Original Paper

"*I Finally Love Who I See in the Mirror*": American Substance Users' Reconstruction of Individualized Identity in the Recovery Trajectory

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Abstract

Substance use disorder (SUD) imposes a significant economic burden on the United States, with costs related to healthcare, criminal justice, and lost productivity. Despite its prevalence, recovery remains underexplored, particularly regarding identity reconstruction and its economic implications. To the best of my knowledge, no study focuses on Americans' identity reconstruction (social or individualized) in recovery, particularly in online platforms. This study specifically examines how 'individualized identity' is constructed in substance use recovery, an area with limited research. It explores the stages and themes of individualization in American substance users' identity statements published on public recovery platforms. A macro-level analysis identifies three stages of individualized Identity reconstruction (Webb et al., 2022)—staying safe, exploring, and self-determining—each associated with psychological, social, and economic challenges. Individuals in recovery navigate financial instability, employment barriers, and housing insecurity, all which impact reintegration. A key finding is the role of stigma management in later recovery stages, where individuals reframe societal perceptions to improve their social and economic prospects. Additionally, the 'individualized voice' was examined from a linguistic perspective (Helms-Park & Stapleton, 2003), revealing a shift from dependency on external validation to assertive self-identification. The findings suggest that effective recovery policies should incorporate economic support mechanisms and reduce structural barriers to long-term reintegration.

Keywords

Recovery, Identity Reconstruction, Substance Use Disorder (SUD), United States, Public Recovery Platforms, Individualization, Stigma, Public Health, Linguistics, individualized Identity

1. Introduction

1.1 Identity, Substance Use, and Recovery

"Various definitions of identity in the literature highlight its distinguishing characteristics" (Kim et al., 2011, p. 1761). Identity has been extensively discussed in the context of substance use disorder and recovery, particularly concerning identity loss, damage, and subsequent reconstruction (Chen, 2022). Identity construction is widely recognized as a significant factor in different pathways to substance use cessation, including self-driven change and treatment-based interventions (Chen, 2022). Previous studies have explored various associations between identity types and substance use. Key identity factors discussed in the literature include sexual or gender identity (McCabe et al., 2003; Kulis et al., 2008), ego identity (Randall & Hartmann, 1998), racial and ethnic identities (Mereish & Bradford, 2014), and age identity (Sculer et al., 2018).

Two primary identity pathways leading to addiction and substance use behaviors have been hypothesized. The first pathway is centered on the loss of a valued identity or societal role, such as employment or family responsibilities. This loss results in a "spoiled identity" or a shift in self-perception, leading to increased substance use. The second pathway involves acquiring group membership within substance-using social networks, often from a position of social exclusion. These networks offer a sense of "acceptance" or "shared identity" (Dingle et al., 2015b; Donaldson et al., 2022). While social belonging can have positive effects, the behavioral norms within these networks may be detrimental to an individual's health and well-being (Dingle et al., 2015b).

Identity transformation is a crucial component of substance use recovery (Donaldson et al., 2022; Chen, 2022). According to Donaldson (2022), experiences within social groups—such as realizing the harmful effects of group norms, encountering conflicts, or experiencing rejection—can act as triggers for treatment engagement and recovery (p. 429). Applying the social identity approach, Chen (2022) defines recovery as "the emergence of a new sense of self, encompassing a history of substance use, yet embedded within new, health-promoting social groups." Similarly, McIntosh & McKeganey (2001) describe the "rock bottom" experience as a pivotal moment in recovery when individuals recognize that their substance use has reached an unsustainable level. This realization often facilitates the reclamation of past identities or the formation of new, healthier ones (Donaldson et al., 2022).

In their systematic review, Donaldson et al. (2022) identified various interventions and treatments that facilitate identity transformation and promote recovery, particularly in relation to Hepatitis C (HCV) care. These interventions function as catalysts for identity change and include:1) Therapeutic communities – Focus on identity transformation, group membership, and citizenship, 2) Community treatment – Includes mutual aid groups and medically assisted recovery and 3) Online communities – Provide virtual spaces for recovery support and identity reconstruction. By fostering identity change, these interventions contribute to long-term recovery and help individuals reintegrate into society with renewed personal and social identities.

1.2 Stigma Management in Recovery

Luoma (2011) defined stigma as "an attribute or characteristic of an individual that identifies him or her as different in some manner from a normative standard and marks that individual to be socially sanctioned and devalued" (p. 1196). As Corrigan et al. (2009) argue, people diagnosed with drug addiction face greater stigma compared to individuals with mental illnesses. Those who use drugs are often perceived as deviating from acceptable social norms and, as a result, are viewed as having flawed characters, spoiled identities, and are treated as second-class citizens (Donaldson et al., 2022, p. 426). One example of the stigmatization of diseases associated with addiction or substance use is Hepatitis, which is often contracted through shared paraphernalia. This behavior is regarded as shameful and reinforces identities such as 'junkie' and 'dirty,' further entrenching the label of 'addict' (Treloar & Rhodes, 2013; Treloar et al., 2013; Rhodes et al., 2013).

Stigma is a crucial factor in the recovery trajectory. As Luoma (2011) argues, stereotypes and stigma-based judgments remain significant obstacles for individuals seeking drug treatment and sustaining their recovery. Drug users face stigma not only for their substance use but also for their need for treatment (Room et al., 2001). Despite these barriers, individuals in recovery actively work to overcome stigma. According to Chen (2022), "Long-term recovery from substance use disorder has been described as a process of identity construction, through which the stigma of being a substance user is replaced by a new identity of non-user.

1.3 Social Versus Individualized Identity in Recovery

Pathways toward recovery from addiction are socially mediated and negotiated processes (Dingle et al., 2015a; Dingle et al., 2015b; Haslam et al., 2019). In other words, a person's recovery journey is supported by actions, interventions, and treatments that foster social ties, promote a recovery identity, and facilitate citizenship by helping individuals reclaim their place in society (Donaldson, 2022).

In the early stages of recovery, identity change plays a crucial role. However, as individuals progress in their recovery, they gradually distance themselves from their recovery identities and adopt more individualized identities. Mayer et al. (2020) argue that identity development is no longer just a developmental phase but rather a critical tool for navigating the complexities of individualization in a fulfilling life. Despite various theoretical perspectives on identity and individualization, a clear and widely accepted definition of these concepts and their interrelation is often lacking (Mayer et al., 2020; von Greiff & Skogens, 2021; Webb et al., 2022).

Webb et al. (2022) applied individualization theory to examine identity transformation during substance use recovery. Using framework analysis and identity narratives, they collected video and audio interviews, along with video diary recordings, over four years. Their study was based on an adaptation of Côté's individualization hypothesis (2002) and Schwartz et al.'s (2005) agency identity model. The researchers developed a thematic framework matrix that outlines the stages and themes of identity change.

Table 1. Thematic Framework Matrix (Webb et al., 2022)

Super-ordinate themes (stage of individualization)	Themes from Identity Statement	Categories (Collapsed themes)
Staying Safe (passive)	Gratitude, Feeling lucky	Gratitude
	Validation, Belonging, Scared	Needing
Exploring (transitional)	Feeling exposed, learning about self, Helping others	Taking risks
	Frustration, Connecting with people	Seeking opportunities
Self-determining (agentic)	Looking after self Making own decisions	Integrity and purpose
	Confidence, Pride, and respect	Self-worth and belief
	Acceptance, Authentic	'The real you'

The majority of participants in this study showed agentic maturation, moving from early-stage gratitude and reliance on support groups to self-determination and independent decision-making, according to a within-case analysis.

1.4 Reconstruction of Online Identity

The rapid development of the Internet has enabled individuals to present themselves freely (Huang et al., 2021), leading to the formation and construction of their online identities. Online identity, as the configuration of a person's defining characteristics in a digital space (Ruyter & Conroy, 2002), allows individuals to perceive themselves as having a distinct character separate from others (Kim et al., 2021, p. 1761).

Several studies have explored different themes related to online identity, primarily focusing on the differences between offline/real/physical identity and online/digital/internet identity. These discussions often include aspects of strategic deception, false self-presentation, and identity experimentation (Kim & Baek, 2014; Fox & Rooney, 2015; Bareket-Bojmel et al., 2016; Toma & Hancock, 2010; Ranzini & Lutz, 2017). Other research has examined the associations between online identity reconstruction and various factors, such as well-being, self-confidence, and audience reactions.

Additionally, some studies (Valkenburg et al., 2005; Valkenburg & Peter, 2008; Kim et al., 2011; Kim & Lee, 2011; Ceyhan, 2014; Hu et al., 2020) view online identity reconstruction as a process of identity exploration. The outcomes of identity reconstruction in digital media, as examined in this study, include a stronger sense of identity, social compensation, social facilitation, improved psychological well-being,

increased happiness, autonomy, and self-acceptance. It also provides individuals with the freedom to express themselves while mitigating negative consequences, such as privacy risks.

2. Problem, Gap and Research Questions of the Study

The fundamental causes of substance use differ amongst nations, demonstrating that a society's cultural, social, and economic variables have a direct impact on it. As Chen (2022) put it, "Identity construction might be more difficult for those whose identity is viewed by society as deviant, who often experience more societal stigma, and who have fewer personal and social coping resources." Substance use disorder (SUD) is a significant mental health concern in the United States. In 2020, approximately 40.3 million individuals aged 12 or older had an SUD in the past year (Substance Abuse and Mental Health Services Administration [SAMHSA], 2021). Despite the high prevalence, only 6.5% of those with an SUD received treatment during that period (National Institute on Drug Abuse [NIDA], 2022).

Stigma associated with substance use is a substantial barrier to seeking treatment and achieving recovery. Individuals with SUDs often face societal perceptions that they are dangerous, unpredictable, and responsible for their condition, leading to social distancing and discrimination (Corrigan et al., 2017). This stigmatization can hinder access to resources and support necessary for recovery (Eaton et al., 2019). Moreover, untreated SUD places a heavy economic burden on the U.S. healthcare system due to increased emergency room visits, hospitalizations, and repeated interactions with law enforcement and social services (Florence et al., 2018). Studies estimate that the economic cost of substance use disorders, including healthcare expenditures and productivity loss, exceeds $600 billion annually in the United States (National Institute on Drug Abuse [NIDA], 2022). A deeper understanding of identity reconstruction in recovery can offer insights into reducing relapse rates, improving long-term recovery outcomes, and lowering overall healthcare costs through more effective intervention programs (Eaton et al., 2019).

Chen (2022) considered recovery as a "socially mediated" process that leads to a new social identity. However, he believes this identity affects the personal values of the former substance users and helps them to have norms and language of the recovery rather than substance users group which by itself improves the social identity. Webb et al. (2022) conclude that when recovery trajectories develop over time, there is a tendency toward individualistic and agentic identity. Nevertheless, they maintain there is no research on identity in long-term recovery or which identity components help maintain a shift in lifestyle.

A crucial area of research on substance use recovery is how forming a positive social identity helps people get better and prevents recurrence. However, in this study, an attempt is made to how this individualized rather than social identity of substance users is reflected in the period of recovery to fill the gap in the literature. This study defines individualization as a shift in action orientation 'away' from social or group norms and towards person-based decisions (Mayer et al., 2020). It is undeniable that substance users must overcome the power of stigma during negotiating their identity which is one of the

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focuses of this study. Addressing these barriers and promoting individualized identity transformation could lead to improved policy interventions that enhance workforce reintegration and economic stability for individuals in recovery, further reducing the financial burden of SUD on the labor market and healthcare infrastructure (Florence et al., 2018).

While previous research has examined the role of social identity in recovery, there is a gap in understanding how individuals reconstruct their personal identities during the recovery process, particularly in online environments. Online platforms offer a space for self-expression and identity exploration, which can be instrumental in the recovery journey (Webb et al., 2022). This study focuses on identity representation in Media which is considered as 'reconstruction'. Even though online identity reconstruction has received an increasing amount of attention, readers (researchers and practitioners) may find it challenging to fully comprehend the phenomena due to the fragmented and diversified nature of the existing research (Huang et al., 2021). This study aims to explore how individuals in recovery from substance use disorders in the United States utilize public recovery platforms, to reconstruct their identities. By analyzing self-representations and narratives shared online, the research seeks to understand the process of identity transformation in the digital age. The findings of this study are expected to provide insights into the role of online identity reconstruction in recovery, potentially informing the integration of social media-based peer support into traditional substance use treatment methods, thereby supporting sustained recovery (Best et al., 2016; Webb et al., 2022). By demonstrating the impact of digital identity reconstruction on sustained recovery and relapse prevention, this study can provide policymakers with cost-effective, technology-driven interventions that reduce long-term healthcare expenditures and improve economic reintegration of individuals in recovery (Florence et al., 2018; NIDA, 2022).

3. Method

3.1 Data Collection and Selection Criteria

Through purposive sampling, this study collected 100 written identity statements from individuals in substance use recovery. The data was sourced from public recovery platforms featuring firsthand accounts of recovery experiences, ensuring that all narratives were publicly available and met ethical research standards. The selected sources include Partnership to End Addiction (n.d.), Faces & Voices of Recovery (n.d.), Addiction Center (n.d.), Just Think Twice (n.d.), The Doorway (NH.gov) (n.d.), NextLevel Recovery (IN.gov) (n.d.), and My Addiction Recovery Story (Addiction Education Society, n.d.). These platforms were chosen based on their consistent communication mode (written narratives), accessibility for research purposes, and relevance to identity transformation during recovery (Ashford et al., 2019; Donaldson et al., 2022).

This study, for the purpose of data collection adopted three themes proposed by Donaldson et al. (2022), which identify interventions and treatments that serve as catalysts for identity change (cf. 1.1). While the study analyzes narratives published in the public domain, its primary focus is on the individualization

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aspect of recovery, exploring how individuals move away from a group-based recovery identity toward a more personal and self-defined identity. To define recovery, this study follows Ashford et al. (2019, p. 183): "Recovery is an individualized, intentional, dynamic, and relational process involving sustained efforts to improve wellness. Furthermore, this study excludes narratives related to addiction to cigars, tobacco, alcohol, and other low-stigma substances such as opium, ensuring a focused analysis on substance use disorders that carry greater social stigma and require deeper identity reconstruction (Ashford et al., 2019).

This study employs a qualitative approach to capture the depth and complexity of identity reconstruction in substance use recovery. Unlike quantitative methods, which focus on numerical patterns and generalizability, qualitative research allows for a nuanced exploration of personal narratives, emotions, and identity shifts. Analyzing written statements enables an in-depth understanding of how individuals articulate their evolving identities, emphasizing their transition from group-based recovery identities to self-defined ones. This interpretive approach ensures that the subjective and relational aspects of recovery are fully examined, offering insights that statistical analysis alone cannot capture, particularly regarding stigma management, agency, and identity transformation.

In this study in line with (Valkenburg et al., 2005; Valkenburg & Peter, 2008), I consider online identity reconstruction as a 'self-selected' representation that works as means of 'exploring' identity and help the users to portray a different aspect of their potential identity. It is hoped that the results of this study provide preliminary support for integrating social media-based peer support into the conventional methods of substance use treatments and correspondingly help to sustained recovery. In the following figure, a tentative model of Identity change (i.e. construction and negotiation/mediation) from substance use to recovery stages which shows the reconstruction of identity in media is shown:
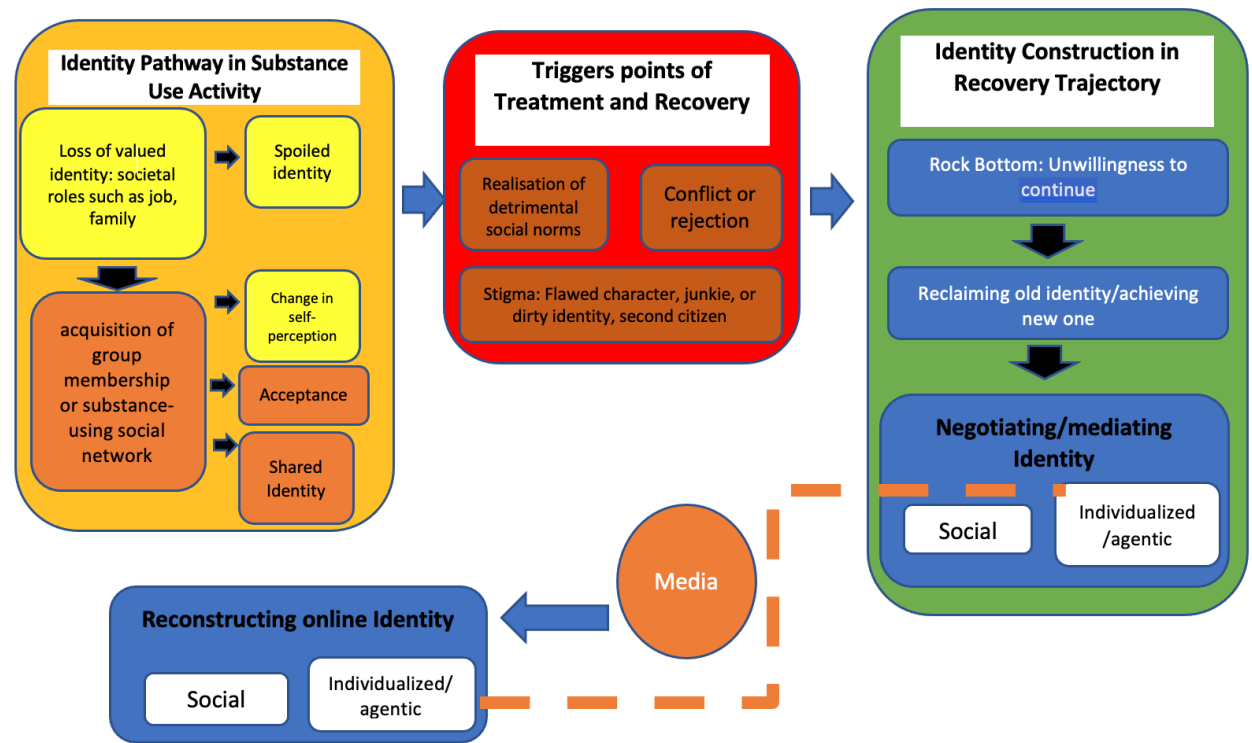
Figure 1. Tentative Model of Identity Change from Substance Use to Recovery Stages and Reconstruction in Media

Given the importance of the identity shift from addicted to non-user, this study mainly aims at ascertaining and discovering individualization components that are reflected in the utterances of substance users in the recovery trajectory. To achieve this aim, three research questions are proposed as follows:

1) what stages of individualization and corresponding themes are evident in the identity statements of American substance users in the recovery stage on public recovery platforms?

2) Which components of individualized voice are evident in American substance users' utterances in the recovery stage?

3) What stressors do the American substance users expressed in the recovery stage?

In this study will adopt two frameworks at the macro and micro levels of qualitative analysis. This study is of significance as it offers helpful qualitative conceptual categories of enablers i.e., interventions of identity change of Americans identified as "recovering addicts". First, Webb et al. (2022) framework (cf. section 1.3) is utilized at the macro level to map participants' identity transition from 'addict' to 'non-user' identity. The reason behind choosing this framework is that through using this study, I explore stages of individualization and the themes from identity statements of American substance users on public recovery platforms which is compatible with the definition and objective of this study.

Language and interaction are important in identity construction (De Fina, 2003; Paltridge, 2006; Jakaza, 2022). Therefore, at the micro level, this study analyzed the participant's user from a linguistics point of

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view to investigate how users negotiate their individual identity at this stage.   Linguistic communication and identity construction through language are extremely complex cognitive and social phenomena (Burnett, 2017, p. 239). This study proposes a set of linguistic forms which imply the individualization of American substance users in high-risk situations of relapse. To this aim, in line with Helms-Park & Stapleton (2003, pp. 248-249) four components of 'individualized voice' namely 1) assertiveness (hedges and intensifiers), self-identification (first-person pronouns) and reiteration on the central point (how often and how explicitly the main argument is rearticulated and 4) authorial (speaker's in this study) autonomy and presence of the thought. The following figure depicts the design of the study and provides the stages and frameworks of analysis:
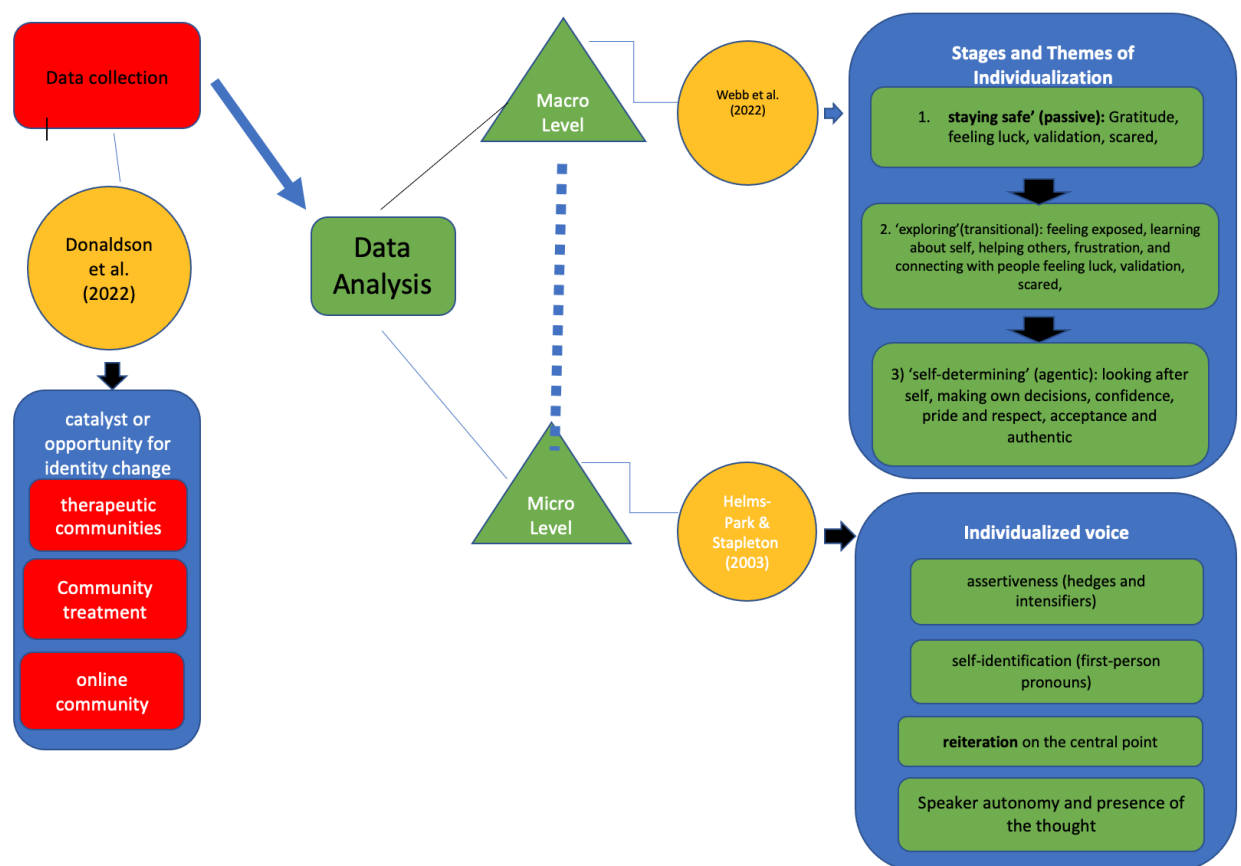

Figure 2. Study Design

4. Data Analysis

4.1 Macro Analysis

A) Staying Safe (Passive Stage)

Analysis of identity statements in the staying safe stage revealed that individuals often expressed gratitude with expressive (Yaqubi et al., 2019) or convivial (Yaqubi et al., 2016) function,

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validation-seeking, and fear as key themes. These themes reflected a sense of humility, vulnerability, and dependence on external support systems, indicating that individuals at this stage were still in the early phases of recovery and relied on external motivation and reassurance.

1). Gratitude

A key theme in the passive stage is gratitude, where individuals acknowledge the role of a higher power, a recovery group, or supportive individuals in their sobriety. Gratitude statements often reflect humility, relief, and appreciation for a second chance at life. Example*: "I used to think no one cared about me, but my recovery group proved me wrong. I am eternally grateful for their support."* (Faces & Voices of Recovery (n.d.))

2). Validation from Others

At this stage, individuals often seek validation and reassurance from their recovery group, family, or online community. They are still dependent on external affirmation to reinforce their recovery journey. This can be seen in statements where they express concern about how others perceive their sobriety or use external encouragement as motivation to stay on track. Example: "*I still wonder what people think when they see me now—do they believe in my recovery, or do they see my past mistakes?*" (Recovery Centers of America (n.d.))

3). Being Scared

Fear is a dominant emotion in the early stages of recovery. Many individuals express deep concern about relapse, judgment from others, or losing their progress. Fear-based statements often reveal anxiety, self-doubt such as using tags e.g., 'is n't it?' (Yaqubi et al., 2012(a)), and the lingering emotional scars of addiction. One example is "*Relapse terrifies me. I know how easy it is to fall back, and I don't know if I'd survive it again*." (Addiction Center (n.d.))

B) Exploring (Transitional Stage)

In the exploring stage, individuals begin to shift from external dependence to self-discovery. This phase is marked by an increasing awareness of personal strengths, a willingness to engage with others, and a sense of purpose in helping those who are on the same journey. While individuals at this stage still face challenges, they start to recognize their own agency and develop coping strategies for sustaining recovery. The key themes in this stage include self-exploration, connection with others, and frustration with the process.

1). Feeling Exposed and Learning About Self

As individuals move through recovery, they begin to confront their emotions, past mistakes, and identity outside of substance use. This process often feels overwhelming, as they are no longer numbing their feelings. Many describe this phase as a period of rediscovering who they are and learning how to navigate life without substances. One example is "*Facing my emotions head-on is something I never thought I'd do, but I'm getting better at it.*" (The Doorway (NH.gov) (n.d.))

2). Helping Others

A major shift in this stage is the realization that helping others or offer of help (Yaqubi, 2021) in recovery provides a sense of fulfillment. Many individuals begin sharing their stories, mentoring newcomers in recovery groups, or simply offering encouragement to those struggling. This sense of purpose reinforces their own commitment to sobriety. One example is: "*Telling my story used to scare me, but now I see how it can inspire others who feel lost like I once did.*" (Partnership to End Addiction (n.d.))

3). Frustration and Connecting with People

While recovery brings progress, it also comes with moments of frustration, especially when individuals feel misunderstood or struggle with setbacks. Many describe difficulties in reconnecting with loved ones, adjusting to social situations without substances, or dealing with the lingering effects of addiction on their relationships. On example: is "*It's frustrating when people assume I'm 'fixed' just because I'm sober. Recovery is an ongoing process.*" (Just Think Twice (n.d.))

C) Self-Determining (Agentic Stage)

In the self-determining stage, individuals fully embrace their recovery and take ownership of their identities beyond addiction. They express a strong sense of autonomy, confidence, and self-worth. This stage is marked by independence in decision-making, deep personal growth, and a sense of authenticity. Individuals in this stage no longer define themselves solely by their past but instead focus on their present and future. The key themes in this phase include self-care, making independent decisions, and embracing confidence and authenticity.

1). Looking After Self

At this stage, individuals prioritize their well-being and recognize the importance of self-care. They no longer rely on others to maintain their sobriety but instead take proactive steps to protect their mental and physical health. They develop healthier habits, set personal goals, and ensure they are making decisions that align with their values. One example is: "*Taking care of myself isn't selfish. It's necessary.*" (NextLevel Recovery (IN.gov) (n.d.))

2). Making Own Decisions

Individuals in this stage feel empowered to take control of their lives. They no longer let addiction dictate their choices and instead make decisions based on their goals, values, and self-respect. This sense of independence marks a significant shift from earlier stages where they relied on external validation or feared making mistakes. On example is "Sobriety has given me the power to take my life in the direction I want it to go." ((Addiction Education Society, n.d.))

3). Confidence, Pride, and Authenticity

The final marker of this stage is a deep sense of confidence and self-acceptance. Individuals no longer see themselves as broken or unworthy but instead embrace their journey as part of who they are. They find strength in their struggles and take pride in the person they have become. One example is: "I finally love who I see in the mirror. I worked hard for this person." (Faces & Voices of Recovery (n.d.))

4.2 Micro Analysis

In the micro-level analysis, components of individualized voice were examined in the identity statements of American substance users in recovery. These components, as well as their examples, are presented below. Additionally, broader linguistic strategies were analyzed to identify how individuals express their personal agency, uncertainty, and identity transformation in recovery narratives.

A) Assertiveness

Assertiveness in recovery statements is often reflected through linguistic markers that demonstrate certainty, doubt, or conviction. The use of hedging devices and intensifiers plays a significant role in how individuals express confidence or hesitation about their progress.

Hedging Devices

Hedging such as '*you know'* (Yaqubi et al., 2012(a)) or 'I think', 'well' (Yaqubi & Abdul Rahman, 2021) is used to soften a claim, express doubt, or acknowledge uncertainty in recovery statements. This can indicate caution, emotional vulnerability, or a fear of relapse.

Types of hedging devices found in recovery narratives:

- **Modal auxiliary verbs:** might, could, should, would
- **Modal lexical verbs**: seems, appears, tends to
- **Adverbial or adjectival modal phrases**: possibly, probably, likely, unlikely
- **Approximators of degree, quantity, frequency, or time**: almost, sometimes, often, occasionally
- **Introductory phrases expressing uncertainty**: I think, as far as I know, to my understanding

Intensifiers and Absolute Statements

While some statements reflect doubt and caution, others amplify confidence and conviction through intensifiers such as '*so much'* (Yaqubi et al., 2012(a); Yaqubi et al., 2015). These show a strong commitment to recovery and often mark personal agency. Example: "*I will never go back to that life again.*" (Recovery Centers of America (n.d.))

B) Self-Identification

Self-identification is a crucial element in recovery narratives, reflecting how individuals see themselves and how they construct a new sense of self beyond addiction. This can be observed through first-person pronouns, possessive pronouns, and explicit self-labeling.

First-Person Pronouns: Unlike im-personalization where indefinite pronoun is used (Yaqubi, 2012(a)), in the process of individualization, "I" and "me" are using frequently which were prominent statements in recovery stories which reflects personal ownership of one's journey. One example is : "*My recovery is my responsibility, and I take it seriously.*" (Faces & Voices of Recovery (n.d.))

Explicit Self-Labeling: Some individuals explicitly label themselves as recovering addicts, while others reject past labels in favor of new identities. One example is "I am a recovering addict, but I am also a survivor." (Partnership to End Addiction (n.d.)). Using possessive pronouns like 'my recovery' or 'my

journey' indicates a sense of ownership and control over their healing process. One example is: "*My past is just a chapter—it does not define my whole story.*" Just Think Twice (n.d.)

4.3 Stressors in the Recovery Stage

Analysis of data revealed that individuals in recovery identified several stressors that impacted their journey. These were categorized into cultural, psychological, social, spiritual, and economic stressors.

A) Cultural Stressors: According to Yaqubi et al. (2019) "In fact in each language, specific words manifest the culturally important aspects of a group of people or a nation in particular contexts and settings" (p. 245). Similarly, Cultural expectations and societal judgment play a role in recovery struggles which are reflected in substance users' discourse. Stigma, social exclusion, and cultural shame often impact individuals' willingness to seek help or continue recovery. One example is "*Society makes it hard for people like me to start over. The stigma never fully goes away*." (The Doorway (NH.gov) (n.d.))

B) Psychological Stressors: Emotional and mental health challenges, including anxiety, depression, and trauma, are common struggles during recovery. Example: "*Therapy helps, but the emotional scars from my past don't just disappear overnight.*" (IN.gov) (n.d.)

C) Social Stressors: Rebuilding relationships and navigating social situations without substances is a significant challenge in recovery. Example: "*Dating is different now. I have to be upfront about my past, and not everyone is okay with that*." Addiction Center (n.d.)

D) Spiritual or Religious Stressors: Many individuals struggle with their sense of faith, purpose, or spiritual identity in recovery. Some turn to religion for support, while others struggle with guilt and existential questions. Example: "*Faith has helped me, but sometimes I still feel lost*." ((Addiction Education Society, n.d.))

E) Economic Stressors: Financial hardship, difficulty finding employment, and lack of stable housing are major obstacles for many in recovery. Example: "*I'm grateful for my sobriety, but sometimes I worry about how I'll survive long-term*." (Faces & Voices of Recovery (n.d.))

5. Discussion and Conclusion

The findings of this study demonstrate that identity reconstruction in substance use recovery follows a structured yet dynamic process. The macro-level analysis of identity statements highlights a progression from external dependency in the staying safe phase to self-discovery and engagement in the exploring phase and ultimately to autonomy in the self-determining phase (Webb et al., 2022). This transformation aligns with the process of individualization, where individuals move from relying on collective support toward the development of a self-defined identity (Mayer et al., 2020). However, this progression is not always linear, as individuals frequently encounter setbacks due to external stressors such as stigma, financial instability, and emotional challenges (Best et al., 2016; Donaldson et al., 2022). These findings reinforce prior research suggesting that recovery extends beyond abstinence and requires a process of navigating social reintegration and personal identity development (Chen, 2022). An additional theme that emerged in this study was stigma management/control, which was particularly evident in the agentic

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stage of recovery. While prior studies have largely framed stigma as a barrier to recovery (Corrigan et al., 2017; Eaton et al., 2019), this study suggests that individuals in later recovery actively work to manage and reframe stigma. This process reflects an evolved self-perception in which individuals no longer see stigma as an external force shaping their recovery but as something they can actively navigate and redefine. Unlike earlier themes such as gratitude, self-discovery, or autonomy, stigma management appears as an active and intentional process rather than a passive response to external discrimination.

The micro-level linguistic analysis further supports these conclusions by illustrating a clear shift in language use over time. In the early stages of recovery, individuals frequently used hedging devices such as "I think," "maybe," or "I hope," which indicate uncertainty and reliance on external validation (Helms-Park & Stapleton, 2003). As recovery progresses, statements become more assertive, incorporating phrases such as "I am," "I will never," and "I know for a fact," which reflect greater self-agency (Burnett, 2017). This linguistic evolution suggests that identity transformation in recovery is not solely a psychological process but also a communicative one, where self-perception is reinforced through language (De Fina, 2003; Jakaza, 2022). The increased presence of self-identification markers, such as first-person pronouns and explicit ownership of the recovery journey, further underscores the growing sense of control and accountability in later recovery stages (Ashford et al., 2019). In the micro-level analysis, assertiveness and self-identification were clearly observable at the word or sentence level, confirming that individuals gain confidence in their identity as they progress through recovery (Helms-Park & Stapleton, 2003; Burnett, 2017). However, the other two aspects of individualized voice—reiteration on the central point and speaker's autonomy and presence of thought—became more evident at the paragraph level or in multiple narratives produced by the same individual. This suggests that these components of identity transformation require a longitudinal or multi-statement approach to fully capture the depth of an individual's transition.

An essential aspect of identity transformation is the role of external stressors, including cultural stigma, financial difficulties, and social pressures (Corrigan et al., 2017; Eaton et al., 2019). Cultural stigma remains a significant barrier to full reintegration, as many individuals in recovery feel judged based on their past substance use (Donaldson et al., 2022). Financial instability presents another critical challenge, with many struggling to secure stable employment, which in turn increases the risk of relapse (NIDA, 2022; SAMHSA, 2021). Social challenges, such as rebuilding relationships and adjusting to new social environments, further complicate the process of identity reconstruction. These findings align with previous studies indicating that long-term recovery necessitates not only personal commitment but also broader societal support systems that address economic and social barriers (Best et al., 2016).

Analyzing identity transformation in recovery provides valuable insights for public health and economic policies in the United States. Understanding how individuals navigate identity shifts can inform targeted interventions that support long-term recovery while reducing the financial burden of substance use disorders on the healthcare system (Ashford et al., 2019). For instance, integrating employment assistance programs into recovery initiatives can facilitate financial independence, reducing reliance on

public assistance and decreasing the likelihood of relapse (Best et al., 2016). Similarly, expanding access to mental health services that focus on identity reconstruction can improve recovery outcomes and lower healthcare costs associated with repeated hospitalizations or emergency care (Eaton et al., 2019).

The role of digital recovery platforms in identity reconstruction is another critical consideration. Online recovery communities provide a space for self-expression and peer support, offering a cost-effective alternative to traditional in-person treatment (Webb et al., 2022). Investing in virtual peer-support networks can enhance the accessibility of recovery resources, particularly for individuals in rural or underserved areas (Valkenburg et al., 2005; Kim et al., 2011). By recognizing the value of online identity reconstruction in the recovery process, policymakers can develop strategies that incorporate digital support systems into mainstream addiction treatment programs (Huang et al., 2021).

The study also reaffirmed that American substance users in recovery experience cultural, psychological, social, spiritual, and economic stressors, all of which shape their recovery journey. These findings align with previous literature emphasizing the multifaceted challenges individuals face beyond substance abstinence (Best et al., 2016; Donaldson et al., 2022). Future research should investigate stigma management as an identity transformation strategy, using qualitative methodologies such as interviews or content analysis through NVivo, as well as quantitative approaches, including Likert-scale assessments, to better understand how stigma is reconstructed and neutralized in long-term recovery narratives.

This study highlights that identity reconstruction is a crucial yet often overlooked component of substance use recovery, with significant implications for both public health and health economics. The transition from external validation to self-determination underscores the importance of long-term support systems, employment opportunities, and mental health services in sustaining recovery (Donaldson et al., 2022; Chen, 2022). By integrating identity-focused interventions into national substance use policies, the healthcare system can improve recovery outcomes, reduce relapse rates, and alleviate the economic burden associated with addiction (Best et al., 2016; Webb et al., 2022). Future research should focus on longitudinal identity shifts and the role of digital peer-support networks in promoting sustained recovery, particularly in relation to cost-benefit analyses within the healthcare system.

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