POSITIVE PSYCHOLOGY IN PRACTICE

Positive Psychology for Addiction

THEORY, RESEARCH AND APPLICATION

AUTHORS

Lisa Ogilvie & Jerome Carson

FOREWORD BY Helen Thompson

POSITIVE PSYCHOLOGY FOR ADDICTION

A Positive Psychology for Addiction Endorsements

As this book shows, a positive psychological approach to addiction focuses on building strengths, resilience and well-being to help individuals, not just recover from their addictions but also flourish and thrive. In contrast to traditional methods that often focus on reducing deficits and harm, it offers the hope, optimism and personal agency that can empower individuals to envision a future beyond sobriety. With addiction associated with dependency, positive psychology also cultivates independence and self-reliance, which is especially important for anyone vulnerable to the increasing challenges we can all be faced with today.

—*Dr Michelle Tytherleigh*, C.Psychol., PG Cert (HE)., SFHEA., AFBPsS,
Senior Lecturer and Deputy Programme Leader
for MSc Conversion, Division of Psychology,
Room CCR120, Chritchley Building,
University of Chester, UK

The book is the first to apply positive psychology to the field of addiction and, in particular, links its application to mental health in its broadest sense. The book will, in my opinion, become required reading for all those dealing with one of the greatest challenges to society in the world today. The authors, as leading figures in their respective fields of positive psychology and addiction, provide a comprehensive, evidence-based account, written in an authoritative but very accessible style.

—*Professor Kevin Gournay*, CBE FMedSci.,
Emeritus Professor: Institute of Psychiatry, Psychology and Neuroscience:
Kings College: London. Honorary Professor: Matilda Centre:
Faculty of Medicine and Health: University of Sydney

The importance of recovery from addiction and the novel idea of 'recovery protection' are captured uniquely through a blend of lived experience and academic insight into what works from the positive psychological approaches the book presents – the first of its kind. The G-CHIME model not only suggests a new way of thinking about addiction recovery but provides a set of service user friendly interventions with hints and tips that make them easy to

navigate and implement in ways that are potentially life changing for those that use them. It is a pleasure to recommend this book.

—*Dr Mark A. Durkin*, Lecturer in Psychology and Justice Experienced Professional, Leeds Trinity University

An excellent new resource on addiction. The authors successfully provide the reader with an easy-to-access insight into the psychology of addiction and recovery that simultaneously offers a comprehensive and detailed deconstruction of key research and theorising on the topic. An essential read for students wanting to develop their knowledge as well as subject matter specialists and practitioners looking to expand their already existing knowledge about the latest empirical and theoretical developments.

—*Dr Dominic Willmott* (CPsychol, AFBPsS), Reader in Legal and Criminological Psychology, Loughborough University, UK. Programme Leader, MSc Criminology. Editor-in-Chief, *Journal of Criminal Psychology*. Visiting Professor in Psychology, SWPS University, Poland

This book will give the reader an exclusive opportunity to experience the emergence of a novel approach to positive psychology. By bringing positive psychology and addiction together, the authors connect what seem to be two opposites. However, by adding recovery, the equation makes sense and open up for a brand-new approach, positive psychology and addiction recovery.

—*Dr Mats Niklasson*, PhD Developmental Psychology, The Vestibularis Clinic, Center for Sensorimotor Research, Kalmar, Sweden. Associate Editor at Perceptual and Motor Skills - SAGE Journals. Visiting Research Fellow, School of Psychology, University of Bolton

POSITIVE PSYCHOLOGY IN PRACTICE

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Dr Michelle Tytherleigh, Senior Lecturer in Psychology at The University of Chester, UK

Positive psychology is the fastest growing area of psychology, and this series presents the latest developments in the field, providing a range of scholarly yet practical books for academics, practitioners, and students.

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POSITIVE PSYCHOLOGY FOR ADDICTION

Theory, Research and Application

BY

LISA OGILVIE
University of Bolton, UK

And

JEROME CARSON
University of Bolton, UK

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

Emerald Publishing Limited
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For Lisa
This book is dedicated to my Mum, whose love continues to guide me.
For Jerome
This book is dedicated to my amazing daughter Francesca.

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ABOUT THE AUTHORS

Lisa Ogilvie, PhD, is a visiting research fellow at the University of Bolton and a qualified Counsellor and a Chartered Psychologist working for a drug and alcohol treatment centre. Her specialist area of research and practice is addiction recovery, in particular realising the pluralistic advancement of positive psychology in this field. Lisa is also interested in narrative research, exploring the lived experience of addiction and recovery, to which end she curates a series of addiction recovery stories for the Emerald journal *Advances in Dual Diagnosis*.

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

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FOREWORD

I discovered Dr Lisa Ogilvie when reading a newsletter at work, where Lisa was featured for achieving her PhD in positive psychology. As the Deputy CEO for the Calico Group, it wasn't unexpected to find someone with such an accolade, working out of the spotlight within our organisation. This place is full of brilliant people, giving back, modestly. When Lisa asked me to write the foreword to her book, I was honoured. Creating a book requires love and dedication. This work is particularly special because it comes from Lisa's daily practice with people in recovery, across the North-West of the United Kingdom. What Lisa shares with us in 'Positive Psychology for Addiction' is both pragmatic and revolutionary.

As a book about positive psychology, inevitably, the content is optimistic. In many ways, just reading it made me happy. The *Growth, Connectedness, Hope, Identity, Meaning in Life, Empowerment (*G-CHIME*)* model provides a framework through which we can understand the building blocks of successful recovery. I loved the idea that when we feel off-track, we should check for a deficit of one (or more) of these. And then do something positive about it! Note to self. Furthermore, the addition of the 'G' into the model later was genius. Framing 'recovery' as an opportunity to grow creates a paradigm shift in our mindset, enabling us to acknowledge where we have come from, while expanding our ambition around where we might get to, influencing behaviours which bring positive momentum to life. Just what is needed when we consider the stigma and shame that can be associated with addiction.

In the chapter on strengths, a Values in Action model of character strengths is introduced, which is similar to other strengths' evaluation models I have come across. However, words such as 'KINDNESS, GRATITUDE and FORGIVENESS' are a sure-fire way of catching my attention, particularly when talking about how we describe ourselves as human beings. Somehow this language feels more encompassing. Tips are provided for practitioners and individuals to be incorporated into daily life.

At its very heart, and based on the core concepts of positive psychology, the book introduces the idea of 'recovery protection,' as an alternative approach to 'relapse prevention.' At first, I thought this was just a shift in language, but

it's so much more. In my work, I have been lucky enough to meet people at different stages of recovery. What I have learned is how vulnerable we must become, to create real and lasting change. But that's where positive psychology comes in. In these times of vulnerability, being offered an approach where your recovery is considered as valuable, something to be protected, because of the 'positive lifestyle it affords,' could just be the mindset you need. Damn, it's just so appealing!

At the Calico Group, we work across the North-West of the United Kingdom, with some of the most excluded people in society. Many of our colleagues have lived experience of addiction, homelessness, domestic abuse and unemployment. We find that gives us the ability to connect and build trust with people in our communities, enabling us to provide support when people need it. Central to all our work is our Customer Strategy: 'The Humanity Offer,' which describes how we believe 'everyone deserves the chance to live their best life.' Although the strategy acknowledges the adversity people have faced, its ambition is inherently positive. Lisa's research and findings not only underpin this strategic approach but also provide the methods through which recovery services are provided across the organisation. While this book is aimed at practitioners within the field of recovery, its appeal should be much wider. It's about how we live our lives and how we behave in doing so. Approaching this through a lens of positivity delivers results that could benefit everyone.

Helen Thompson, Deputy CEO, The Calico Group

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INTRODUCTION

SUBSTANCE USE DISORDER (SUD) AND ADDICTION

(SUD) is formally recognised as a primary mental health condition in the Diagnostic and Statistical Manual (DSM) of mental health disorders. The last major revision of this manual, the DSM-5, is accepted as a standard classification for mental health disorders in the United States (First et al., 2021). It informs current understanding of the behavioural, physical and psychological effects of SUD (Robinson & Adinoff, 2016; Witkiewitz et al., 2020) and is internationally influential in how it is diagnosed, researched and treated (Hasin et al., 2013). The DSM-5 defines different levels of SUD which are diagnosable based on the number of symptoms exhibited by an individual. While not explicitly referenced in the DSM for SUD, the term 'addiction' is principally considered as a severe form of SUD and as such is common parlance in literature, research and within healthcare settings (McLellan, 2017; NHS, 2024; Volkow & Blanco, 2023). Other systems of classification exist, for example, the International Classification of Diseases; however, there is a far greater body of work generated using the DSM, making it the predominant classification.

There are 11 symptoms named in the DSM-5 for SUD, among which are, craving, tolerance, withdrawal and physical/psychological problems. The diagnosis based on this criteria does not assume physiological dependence (McLellan, 2017), recognising that dependence on drugs such as cannabis and cocaine can exist without the physical withdrawal seen with other substances, such as alcohol and opiates (Robinson & Adinoff, 2016). The DSM also acknowledges behavioural addictions such as gambling and internet gaming, which are evaluated against a separate list of criteria but generally seen as comparable. For example, craving in SUD is described as preoccupation in

gambling, tolerance is considered as the need for more, whether that be substance, gambling or gaming. Continued use despite negative consequences applies universally to all addictions whether substance or behavioural (Hasin et al., 2013). Given this, a collective view of addiction encompasses the following five points (Sussman & Sussman, 2011) and can be explained by the cycle of addiction.

(1) Desire to feel different.

(2) Preoccupation with addiction-based behaviour.

(3) Temporary satiation.

(4) Loss of control.

(5) Negative consequences.

The cycle of addiction has been used to describe the experience of addiction in three stages. Starting with reward, incentive salience and pathological habits, habits and routines are formed, triggers associated with stimuli change, which results in compulsive behaviour. Moving to the second stage, negative affect and withdrawal take effect, with reward deficit and a surplus of stress. In this stage, reward turns to relief, where enjoyable feelings are superseded by a need to counter low feelings. From this, the third stage is entered where preoccupation with the addiction is firmly established, craving and impulsivity severely compromise executive function and preoccupation persists despite negative consequences (National Institute on Alcohol Abuse and Alcoholism, 2021). Some discussion in this book highlights SUD as a specific type of addiction, given it affects a significantly larger population (Black, 2020; WHO, 2024); aside from this however, addiction is to be considered as an overarching term for both substance and behavioural addiction.

THE COST OF ADDICTION

Worldwide, harmful drug and alcohol use are leading causes of death, which in 2019 were reported to stand at three million for that year alone (Volkow & Blanco, 2023). Not only does this increase global mortality rates but also morbidity, where alcohol alone has been identified as a contributory factor in over 200 diseases (WHO, 2024). Of the three million deaths caused by alcohol in 2016, alcohol use as a disorder was the lowest designated cause with 145,600 recorded cases: suicide, cancer, communicable conditions,

cardiovascular diseases, accidental injury and digestive diseases made up the remainder, far exceeding alcohol use alone (WHO, 2018). These bleak statistics are enduring. For example, national data in the United Kingdom show that in England and Wales in 2021, deaths by drug poisoning increased by 6.2% on the previous year, and that this has been a persistent trend since 2012, where an increase of 81.1% has been seen in the intervening years (Office for National Statistics, 2022).

While global and national statistics on drugs, alcohol and mortality highlight the sad reality of substance addiction, its cost extends beyond this. It is fiscally evident in the disproportionate healthcare expenditure afforded to those suffering from addiction and the costs linked to the criminal justice system and social welfare (Santangelo et al., 2022). Hospital admissions and the impact on law enforcement and the judicial service provide data that can evidence the financial burden that drugs and alcohol place on society. The actual expenditure of this is far higher however when other social costs are included, for example, adult and children's social care, addiction treatment, mental health services, housing and employment. The overall social cost of drugs alone in the United Kingdom was estimated to be £19b in 2017/2018 and is similar in magnitude to the financial burden incurred through alcohol (Black, 2020).

There is also the cost of human suffering that accompanies addiction, whether it be through the substance itself or the behavioural consequences. It brings hurt to those affected and their families, where the layers of distress can be many and complex, for example, relationship breakdown, mental health decline, isolation, unemployment, homelessness, discrimination, stigmatisation and co-dependency (Avery & Avery, 2019; Connery et al., 2020; Santangelo et al., 2022). Furthermore, the discrimination that arises from the legal and economic burden that addiction places on society sees people become marginalised, contributing to self-stigma (Matthews et al., 2017) and avoidance of seeking support, where the majority of people affected do not receive professional help. Sadly, this treatment gap remains the widest of all mental health disorders (Connery et al., 2020) and means that people continue to suffer. It also impedes the next generation from escaping consequential familial dysfunction that is itself a predictor of future addiction (Volkow & Blanco, 2023; Zilberman et al., 2020).

THE IMPORTANCE OF ADDICTION RECOVERY

Given the previously described cost of addiction on individuals, their families and wider society, supporting people to live successfully in recovery is vital to

reducing what is a considerable public health burden. Furthermore, work that backs recovery as a positive choice can help challenge stigma and remove some of the barriers that prevent people from engaging with treatment and support services that can help them reach recovery (Avery & Avery, 2019; Connery et al., 2020; Goodrick et al., 2022).

The recovery model of mental health advocates that an individual has their own self-actualising potential, which can support the healing process (Davidson et al., 2021). It challenges the reliance on pharmacology alone to alleviate the symptoms of mental illness, instead suggesting it is possible for a committed person to lead a satisfying and empowered life by developing and using their own resources (Leamy et al., 2011). There are many benefits to this. It offers a safer treatment profile, stops protracted reliance on medication, eliminates medication side effects and can provide tools that promote and safeguard future well-being (Dell et al., 2021). For people suffering from a substance addiction, this can hold greater importance, for example, having a lengthy reliance on medication could be considered as counterproductive to people whose primary recovery aim is to function successfully without the need for drugs, whether these be illicit or prescription.

Furthermore, with addiction, treatment modes that use medication to ameliorate illness as opposed to support behaviour change and promote well-being can limit the recipient in areas such as resilience growth and redefining the meaning ascribed to taking drugs (Bryant, 2022). This is not to say that addiction recovery sits independently of pharmacology, for example, when medication is prescribed to manage the physical effects of withdrawal or where a comorbid mental health condition exists. What it does challenge is where long-term medication is relied on as a means of maintaining abstinence, for example, protracted reliance on methadone without a reduction strategy involving behavioural adjustment (Bryant, 2022; Witkiewitz et al., 2020).

ELEVATING ADDICTION RECOVERY

Examining the difference between clinical and personal recovery highlights the value of the recovery model in addiction. Clinical recovery is typically straightforward to understand, evidence and measure. In the case of substance addiction, it is quantifiable by an individual achieving abstinence (Dell et al., 2021; McCranie, 2011). Abstinence is in effect the measure of what can be considered a successful clinical outcome, where the issue that produced the decline in health has been removed (van Weeghel et al., 2019). It is not a

measure of the quality of life a person has or how this affects protracted recovery. This is the remit of personal recovery and the recovery model, which is more subjective and harder to quantify. It looks past the symptomatology of addiction, instead focusing on the person and what they can do to create a meaningful and valued way of life, where their well-being and ability to function are improved (Jacob, 2015; McCranie, 2011). The distinction is clinical recovery considers outcome, and personal recovery process, where the processes an individual engages with are key to safeguarding their future well-being. Looking at how such processes can be strengthened serves to offset and reverse the decline in life quality experienced through the symptomatology of addiction (First et al., 2021; Hasin et al., 2013; Robinson & Adinoff, 2016; Witkiewitz et al., 2020).

A similar differentiation has been made in work looking at what it means to thrive in addiction recovery, where abstinence, or clinical recovery, is thought of as remission, and recovery is explained as a subsequent phase where positive strategies are developed that help facilitate flourishing (Gutierrez et al., 2022). Personal recovery also expedites other important dimensions which cover the more pragmatic social and functional aspects of welfare such as engaging with community resources, finding employment, enrolling in education and securing housing (Dell et al., 2021; Jacob, 2015; McCranie, 2011; van Weeghel et al., 2019). Given the aforesaid reasons, research looking at how addiction recovery can be enhanced is fundamental to improving the long-term recovery outcome of people suffering from addiction.

POSITIVE PSYCHOLOGY (PP) AND ITS CHALLENGES

PP is concerned with exploring the positive aspects of human functioning. It looks at well-being and flourishing and how they can be galvanised. As an emergent field of study in the late 1990s and early 2000s, PP challenged the mainstream modality of psychology and its largely exclusive focus on researching dysfunction (Lomas et al., 2021). PP gave psychologists and researchers who were disenchanted with the focus on the negative a platform to develop a new approach to psychology where they could examine, discover and understand the factors that facilitate thriving in both individuals and communities (Boniwell & Tunariu, 2019).

The aim of applied PP was to develop scientifically dependable interventions, that improved well-being, were theoretically defensible and empirically validated (Lomas et al., 2014). To accomplish this, PP has predominantly

relied on studies which focus on the validation of measured findings (Robbins & Friedman, 2022; Waterman, 2013). Humanistic psychology, while like PP in its positive orientation in viewing people as self-actualising, typically takes a more nuanced and less reductive view than this, seeing humans as complex beings who warrant consideration of the non-epistemic (Friedman & Robbins, 2012). It is here that PP has faced what has perhaps been its biggest criticism and certainly one which some believe impeded its authority in psychological research. This is its ambivalence towards alternative structures and the holism of human experience, where subjective constructs such as happiness and love, which humanistic psychologists argue require interpretation, cannot simply be dissected and understood by quantitative measures alone (Friedman & Robbins, 2012). Furthermore, PP has been heavily criticised for discounting the balance of positive and negative in its propensity for the positive, where experience of the negative is considered to drive positive change through insight, growth and healing (Ivtzan et al., 2015).

SECOND AND THIRD WAVE POSITIVE PSYCHOLOGY

Given the previously described criticism of PP, and that as a field of study, it is still in its relative infancy compared to humanistic psychology, PP has continued to evolve. Second wave PP is a more nuanced version that embraces negative experience from a PP perspective by studying positive outcomes. Positive outcomes, not to be confused with positive measured outcomes in quantitative study, have resulted in a broader and more balanced view of human experience and the processes involved in well-being and flourishing, where concepts such as resilience, posttraumatic growth (PTG) and the positive outcomes of negative experience are considered. There is a significant body of research that has seen PP not only become more self-critical but also more adaptable in application to the needs of specific groups who do not conform to an assumed level of positive function and well-being (Brown et al., 2022; Ivtzan et al., 2015). In addiction recovery, second wave constructs such as PTG and forgiveness have already been shown to contribute to the personal process of healing and recovery (Haroosh & Freedman, 2017; Webb et al., 2011). Second wave PP also revised its view on assuming that positive was inherently good, recognising that it can under certain circumstances be negative (Lomas, 2016). An example of this is overt optimism, which can lead to disillusionment, whereas constructive pessimism can help cultivate a realistic outlook (Ivtzan et al., 2015). The harmonised view of the dichotomous states

of positive and negative has already made PP a more attractive proposition in a growing number of fields of application, including coaching and education (Boniwell & Tunariu, 2019).

Third wave PP, the nascent wave to the harmonised second wave, seeks to broaden the philosophical underpinning of PP even further by expanding its scope and use of different methodologies. In expanding the scope of PP, new theories can be embraced without the need for them to fit with existing concepts, making PP a more hospitable and interdisciplinary form of psychology, that not only looks at phenomena and process but also moves the locus of enquiry from its predominant position on the individual, to include groups and broader systems that are important to well-being (Lomas et al., 2021). Such methodological expansion embraces a richer research perspective, recognising the humanistic critique that the nuances of human experience are often reached from interpretive exploration (Friedman & Robbins, 2012). This is not to question the research arena that PP has typically existed in, which has brought subjective positivity to scientific enquiry and established it as a legitimate topic of research (Lomas et al., 2021), but to answer calls for PP to offer insight into the lives of people by developing it as a discipline beyond measurement and prediction (van Zyl & Salanova, 2022). Recent discussion on the third wave of PP has suggested it is the beginning of a convergent science of well-being that can be transdisciplinary, open to methodological reform, able to unify fragmented concepts and respect the interwovenness of different theoretical perspectives (Wissing, 2022).

POSITIVE PSYCHOLOGY AND ADDICTION RECOVERY

A primary tenet of PP is to understand and affect positive change, whether that be through a process that directly facilitates it or as a model that helps navigate it (Lee, 2022). In this respect, PP aligns with the conceptualisation of personal recovery and the recovery model of mental health as a process of positive change that improves wellness (Jacob, 2015; McCranie, 2011; SAMHSA, 2012). Given the seemingly obvious benefits that PP can bring to addiction recovery, as an area of study, it has surprisingly received little attention with only a few exceptions (Krentzman, 2013; Krentzman & Barker, 2016; Ujhelyi et al., 2016). This deficit has led to a recent call to action to integrate PP interventions with addiction treatment programmes to provide an alternative and positive choice to a population who have traditionally been understood and treated only in relation to their dysfunction (Stone, 2022).

What Positive Psychology for Addiction Is and Is Not

PP for addiction challenges the overall dominance of deficit-based approaches within addiction treatment and support services by offering a healthier more holistic view of addiction recovery. It raises the expectations of what can be expected from recovery and those who are in it by positioning addiction recovery as a positive life choice and opportunity. The competencies and effectiveness of other treatments, such as 12-step programmes, self-management and recovery training recovery, counselling or alternative bespoke interventions and therapies, are not questioned. PP for addiction can be used as an adjunct to existing modes of treatment and support or practised independently to help reinforce recovery irrespective of treatment history or recovery background. It is not intended as a therapy that can address unjust and deep-seated hurts, comorbid mental health conditions or previous trauma. It is instead a resource for living a better and more effective life in recovery.

CONCLUSION

In this chapter, SUD and addiction were discussed and clarification given on how they are professionally classified through their symptomology. The cycle of addiction was used to explain addiction as a phenomenon, and the cost of addiction to individuals, their families and wider society discussed, highlighting the importance of supporting people to reach and uphold a successful recovery. The notion of elevating addiction recovery to counter its negative consequences was presented, looking at the applied use of PP to facilitate this. How addiction recovery aligns with the second wave of PP in appreciating a positive outcome from a negative experience was explored. Also, how the nascent third wave of PP provides a novel and methodologically flexible approach to researching addiction recovery for the benefit of people who have suffered with addiction.