma in teaching and even pursed his study in master's degree level. He was promoted from teaching assistant to assistant teacher and eventually be a permanent primary teacher. Participant 12 achieved his life goal as primary school teacher through piecemeal life plan.

Moreover, the findings of this study indicated the significance of the complementary maturation in the development of cognitive, moral, and psychosocial domains for the continuous spiritual development towards a long-term drug recovery. These findings can provide a practical implication for the direction of the spiritual drug treatment. As reported by the participants who experienced failure in voluntary or involuntary in-patient spiritual drug

treatment in their adolescence or early adulthood, they admitted that their failure was related to the immaturity of their development in these domains. This finding is a valuable practical implication for the practitioners of the spiritual drug treatment programs to review the structural design and effectiveness of the programs accordingly.

5.3. Conclusion

5.3.1. Limitations of the Study

This study had several limitations. First, as mentioned in the findings in the previous section, the process of drug abstinence of those participants who involved the pursuit of purpose of life / meaning in life, with and without religious beliefs, indicated an engagement of self-reflection and forgivingness within their pursuit. Although the findings supported that purpose of life / meaning in life was positively associated with drug abstinence through an increase of self-reflection and forgivingness of drug abuse behavior, the data collected were not strong enough to identify whether self-reflection and forgivingness acted as a mediating variable between purpose of life and drug abstinence or not. The pathway of how spirituality led to the pursuit of purpose of life, self-reflection, and forgivingness onto recovery was not clearly defined in this study.

Second, the drug dependence of the participants in this study has included a variety of drugs. Some of the participants only had drug dependence experience in marijuana only while the other participants were poly-drug-users in cocaine, amphetamine, cannabis, and other psychotropic substances. Literature review indicated that different kinds of drugs would have

different effects on drug-takers and thus it required different type of drug treatment (Tang, Liang, Lee, Tang, Lam, Chan, & Lam, 2012). This study was only an exploratory study on the role of spirituality within the process of drug recovery without specially focused on any specific type of drug dependence of the participants.

Third, as mentioned in the previous Chapter, the different religious practices may have different influences on the relationship among spirituality, drug abstinence, and the pursuit of well-being in drug recovery. For example, Christianity and Buddhism are different in their spiritual practices (Cook, & Powell, 2022). Although this study has already addressed this difference between Christianity and Buddhism within the successfully recovered participants in the findings, it still needs a further study to explore the effect of this religious difference on the pursuit of spiritual wellness in drug recovery.

Fourth, the data collection of this study was retrospective, with the inherent weaknesses of information bias and missing data.

5.3.2. Recommendation for Further Study

The interest in spirituality and drug recovery is relatively recent, so it needs additional researches abound. Particularly, this research showed that the study of the theoretical linkage among the constructs such as pursuit of purpose of life / meaning of life, self-reflection, forgivingness, resentment, and drug recovery has a significance in further study. This research direction can help build up a theoretical model for further descriptive and

explanatory study.

In addition, as addressed in the previous section, the difference in drug dependence may have a significant influence on the relationship between spirituality and the process of drug recovery. Further research can address on this direction to enhance a better understanding about the influence of types of drugs on the relationship between spirituality and positive long-term drug recovery.

Furthermore, it is suggested that further study on spirituality and positive drug recovery can focus on the difference of religious practice and spiritual community among a range of religious beliefs.

As mentioned in this study, spirituality or faith is a theoretical construct that covers the pursuit meaningfulness in life through religiosity or self-actualization. However, reviews indicated that most of the study related spirituality was only concentrated on religiosity. For example, the findings of this study about the protective role of spirituality are in-line with the findings of the Grim and Grim's (2019) overview of faith-oriented approaches to drug prevention or recovery. In Grima and Grim's study, more than 84% of the study showed that faith is a positive factor in drug prevention or recovery. However, the study only confined faith to the religious pursuit of life meaningfulness. The pursuit of spiritual meaningfulness through self-actualization was not discussed in their study. It is suggested that further study about the role of spirituality can take a more inclusive definition of spirituality to include the

pursuit of spiritual meaningfulness through self-actualization. Moreover, Shek and Ng (2001) have mentioned in their study that a decrease of depression and hopelessness and a corresponding increase in meaning in life as a result of the process of drug rehabilitation. By following this line of thought, the pursuit of self-actualization can be a further research direction to investigate the effect of meaning in life on the depression and hopelessness of the drug-rehabilitators. It can take a wider definition of spirituality to include the pursuit of meaning in life through self-actualization for the further investigation of the role of spirituality in drug prevention and rehabilitation programs. As the findings of this study also indicated the importance of parallel development of the cognitive, moral, and psychosocial developments of the drug-rehabilitators. The absence of these parallel developments is a risk factor for the spiritual transcendence of the rehabilitators towards persistent drug abstinence and well-being. It is suggested to include this dimension into further study instead of just focusing on the role of spirituality.

5.4. Chapter Summary

In this chapter, the findings of the study have answered the research questions. First, spiritual meaningfulness has a positive association with the protective long-term drug recovery. Second, the sustainability of the spiritual meaningfulness towards positive long-term drug recovery requires a steady support from the spiritual resiliency. Third, the complementary maturation in cognitive, moral, and psychosocial development affects the spiritual development towards positive long-term drug recovery.

The findings also provide practical and theoretical implications for practitioners and researchers, especially about the important role of social support in spiritual resiliency. The presence of social support would have a positive influence on spiritual resiliency. However, lacking social support would have a negative effect on spiritual resiliency.

Regarding the limitations of the study, it has not explored the influence of different types of drugs on the pursuit of spiritual meaningfulness of the drug-takers. Moreover, the study also has not examined the protective role of pursuit of spiritual meaningfulness in different religious beliefs.

As mentioned in 5.2.2, the findings of this study about the protective role of spirituality in drug recovery has practical implications for drug treatment and prevention program. It reminds the educators and counselors to pay attention to the protective function of the purpose of life and meaning in life of the students in drug prevention program. In addition, the findings also indicated that the cognitive, moral, and psychosocial development could affect the actualization of spiritual wellness towards drug recovery. It reminds the stakeholders of these two programmes need to identify the stage of development of the students' cognitive, moral, and psychosocial domains, and to be alerted how the ways of these developments contribute to the spiritual development and wellness of the students as well.

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List of Appendices

Appendix A: Consent form for the Participants (English Version)

Informed Consent Form

The Protective Role of Spiritual Wellness in Students' Long-Term Drug Recovery-:

A Case Study of Drug Users and Ex-Users

You are invited to participate in a research study conducted by [The Protective Role of

Spiritual Wellness in Students' Long-Term Drug Recovery-: A Case Study of Drug Users and

Ex-Users] in the [Doctor of Education Thesis] at the Education University of Hong Kong.

PURPOSE OF THE STUDY：To explore the relation between spiritual wellness and drug

recovery

PROCEDURES：A 2-3 hours' interview and the interview will be audio-recorded.

POTENTIAL RISKS / DISCOMFORTS AND THEIR MINIMIZATION：The interview

may involve our drug-taking experience.

CONFIDENTIALITY：Identifying information will be removed from the data file and

stored separately, with the link between identifying information and data made through codes

only.

Entered data will be stored on a password-protected file and a password-protected computer,

while original, anonymized hard copies of the questionnaires will be stored in a locked office

until the paper has been published.

PARTICIPATION AND WITHDRAWAL：Your participation is voluntary.　This means

that you can choose to stop at any time without negative consequences.

QUESTIONS AND CONCERNS：If you have any questions about the research, please feel

free to contact Dr. Lam Chi Ming **at** ▆▆▆▆▆ **or** ▆▆▆▆▆▆▆▆   If you have

questions about your rights as a research participant, please contact the Human Research

Ethics Committee, The Education University of Hong Kong (hrec@eduhk.hk).

SIGNATURE

I _____ (Name of Participant) understand the procedures

described above and agree to participate in this study.

I ** agree / do not agree to the audio-recording during the procedure.

I ** wish / do not wish to be identified.   (if the procedure will involve personal interview)

(** Please delete as appropriate.)

Signature of Participant: _____

Date: _____

HREC Approval Expiration date: Nov 24, 2021

HREC Reference Number: 2021-2022-0026 for ethical clearance issued by the Human

Research Ethics Committee

INFORMATION SHEET

The Protective Role of Spiritual Wellness in Students' Long-Term Drug Recovery-:

A Case Study of Drug Users and Ex-Users

You are invited to participate in a project supervised by Dr. Lam Chi Ming and conducted by

Leung Tak man, who are staff /students of the Department of International Education in The

Education University of Hong Kong.

The introduction of the research：The research aims to explore the role of spiritual wellness

in positive long-term drug recovery through the case study of ex-drug-users and drug-users.

The finding of the research will provide a better understanding of long-term drug recovery

and also provides a research direction for future drug prevention education in school.

Your life experience can tell us about the role of spirituality in drug recovery.

The methodology of the research：10 ex-drug-users and 4 drug-users are going to recruit for

in-depth interviews about their life-history. With regard to the ex-drug-users, the participants

need to be away from drug-taking for 5 years. Each of the interview will require to conduct a

2 to 3 hours interview at the workplace of living place of the selected interviewees. The

interviews will be semi-structured by asking about their life development, drug-taking history

and life satisfaction.

No potential risks of the research ：Your participation in the project is voluntary. You have every right to withdraw from the study at any time without negative consequences. All information related to you will remain confidential and will be identifiable by codes known only to the researcher. The research result will only be used in academic presentation.

If you would like to obtain more information about this study, please contact Leung Tak man at ▮▮▮▮▮▮ or the supervisor Dr. Lam Chi Ming at ▮▮▮▮▮▮.

If you have any concerns about the conduct of this research study, please do not hesitate to contact the Human Research Ethics Committee by email at hrec@eduhk.hk or by mail to Research and Development Office, The Education University of Hong Kong.

Thank you for your interest in participating in this study.

Leung Tak man

Principal Investigator

Appendix B: Consent form for the Participants (Chinese Version)

參與研究同意書

研究題目：

心靈健康於學生終生正向戒毒中的保護作用：吸毒者與成功戒毒者的個案對比研究

閣下受邀參加香港教育大學教育博士生梁德民的畢業論文「心靈健康於學生終生正向戒毒中的保護作用：吸毒者與成功戒毒者的個案對比研究」的研究。

研究目的：探索心靈健康於學生終生正向戒毒中的保護作用。

訪談形式：2-3 小時的訪談並會以錄音記錄。

潛在風險：訪談內容可能涉閣下的吸毒經歷。

保密性：閣下的名字會在所有訪談內容從數據檔中刪除，並單獨加密存儲。輸入的數據將存儲在受密碼保護的檔和受密碼保護的計算機上，將存儲在上鎖的辦公室中，直到論文發表。

參與和退出：閣下參與和退出，純屬您的自願的參與。這意味著您可以隨時選擇停止。本研究並不會構成任何負面後果。

問題和關切：如果您對研究有任何疑問，請隨時聯絡本研究的首席監督林志明博士，可撥打 ■■■■■ 或電郵 ■■■■■■■■■■ 聯繫。如果您對作為研究參與者的權利有疑問，請電郵至 hrec@eduhk.hk 聯繫本校(香港教育大學)人類研究倫理委員會。

簽名

我(本人)_____ 瞭解上述程式，並同意參與此研究。

我 同意/不同意** 在訪談期間進行錄音。

我 希望/不希望** 被認出來。（如果訪談中涉及個人面談）（** 請刪除不適用者。）

受訪者簽名：_____

日期：_____

HREC 批准日期：2021 年 11 月 24 日 (人類研究倫理委員會頒發的道德許可參考編號：

2021-2022-0026)

參與研究資訊表

研究題目：心靈健康於學生終生正向戒毒中的保護作用：吸毒者與成功戒毒者的個案對比研究

閣下受邀參加由香港教育大學老師林志明博士研究督導、香港教育大學教育博士學生梁德民負責的研究項目。

研究介紹：本研究旨在通過對成功戒毒和吸毒者的案例研究，探討心靈健康在終生正向康復中的功用。研究結果將更有效地瞭解終生正向康復，並為今後在學校的藥物預防教育，提供研究方向。

閣下的人生成長經歷，可以告訴我們心靈健康在終生正向戒毒中的作用。

本研究的研究結果只會用於學術發表，不會作為非學術用途對外公開。

研究方法：招募 10 名成功戒毒者和 4 名吸毒者，就他們的人生成長歷史，進行深入訪談。關於成功戒毒者，他們需要 5 年或以上保持不吸毒。每次訪談會安排在被訪者的工作場所或家居進行，訪談為時大約 2 至 3 小時。訪談將以半結構式結構進行，集中傾談閣下的成長發展，吸毒歷史和生活滿意度。

潛在風險： 研究沒有潛在風險，閣下參加該專案是自願的。閣下完全有權隨時退出研究，而不會產生負面後果。與閣下相關的所有資訊都將保密，並且所有有關資料只能由

研究人員已知的密碼進行識別登入。研究結果只會作學術用途，不會對外公開。

如欲取得有關這項研究的更多資料，請致電 ■■■■■■■ 與梁德民聯絡，或致電 ■■■■■

與主管林志明博士聯絡。如果您對這項研究的進行有任何顧慮，請發送電郵至

hrec@eduhk.hk 與香港教育大學人類研究倫理委員會辦公室聯繫。

感謝您有興趣參與這項研究。

梁德民

首席研究員

Appendix C: List of Drugs (毒品列表)

Heroin	海洛英
Psychotropic Drugs	危害精神毒品
[1] Ketamine, K, King, Ket, Kit-kat, Special k, Vitamin k (Ketamine)	[1] K 仔（氯胺酮）
[2] Ecstasy (MDMA)	[2] 搖頭丸／忘我／E 仔／狂喜／搖搖（亞 甲二氧基甲基安非他明）
[3] Grass, Marijuana, Pot, Hash, Joint (Cannabis)	[3] 草／大麻花／大麻精／大麻油（大麻）
[4] Codeine / Cough Medicine (Codeine)	[4] 咳水／咳丸／O 仔／MB／黃豆仔／DM 丸（可待因）
[5] Methylamphetamine (Ice)	[5] 甲基安非他明（冰）
[6] Halcion / Dormicum (Triazolam / Midazolam)	[6] 白瓜子／藍精靈／速眠安（三唑侖／咪 達唑侖）
[7] Glue, Solvent thinner, Lighter fuel gas (Organic Solvents)	[7] 膠水／強力膠／天拿水／打火機油（有機溶劑）
[8] Give-me-five (Nimetazepam)	[8] 五仔／黃飛鴻／哈哈笑／（硝甲西泮）
[9] Snow, Crack, Coco (Cocaine)	[9] 可可精（可卡因）
[10] Psilocybin	[10] 迷幻蘑菇

(Source: Narcotic, 2022)