Stories of Addiction

A thesis presented in partial fulfilment of the requirements for the degree of

Master of Arts
In
Psychology

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Abstract

This thesis examines lay understandings of addiction in the context of academic and clinical understandings and how these discourses are encapsulated in the treatment modalities available to persons experiencing addictive behaviour. It examines the tensions that exist in the treatment sector due to diverse ‘expert’ understandings of the addictive process and the very ‘construct’ of addiction. Participants’ narratives exposed the mutually constitutive nature of lay and professional discourses but also suggested that such use of narratives in clinical settings may have utility in the alleviation of addictive behaviours. However, the predominance of the medical model of addiction within the New Zealand treatment sector, and an increasing focus on highly manualised brief treatment modalities, may not be conducive to solutions that are deemed ‘creative’ rather than ‘corrective’ and give ‘voice’ and credence to the understandings of clients.
Completion of this thesis has been a journey in which many people have provided direction, support, and encouragement.

Firstly, I wish to acknowledge my academic supervisor, Professor Andy Lock, who provided oversight and direction at critical phases of this study and particularly when I was uncertain of which route to take. His guidance in the final stages of this research was crucial to its completion. It is appropriate to also mention the many lecturers at Massey University who have contributed throughout my rather late engagement in academic pursuits. In this regard, I would like to acknowledge Ann Flintoft who inspired my interest in the alcohol and other drug field and encouraged me to take up employment as a clinician.

The assistance of Health and Disability’s Upper South B Ethics Committee is acknowledged. Ethical approval was granted (Ethics Reference URB/10/07/025) by that committee on 18 October 2010 (Appendix 1). Approved documentation included Information Sheet V.2 (Appendix 2) and Consent Form V.2 (Appendix 3).

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Finally, I wish to acknowledge the wonderful people who unselfishly gave their time to participate in this study. Their willingness to share intimate details of their lives was prompted by a collective desire to assist others who may, in future, present to treatment services. I hope this study will contribute to discussion on the future of addiction treatment and do justice to my participants’ wishes.

My sincere thanks to you all.
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