

The Integration of Adult Education into  
Community-Based Drug Rehabilitation: An  
exploration to achieve best outcomes for service  
users

David Irwin

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Supervisor: Michael Murray

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# Abstract

This thesis investigates the potential of adult educational theories to enhance recovery prospects and life quality for individuals engaged in community-based addiction services. It examines the integration of adult education into drug treatment programs and its role in the empowerment of service users. The research concentrates on opportunities for improved life chances, long-term recovery outcomes, and the practices and policies that can amplify these outcomes. An analysis of adult education's effectiveness within these programs illustrates how educational and rehabilitative processes are mutually supportive.

## Contents

Chapter 1 .....	6
1.0 Introduction.....	6
1.2. Synopsis.....	6
1.3. A Brief overview of Addiction in Ireland.....	7
1.4 Effectiveness of Incorporating Adult Education into the Process of Community-Based Drug Rehabilitation.....	7
1.5 The Effectiveness of Incorporating Adult Education into the Process of Rehabilitation .....	8
1.6 Conclusion .....	9
Chapter 2: Methodology .....	11
2.0 Introduction.....	11
2.1 Methods Used to Collect Data .....	11
2.2 A Social Constructivist Ontological & Epistemological Position.....	12
2.3 Ethical Issues Involved .....	15
2.4 Participant Selection and Issues Encountered .....	16
2.5 Coding and Analysis.....	18
2.6 Conclusion .....	18
Chapter 3: Literature Review.....	20
3.0 Introduction.....	20
3.1 Synopsis.....	21
3.3 Formal Education and Non-Formal Education .....	22
3.4 An Overview of Paulo Freire’s Theory of ‘Critical Pedagogy’ .....	23
3.5 Jack Mezirow Transformational Learning Theory .....	26
3.6 The Ten Phases of Transformational Learning Theory and their Congruence with Addiction Treatment and Recovery .....	27
3.7 Malcolm Shephard Knowles Adult Learning Theory.....	29
3.8 The Six Assumptions of Adult Learning Theory .....	30
3.9 Theme 1: Active Participation, Critical Reflection & Collaborative and Learning .....	34
3.10 Theme 2: Transformative Learning Experiences .....	37
3.11 Theme 3: Empowering learners to take Action & The Implementation of Praxis.....	43
3.12 Conclusion .....	45
Chapter 4: Findings & Analysis.....	51

4.0 Chapter Overview .....	51
4.1 Synopsis.....	51
4.2 Theme 1: Recovery Capital .....	52
4.3 Theme 2: The Necessity of Non-formal education to Address the Immediate Needs & Concerns of Service Users .....	56
4.4 Theme 3: Barriers to Recovery Encountered on the Basis of Gender .....	65
4.5 Conclusion .....	69
Chapter 5: Conclusion .....	70
5.0 Chapter Overview .....	70
5.1 Limitations of this study .....	70
5.2 Where do the findings of this Research Support or Depart from Existing Knowledge .....	71
5.3 Implications for Practice .....	71
5.4 Implications for Further Research .....	71
5.5 Conclusion .....	72
5.6 Final Reflection .....	72

# Chapter 1

## 1.0 Introduction

The primary purpose of this research is to determine how the integration of adult education, guided by principles of adult educational theories into community-based addiction services can enhance recovery outcomes and improve the life chances of service users. This thesis will explore the best ways to empower people engaged with community-based drug rehabilitation services, where adult education is implemented. Therefore, the key themes of this analysis are the impacts this integration has on long-term recovery, improving life chances, and the policies, practices and procedures that have the potential to optimise these impacts, and why these two fields are compatible. This chapter will give a brief historical overview on addiction in Ireland. Then this chapter will offer a discussion on community-based addiction treatment in Ireland, followed by a section that outlines and discusses the effectiveness of integrating adult education into community-based addiction services. Finally, this chapter will conclude with a discussion relating to different approaches used in Ireland to treat addiction followed by a description of the research you are about to read.

## 1.2. Synopsis

Chapter 1 will briefly identify the core of this thesis, which is that community-based drug treatment outcomes can be enhanced, by integrating adult educational practices into the rehabilitation process. The primary purpose of this research is to determine the best ways to achieve sustained recovery outcomes and improve the life chances of people engaged with these services. Chapter 2 will explore the methodological approach used to collect data, and will outline and discuss the ontological and epistemological perspectives in terms of the research. It will review relevant literature to identify the congruence between these perspectives, primarily through the works of three adult education theorists, and demonstrate

how this aligns with a particular recovery approach based on a learner-centric humanistic model. Chapter 3 will examine the literature that supports the thesis argument. Chapter 4 will present both findings and analysis, a structure chosen due to the complex nature of the subject matter, which necessitated an immediate analysis following the presentation of the data findings, and chapter 5 will offer an overview, and a re-iteration of the key arguments, discussion on implications for practice, and identify areas for further research.

### 1.3. A Brief overview of Addiction in Ireland

For decades drug addiction has been a social issue in Ireland that has been growing exponentially. Since the heroin epidemic in the 1980's where the Irish government was forced to respond to the problem as a result of pressure from local communities that were most affected, there has been a struggle to keep political will in favour of prioritising tackling addiction. In the decades that followed the Irish State has continued to respond with the development of a wide range of policies and services for addicts, most of which were designed to tackle heroin addiction. The harm reduction approach such as methadone clinics were seen as the best response (*O' Brien. 2013*). Although it was to a lesser extent, funding was also allocated to rehabilitation services. In the community however, numerous community projects and day programs were set up usually in the most affected communities. Today funding is allocated to many of these services to provide adult education to their service users as part of their rehabilitation.

### 1.4 Effectiveness of Incorporating Adult Education into the Process of Community-Based Drug Rehabilitation

Community-based rehabilitation has become a powerful agent in the fight against drug addiction. It refers to the efforts of community uniting families, public health and safety

agencies and other social resources to help drug abusers tackle addiction. (Zhe Wang, Shuijan Chen et al). There are numerous day programmes which addicts attend to seek help with their addiction. Some services accept addicts who are still using drugs or are on prescribed methadone. Their focus is to stabilise their addiction (Harm Reduction) and others are drug free programmes where the aim is to attain long term abstinence from addiction. Community-based rehabilitation aims to help drug users restore physical and mental health, become free of social discrimination and enjoy equal opportunities (Zhe Wang, Shuijan Chen et al. 2018). The idea is that if an addict can improve their life chances via employment or education then they will also reduce the possibility of relapse. Many of these day programs are based in local communities and are either partly or completely funded by the Irish State.

## 1.5 The Effectiveness of Incorporating Adult Education into the Process of Rehabilitation

Addicts are one of the most marginalised and stigmatized groups in society. This stigmatization results in their struggle for recognition being ignored. Adult Education can be an emancipatory process through a discourse of resistance and a social movement striving towards a diverse and just society. These aspirations make adult Education a perfect tool to help enable addicts to reach their full potential and to help them reintegrate back into society. The work of Axel Honneth and his *'Theory of Recognition'* can help shift our understanding of drug users and the recovery process they go through (O'Brien. 2013.). Adult education perceives knowledge as emancipation and provides a frame of reference useful for exploring issues like addiction. Most addicts have extremely low confidence and struggle to conform to everyday life and to attempt the tasks involved to become productive in mainstream society. Outside of the norms of addiction many addicts will struggle with basic life skills they used to find simple before their addiction progressed and relearning them can be quite difficult. Many addicts also find



returning to education intimidating, often due to poor schooling experiences that might have occurred either due to traumas, learning disabilities or the fact that their addiction issues began to manifest in school years. Many of them had undiagnosed learning issues that went untreated so they were just seen as difficult students and were treated as such. School experiences such as these are often the beginning of a lifetime of low self-esteem, feeling alienated and stigmatized. These ideas become embedded over many years and are reinforced by the marginalisation and stigma that come with addiction and are internalised.

## 1.6 Conclusion

Many services that practice the harm reduction model offer stabilisation day programs for addicts who are still using. Often, addicts who are actively using are in the same class/therapeutic group as addicts who are stable. This can have a negative impact on the group causing stable addicts to relapse back into active addiction. The structure of committing to a day program may help someone become stable or indeed drug free, however, we must take into account the changing trends of addiction. Heroin addicts become stable by taking methadone instead of heroin, but for someone who is withdrawing from crack cocaine there is no substitute medication. A person withdrawing from crack cocaine may experience psychosis and chronic depression for a number of weeks and most likely will not be ready to participate in accredited core modules. The integration of active users into a group to achieve statistics of accredited modules completed (bums on seats) to justify funding may trigger stable members to have cravings and possibly relapse. Many day programs get funding allocated to provide core modules such as mathematics, communications and preparation for work, but often this is not rehabilitative for the addict. Core modules can be very effective in empowering addicts to return to the workforce; however, they should not be implemented unless the addicts are stable

or in a drug free learning group. Therapeutic modules such as art, mindfulness and other holistic treatments would be preferable in stabilisation groups.

Education that explores the social issues that have impacted on the learners would also be beneficial as they would be stakeholders in the issues discussed. Modules such as social studies and community/addiction studies would be highly conducive for addicts to achieve Transformative Learning. This will create an understanding that they are not less than members of society who have not been marginalised. This thesis will outline and discuss the significant congruence between adult education approaches and recovery models in addiction treatment. Through a review of the literature and an analysis based on Sheedy and Whitters' (2009) conceptual framework for addiction recovery, shared commonalities have been identified. The incorporation of principles from the Twelve-Step Model further strengthens these connections. In chapter three the distinctions between formal and non-formal education will be identified, for the purpose of understanding the contexts that their application best compliments the drug treatment process. The chapter will then discuss three theories of adult education: Paulo Freire's 'Critical Pedagogy,' Malcolm Shepherd Knowles' 'Andragogy,' and Jack Mezirow's 'Transformative Learning.' When these theoretical frameworks are integrated with community-based addiction rehabilitation, they show potential for enhancing recovery outcomes and improving life chances for participants the prospects. The integration of these two fields can be refined to help individuals on their path to recovery.

# Chapter 2: Methodology

## 2.0 Introduction

This chapter will outline the appropriateness of the methodological framework that was employed to gather data, that explores the impact that the integration of adult education into community-based addiction rehabilitation has on the enhancement of recovery outcomes and the improvement of life chances for service users. Given the complex and multi-faceted natures of addiction and recovery it was necessary to adopt a qualitative approach to conduct a deep and contextual exploration of the lived experiences and perspectives of both participants engaged with community addiction services and the practitioners working in the field. This chapter will also outline my own ontological and epistemological position in relation to this research. It will then explain the limitations of the study and the ethical issues that were encountered and how they were addressed.

## 2.1 Methods Used to Collect Data

Qualitative semi-structured interviews were utilized primarily to gather data for this research. According to Robson, C. (2011:280) semi-structured interviews give the interviewer a guide that serve as a checklist of topics that to be covered, and a default option of wording and order for the questions. However, the wording and order can be substantially modified based on the flow of the interview, and additional unplanned can be asked to explore unforeseen findings. This enabled me to gather rich and contextual data, whilst still being able to adapt to the flow of conversation to explore potential unanticipated topics in detail. I used a guided set of questions relating to addiction treatment, and the role educational practices based on that process, but also numerous open-ended questions to broaden the scope of topics covered, which indeed did lead to unexpected findings. I had two sets of questions, one set for trained professional who had experience of working in community-based addiction services where

adult educational practices were implemented. This set of questions had an emphasis on policies and practices both educational and rehabilitative. The other set of questions aimed for participants who had engaged in these types of services focused on the impact adult education had on their recovery journeys, and their life trajectories post-treatment. Both interview drafts had numerous open questions to gather as much rich and contextual data as possible.

This approach aligned with the research's aim to capture the multifaceted and nuanced ways by which adult education can influence recovery processes, outcomes and future life chances for service users. Through semi-structured interviews the research participants shared their own personal narratives that provided valuable and significant insights into how adult educational interventions can impact upon service users' life chances and recovery outcomes. This data was audio recorded, transcribed on paper with a wide margin for note taking. Human activity is understood as a result of meanings and symbols employed by individuals within social groups to create understanding. These symbols and meanings should be examined through text, in the same way that a literary critic interprets a book (Denscome, M. 2003:267).

This thesis was one of enquiry concerned with how adult educational interventions can improve life chances and enhances recovery outcomes. This research is concerned with the participants individual perspectives and the meanings that they ascribe to their realities, that in turn identify and explore the role adult education has on improving outcomes for service users.

## 2.2 A Social Constructivist Ontological & Epistemological Position

My ontological position is one of a social constructivist approach because the understanding of addiction and addiction recovery necessitates recognizing it as a reality constructed socially through interactions, relationships, cultural norms and shared meanings. It must be understood this way whether it be from the perspectives of society, addiction specialists or addicts themselves, because addiction is the kind of topic that can have many meanings depending on who you ask, and the experiences of addiction that those people had. A social constructivist

lens is critical for this research because individuals going through any given process interpret reality in their own individual way. Meanings and perspectives do not exist in their own right, and we cannot generalise them across a research sample. This thesis is going to focus on the individual rather than the group and examine how the participants individually make sense of their journeys from active addiction towards recovery (Robson, C. 2011:24-26).

My ontological position on education, and addiction rehabilitation are similar. Individual interpretations and perspectives must be accounted for. Firstly, education is more than what we can see, it is full of experiences, emotions, ideas, agendas and power relationships. It is often assumed that education is purely a good thing. I want to look beneath that surface; to get to the values each participant assigns to it, accounting for potential adverse schooling experiences that may act as a barrier to the educational processes. Education has the potential to be more than just the transference of knowledge and skills, it also has capacity to empower people to construct new meanings for their lives, making it achievable to re-shape their identities, take on new social roles. A social constructivist perspective is also conducive to analysing the dynamics of peer learning and how it can foster an environment that enhances recovery outcomes and improve life chances through a shared sense of purpose in educational settings. I believe my findings will assert that the drug rehabilitation mirrors this process. Education with either bad or uninformed practice can do much harm when it does not account for learners needs such as addiction, trauma, learning disabilities, past experiences and pre-existing schemas relating to education. I had to be open to challenging all pre-existing beliefs I may have had in relation to this process in order to find the solutions to achieve the best possible outcomes for service users.

Adult learners thrive the most when they are actively engaged in creating knowledge rather than simply being passive learners. We are all constructivists if we believe cognition is active in the construction of knowledge. Our lived realities are constructed by our thought processes,

constructing schemas that shape our world views and our place within them. These frames of reference significantly impact people with addictions and if transformed they can alter life trajectories. Adult education can facilitate the construction of new realities for recovering addicts, such as improved self-worth and self-esteem that can lead to good career prospects and new social networks of belonging that are vital for a healthy recovery from addiction. I want to find the most effective ways to achieve this transformation through specific applications of adult education. I recognise that the knowledge will be socially constructed by both the research participants and myself, thus co-constructing the research reality. (Schwandt 2000:197-198).

Mezirow explored learning as a transformation process where we transform our problematic, taken for granted frames of reference and habits of mind. If we transform our epistemologies, we can learn to liberate ourselves from frames of reference that have become embedded (Mezirow, J. 2003). Both rehabilitation and education can be an emancipatory force that can empower individuals and transform their lived realities by utilizing their lived experiences and as a resource to facilitate this transformation. My epistemological perspective towards the subject matter covered in this thesis will also be one of social constructivism. Recovering addicts going through drug rehabilitation also construct their own understanding of the recovery process through their participation in addiction and educational programs, through their interactions with addiction workers, educational facilitators, peers and other support networks. I hoped to establish that the Philosophy of adult education works in the same way as the drug rehabilitation to recovery process with group work, peer support, and critical reflection to transform schemas. Knowledge regarding addiction and addiction recovery is co-constructed in educational and rehabilitative settings. This research involves examining the collaborative learning processes and the shared creation of knowledge and understanding between participants and educators. It was my main objective to uncover how to most effectively utilize the synergy between the two disciplines, and to do so means to gain an understanding of how

these services can create educational spaces where participants and educators can collaboratively develop insights and strategies for recovery outcomes and improved live chances.

## 2.3 Ethical Issues Involved

Before I undertook this research I had to acknowledge that I was working with an extremely marginalised group so I planned to safeguard the participants and myself against any ethical issues that may arise by taking all the precautions necessary. Firstly, I got ethical clearance from for this research from the Med academic team in NUI Maynooth. I networked with addiction services that incorporate adult education into their rehabilitation programs and the management who work there were the gatekeepers to the research participants. The research will take place at each of these services. I got informed consent from each participant by explaining all potential ethical issues outlined in my consent forms. I then explained the purpose of the research, and I offered to answer any questions they might have in relation to it. I made sure to ask for their permission to record the interview, and I asked them to sign the consent forms after they had read them.

I was cautious during the interview process as I may had pre-existing relationships with some of the participants as a consequence of my employment in the community sector. I approached the research with sensitivity, and I endeavoured to show all respondents empathy and respect. I did not use language, nor make assumptions that might perpetuate societal stereotypes of addicts. I then explained that none of the data collected will be altered or distorted in any way, and I ensured confidentiality by explaining to the respondents' that their identities would remain anonymous

When interviewing I had to be mindful of potential power dynamics that may exist between myself and the participants, especially in terms of drug rehabilitation because I am a practitioner in this field and some of them were still in early recovery and potentially vulnerable. I did my best to make them feel comfortable enough to share their experiences without feeling judged or coerced. I only asked questions that relate to the rehabilitation and educational process, and I tried to avoid topics that might bring up trauma relating to addiction or early recovery. I assured each of the respondents that I will redact any data that has the potential to inadvertently identify them and that all the recordings and transcripts of data will be stored securely and destroyed after five years. Finally, I informed all respondents that they can withdraw their participation and contributions to the research any time, and in the event that they become upset I will offer them contact details for a free local counselling service.

## 2.4 Participant Selection and Issues Encountered

When undertaking this research, it was important for me to acknowledge the limitations of having a small sized research sample. I had to be cognisant that with a research sample this size the data collected may not accurately reflect the broader population, and the ability to generalise findings may be limited. To overcome these limitations, I recognized that my sampling had to be purposeful. When I was in the planning stage of the research process, I wanted to access research participants in Dublin city, Ireland for ease of access to participants, so I then networked with community-based addiction services within that area that employ adult educational practices in their programs, and asked specifically if I could interview staff both therapeutic and educational alike, and former participants. Consequently, this increased the likelihood of me having pre-existing relationships with potential research participants. Initially I was cautious about interviewing anybody that were known to me, because I did not want pre-existing relationships to lead to bias and a lack of objectivity. It should be noted that



the network of addiction services in Dublin is very small, and I have worked in the field of education for marginalised groups for many years, so I had to acknowledge that it was going to be unlikely that I would not be known to many of the people affiliated with addiction services within this community, and this was even less likely because I needed to network with community-based day programs that offer adult education.

After a careful selection of research participants, it transpired that I had pre-existing working relationships with three of the most suitable practitioners I had access to interviewing. Upon critical reflection on the purposeful sampling of the potential respondents, I conceded that these practitioners would be conducive to obtain the data necessary that could best inform this research. I calculated that interviewing these professionals would not corrupt the objectivity of the data with bias, and indeed that they were the best choices available for professionals to interview. Respondent 1 had been implementing a Freirean approach to non-formal educational seminars on addiction and recovery in his practice of working with recovering addicts for over twenty-five years. Respondent 3 worked as an educational co-ordinator in a community-based addiction service previously, and is now the manager of that service, and likewise respondent 5 is the manager of a community-based addiction service where adult education is integrated into the research process. To gain access to ex-service users to Interview I networked with three community-based addiction services that employed adult education within their treatment programs. I did have pre-existing relationships with three of the ex-service users that I interviewed, however this was purely down to happenstance. I did not however interview anyone that I had close personal relationship with.

When I was interviewing respondent 4, a lot of the data was linked to pre-existing trauma she had prior to engaging with addiction services, and how that impacted upon her recovery journey. She became emotional when discussing said topics. I asked her if she was ok, and she

assured me that I was. I then informed her that if she needed professional support that I could refer her to a counsellor, but she declined, and assured me that she was fine.

## 2.5 Coding and Analysis

To analyse the qualitative data collected from the interviews, I employed a thematic coding method. I audio recorded all interviews conducted and then transcribed them into text. The collected data was then coded into three themes. The first theme is 'revery capital', the second theme is 'the necessity of non-formal education to address the immediate concerns of service users' and the third theme is 'barriers to recovery encountered on the basis of gender'. Each piece of raw data was numerically coded for identification purposes. (Denscome, M. 2003:269).

I transcribed the interviews word-for-word to ensure accuracy. I used colour coded highlighters to systematically code the transcripts by identifying and categorizing recurrent themes that relate to community-based drug rehabilitation services, the educational and rehabilitative processes utilized by these services, and the experiences and obstacles encountered by both the staff and participants who collaborate in these processes. This task necessitated several reviews of these interview transcripts to refine and validate the themes to ensure a comprehensive understanding of the data. The themes that emerged were then organised and analysed to assess the effects of incorporating adult education into community-based drug rehabilitation, offering fresh perspectives on how this integration can enhance recovery outcomes and improve the life prospects of service users.

## 2.6 Conclusion

In this methodology chapter, we have explored the appropriateness of the methodological framework employed to investigate the impact of integrating adult education into community-

based addiction rehabilitation. Given the complex nature of addiction and recovery, a qualitative approach was necessary to delve deeply into the lived experiences and perspectives of participants engaged with community addiction services and practitioners in the field. The use of qualitative semi-structured interviews did allow for a rich and contextual data collection. By combining guided questions related to addiction treatment with open-ended inquiries, unexpected insights emerged. Two distinct sets of questions—one for trained professionals and another for ex-participants—focused on the impact of adult education on recovery journeys and post-treatment life trajectories.

As I began to code and analyse the collected data, I became increasingly aware that it was crucial for me to be critically reflexive. I continuously found that it involved self-examination, in terms of taking into consideration my own personal experiences, biases, and relationship as a practitioner with the source material.

For example, I was anticipating that services not being outcomes led, resulting from neoliberal policies to be a much bigger theme than it turned out to be. Nor did I account for the roles of sex and gender being such a big factor in impacting the outcomes for service users in terms of the barriers faced in early recovery. As I coded the data into themes it became increasingly apparent that the experiences of men and the experiences of women are vastly different in terms of the challenges faced by each sex in terms of recovery. This finding gave me the awareness that this thesis must prioritise the exploration of anticipated findings over the themes that emerge from the data. This reflexivity also afforded me the opportunity to explore the unexpected yet profoundly significant theme of recovery capital. I believe that by becoming critically reflexive I remained true to the initial aim of the research which was to explore how integrating adult education into community-based drug rehabilitation can improve outcomes for service users.

## Chapter 3: Literature Review

### 3.0 Introduction

This chapter is going to explain why there is a congruence between the approaches of adult education, and recovery models used to treat addiction. The review of literature will first put forth a definition, and conceptualised framework for addiction recovery as outlined in Sheedy and Whitter (2009), which will be used as the recovery model to highlight the commonalities shared by adult education and addiction treatment processes. This chapter will also use principles from the Twelve-Step Model to reinforce these congruences and will then identify the differences between formal and non-formal education, as both approaches are often applied in Irish community-based addiction services. This chapter will then outline and discuss three theories of adult education in-depth. These theoretical models are Paulo Freire's 'Critical Pedagogy', Malcom Shepherd Knowles 'Adult Learning Theory', and Jack Mezirow's theory of 'Transformative Learning'. Finally, it will explore and analyse how their approaches are complimentary to community-based addiction rehabilitation by outlining how the integration of these two fields can enhance recovery outcomes and improve life chance for participants engaged with these services. Bell Hooks (1994) famously criticised Paulo Freire for being gender blind in his analysis of adult education. This thesis will build on Freire's theory by acknowledging that the experiences of men, and the experiences of women in early recovery are not necessarily the same, and that different barriers to achieving successful outcomes are often experienced on the basis of gender, especially for members of marginalised groups like people in addictions. The integration of andragogical principles into addiction treatment is a relatively underdeveloped area in terms of research, that requires more contributions. While I will be referring the 2014 study 'Addiction a Contagious Paradigm', by Martin Keane, Gerry McAleenan, and Joe Barry, that focuses on policies that impact addiction services where adult education is integrated into the treatment process, I could not find any literature that identifies

the congruence between andragogical principles and addiction treatment and recovery. This thesis is making a contribution in that respect, to hopefully become what is going to be a growing body of knowledge.

### 3.1 Synopsis

The practical application of andragogical principles can enhance addiction treatment processes, particularly within non-formal educational group sessions that relate to the lived realities of the participants. This application can help them to improve their life chances, and increase the likelihood of sustained recovery. This can be achieved by encouraging them to critically reflect, by identifying with peers to gain a deep understanding of the key issues and challenges they face in their daily lives, thus enabling them to overcome barriers to recovery, through educational processes that promote empowerment, agency, and transformative experiences.

### **3.2 Defining Addiction Recovery**

In order to identify and highlight the correlation between the processes of adult education philosophies and the processes of successful addiction treatment, we must first have a concrete concept of the desired outcome, and primary purpose of addiction treatment which is 'recovery'. Sheedy and Whitter (2009) highlight twelve principles of addiction recovery that were formulated after years of research and consultation with stakeholders in the field of addiction treatment and set out by the 2005 National Summit on Recovery in the United States. (Keane, M. et al. 2014)

Figure 1: A Conceptual Model of Recover
1. There are many pathways to recovery.
2. Recovery is self-directed and empowering.
3. Recovery involves personal recognition of the need for change and transformation.
4. Recovery is holistic.
5. Recovery has cultural dimensions
6. Recovery exists on a continuum of improved health and wellness
7. Recovery emerges from hope and gratitude
8. Recovery involves a process of healing and self-redefinition.
9. Recovery involves addressing discrimination and transcending shame and stigma.
10. Recovery is supported by peers and allies.
11. Recovery involves (re)joining and (re)building a life in the community.
12. Recovery is a reality.

Source: Granfield and Clouds (1999) Conceptualised Model of Addiction Recovery (Keane, M. et al. 2014).

These principles advocate for a comprehensive, holistic, person-centred and community-based approach that is effective for treating addiction and promoting recovery and share commonalities with Paulo Freire's 'Critical Pedagogy', Malcom Shepherd Knowles 'Adult Learning Theory', and Jack Mezirow's 'Transformative Learning' theory which will be outlined and discussed in this chapter.

### 3.3 Formal Education and Non-Formal Education

#### **Formal Education**

It is important to distinguish between formal and non-formal education as both these educational applications will be referred to throughout this thesis, because they are commonly utilized by community-based addiction services in Ireland to compliment the rehabilitation process. Formal education is a structured educational model governed by learning objectives, rules and norms, adhering to stringent curriculum goals, methodologies, and content. Typically, this education system includes instructors, students, and is provided by educational institutions.

Participants in formal education are required to attend classes, undergo assessments designed to advance their learning, and ultimately achieve accreditations that can either be used for career goals or to advance to higher educational diplomas or degrees (Grajcevci, A. & Shala, A. 2016).

### **Non-Formal Education**

Non-formal education differs from formal education in many aspects. It offers flexibility in curriculum and methodology; however, the learning process is deliberate and structured. Non-formal education prioritises the needs and interests of students, and usually it does not lead to an accreditation or certification.

### **3.4 An Overview of Paulo Freire's Theory of 'Critical Pedagogy'**

Paulo Freire's educational framework critiques 'Pedagogy' (meaning the teaching of children) hence the name 'Critical Pedagogy'. This theory highlights how the pedagogical approach is inadequate for the teaching of adults. Freire's educational approach is in direct contrast to the traditional pedagogical model, and its application falls into what he termed 'The Banking Concept', which is where learners are treated as empty containers that are filled with knowledge deposited by their teacher. These learners are passive, rather than being active participants in their own learning. In the Freirean model of education however, learners are encouraged to actively participate in their own learning and think critically about the knowledge they are learning. With critical pedagogy the learners' experiences are considered valuable resources for learning, and the co-construction of knowledge that both the educator and students are beneficiaries of. Freirean education is collaborative, as students and teachers engage in discussion together to explore issues, which facilitates this co-construction of knowledge. With the banking concept power dynamics are hierarchical, and students are

subordinate to teachers who are authoritarian, and dictate to students what they need to learn. However, critical pedagogy affords students the opportunity to have a say in what subject matter is being explored through dialogue. Learners are encouraged to explore their prior experiences, critically reflect upon and share them with their educators and peers, to engage in problem solving dialogue, to find solutions to real-life issues that they face in their daily lives. Critical Pedagogy replaces the banking systems' objective of merely depositing knowledge with the posing of problems of human beings in relation to their own lived realities. Education based on problem-posing ensures active teachers, active students, and active citizens within the classroom and the global community. Within a problem-solving educational setting the goals and interests of teachers and students align, enabling all involved in the process to become subjects of the educational process by overcoming authoritarianism, alienating intellectualism and making knowledge accessible to all participants. This is how problem-solving dialogue is inclusive, non-discriminatory and emancipatory. Problem-solving educational practices also enables people to overcome false perceptions of reality. This is considered the true measurement of growth by Freire as the banking concept acts as a gatekeeper that entails intellectual alienation and stifles growth. Freire maintains that freedom from alienation is not impossible without dialogical relations between the educator and the students. Dialogical relations transform the teacher/student relationship, to create a process where they become jointly responsible for everyone involved to experience growth. It is the objective of this process that learners will reach the stage of 'critical consciousness'. It is only through dialogue that critical consciousness can be achieved (Freire, P. 1970).

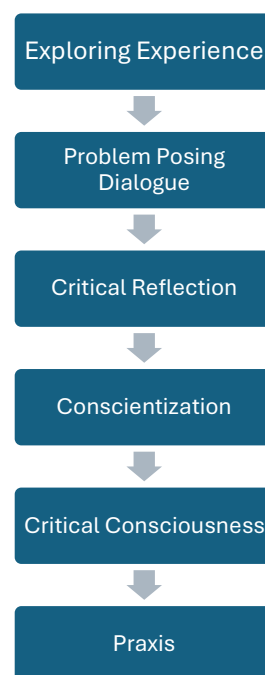
Critical consciousness affords people the opportunity to explore what they can change about themselves, so they can change their lives for the better. Critical reflection is preceded by what is termed 'conscientization', but they continually inform each other, driving learners toward emancipation and social transformation (Freire, P. 1970). Critical consciousness involves



fostering an awareness of social, economic and political issues that contribute to one's own situation (Freire, P. 1970). However, conscientization is the process of ongoing reflection and action that seeks to transform the world (Freire, P. 1970). Critical consciousness is the state of being aware of social, political and economic issues that impact us, whereas conscientization is the transformative process that leads to this state.

Within the Freirean framework, however, dialogue is not just the mere exchange of words, dialogue is the collaborative encounter, where united reflection and action are addressed to the world, which is to be transformed and humanised. Freire maintains that engaging in dialogue alone is insufficient to transform one's own lived reality, and to achieve this we require 'Praxis' to transform our understanding of reality. The term Praxis means to transform the world through action and reflection. According to Freire reaching praxis through adult education can empower marginalised groups to prevent the continuation of dehumanising aggression from dominant and oppressive societal groups (Freire, P. 1970).

Figure: The Process of the Freirean Adult educational Model:



### 3.5 Jack Mezirow Transformational Learning Theory

It is important to take note of the fact that Freire conceptualised the concept of ‘Critical Pedagogy’ in 1950’s and 1960’s Brazil when he was working on adult literacy with peasants, even though there have been numerous studies that argue that Freirean pedagogy has the scope to empower and emancipate a range of marginalised groups from oppression. For a fresher perspective that builds upon Freire’s works it is helpful to consult Jack Mezirow’s concept of ‘Transformative Learning’ (Kitchenham, A. 2008). Mezirow’s based his theory on experiences and difficulties encountered by adult women who were either making the transition of returning to employment or education.

Transformative learning emphasises how we make and put meaning on experiences and defines learning as a meaning making exercise where learning is understood as a process of using prior interpretations to construe new interpretations of the meaning of our experiences to guide future action. To make meaning is to make sense of our experiences by first interpreting them. Underpinning transformative learning theory is the assumption that the learners’ experiences can alter the learner’s paradigm or way of thinking, and thereby transform the learner’s knowledge and perceptions. When we use interpretation to guide decision making or action, making meaning becomes learning (Mezirow, J.1990). This process is the catalyst for critical reflection fostering transformative learning. Mezirow identified learning as a transformation process where we transform our problematic, taken for granted frames of reference, which are meaning perspectives, mindsets, habits of mind. By transforming our epistemologies, we can learn to liberate ourselves from frames of reference that have become embedded (Mezirow, J. 2003).

Transformative learning theory facilitates a process of learning through critical self-reflection, that results in the reformulation of meaning perspectives and mindsets to make them more

inclusive, discriminating, and integrative, reflective, open and emotionally capable of change, so that they may generate beliefs that will prove truer or justified to guide action. This theory focuses heavily on how we assign and act on our feelings, values and purpose to gain greater control of our lives. It can empower us to be responsible decision makers in society.

Mezirow takes a constructivist approach to the analysis of learning. Mezirow sees experience as being the subject matter of transformative adult learning and maintains that from childhood onwards, experience is socially constructed. However, he asserts that experiences can be deconstructed, reconstructed, and acted on. To reflect critically we must examine assumptions, and underlying beliefs that impact how we make sense of experiences. This process is about change that fosters developmental and growth enhancement.

### 3.6 The Ten Phases of Transformational Learning Theory and their Congruence with Addiction Treatment and Recovery

#### **Phase 1: A disorientating dilemma**

A Disorientating Dilemma is an event that challenges one's own existing perspectives, that prompts a re-evaluation of pre-existing assumption of beliefs. Mezirow (1991). This where learners identify a problem that needs to be solved. When experiencing this, learners may not perform as well as expected leading up to the second phase (Kitchenham, 2008).

#### **Phase 2: A self-examination of feelings of guilt or shame**

This type of self-examination can lead to a greater self-awareness and help foster the motivation to change. Learners start to question their beliefs and assumption after confronting a disorientating dilemma therefore it is imperative to create a safe environment for participants to explore these issues (Mezirow, J. 1991). This is a critical phase where the learner starts to re-evaluate their own identity, and the validity of their own perspectives.

### **Phase 3: A critical assessment of epistemic, sociocultural, or psychic assumptions**

This involves a critical reflection of the underlying assumptions that shape worldviews, and other perspectives. Here the learners explore the origins and validity of assumptions, and re-evaluate them on the basis of bias, often leading them to a recognition that they might be false (Mezirow, J. 1991)

### **Phase 4: A recognition that one's discontent and the process of transformation are shared and that others have negotiated a similar change**

This phase involves the realisation that others experienced similar discontentment's and that transformation is a collective journey, implies that embracing change akin to others involves recognizing that one's dissatisfaction with the current state is part of a broader journey of personal growth and transformation (Mezirow, J. 1991).

### **Phase 5: Exploration of options for new roles, relationships and actions**

This means to discover new ways of being and interacting with others the world (Mezirow, J. 1991). In this phase, individuals contemplate alternative roles, relationships, and actions that better align with their new perspectives. This exploration is crucial for envisioning new possibilities.

### **Phase 6: Exploration of options for new roles, relationships, and action**

Basically, this means to formulate a strategy to implement new ways of thinking and behaving. This may involve setting goals and determining the steps necessary to attaining them (Mezirow, J. 1991).

### **Phase 7: Acquisition of knowledge and skills for implementing one's plans**

After developing a strategy to implement changes in our lives we must then gain the knowledge and skills necessary to implement that strategy (Mezirow, J. 1991).

### **Phase 8: Provisional trying of new roles**

This involves encouraging learners to experiment with new roles and behaviours can enable them improve self-confidence, and to develop adaptability. However, this should only be done in a supportive environment considering the vulnerability of recovering addicts as a marginalised group (Mezirow, J. 1991).

### **Phase 9: Building of competence and self-confidence in new roles and relationships**

This involves the improvement of abilities and self-confidence in learners' abilities through practice. Ongoing support and feedback to help learners develop competence and confidence in their new roles, which reinforces their commitment to change and grow (Mezirow, J. 1991).

### **Phase 10: A reintegration into one's live on the basis of conditions dictated by one's own perspective**

Simply put this means to fully integrate into perspectives into one's life (Mezirow, J. 1991).

## **3.7 Malcolm Shephard Knowles Adult Learning Theory**

Knowles built on the concept of andragogy to develop 'Adult Learning Theory.' Adult Learning Theory focuses on optimizing the learning experience for adults based on individual learning, by acknowledging their unique characteristics and life experiences. Unlike critical pedagogy that goes beyond individual learning, aiming to empower learners to challenge and transform societal structures and injustices. Both approaches play crucial roles in education, but they have different goals and methods. Andragogy, meaning the teaching of adults, offers a framework to enhance adult education. Like the Freirean approach to adult education, andragogy rejects the mere transmittal of knowledge as an adequate method to teaching adults as many adult learners can find the banking concept of education problematic for learning.

There are six assumptions at the core of adult learning theory, and below I will give a synopsis for each of them.

### 3.8 The Six Assumptions of Adult Learning Theory

#### **The Need to Know**

Adults need to understand the reasons why they need to learn something, and why it is relevant to them before they commit themselves to the effort of learning it. This principle highlights the importance of being transparent with adult learners regarding the value of learning new knowledge or skills. (Knowles 1984). To gain the optimum learning experiences, learners need to understand why they should learn what they are being taught. Educators should do research and ask learners what they expect to learn and how this can benefit them. This type of research can enable educators to design more constructive content for them. This can be extremely conducive to addiction treatment as it helps educators understand the problems the learners are facing in relation to addiction and sustaining recovery.

#### **A Readiness to Learn**

Knowles outlined what is termed a 'readiness to learn', where individuals realise that they must learn things that are necessary for them to advance from one stage of development to another. Developmental psychologists have dubbed these developmental tasks. Successful achievement of these tasks leads to happiness and success with later tasks, while failure of these tasks leads to unhappiness, disapproval by society and difficulty with later tasks. A readiness to learn provides us with a 'teachable moment' (Knowles, M. 1980). The thinking behind the tenet of readiness to learn is that an adult learner is eager to learn knowledge and skills that impact their current daily lives. When facilitators create an environment in the learning experience that

encourages exploration of the benefits of a specific learning, it helps learners achieve a readiness to learn (Hall, T. M. 2024).

### **The Learners Self-Concept**

With a pedagogical approach the learners' role is a dependent one. Society expects the teacher to take full responsibility for determining what the students should learn, when it is to be learned, how it is learned, and if it has been learned. Andragogy assumes that adults have a self-concept of being responsible for their own decisions that will impact their own lives, and that it is a normal part of the process of maturation for a person to progress from dependency to becoming increasingly self-directed, but at different rates for different individuals, and in different dimensions of their lives. Knowles suggested that with maturity people become increasingly self-directed but the rate of time this takes varies from individual to individual. So, it is the educator's responsibility to nurture and encourage this movement. If the learner is self-directed then they can take responsibility for their own learning. His research highlighted that it is crucial for adult learners to be self-directed and accountable for their own education. Self-directed inquiry involves evaluating one's own learning needs, engaging in the learning process, and proactively assessing one's own participation requirements. Additionally, it involves establishing goals and formulating strategies for learning (Knowles, M.S 1980) and dedicating the time and effort necessary to understand what is needed to learn the desired information. This means that while self-directed learning is guided by the learner, it is a necessity to have some guidance from the educator. It is extremely important however to ensure that this is guidance from the educator, and not the impartment of knowledge characteristic of the pedagogical banking concept, but rather simply working the process with the learners. This process involves the utilization of the learner's pre-existing knowledge and skills. Taking this

into account increases the learner's confidence in what they must contribute in terms of knowledge and skills, and what learning is achieved. (Hall, T. M.2024)

### **Prior Learner Experiences**

As people go through life, they accumulate a vast reservoir of knowledge and life experiences that can be a rich resource for learning. Similarly to the approach adopted in Freire's critical pedagogy, learners are encouraged to use this experiential knowledge and share it with others to relate to the learning of new knowledge. People attach more meaning to learnings they gain from experiences, rather than the learnings they acquire passively (Knowles, M.S. 1980). Experiences that relate specifically to the topic at hand are extremely effective for new learnings. This is why educators and facilitators should focus on, incorporate, and value the life experiences of participants (Hall, T. M. 2024).

This array of life experiences influences their needs, motivations interests and goals of learners, as such, there is a need for individualised teaching and learning strategies. Educators must help learners find their own learning objectives based on their individualised needs, goals and interests, and to provide opportunity for their own reflection. (Knowles, M.S. 1980). Techniques such as problem-solving dialogue and exercises relating to addiction and recovery challenges and barriers would enhance recovery outcomes and improve life chances.

Fostering a learning environment that treats participants like adults and is not geared towards children or adolescents is paramount as discussed by Knowles (1980) adults do not respond as well as children to this approach. Incorporating learners' prior experiences into adult education will enhance learning outcomes. When doing so educators and facilitators should put great emphasis on the critical and problem-solving aspects of educational dialogue, as this helps the educator/facilitator and learners become joint discoverers in the learning experience (Hall, T. M. 2024).



## **Orientation Towards Learning**

Compared to children, adults approach education from a perspective, which ultimately results in a different way of learning. Children typically view most of their learning as something they can postpone. For a child, education is simply the process of accumulating a reservoir of knowledge and skills that might become useful in later life. Therefore, children enter educational activities in a subject-centred frame of mind. However, adults tend to have a perspective of immediacy of application towards most of the learning, and they engage in learning as a response to pressures from current life situations. For adults, education is a means to improve their ability to cope with life problems they are experiencing at the time. Therefore, they enter educational activities from a problem-solving or performance-centred frame of mind (Knowles, M.S.1980).

## **Intrinsic Motivation**

Motivation can be external for adults, take work related tasks for example, but motivations can also be intrinsic for adults, like the fulfilment of a life goal or dream. When motivation comes from within the learner it is a powerful force with the capacity to enable people to accomplish great things in their lives (Hall, T. M. 2024). This needs to be considered when educators plan the design and content of their courses. There must be a valid reason behind each activity and learners must understand what skills they will develop by completing the tasks at hand. Relevancy is key, and as the course develops, educators should evaluate the quality of the learning experience, and its objectives and reassess learner needs if necessary.

## 3.9 Theme 1: Active Participation, Critical Reflection & Collaborative and Learning

### **Active Participation**

In order to experience processes of transformation, critical consciousness, and praxis, service users must first actively participate. Knowles tenets of adult learning theory which are, the need to know, the readiness to learn, and the orientation towards learning all operate under the assumption when learning spaces are created, in order for the learning to be successful the learners must want to learn. This is essential to create the pre-conditions to create critical consciousness. This correlates with the recovery processes, as people have to want to recover in order for treatment to be successful. Sheedy and Whitters' (2009) third principle of recovery which is 'Recovery involves a personal recognition of the need for change and transformation' (Keane, M. et al. 2014). The Freirean approach emphasises the necessity of engaging in dialogue, which is not simply the mere exchange of words, but rather the process of meaningful engagement with others to critically reflect on one's own assumptions and beliefs. Freire considers dialogue the true measurement of growth. Dialogue is fundamental for the co-construction of knowledge and is the catalysts for problem-centred education that leads to the empowerment and emancipation for marginalised groups (Freire, P. 1970). Transformative learning theories tenet of confronting disorientating dilemmas also puts great emphasis on the engagement in dialogue to test one's own assumptions and foster growth by challenging one's own perspectives (Mezirow, J. 1991).

### **Critical Reflection**

According to Mezirow (1991) this process involves entering into discourse with others, listen to alternative viewpoints and collaboratively build alternative viewpoints and understandings. Critical reflection affords addicts the chance to realise that retaining these behaviours will

reduce their chances of success, and hopefully the motivation to change these aspects of their lives. As critical reflection and critical consciousness are processes that empower people to become aware of and critically analyse their lived realities and take transformative action, it can help addicts who are struggling to let go of substances. Often addicts will go through a grieving process and may experience doubt or ambivalence about letting the substance go. It can also help people to identify triggers, stressful situations that cause them, and to put plans in place as a safeguard to deal with them. For example, this might involve avoiding certain people, places or things that trigger them or how to use social skills when they meet active addicts, they know to leave the situation without either relapsing or causing conflict. Critical reflection in a non-formal educational setting can also help recovering addicts to explore the reasons why they used drugs in the first place, whether it be for coping with stress or dealing with an underlying trauma that has adversely impacted upon them. This would complement any external cognitive behavioural therapeutic interventions that the participants might be partaking in outside of the educational setting.

### **Collaborative and Peer Learning**

Freire puts great emphasis on the importance of collaborative learning and mutual support among peers (Freire, P. 1970). It is one of the key features of the Freirean model, where through collaborative peer learning, learners will take an active role in both teaching and supporting each other where participants will share their own experiences, knowledge and skills. Like Freire, Knowles recognition of the value of utilizing prior experiences to enhance new learnings is highly conducive to recovery, as according to Sheedy and Whitter (2009) ‘recovery is supported through peers and allies.’ People in recovery sharing their experiences enables them to learn from each other’s experiences and build a supportive community, develop coping strategies, and reinforce behaviours conducive to recovery. For example, the peer-led approach is the foundation for twelve-step fellowships. “*Alcoholics Anonymous is a fellowship of people who*

*share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism” ([www.aa.org](http://www.aa.org)).*

Collaborative and peer learning can enable participants in drug rehabilitation programs to learn from each other’s experiences and, problematise addiction issues through dialogue, develop coping strategies, and reinforce behaviours conducive to recovery. The problematisation of addiction issues is an essential, and empowering part of the recovery process, and validates the application of Mezirow’s tenet of disorientating dilemmas. This peer-led approach is highly conducive to recovering from addiction.

According to (Boisvert, R, A. 2008) there is enough research out there to back up the idea that peer-led practices utilized within community-based addiction services enhances and enriches treatment outcomes for service users when a participatory and empowerment approach is undertaken. Boisvert’s own research supports the effectiveness of collaborative and peer-led approaches in community-based addiction treatment. If we can foster empathy and understanding in the learning environment, participants will engage more readily with educators and peers who share similar experiences. This is a crucial aspect of enhancing recovery outcomes and improving life chances for participants, as social interactions play a crucial role in recovery, and interpersonal relationships strongly influence recovering addicts journeys (Boisvert 2008). When peer-led skills are developed early in a safe therapeutic, or educational setting, participants gain a valuable advantage, as attending twelve-step programs and other self-help groups as part of their continuum of care is encouraged by most addiction services, and skills related to collaborative peer-led dynamics will reduce their risk of relapse.

This approach is an important strategy for supporting sustained recovery and preventing relapse. Firstly, participants must engage with treatment, and they are more likely to engage

with educators and peers who have similar experiences to themselves, this fosters a sense of empathy and understanding. These processes correlates to Sheedy and Whitters' (2009) 10<sup>th</sup> principle of recovery: 'Recovery is supported by peers and allies. An addict's recovery is often influenced by their social interactions, specifically the interpersonal relationships they encounter on a daily basis'. With like-minded people in addiction services, this often is a positive experience, as they are immersed in a group of people with the collective goal of achieving sustained recovery (Keane, M.et al. 2014). If the groups are not homogenous, and drug free participants are in a mixed group with people who are still actively using drugs it can be a trigger for relapse, and adversely harm their chances of remaining abstinent. If the peer-led group skills are developed in early recovery in a safe therapeutic or educational setting, then participants would have an advantage in maximising the support they can get from attending twelve-step programs post treatment. This would increase the chances of sustained recovery, as they could obtain optimum supports from fellowship meetings, which would facilitate a long-term continuum of care and reduce the chances of relapse. Sheedy and Whitters' (2009) 6<sup>th</sup> principle of recovery, acknowledges that recovery is an ongoing and long-term process. 'Recovery exists on a continuum of improved health and wellnesses.'

*"Recovery is not a linear process. It is based on continual growth and improved functioning. It may involve relapse or other setbacks, which are a natural part of the continuum but not inevitable outcomes. Wellness is the result of improved care and balance of mind, body and spirit. It is a product of the recovery process."* (Keane, M. 2014:28).

### 3.10 Theme 2: Transformative Learning Experiences

#### **The Development of Critical Thinking, Critical Reflection & Fostering Critical Consciousness**

In terms of their congruence to treating addiction there are a lot of similarities between the theories mentioned. Knowles tenets of the need to know, readiness to learn and orientation towards learning must all be assumed when we are creating learning spaces for students. As adults are motivated to learn in order to benefit their own lives with the application of said learning. For this to work people must want to voluntarily participate in the learning. These are the preconditions for creating critical consciousness. This is crucial in the recovery process as well, because to recover, people have to want to do so. An orientation towards learning is vital for educational processes promoting recovery. Freire's problem-solving dialogue and Mezirow's problematisation of confronting disorienting dilemmas also fosters critical consciousness.

Critical thinking allows individuals to question their own assumptions about themselves, their addictions and recovery process. This cognitive restructuring is key to breaking the cycle of addiction and for promoting sustained long-term recovery (Brookfield, S. 1987).

Critical consciousness empowers individuals to develop understanding of their world and their place in it. (Freire, P. 1970). Critical consciousness can foster critical reflection, which would make it conducive to addiction treatment, as many approaches to treating addiction involves encouraging the addicted person to look at their own addictive behaviour, attitudes and beliefs, as the objective is to change these internal schemas, resulting in improving recovery outcomes and the reducing the probability of relapse. Alcoholics Anonymous literature describes a similar process referred to as a 'psychic change' (Silkworth, W.D. 1939:XXVII. The Doctors Opinion, Alcoholics Anonymous. 2002. edition).

Critical consciousness also involves recognising and analysing power dynamics, social inequalities, and oppressive systems. It encourages individuals to question dominant narratives and seek alternatives. Most importantly, critical consciousness empowers people to challenge

the status quo and envision a more just society. Freire posits that the development of critical consciousness, and conscientization facilitates individuals' reflective participation in history. By presenting problems to students, educators can cultivate a critical understanding of the broader power structures shaping their circumstances and empower them with the knowledge that they can alter these conditions through praxis. As a result, individuals come to view the world as a dynamic entity, rather than a static one, thus they gain a comprehension of the steps necessary to change their lives for the better and then take the action necessary to do so.

In phase 2 of transformative learning theory 'a self-examination of feelings of Guilt or Shame', Mezirow identifies a similar process. He asserts that at this phase the learner's self-examination can lead to a greater self-awareness and help foster the motivation to change. Learners start to question their beliefs and assumptions after confronting a disorientating dilemma. Therefore, it is imperative to create a safe environment for participants to explore these issues (Mezirow, J. 1991). This is a critical phase where the learner starts to re-evaluate their own identity, and the validity of their own perspectives (Mezirow, J. 2000). Many people in early recovery will have trauma resulting from past life experiences, therefore, it is imperative to create a safe environment for participants to explore these issues (Mezirow, J. 1991). Many people in early recovery go through a grieving process after letting the addictive substance go. Also, many struggle with euphoric recall, which is a distorted frame of reference where individuals only focus on the good times they had while actively using, and not the consequences of their addiction, that often leads to relapse. Guilt resulting from harmful behaviours and actions from before the individual started their recovery process can also be a precursor to relapse. A knowledge, and application of transformative learning theory could enable practitioners to help participants address such issues. This correlates with Sheedy and Whitters' (2009) 9<sup>th</sup> principle

of addiction recovery, 'Recovery involves addressing discrimination, and transcending shame and stigma.'

### **Transformative Learning**

Transformative learning can help recovering addicts to overcome senses of apathy, low-self-worth and self-esteem, resulting from stigma and being marginalised. Overcoming these issues would naturally empower them to be imbued with a sense of confidence and self-determination that would make overcoming these barriers to recovery and improved life chances achievable. These transformative learning experiences involve changing one's own belief systems and worldview. For recovering addicts this process offers the chance for them to shift from a mindset of hopelessness and dependency, to one of hope and self-determination, empowering them to obtain achievable goals that were previously unattainable (Mezirow, J. 1991). This empowering approach of transformative learning correlates with both the second and seventh principle of Sheedy and Whitters' (2009) 12 principles of addiction recovery. Principle 2 states that 'recovery is self-directed and empowering'. Often the pathway to recovery involves time when activities are guided and directed to a substantial degree by others, however recovery is self-directed, and the recovering person is the agent of their own recovery and has the authority to exercise choices based on their own individualised recovery goals that have an impact on the recovery process. Principle 7 states that 'recovery emerges from hope and gratitude' (Keane, M. et al. 2014).

Knowles first tenet of adult learning theory highlights that learners need to know what they are learning, to explore how it can benefit their lived realities by learning it. This bottom-up approach will not only enable participants to feel respected and listened to, but it is also holistic and will help them to identify learning outcomes that will enhance their recovery outcomes and



improve their life chances. Sheedy and Whitters' (2009) 4<sup>th</sup> principle of recovery asserts that 'recovery is holistic, and as such recovery should never be a one size fits all approach. As a consequential side effect of the success of twelve-step fellowships which pursue complete abstinence as the main goal of treatment, many recovering addicts define recovery as total abstinence from drugs. This does not account for circumstances that prevent people from detoxing such as medical issues, or psychological traumas and excludes people by proxy. (Keane, M. et al 2014).

As the need-to-know leads to a readiness to learn and an orientation towards learning, making learning more effective. Knowles tenet of readiness to learn posits that adult learners are driven to gain new knowledge and skills that enhance their daily lives. A readiness to learn emerges when facilitators foster an environment within the learning experience that promotes the investigation of how and why certain learnings are advantageous to the learners, thereby aiding them in achieving a state of readiness to learn. (Hall, T. M. 2024). This also true for transformative learning theories tenet intrinsic motivation, with its recognition that motivations stem from within. Internal motivations have the capacity to enable people to accomplish great things in their lives and are a powerful agent for empowering participants to feel more invested in recovery, thus greatly improving life chances, and enhancing recovery outcomes.

The process of Knowles adult learning theory shares commonalities with B.F. Skinner's theories on behaviourism, and cognitive behavioural therapy as both frameworks put emphasis on the practical applications of learning/behaviour change to problem-solve real-life issues. Skinner's perspective suggests that structural interventions focus on altering dysfunctional beliefs and behaviours to improve emotional regulation and develop coping strategies (Beck, J. S. 2011). Taking a problem-solving approach can encourage learners to examine issues such as relapse prevention, coping mechanisms, stress management, and employment criteria, that would improve life chances and enhance recovery outcomes. Fostering a goal-orientated mindset

would do the same as it can help service users stay motivated, focused and provide them with a sense of accomplishment as they progress through their recovery journeys.

Twelve-step fellowships are mutual support groups, where members come together regularly to help each other by sharing experiences, strength, and hope. The twelve-step model puts emphasis on personal growth, spiritual development, and community support as essential components of the recovery process (Alcoholics Anonymous 2001).

The principles which twelve-step treatment share with the Freirean philosophy are empowerment, participation, problem solving and critical thinking. The twelve step programs all encourage members to take inventory and responsibility for their actions to attain and maintain quality recovery. This is done by members actively participating in meetings, sharing their experiences and supporting newcomers or those who might be struggling.

Now whilst I do not know of any community-based addiction services that treat addiction with the twelve-step model, it is important to note that nearly all community-based addiction services will encourage their participants to engage in twelve step fellowships to improve their chances of remaining abstinent. Therefore, experiencing Freirean philosophical framework of education as a learner, will help fellowship newcomers to be open minded. Twelve-step fellowship literature states that for their program to work members must only be open minded, honest, and have willingness.

*“These three qualities, honesty, open-mindedness and willingness are considered essential for recovery”* (The Big Book of Alcoholics Anonymous (2002))

This process is achieved through critical reflection, but also requires individuals to take action. For many addicts in early recovery the social reality is attempting to live and function in society free from drug/ alcohol use, the dilemma may be trying to retain old behaviours associated with

addiction or wanting to hold on to old friends and acquaintances from active addiction while trying to remain in their lived reality of being abstinent.

### 3.11 Theme 3: Empowering learners to take Action & The Implementation of Praxis

Praxis means to transform the world through action and reflection. Praxis is the application of critical reflection to take action or enact social change, not just change for the individual. Even though adult learning theory focuses on individual learning, unlike critical pedagogy, where the main objective is to empower learners to become agents of change through praxis, adult learning theory can foster praxis in recovering addicts by default. The practical applications of a participant's orientation to learning would most likely lead to addicts doing all they can to stay clean, which would more than likely involve participation at twelve-step meetings.

Critical reflexiveness and critical consciousness leading to praxis is congruent with Sheedy and Whitters' (2009) third principle of recovery which is that 'Recovery involves a personal recognition for the need for change and transformation' (Keane, M. 2014). This active engagement would help to solidify new behaviours conducive to a healthy recovery, the coping mechanisms, and action necessary to avoid relapse.

Addiction services can utilize reflective exercises in non-formal sessions that enable participants to confront disorientating dilemmas. Take for example the consequences of their addiction, or the negative impacts of behaviour associated with addiction and early recovery. These practices would facilitate Sheedy and Whitters' (2009) 8<sup>th</sup> principle of addiction recovery, 'Recovery involves a process of healing and self-redefinition' (Keane, M. et al 2014)

Learners self-concept and self-directedness ....According to the recovery principles described in Sheedy and Whitter's (2009) work, recovery is primarily a self-directed process, despite the journey to successful recovery often requiring guidance and support from others, making

addiction services, and self-help groups essential, especially in the early stages of recovery. Being in recovery gives individuals the power to move towards becoming "agents of their own recovery," using their free will to influence the process in ways that advance their own recovery goals and objectives (Keane, M. et al. 2014). Moving towards this type of autonomy would help prevent services fostering a culture of dependency where participants may continuously relapse, when they are not engaged with addiction supports. Self-directed learning aligns B.F. Skinner's operant condition theory that informs cognitive behavioural therapy where behaviour is often dictated by potential consequences. Skinner, B.F. 1953).

According to Sheedy and Whitters' model (2009) self-directedness and empowerment are necessities for quality recovery outcomes, and the fact that recovering addicts face a multitude of systemic barriers that act as gatekeepers to recovery outcomes, improved life-chances (Keane, M. et al 2014) needs to be considered when educators plan the design and content of their courses. There must be a valid reason behind each activity and learners must understand what skills they will develop by completing the tasks at hand. Relevancy is key, and as the course develops educators should evaluate the quality of the learning experience, and its objectives can reassess learner needs if necessary. Again, if non-formal education with topics addressing addiction and recovery would improve recovery outcomes, and formal educational modules that are stepping stones to further education and employment would improve participants life chances.

This correlates with the holistic nature of the biopsychosocial model of addiction, and with Sheedy and Whitters' 4<sup>th</sup> principle of addiction recovery that 'recovery is holistic' If addiction rehabilitation programs tailor their educational content to address the needs and immediate concerns that relate to the recovery of the participants, they can enhance motivation and engagement fostering a readiness to learn. Non-formal educational sessions that use dialogue to explore issues such as relapse prevention, housing, physical, emotional and mental wellbeing

would be highly conducive to enhancing recovery outcomes and improving the life chances of participants.

### 3.12 Conclusion

The aim of this chapter was to refer to the literature of three theories of adult education that were identified from the data collected as being the most complementary to community-based addiction treatment in terms of enhancing treatment outcomes. The theories of Malcom Shepherd Knowles, Jack Mezirow and Paulo Freire stood out as being the most effective in terms of their congruence with addiction treatment, and the promotion of recovery. Many of the principles of Knowles, Mezirow's, and Freire's theories align with the principles of twelve step programs. Members regularly meet with a sponsor and to engage in problem solving dialogue that relates to addiction and recovery orientated dilemmas. With a sponsor people in recovery learn how to practice the principles of the twelve steps in their daily lived realities to become empowered to live a life free of active addiction. Many recovering addicts and alcoholics experience a type of calling to give back to society as part of their recovery journeys. As behaviours associated with addiction are often self-centred and selfish, the principles of recovery are altruistic. A reading called 'How it Works' read out at the beginning of AA meetings states "*We can only keep what we have by giving it away*" (12step.org). Through critical reflection and collaborative dialogue in meetings, many in recovery become altruistic, maybe at first just to stay in recovery but many encounter what is called a 'spiritual awakening' as a result of practicing these principles, and develop a seemingly innate desire to help not only people in recovery who are struggling, but to give back to society as a whole. The Narcotics Anonymous version of the How it Works reading states "*We believe that the sooner we face our problems within our society, in everyday living, just that much faster do we become acceptable, responsible, and productive members of that society*" ([www.na.org](http://www.na.org)). Many

recovering addicts decide to work within the field of addiction treatment, or with other marginalised groups, which in turn changes the world for the better. The manifestation of praxis can often be layered and contextual for people in recovery.

Stephen Brookfield (1986) puts forth valid criticisms of Knowles theory. He asserts that Knowles presents an idealistic perspective of both adult learners and learning processes. According to Brookfield the assumption of adult learning theory does not account for hegemonic structures of power, and societal structural inequalities thus generalising adult learners and makes the assumption that they have equality of opportunity, and not considering the diversity and complex individualised needs of adult learners (Brookfield, S.D. 1986). As addicts are a marginalised group, I took this into account before conducting this research, which is why my argument is that a program with a mixed blend of principles from Knowles, Freire's and Mezirow's theories would optimise outcomes for learners undergoing addiction treatment. Critical Pedagogy endeavour to tackle issues of oppression, so Brookfield's argument is not applicable to this research. Therefore, this thesis does not argue that the implementation of Knowles principles of adult learning alone into addiction treatment would complement the treatment process, but rather a hybrid of principles of the three main adult education theorists outlined in this thesis. Knowles emphasis on problem solving and the recognition of prior experiences alone, make adult learning theory extremely complementary to addiction treatment.

Jack Mezirow's 'Transformative Theory' of education illustrates how adult education can lay the foundations for improved life chances for addicts. Transformative theory is a theoretical model of how adults learn. It outlines that adults learn what they seek to learn by transforming their frames of reference. This type of learning can be emancipatory particularly for marginalised groups, as taken for granted beliefs, roles and norms can be critically reflected upon and modified, which would promote empowerment, autonomy, self-directedness, agency,

build self-confidence, and help overcome a sense of apathy which would both enhance recovery outcomes and improve life chances for participants. In the findings and analysis chapter I will contend that overcoming apathy, and feelings of low self-esteem and self-worth through transformative learning processes is crucial to optimising the outcomes for participants when integrating adult education into the rehabilitation process. Stephen Brookfield (1986), criticised Mezirow's transformative learning theory for focusing on individual learning transformations and neglecting cultural and social inequalities that impact learning outcomes, and that it neglects the emotional and effective dimensions of learning by putting too much emphasis on cognitive processes and rationality. This thesis overcomes this shortcoming by advocating that Freire's theoretical works account for these cultural dimensions of inequalities, and that it is the amalgamation of principles from all three of these educational frameworks, combined with holistic aspects of the biopsychosocial model of addiction responses that will enhance treatment outcomes.

Integrating a Freirean educational approach in community-based drug rehabilitation programs equips service users with the skills and mindset necessary for sustainable recovery and improved life chances. The Freirean method not only addresses the immediate challenges of addiction faced by participants, but also empowers them to transform their own lives and have a positive impact their communities.

The application of the Freirean model involves the collaborative processes where the emphasis is on groups of people working together through dialogue to achieve emancipation, and empowerment through problem solving dialogue that relates to participants own lived realities. This aligns with the intent of many of the rehabilitative approaches to treating addiction, which are to promote recovery and prevent relapse. Therefore, my argument is that if adult education with Freirean principles were implemented into more addiction services, it would reinforce the efforts of practitioners, to achieving sustained recovery outcomes and improve life chances for

more people. The application of Freirean education principles advocates for a more inclusive and transformative approach to treating addiction and can improve life chances not by making people more employable alone but also by transforming epistemologies through which they can gain valuable insights into themselves, their addiction, develop critical thinking skills, and build a foundation for personal growth and sustained recovery. By integrating adult education with Freirean principles into community-based addiction services we can create more effective, holistic and personalised recovery programs. We can empower both individuals and groups to emancipate themselves from oppressive structures that maintaining the status quo, by reinforcing the stigmatisation and marginalisation of people with addictions. Through active participation in a supportive and inclusive educational environment, we can enable practitioners to foster change through praxis, empowering participants to collectively contribute to their communities and society collectively, resulting in an increased chance of sustained recovery and improved life chances. By embracing the principles of Freire's critical pedagogy we empower service users, enhance treatment outcomes and promote lasting recovery. It should be noted Bell Hooks famously criticised the works of Paulo Freire for being gender blind. This thesis is going to address that issue by building on Freire's theory of critical pedagogy, and recognising that the emancipating experiences of men and women engaging in adult education are not necessarily the same, especially when the barriers to recovery that female addicts experience are taken into account. (Hooks, B. 1994)



## **Respondent Biographies**

**Respondent 1** is a retired male in his 60's. He has over twenty-five years' experience working as an educational co-ordinator and group facilitator in a community-based addiction service.

**Respondent 2** is a male in his 50's. He is an ex-service user who maintains he has been drug free for almost two years at the time of interview and leads a healthy and proactive lifestyle.

Respondent 2 has been engaged in the same community-based day program twice where adult education was integrated into the treatment process. He states he is happily employed in two separate employments.

**Respondent 3** is a female in her 40's. She is the manager of a community-based addiction service that incorporates adult education into its drug rehabilitation process. Respondent 3 has prior experience of working as the education co-ordinator in this service and she also holds a P.H.D. in addiction studies.

**Respondent 4** is a female in her 40's who participated in non-formal education in a community-based addiction program. She maintains that she has been drug free for four years and leads a healthy and proactive lifestyle. Since she completed her community addiction treatment she has gone on to complete a further education course in health care, and now she works as a social care practitioner in homeless accommodation for adult females, and she has been accepted by a higher educational institution to undertake a level 7 degree in addiction studies in September 2024.

**Respondent 5** is the manager of community-based addiction service, that provides both formal and non-formal education to participants.

**Respondent 6** is an ex-service user in his 50s, who has been working in addiction services for the previous decade. He maintains he has been drug-free for twelve years.

**Respondent 7** is a female in her 40's who now works as a peer support worker in the same community-based addiction service she attended. She maintains she is four years drug free and plans to become a psychotherapist.

### **Abbreviations & Specialised Terms to Addiction & Recovery**

A.A.	Alcoholics Anonymous
ACEs	Adverse Childhood Experiences
Active Addiction	Still actively using alcohol or drugs
Community-based addiction service/Day Program	Non-residential addiction rehabilitation service
N.A.	Narcotics Anonymous

## Chapter 4: Findings & Analysis

### 4.0 Chapter Overview

In this chapter I will discuss and analyse findings from the data collected that validates the core of this thesis, which is how the implementation of andragogical principles and practices into community-based addiction services can both enhance recovery outcomes, and improve life chances for participants post treatment. I included both the findings and analysis together in this chapter. Due to the complexity of the subject matter, it made sense to have an immediate analysis after outlining the data findings. As I was doing research on the integration of adult education into community-based rehabilitative practices, I did not account for a concept that I was familiar with to emerge so strongly in the data as a main theme. This concept is Granfield and Clouds' (1999) model of 'Recovery Capital' which was introduced to offer an explanation for how some individuals can overcome addiction, without rehabilitative supports, or use of self-help groups. Recovery capital is the sum of resources necessary to sustain addiction recovery and can be enhanced by processes of andragogical education. Recovery capital is the first main theme this chapter will discuss. Then this chapter will outline, and discuss its second main theme, the necessity of non-formal education to address the immediate needs and concerns of service users. The third main theme to emerge from the findings is barriers to recovery encountered on the basis of gender. After discussing this theme, the chapter will offer its conclusion.

### 4.1 Synopsis

The application of Knowles, Mezirow, and Freire's theoretical principles can greatly improve recovery outcomes for participants in community-based addiction rehabilitation programs. Such an integrated approach promotes empowerment, inclusion, and the development of

supportive communities, resulting in systemic changes that benefit the life prospects of those in recovery. The application of andragogical principles into addiction treatment programs can also enhance recovery outcomes and improve life chances by building 'recovery capital'. Recovery capital is the sum of resources needed to sustain from active addiction. There are barriers to recovery experienced on the basis of sex and gender, that make the experiences of men, and the experiences of women in addiction fundamentally different. This is an area that needs further research, and funding to prevent the continuation of marginalisation on the basis of sex and gender.

## 4.2 Theme 1: Recovery Capital

This was an unexpected theme that emerged, the significance of building recovery capital, which refers to the sum of resources that individuals can use to sustain recovery from addiction. When I asked Respondent 5 about barriers to recovery encountered by participants, he introduced the concept of 'Recovery Capital' that I was familiar with but was not expecting to emerge from the data as a main theme.

“So, unfortunately, a lot of people who come into recovery, don't have recovery capital, and then they struggle with the basic stuff in life, and that might be just paying rent, paying bills, getting a job, getting employment, looking after your family, being a parent, all of the basic stuff that most people find, you know, comes naturally for people” (Respondent 5).

Granfield and Cloud (1999) introduced the conceptual model of recovery capital, drawing from the works of Pierre Bourdieu who developed the construct of social capital. According to Bourdieu, social capital is the sum of actual or potential resources which are linked to possession of a durable network of institutionalised relationships of mutual acquaintance and recognition, meaning membership to particular groups (Keane, M. et al. 2014). According to Granfield and Cloud (2008) recovery capital is the aggregate of resources necessary to initiate

and sustain recovery from substance misuse, and that recover capital has four dimensions, social, physical, human and cultural.

Figure 3: A model of recovery capital

Dimensions of Capital	
Social capital	The sum of resources that each person has a result of their relationships with, support from and obligations to groups to which they belong.
Physical capital	Tangible assets such as property and money that may increase recovery options.
Human capital	Personal skills and education, positive health, aspirations and hopes.
Cultural capital	Values, beliefs and attitudes that link individuals to social attachment and the ability to fit into mainstream social behaviour.

Source: Cloud and Granfield (2008) cited in (Keane, M. et al. 2014:19).

When I asked respondent 5 about changing drug trends, he explained that younger addicts who were presenting with cocaine addiction alone seemed to be in a higher success rate category, and usually do not have to address the range of issues that long-term opiate users face.

*“They wouldn’t be coming in with the same damage as a heroin user who’s been living on the streets for years, who’s been in and out of prison. Who has all the trauma that goes with that. So, it is different”*  
(Respondent 5).

In 1999, Granfield and Cloud conducted a qualitative research study, where they interviewed 46 individuals in recovery from substance misuse, who had previously engaged with addictions

supports, and they shared similar characteristics that constituted a form of pre-existing recovery capital. Most of them had higher educational qualifications, regular employment both before and after their addiction experiences, none of them displayed major mental or physical health conditions, and none of them were embedded in 'street' subcultures that surrounds substance misuse (Keane, M. et al. 2014). Respondent 4 discussed how having built recovery capital pre-treatment gave her an advantage both educational and recovery orientated due to networking in circles of recovery. (Respondent 4).

*"I was lucky. I found recovery on my journey before I found education. So, the people in my life at that stage were in recovery. A lot of them had done college. A lot of them were still doing it. So, and they work in (addiction) services. So, I had a combination of people helping me. You know, these were all fellow addicts in recovery. They were also facilitators in day programs, managers in day programs, social care workers. So, I had a network of people I could text or ring, but I didn't, though. That's the thing. I'd ring one of my friends in recovery".*

Respondent 1 worked in a service strongly influenced by the Freirean approach outlined below how the integration of andragogical principles can build recovery capital.

*"...this ties in with adult education, active addiction reduces the person's life, reduces it greatly to the point where for some it's just them and the substance. Successful recovery involves creating wider circles of belonging and that again is what that horizontal philosophy's aspect of adult education does is it increases peoples' circles of belonging to the point whereas (if) they're recovering, and developing they're not only just see the world being about them. It's much, much broader their circles become family, friends. The join things, they're the ones whose circles increase (Pauses). Over time they begin to consider the planet, so over time their circles of belonging move as I would say in healthy development. That's the process where the circles, like say teenagers moving from that self-view of the world and as they get older, they view the world in a more empathetic (Pauses) again that's what the philosophy of Adult Education is all about. So, recovery as we would know it is very much a match for the philosophy of Adult Education. Now, what would you do with that is another issue, because some people just focus on the vertical transfer of skills and knowledge... There's a much bigger picture at work" (Respondent 1).*

In the previous quote we can see evidence of how aspects of all three of the aforementioned theories can help build recovery capital. He highlights aspects of the Freirean model. This is evidence that the horizontal approach to dialogical education can in fact be the catalyst of liberation from active addiction and oppressive structures that compound it. This quote also highlights that through conscientization addicts can become aware of the social reality so they

can change it. For many it's the realisation that they need to build new relationships conducive to recovery, as old acquaintances can act as a trigger for relapse, so building new circles of belonging is conducive to recovery, however it also helps individuals to become more aware of the world around them. Not only does this lead to praxis, that can transform their own lived realities by reflecting on their place in the world, but it also aligns with the twelve-step principles outlined in the literature review, by helping them become more altruistic and empathetic towards others in world which is conducive to recovery. Re-joining and re-building a life in the community are some of the steps involved in attaining successful recovery. This social re-integration is a necessity to overcoming societal exclusion and marginalisation that act as barriers to getting clean and sober (Keane, M. et al. 2014). As an addict's recovery is influenced by their social interactions, and the interpersonal relationships they encounter on a daily basis, these new circles of belonging can not only tackle marginalisation, but also act as a resource to build recovery capital. Dialogical relations between peers in recovery and facilitators would build new circles of belonging that would enhance participants 'social capital', which is the first dimension of recovery capital.

Transformative learning theory can also facilitate critical reflection on embedded beliefs about addiction and recovery, such as letting go of people in their lives they subconsciously associate with drug taking, and networking socially with groups who do not use drugs. If transformation is achieved here by confronting these disorientating dilemmas it would lead to profound changes in self-identity, by building the fourth dimension of recovery capital, 'cultural capital'. The third dimension, 'human capital' could be enhanced by Knowles tenet of self-directed learning. This would allow for participants to decide what their own recovery goals are, thus increasing their intrinsic motivation towards to attain recovery, personal and academic skills that would give them the empowerment to attain goals and aspirations.

### 4.3 Theme 2: The Necessity of Non-formal education to Address the Immediate Needs & Concerns of Service Users

While andragogy means the teaching of adults, there is a difference between teaching adults, and practicing adult education.

*“The adult education principles have to be central to everything that we're doing, and that has to be the seeing people as adults with lived experience. I think what would be a real hindrance is if we moved into a quite didactic kind of way of doing education. I think that would definitely be a turnover of people and we wouldn't get them. I think some people say, well, we're doing adult education just because there are adults in the room. But that in itself, isn't adult education as you well know, but it is thinking about what are the principles that underpin doing really good adult education work, and it's about doing that. Not just saying, well, it's adult education because they're adults. They're all over 1, they're in their thirties. But it's are we actually enacting the principles and the values of adult education? I think that's important for promoting recovery” (Respondent 3).*

The above quote in itself identifies that it is not simply the education that enhances recovery outcomes, and improves life chances for participants in community-based addiction services, but in fact the learning processes that they go through when the principles of andragogy are applied.

#### **Overcoming Apathy & Achieving Academic Self-Efficacy**

One of the stronger themes that emerged from these interviews was that many of the participants who engage with addiction services encounter a sense of apathy, and other external systemic barriers to recovery. In order to understand how we can enable participants to overcome these barriers, we must understand the crucial role that non-formal education plays in these processes. Non-formal education emphasizes practical skills and personal growth, focusing on collaborative, and peer learning. It values skills like tolerance and adapts to the learner's needs, proving effective in self-understanding and societal roles, crucial for enhancing recovery outcomes and improving life chances and life.



Often the sense of apathy stems from a lack of self-belief, one of the sub-themes that emerged from the data, a sense of apathy relating to service users' academic abilities. When I asked respondent 3 about challenges recovering addicts face, she responded:

*"I think there's definitely those additional challenges that are there. But I do think a big piece of it is the self-belief. It's the sense of that, they felt they were never that bright, or they were always put down the back of the class, and these are all the things that that did happen in schools"* (Respondent 3).

Above respondent 3 describes what she believes are the thought processes of many of her ex-clients who encountered a sense of apathy as a significant barrier to recovery. As Mezirow described these distorted meaning perspectives as, problematic frames of reference, encouraging participants to confront disorientating dilemmas relating to one's own academic capabilities that would help learners to question, and potentially transform embedded beliefs that contribute to feelings of powerlessness and apathy. The data displayed evidence of this in the alteration of the life trajectory of respondents 4, 6, and 7.

*"I never used a laptop. I left school when I was 14. So, everything was eh (Pauses) fell by the wayside. My spelling was bad. I didn't know how to manage sentences"* (Respondent 4).

Respondent 4 then proceeds to identify how she achieved empowerment through dialogue and active participation in non-formal educational groups enabled her to overcome these challenges.

*"Through doing group work it showed you your ability of what things you might be able for, like your interest that you wouldn't have known you had... you broaden your thinking"* (Respondent 4).

Below respondent 7 refers to her adverse prior experiences with education, and how she responded better to the non-formal approach that was taken by the day program she attended.

*"You know, from where I started, over here I never thought that education would come into it for me. When considering my career, what I work at is completely different. I was a hairdresser, it was always more practical work for me, so pen and paper never came into it. You know? So, I did struggle with the educational side they, kind of broke it down a little bit easier for you over there"* (respondent 7).

Respondent 6 also had negative frames of reference relating to academia, stemming from adverse schooling experiences. When I asked him how adult education in the addiction service he attended contrasted with his experiences from school, he said the following.

“It was a completely different approach. I was treated like an adult, not a child. I was talked to, not talked at. It was like the difference between [redacted and [Redacted] prisons. I’ve been in both, and I’ve actually been called by surname by prison officers in [Redacted] prison. And then I’d be in the likes of [Redacted] (Prison) were they actually call you by your first name, and you’re treated with respect. You’re treated like a human rather than as a commodity. But that’s what I felt, that in the adult education I was treated a lot more respectfully than I was when I was a child”

(Respondent 6).

It is safe to assume that it was the failings of the banking concept that created these frames of reference for respondent 6. However, after his experiences of both non-formal and formal education he is now, and has been gainfully employed for many years and gives back to his community by working in the field of addiction treatment. It is likely that reaching a stage of conscientization, influenced his drive to transform his community and his place in it. Achieving praxis would help others in recovery to prevent the continuation of the dehumanisation aggression (Freire, P. 1970) that impacted on him so negatively. The implementation of andragogical principles into addiction treatment would achieve similar transformations for many individuals dealing with these issues.

Both Respondents 4 and 7, did not partake in any formal education classes while in community-based rehabilitation. Respondent 4 went on to work in numerous services for women who are homeless, and has been offered a place on a higher education degree. Respondent 7 now works in the same community-based addiction service where she was a participant four years prior to being interviewed. She also plans to become a psychotherapist, and has taken steps towards achieving this goal. The evidence of Mezirow's transformative learning theory is apparent here, involving a change in belief systems and worldviews. For recovering addicts, this process provides an opportunity to transition from a mindset of hopelessness and dependency to one of

hope and self-reliance, enabling them to achieve goals that once seemed unattainable. Below respondent 7 references how the benefits she got from adult education all stem from non-formal educational practices:

*“the non-formal stuff over there was to look at how to change our behaviours, and you know your approaches on different things like? It was really different, because I thought like when you were doing the educational stuff over there, I thought it was going to be like school stuff, but it wasn't. You were looking at stuff like the window of tolerance, the wheel of change, all that kind of stuff. The inner type of work on ourselves like internal stuff, more about how you are as a person, how your gonna approach (things), and how you're gonna act as a person. Like as a productive member of society. And that's the kind of educational skills that I learned through being in there like” (Respondent 7).*

This quote also offers evidence that non-formal education in addiction treatment settings does more than increase recovery outcomes, but can alter life trajectories for the better by improving life chances by the attainment of career orientated goals. This also provides evidence of the benefits of Knowles tenets of adult learning theory such as the need to know, readiness to learn, orientation toward learning, and the motivation to learn. Furthermore, it offers evidence of the value of Freirean principles such as critical reflection through problem-solving dialogue, critical consciousness, conscientization, and praxis. This fosters a motivation to learn and increases the chances of successful outcomes through empowerment.

Respondent 6's above quote also offers evidence that transformative learning theory enables the creation of beliefs or schemas, that are more accurate or justified to direct actions, than previous negative meaning perspectives. If we are reflectively open, and emotionally capable of change, then we can regain more control over our lives. Mezirow's theory places significant emphasis on the assignment and enactment of our feelings, values, and purposes to enhance control over our lives. In particular respondent 7 makes reference to challenging behaviours, problem-solving dialogue is perfectly suited for this task as it identifies them as a barrier to recovery, and to develop critical thinking skills to change them. This is the encouragement to critically reflect on real-life problems outlined by all three theorists, however, it correlates particularly with phase 5 of Mezirow's transformative learning theory, 'the exploration of new

roles, relationships, and action', where learners are encouraged to formulate strategies to implement new ways of thinking, and behaving.

Sometimes it can be difficult to motivate, and encourage addicts in early recovery to talk about issues relating to addiction. Respondent 6 spent many years working in community-based addiction services after he came into recovery. When he encountered this in the past, he utilized a strategy of picking a topic for dialogue in group settings to tease out dialogue that participants may be resistant to bring out into the open.

"We know what comes up in recovery, and we know the stuff we don't want to talk about. That's what I'm saying, topic them! And go straight from there. That's what I'm talking about. That's what I would do., and I've actually often done that in the aftercare group therapy. When I was doing the aftercare I would say, I'll just pick the word and say this is the topic and let's just see what happens" (Respondent 6).

This practice can foster a need to know, a readiness to learn, orientation to learning, intrinsic motivation, critical reflection, and of course will often lead to action. Respondent 5 highlights the power of a peer-led approach to learning to achieve the same outcome.

*"It's unconscious, and our job in here is to challenge that and make it conscious. So, at the initial start, it is, you know, big debates, big struggles, why you thinking about, what's your position on that. And there might be myths that are throwing out or stuff that's from social media and they take it as truth and we challenge that. And then by the end of that 22 weeks, a high percentage of that group then have completely changed their way of thinking it and don't just read stuff and take it on board. They actually question it. They drill down into things now. They're not just looking at things on a superficial level and they're looking for evidence behind stuff as well. That's an education class, but that's recovery as well because you're challenging their mindset as well, and recovery is also a mindset" (Respondent 5)*

Respondent 5 also identifies that overcoming apathy can be achieved by having an all-encompassing peer-based model.

*"You need good staff, fully committed staff, and a mixture of staff in recovery and staff who are not in recovery. You need that mixture. The staff in recovery have really good insight into addiction. It's peer support, it's a peer model. So, we bring people back who came through the program, and they come back as recovery coaches, or they might come back then as staff if they go off and do their degree, they go off and get educated, and they come back after a few years' experience living life, they come back, provided they are still in recovery"*

Respondent 5 goes on to talk about how this peer-based approach, can provide motivation and hope, for those who are struggling in early recovery. Respondent 7 is one of the ex-participants who now works as a recovery coach at this service. A recovery coach is usually a professional that is in recovery themselves. Their role is to help participants develop individualised strategies for overcoming addiction issues, and achieve personalised goals.

*“The therapeutic value of one addict helping another is without parallel. We feel that our way is practical, for one addict can best understand and help another addict. We believe that the sooner we face our problems within our society, in everyday living, just that much faster do we become acceptable, responsible, and productive members of that society”* (www.na.org).

The above quote from the Narcotics Anonymous website not only aligns with peer model practices to overcome a sense of apathy, but also with the principles of andragogy, in terms of problem-solving, valuing prior experiences, critical reflection and action that seeks to transform society. This highlights that peer-led approaches should be uniform in community-based addiction services, not only in the educational spaces they provide but also to have service users come back as recovery coaches as part of their continuum of care.

### **Overcoming Systemic Barriers**

When I asked respondent 3 what were the biggest barriers to enhancing recovery outcomes and improving life chances, she cited issues such as, welfare constraints that make employment or returning to education seem difficult, or even impossible. These problems usually occur after participants have started their recovery journeys. She also highlighted not having access to childcare as a barrier, particularly for women.

*“So, the motivation, the intrinsic motivation might be there, but, actually. They may realise they don't have childcare, or there's something there that's blocking them, or maybe the block is that once they walk up to that program, it becomes known that they've had a substance use issue”* (Respondent 3).

This quote provides evidence that there is a necessity for critical reflection in regard to real-life issues. The Freirean process leading to critical reflection, critical consciousness and praxis could enable many recovering addicts to obtain the best possible outcome in addressing these issues, as critical consciousness is the state of being aware of social, political and economic issues that impact us, whereas conscientization is the transformative process that leads to this state. Freire posits that in the praxis stage of consciousness, people come to view the world as a dynamic entity, rather than a static one, thus they gain a comprehension of the steps necessary to change their lives for the better and then take the action necessary to do so.

This quote from respondent 3 also holds true to Mezirow's assertion that often guilt or shame may arise after confronting a disorientating dilemma, and necessitates a self-examination of guilt or shame. Self-examination is key in fostering the motivation to change and enhancing self-awareness. When learners encounter perplexing situations, they may start to question their assumptions and beliefs. To counter this issue, non-formal andragogical educational settings can offer a safe environment for them to explore these doubts (Mezirow, J. 1991) so participants may scrutinize the legitimacy of their perspectives and their sense of self. By introducing problems to students, educators can foster a critical awareness of the broader power dynamics that shape their lived realities and equip them with the understanding that they can change these conditions through praxis (reflection and action).

Non-formal education can foster critical reflection through collaborative and self-directed learning and dialogue to help participants develop critical consciousness to comprehend the systemic issues they face. By providing a supportive environment we can encourage participants to explore the issues that directly affect their lives, through self-directed learning, using prior experiences as a resource to tackle them through the Freirean tenet of praxis. After participants have gone through a united reflection through dialogue, participants can better

understand the root causes of their challenges, leading to the empowerment necessary to challenge them in terms of overcoming apathy.

It must be noted however, that to experience processes of transformation, critical consciousness, and praxis, service users must first actively participate. Active Participation is essential to create transformative experiences. To experience learning processes of transformation, learners must first actively participate. Knowles tenets of adult learning theory the need to know, the readiness to learn, and the orientation towards learning, all operate under this assumption. With the Freirean model active participation is essential to create the pre-conditions to create critical consciousness, conscientization, and praxis. This correlates with the recovery process, as people have to want to recover in order for treatment to be successful. Sheedy and Witters' (2009) third principle of recovery which is 'recovery involves a personal recognition of the need for change and transformation' (Keane, M. et al. 2014). Respondent 1 provides evidence of this below:

*"It all falls on the individual? Like if they're going to put the work in, because I've gone into day programs and thought I was willing. I thought I had the willingness to better my life, but you know? I thought I could come out of treatment (residential rehab) and change my thinking, but it was always drugs, drugs, drugs. So, this time I had to commit. Since day one this time around willingness has been a big part of it"* (Respondent 1).

While this chapter has outlined and discussed the necessity of non-formal education for addressing the immediate needs, and concerns of participants, formal education can also play an important role that can enhance recovery outcomes, and improve life chances for them. Formal education should also have a role, as its application can provide students with practical skills that can lead to enhanced employability and academic qualifications that can lead to higher paying jobs. Meaningful employment can give people in recovery a sense of purpose, structure and stability which is important for sustaining recovery. Respondent 2 highlights how achieving academic accreditations has given him a sense of purpose, and improved his quality of recovery and life chances.

“I’ve worked most days (Since leaving the day program) and I’ve two jobs there. One's a C.E. (Community Employment role), the others with Amazon, and it's not like working. Doesn't feel like I'm going in and having to graft every day. It's going in and enjoying something that I like doing.” (Respondent 2).

As is evident from the above quote, formal education can build recovery capital by increasing a person’s physical capital. Physical capital (the fourth dimension of recovery capital) refers to tangible assets like money, or property that increases recovery options Granfield and Cloud (1999) cited in (Keane, M. et al 2014).

Many recovering addicts in recovery seem to have an innate desire to give back to their communities by reaching the critical consciousness, and conscientization stages of consciousness growth, and often they end up either working in the field of addiction treatment, or gain employment helping other marginalised groups, which benefits service users. However, Respondent 6 offers a valuable insight from his experiences as a participant and years of experience working in the field of addiction treatment. He made a profound argument that formal accredited modules that can lead to employment in the social care field should not be offered to groups or individuals who are still being prescribed harm-reduction medication.

*“So, you're putting somebody then into a position who has a level five or a level seven cert who actually hasn't got any understanding and experience. Just because they went to a fucking class doesn't mean they understand it, because they don't remember the class. Did you get me? I'm talking about more the harm that will do to others rather than the individual (Pauses). It's not necessarily about the individual. It's more about the harm It could do to the clients that they're trying to help (pause) further down the line” (Respondent 6).*

This is an extremely valid point. It should be the educators’ duty of care not just to the clients they are treating, but also to the future clients that will be availing of addiction services in the future. Ethical consideration should always be taken, when accreditations or awards that lead to the care of vulnerable people are being offered. I do not ascribe to this as a one size fits all situation, however, I believe it should be evaluated on a case-by-case basis.

Respondent 1 stressed that when implementing adult education into the rehabilitation process that the main emphasis must be on the non-formal because that is the approach that prioritizes



the development of the person, which is what forms the basis of successful recovery. He also made the point that with a Freirean philosophy of adult education, the process and the outcome are the same as the recovery process, empowerment, inclusion and participation.

## 4.4 Theme 3: Barriers to Recovery Encountered on the Basis of Gender

### **Unanticipated Barriers for Female Addicts**

While I knew going into this research that female addicts experience marginalization in many areas of their lives that male addicts do not, I was expecting these areas to be relating to issues of being single parents and perhaps difficulties in accessing childcare. I was not expecting to uncover findings that identify how female addicts endure marginalization on a much deeper and contextual level. Respondent 7 identifies that women in addiction still feel more stigmatized than their male counterparts because of their sex and gender.

*“So, the hardest part about getting me to come here was the stigma for a woman, in recovery or a woman in (active) addiction you know, and the underlying fear of social workers, and other organisations getting involved, and breaking up their families by taking their children into care. Afraid to come into a service in case they took your child off you”. (Respondent 7).*

While the dialogical approach could create safe spaces for women to explore these feelings and traumas in homogenous groups to achieve critical consciousness and conscientization, the immediate problem for women who feel this way is getting them across the threshold to access treatment. The first port of call should be for research to be commissioned by governments to inform policies, practices, and allocation of funding specifically for women trying to access addiction treatment. If they did cross the threshold to treatment critical consciousness and conscientization could help them critically reflect and critically examine the wider contexts of social and systemic factors contributing to the stigma endured by female addicts, which would

help alleviate these feelings of shame. It could also help them to become empowered to advocate for themselves and their children.

### **Identifying participants needs on the basis of sex and gender**

Both of the female addicts I interviewed highlighted that there are specific issues that arose for them that they did not see their male counterpart's experience. They both identified that there were particular traumas that are commonly experienced by women coming out of active addiction. When I asked Respondent 4 if she could suggest any classes that would have been more beneficial than the ones she participated in she said:

*"It would have been nice to have some sort of a class around stuff that women have to go through in addiction"*

(Respondent 4).

Respondent 4 said she could not bring herself to talk about these traumas in group sessions, firstly because it was difficult to face them, and secondly because there were also male participants in the group sessions. She then went on to explain to me that a lot of female addicts in recovery have similar traumas such as children being taken into care, childhood sexual abuse and other sexual traumas and that it would have been highly beneficial to her rehabilitation if services have specific groups for women only on the weekly timetable. *"There's a lot of stuff around that affect women addicts, you know? So, it's all well of good talking about your kids, but it works on a deeper level if you're talking in a group of women. You don't get to do a lot of that because the groups are mixed, and my facilitators was male"* (Respondent 4).

Respondent 4 also mentions that shame and guilt for women can be a substantial barrier for women as it can cause them to experience high levels of emotional distress that can make the rehabilitation process extremely difficult. When I asked her if the addiction service gave her support with these issues, she said yes but that it wasn't enough, and that female only groups would have been beneficial. This aligns with the peer-led aspects of the Freirean approach,

where homogenous groups can optimise the outcomes of problem-solving dialogue, due to the similarities of the group's prior experiences.

Respondent 4 then re-iterated that her group had a male facilitator for the duration of her time spent in the day program she attended, and while she did build a trusting relationship with him and credits him for helping her to empower herself, she stated that co-facilitators, one male and one female would have been more conducive to help her face certain traumas relating to men. Ideally practitioners should have specialised trauma informed training, although I contend that funding would be an obvious barrier to this. Respondent 4 then went on to tell me that the service did in fact refer her to a psychotherapist who specialises in treating women with these types of issues. Networking with other services is a vital practice when it comes meeting a participants' needs that the day program does not have the expertise in, as this minimises the risk of doing harm via bad practice. A practitioner should never provide treatment to a particular area that they do not have training in.

Respondent 5 stated that men also present to the service where he works with their own traumas that he says are characteristic for male addicts, again I contend that networking with other services to address their needs is the most viable solution if funding is not available for trauma informed practice within the service.

*"I suppose for men, then there's the whole like, the lifestyle that they've lived, it's usually full of trauma, they come in fairly damaged. They tend to have a lot of what's called ACEs, Adverse Childhood Experiences".*  
(Respondent 5).

Respondent 4 also went on to say that when she started in that day program, she had issues trusting men in general because of bad past experiences in relationships, and that being in a psychotherapeutic group with both males and females did in fact help her achieve transformative thinking, where she challenged her own self-beliefs and came to the conclusion that not all men are going to try to take advantage of her, or treat her badly. Respondent 4 also

stressed that while a mixed group can be highly beneficial for members of one sex, viewing members of the opposite sex as simply other human beings rather than a man or a woman.

*“Ultimately, we think differently to men. You know? So, the same model might work, but you need to adapt it to the to the makeup of a woman, to the makeup of a man. And I'm sure the man could do it their own (model) because we're not gonna talk about stuff in front of each other that we probably would outside”.* (Respondent 4).

A mixed gender group also comes with one challenge that can pose a threat to achieving recovery and life chances. Respondent 4 explains that ‘exclusive relationships’ in a group are detrimental to participants who enter them and the group as a whole, and that a man and a woman who started an intimate relationship during their time in the group and both of them dropped out and relapsed.

### **A Lack of Resources for Women Exiting Addiction**

Both Respondent 4 and Respondent 7 identified that obtaining childcare was a barrier for single mothers when trying to access addiction services. Respondent 3 also stated that often childcare is barrier women encounter when trying to get support for addressing their addiction, and that many single mothers do not have family members to mind children. Most community-based addiction services operate during normal working hours, and private creche services are quite expensive in Ireland. The lack of services that have the capability to cater for single parent’s needs, only further marginalizes women in addiction, and early recovery. Respondent 7 told me that there are only two residential addiction treatment centres in Ireland that take in both mothers and babies, and both of these treatment centres will only accept them if their children are under four years of age, and you cannot be admitted if you are pregnant. Upon further research I found out that some residential detox units will admit women with their children for stabilization of substitute medications and in some cases for a complete detox, however respondent 7 is correct, there are no abstinence-based drug rehabilitation beds available for pregnant women in Ireland.

## 4.5 Conclusion

The research findings and analysis in this chapter implicate that applying the principles of Knowles, Mezirow, and Freire's theories of adult education into community-based addiction programs has significant potential to transform the recovery process. By promoting empowerment and inclusivity these programs not only aid individuals on their path to recovery, but also help build strong, supportive communities. Such communities play a pivotal role in fostering systemic changes that improve the life chances of those in recovery. The application of formal education informed by andragogical principles is essential to optimise recovery outcomes through transformative learning experiences. Additionally, applying andragogical principles to these treatment programs enhances recovery outcomes by developing 'recovery capital', an essential collection of resources needed for individuals to sustain recovery and avoid relapse. This concept of recovery capital goes beyond the individual, including the social and community networks that provide ongoing support. Moreover, it is crucial to acknowledge and address the distinct barriers to recovery that are experienced based on sex and gender. The divergent experiences of men and women in addiction highlight the need for gender-sensitive research and interventions. To dismantle the persistent marginalization based on sex and gender, there is an urgent call for targeted research and increased funding. Such efforts are essential to ensure equitable access to recovery resources and to promote successful rehabilitation outcomes for all individuals, regardless of gender. By adopting comprehensive and inclusive strategies, rehabilitation programs can greatly enhance the effectiveness of community-based addiction treatment and contribute to the long-term well-being of individuals. While the cycle of addiction is an ongoing battle, we can collectively with detailed efforts, aspire to a future where we have effective interventions to disrupt the continuation of generational addiction, leading to healthier individuals and communities.

# Chapter 5: Conclusion

## 5.0 Chapter Overview

This Chapter will offer an overview, a reiteration of the key arguments, discussion on the implementation of practice, and identify areas for further research.

## 5.1 Limitations of this study

The limitations of this study were complex and significantly influenced by its design and results. Time constraints were a major challenge, as my simultaneous role as an adult educator limited availability. Coordinating interviews within the operational hours of addiction services necessitated scheduling during a mid-term break, postponing data collection. This constraint impacted the research timeline and potentially the comprehensiveness of the interviews. The area of research itself is vastly underdeveloped, which made it difficult to access literature that could identify the congruences between principles of andragogical theories and addiction rehabilitation. This gap in existing research limited the theoretical frameworks available to underpin this research thesis, resulting in my research being mostly exploratory, which may have implications for the generalisability of the findings. Also, my lack of experience in Master's level writing posed a personal challenge, while my grasp on academic language is strong, I found it difficult to adapt to this style of writing. This challenge was exacerbated by the unexpected emergence of data pertaining to gender-based marginalization, a subject beyond my area of expertise. The unforeseen data revealed further intricacies in the research topic that had not been previously contemplated, pointing to opportunities for future investigation while also revealing possible shortcomings in the research framework.

## 5.2 Where do the findings of this Research Support or Depart from Existing Knowledge

This research study explored the integration between two completely separate fields, and while I could not find any literature that identifies the commonalities shared by adult education and addiction treatment, the available knowledge does align with this research in terms the two separate fields. Brookfield (1986) criticizes adult learning theories for neglecting power dynamics and societal inequalities, which leads to the presumption of equal opportunities for all learners. Acknowledging the distinct challenges that marginalized groups such as addicts encounter; my research proposes a hybrid educational program. This program amalgamates principles from Knowles, Freire, and Mezirow to more effectively address the varied needs of adults undergoing addiction treatment. Bell Hooks critiqued the works of Paulo Freire for being gender blind. This is one of the reasons why I also used Malcolm Knowles adult learning theory as it was based on women who were returning to work/education and undergoing transformative experiences relating to their identity as a result.

## 5.3 Implications for Practice

This study has identified that the integration of non-formal adult education informed by andragogical principles can have long-lasting beneficial outcomes for recovering addicts, their communities, stakeholders, and society as a whole.

## 5.4 Implications for Further Research

This thesis has highlighted that the experiences of men and the experiences of women exiting addictive addiction are divergent. Further research could inform practice, and commission funding for vulnerable women trying to begin their recovery journeys. This area is poorly

developed in terms of research. This thesis leaves plenty of scope for future researchers to build on. It is my hope that this area will become a growing body of knowledge, and that future practices informed by an awareness of this knowledge, will save many lives, and improve many more.

## 5.5 Conclusion

The data contributed by practitioners and ex-services users I interviewed for this research emphasised the importance of dialogue in the recovery process and changing their lives for the better. This holds true to Knowles, Freire and Mesirow's assertions that dialogue leads to processes that result in empowerment, agency and transformation as outcomes. Based on this research, there must be an acknowledgement from practitioners and policy makers that gender difference does impact on educational, and recovery outcomes. This is something that people in the future need to take into account, when they are setting up addiction programs. This fact also needs to be kept in mind in terms of how we theorise addiction treatment.

## 5.6 Final Reflection

When I came into this research, I had many assumptions in regards to what data was going to emerge from the research, and while some of my assumptions were validated some of them did not turn out to be as strong themes as I anticipated. I was sure I was going to be critiquing educational policies that were informed by neo-liberal ideologies. I did not expect for the experiences that some women in early recovery endure on the basis of gender. It is my hope that writing this thesis will enable me to remain humble, honest and openminded.



