

“MAKING PEACE WITH ONESELF”: INTERNAL CONFLICT IN ADDICTIONS AND ITS “RESOLUTION” IN THERAPEUTIC GROUP INTERACTIONS

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ABSTRACT. Counselors and therapists on addictions and recovery from addictions are employing a variety of methods and techniques to break through the wall of denial and resistance. Accordingly, new methods of research are needed in order to describe and eventually understand the phenomenon of addictions and the ways of recovery from addictions. The paper attempts to define and describe the internal conflict and the way it is brought to the surface and “resolved” (processed and eventually transformed) in therapeutic group interactions. For that, we are using a phenomenological approach to conceptualize addiction in terms of connectedness and methods inspired by the analysis of interactions in order to document the transformative experience necessary for the recovery from addiction.

Keywords: addiction; recovery from addictions transformative experience; internal conflict; therapeutic group; phenomenological approach; analysis of interactions.

Regardless of the type of addiction, the conflict between the addict’s moral values and behavior is central to the onset, progression, hitting bottom, creating the crisis for change, and recovery from addiction.

One of the pioneers was Vernon E. Johnson, made the first observations related to the determination of change and the orientation towards finding methods and techniques to break through the wall of denial and resistance, specific to the disease.

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One of the most surprising observations regarding the disease of alcoholism was “that alcoholism can only exist in the presence of a conflict between the moral values and the behavior of the drinker”. Regardless of the socio-economic status, the disease causes all its victims to behave in a destructive and antisocial way. Some people, like sociopaths, who lack the awareness necessary for the appearance of conflict (have no feelings of guilt or shame) do not seem to suffer (“they do not care”)³.

Trying to understand addiction from humanistic and philosophical point of view, let’s speak questions that are looking for an answer: Why do people affected by the disease wait so long to seek help? Why do they suffer for so long? It is not the purpose of this article to answer fully to these questions, but we will explore the importance of the conflict for the transformation process of the recovery from addiction, as it is revealed in the analyses of interaction.

People with addictions, although they suffer and feel the pain of inner conflict, are unable by willpower to break out of the vicious cycle of the abuse of alcohol or drugs - they get stuck in the “now of consumption”.⁴ When this internal conflict becomes too strong, the addict’s chances of changing are very high. Counseling services, support groups, professionals, families use this crisis of the addict to motivate and direct him towards recovery. Therefore, there is a need to describe and understand the subjective experience of how people with addictions experience inner conflict and the ways in which the therapeutic group can process it. Therefore, in the present paper we will analyse the development of the inner conflict, the way the crisis occurs, and the intervention methods used in the method of group counseling in addictions, so that the wall of denial is lowered, and the addict can overcome the “mental fog” and eventually give up self-destructive behavior. Analysis of the behavior and emotions experienced by people with addictions has evolved from simple empirical analysis and clinical observation to a multitude of neurochemistry and neuroimaging studies that address the root of alcohol / drug use.⁵ The phenomenon of recovery from addiction still needs to be adequately described, explained and conducted in an efficient way. How does the human self-regulatory mechanism work to manage “when enough is enough”? Is inner conflict such a mechanism? Does the others / the group have a role in driving people to

³ The book, written in 1973, became a point of reference in the treatment of addictions, through the well-known model of the “Feelings chart” – which explains the development of the relationship with alcohol – the way the person regulates his emotions and feelings using alcohol. It also explains how at some point this “regulation” no longer works and the internal, moral conflict of the alcoholic sets in, which is the premise for the start of recovery. (Johnson, 1973, p. 74)

⁴ Copoeru, 2014.

⁵ Miller and Toft, 1990.

change? How does addiction therapy, and especially the group therapy method, help bring about self-healing and people’s determination to stop behaving against their own values?⁶ described how the “strong therapeutic relation” and abstinence are so important in the success of the treatment and engagement of people in recovery.

Our approach brings together a phenomenological understanding of addiction, mainly based on the idea of “interrelatedness”⁷ and tools imported from the analysis of interactions⁸ in an attempt to describe the activity and effectivity of peer groups and counseling. All these phenomena were observed and studied in the practical activity of the addiction counseling center in Cluj-Napoca⁹.

Our research started with a first focus group in which we analysed the determinants of change and the decision to enter recovery.¹⁰ The research was also carried out in the same specialized addiction counselling centre, which employs the Minnesota Model¹¹. The first focus group have been done with people in recovery in February 2022 with volunteers in the counselling centre. The recording of the support group with addicted persons dates from November 2022. In June 2023, the second focus group with professionals from different fields (sociology, linguistics, social work, psychology and theology) had the purpose to underline the factors of change, the dynamics of interaction in the group, the type of interaction and the discourse of the participants about change and dealing with the disease of addiction.¹²

In order to provide a more in-depth knowledge, we used a new research method, more precisely, the analysis of interactions in the recovery process. The analysis of interactions, presented in a previous exploratory study, with focus groups, will also provide us with evidence of how change occurs¹³.

⁶ Flores focused attention to the “addictive personality” and with explicit connections developed between group therapy and AA. He suggests that both group psychotherapy and AA can be viewed as compatible and “holding environments,” providing for a cohesive and safe community experience through which people can engage in self-examination while evolving at their own pace. (Group Dynamics: Theory, Research, and Practice, 1998, Vol. 2, No. 2, 132-137) Flores, 1997.

⁷ Copoeru, 2014.

⁸ Fournel, 2018.

⁹ Programul Sf. Dimitrie din cadrul Asociației Christiana, Cluj. www.sfdimitrie.ro.

¹⁰ The research method used was the qualitative focus group. Data collection was taken from group interview, by video recording of the focus group and participatory neutral observation. We used qualitative content analysis from interactions in the group interview.

¹¹ This therapeutic model is considered to be the most effective therapy model (it addresses all aspects of a person’s life: bio-psycho-socio and spiritual). (Woydylo, 1997)

¹² Final results are not available yet.

¹³ The results were presented in Varga and Copoeru, 2022.

1. What is conflict and how it develops in addictions

There is an inherent sense of conflict in virtually all descriptions of addiction. Coming from the Latin verb “confligo,-ĕre” = to fight, to fight with each other, with the substantive participle “conflictus”, the term conflict is used to describe a range of emotional states of individuals, such as restlessness, hostility, resistance as well as all types of opposition and antagonistic interaction between individuals, including competition. Conflict is most often defined as a struggle regarding values, and which claims to achieve a status, the possession of power and resources. The effort becomes more intense in the absence of rules regarding their equitable distribution.¹⁴

Regarding the inner conflict, the existence of two instances of the self is assumed: the normative self (which knows what is good, right, which sets personal values) and the hedonic self (which values immediate pleasure, the easy way).

In the case of addiction, the pleasure and reward mechanism are activated by certain substances / behaviors and are acting as a court that orders: “I want more”, “it’s not enough”. The brain of a person with addictions has become “hijacked” and pleasure (or the illusion of pleasure) prevails in the performance of any action¹⁵. In Husserl’s terms, the willing ego is letting the affection arrive to it by letting itself be affected by something like an allure that gains dominance at a certain time.¹⁶ In this way, the willing ego is turned to and “tempted” by the promises of a specific experience. St Maximus the Confessor addressed the same issue in terms of “ignorance” and “consent to sin”¹⁷, as the person does not oppose with rational and logical decisions and actions to stop the effects of the drugs or behavior. The disease of the soul is the actual moral conflict, when people don’t know what is good anymore and don’t have a Divine power. The drug becomes the Higher Power.

As the anesthetic / euphoric effect of the substance passes, the person wakes up to reality and is gripped by negative feelings of shame, guilt, which are the basis of characterological conflict or moral conflict, between values and behavior.¹⁸ This conflict will devour the spirit of the alcoholic in a way that nothing else can¹⁹: *“Hell, I’m a civil war”*.²⁰

¹⁴ Jeong, 2008.

¹⁵ Inaba, 2014.

¹⁶ Copoeru, 2014, p. 2.

¹⁷ See St. Maximus: Chapters on Love, 34, Philokalia of the Holy Needs of Perfection, vol. 3.

¹⁸ Johnson, 1973.

¹⁹ Negru, 2012.

²⁰ Johnson, 1973, p. 77.

The continued controversy in accepting addiction as a disease versus addiction as a willful act, starting from intentional behavior, suggests that the person would not be affected by this conflict. Neurochemical evidence and brain imaging indicate how drugs change the nerve cell and the way information is transmitted, affecting the centers of the neocortex that are responsible for creating judgment and reasoning. Without turning the addicted person into a machine that responds to stimuli, without the capacity to intervene, we still ask the question how it is possible for a consuming person to cross and break any promise or moral principle that they believe in (e.g., a mother who will drink the children’s food money, a boy who will steal from his family to support his gambling).

Heather (2016) described addiction as *akrasia*²¹ = “weakness of the will” - an ancient philosophical concept referring to acting against one’s better judgment. Going in the direction of neuroscience, we understand that the mechanism of survival is hijacked in addiction, procurement and consumption being considered basic needs in survival, which are demanded to be satisfied, even until the death of the individual, who loses the ability to say NO, despite the negative consequences. For non-addicts, this behavior is total insanity, as described by the first alcoholics who wrote the Bible of the alcoholics – known as “The Big Book”, first published in 1939.

“The great obsession of every problematic drinker is that, somehow or other, one day he will be able to drink reasonably and with pleasure. It is amazing how intensely this illusion persists. Many follow it beyond the gates of madness or death.”²² “Whatever the precise definition of the word, we call this pure insanity. What other word could be used to name such a loss of sense of measure, of the power of reason?”²³

The conflict, as intrapsychic tension was defined by addiction specialists in the 80s, as a manifestation of a personality pathology - “disorders of the self” - given that in the 90s, over 50% of people with addictions were identified as having personality disorders.²⁴

In every person with an addiction, we can identify despair. As Søren Kierkegaard stated in his famous book *The Sickness Unto Death* (1840), human despair deploys itself at three levels. The first, which is excruciating in its pain, is the despair that

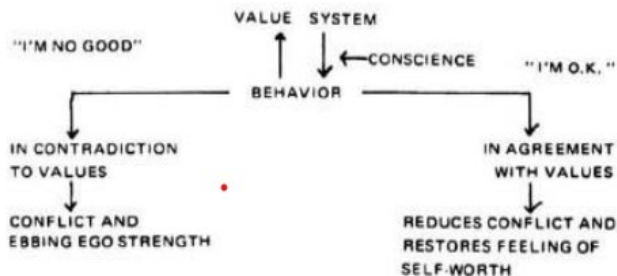
²¹ Aristotle’s word for acting against one’s better judgment.

²² Alcoolicii Anonimi - Textul de bază, 2000, p. 29.

²³ Idem, p. 35.

²⁴ Fifty alcoholics / addicts were assessed utilizing the Millon Clinical Multiaxial Inventory (MCMI) 3 to 5 days prior to discharge from an inpatient chemical dependency unit. Results indicated that 50 to 70% of the subjects were likely suffering from comorbid “disorders of the self.” (Brown, 1993)

expresses itself in such sentences as, *“Oh, what a miserable wretch I am. Oh, how unbearable it is to be me!”* Still more painful, however, is that despair that expresses itself by crying out, *“Oh, if only I were not what I am! Oh, if only I could be like that!”* This is deeper despair, because it considers self to be so worthless as to want to abandon it completely. There is nothing left of self-worth saving. But the deepest despair of all is that despair that does not believe that one is a self at all. *“I used to be... but now I am not.”*²⁵



In the adjacent diagram we observe the dynamics of the conflict between behaviors and values, being directed by conscience and the sense of personal worth.²⁶

The difficulties the alcoholic experiences are a result of the installation of “self-will run riot”²⁷. This is the source of the conflicts he has both with those around him and with himself. “After we became the vassals of the Alcohol King, terrified citizens of the land of alcoholic madness, the horrifying fog of loneliness settled over us, which grew denser and darker with time.... hoping to find someone who will understand and accept us. At first, I found - but total oblivion followed and then came the terrible awakening in front of the Four Hideous Creatures of the Apocalypse: Terror, Confusion, Frustration and Despair.”²⁸

These findings about the inner turmoil of alcoholics are put on the table in all interactions, as they are revealed in group interaction. So, in the analysis of a support group with addicted persons, we were able to withdraw the following results, using the analysis of interactions in a support group²⁹ setting.

²⁵ Johnson, 1973, p. 76.

²⁶ Johnson, 1973, p. 78.

²⁷ Alcoolicii Anonimi - Textul de bază, 2000, p. 57.

²⁸ Idem, p. 144.

²⁹ The peer support group is facilitated by recovering addicts and has a specific structure. Members are equals and the purpose of the groups is to share their own experience and hope.

The topic of the group selected by the group members was *Step 4 – Made a searching and fearless moral inventory of ourselves*³⁰. This is one of the most important actions in the recovery process. People are put face to face with past actions, they will analyze them, identify the fears, resentments, sexual behavior and other mistakes. The 12 steps have to do with making real changes in one’s life, from identifying the harmful behaviors / thoughts / lifestyle through the discovery of spiritual meanings of life and helping others as a way helping oneself. We are presenting below some of the introspection provided by the group members:

Extras 1³¹: “because the feeling of guilt in me as an alcoholic kept me for years it was very difficult that’s why it’s called without fear I did a moral inventory it was an extraordinary thing the first time I did it I had a very bad relapse for two weeks so you have to be really honest with yourself then *it’s very hard when you find out how you are very painful for me, it was very painful*” (recovering alcoholic, 7 years sobriety³², Transcription of focus group, November, 2022)

The group member shares the difficulties of accepting past failures and mistakes, the consequences of addiction, as for many years, she was trapped in the circle of addiction. Guilt, shame, remorse, resentments are the cause number one of why people relapse or continue their drinking. The illusion is that alcohol lessens these feelings, but on the contrary, they keep the person in the trap of more and more guilty feelings.

Extras 2: “I began to know myself, to see my mistakes, anger, hatred, malice, all of them, but they were in me, I began to work like this one at a time”. (recovering alcoholic, 7 years sobriety, Transcription of focus group, November 2022).

Self-acceptance and accepting the disease is also one of the key factors in management of guilt feelings. The person is sharing about the mirror she sees now, where the character defects are a part of it.

Extras 3: “at thirty-five years old to find out who you are is a surprise, probably normal people find out along the way, but I found out then and that was liberating” (recovering alcoholic, 12 years sobriety, Transcription of focus group, November 2022)

³⁰ Alcoolicii Anonimi, 2000, p. 42.

³¹ Transcription of focus group, November 2022. To annotate and transcribe the video and audio recordings we used ELAN software. Full results are not yet available.

³² People in recovery will continue to address the issues from the active period of consumption, long time after they stopped drinking/ using. The disease of addiction is chronic, and the recovery process needs to be addressed every day, like in diabetes or other chronic conditions.

The new person that they discover is like a “breakthrough” or even a “new birth” to some people.

Extras 4: “I was very critical of myself and others” (recovering codependent, Transcription of focus group, November 2022)

It also shows the suffering of the codependents targeted on other people but also on themselves. This will only deepen the conflict by not being at peace with self and others.

Extras 5: “because from the outside *I was told that I’m not good enough anyway*, I don’t have the same results as other colleagues, so I don’t dress the same as someone else no:: I don’t do various things // uh // s-then ok, I mean I was trying to prove myself probably *by finding fault with others* probably more easily than with myself // so // it was *my survival method* I guess” (recovering codependent, Transcription of focus group, November, 2022)

Family traumas are recollected and evoked by group members, as they understand the factors that kept them in the disease. For codependents, conflict arises greatly as they focus more on others, even to exert control, then to see the reality of their own self.

As we see here, the group setting offers the stage for the most hidden feelings of fear and thoughts to come into light. The participants are bringing the recovery discourse’ at the conscient level, so that it will not create turmoil inside. “You’re only as sick as your secrets” (anonymous saying in the recovery community).

2. The internal conflict and its role in the emergence of the crisis

Drinking / drugging become a coping mechanism to deal with the pain and conflict, in the well-known cycle of addiction.³³ The inner turmoil is well recognized through attitudes and behavior. Once the intensity reaches a certain point, the addict is hitting “bottom”³⁴ and the recovery can begin.

³³ The cycle of addiction represents the emotional factors, the obsession and the way the disease functions, so that the person starts to drink again, the losses control, regrets after, promise he/she will never do it again, then start all over again.

³⁴ Jellinek’s V-chart and progression of the disease, where hitting bottom is the point of critical crises.

"Anger, shame, hate, and love are not psychic facts hidden at the bottom of another's consciousness: they are types of behavior or styles of conduct which are visible from the outside. They exist on this face or in those gestures, not hidden behind them."³⁵

Addiction counseling and the existential, humanistic approach identify the hidden roots of the conflict and they try to bring it to the surface in order to resolve/overcome it. Closely related, in the phenomenological approach, addiction is viewed as a unique and personal subjective experience that can only be understood through the exploration of the individual perspective. The forms addressed in counseling are resentment, anger, shame, guilt, jealousy, intolerance, judging, dishonesty, as they remain the roots of addiction. The dry drunk syndrome³⁶, described by AA and Ernest Kurtz in his book "Not-God"³⁷, represents the conflict that persists, even after the alcoholic stops drinking:

"Confronted with the problems and concerns of "living sober," aware from often tragic experience of the special danger to alcoholics of such personality pitfalls as grandiosity, resentments, and the tendencies to dominance over or excessive dependence upon others, old-time members began to formulate a significant three-faceted distinction. "Active alcoholism" was the condition of the obsessive-compulsive drinker who continued to imbibe alcohol. From this situation, two others were to be distinguished. The first was that of the "merely dry" former obsessive-compulsive drinker who "put a cork in the bottle" yet continued to "think alcoholically"; i.e., to entertain grandiose plans and expectations, to nurse feelings of resentment, etc."³⁸

Extras 6: "I still *can't* fully *forgive* myself yet, *I still hold a grudge against myself*" (recovering alcoholic, 1 year sobriety, Transcription of focus group, November 2022)

Unless we treat the roots of drinking, the dependent person cannot stop on long term the drinking. The spiritual and psychological factors of the disease are again part of the solution. Bill Wilson wrote in the Big Book that "Bottles were only a symbol"³⁹ and "Our liquor was but a symptom."⁴⁰ In the recent research of interaction

³⁵ Merleau Ponty, 1964, 52–53; see also Gallagher, 2014.

³⁶ The "merely dry" or "dry drunk" state was precarious, whether as an intermediate stage between "active alcoholism" and "true sobriety," or as simply a falling away from "true sobriety." (Kurtz, 1991)

³⁷ Kurtz, 1979, p. 123.

³⁸ Kurtz, 1979, p. 123.

³⁹ Alcoolicii Anonimi - Textul de bază, 2000, p. 103.

⁴⁰ Idem, p. 64.

analysis, the recovering people identified the issue of “suffering” as the main factor in determining a person to seek help – “what made me seek help // seek // the solution it was the *pain // despair*”, “I would say *despair* because before everything I tried somehow”⁴¹

3. The role of the counselling group in “solving” the internal conflict in addictions

The phenomenological approach to addiction science focuses on studying the subjective experience of people living with addiction and understanding the depth and complexity of that experience. This approach views addiction as more than just a behavioral problem or disease, but also a deeply subjective experience involving a wide range of emotions, thoughts, and feelings. The therapist can encourage the person to explore their inner experiences, such as the emotions, thoughts, and physical sensations associated with addiction. This can help the person better understand the causes and triggers of the addiction and to identify strategies to overcome them.

Newcomers who are exposed to disease concept ideas will experience a lessening of guilt, shame, and develop skills to express themselves honestly and openly with others. In the therapeutic process, the phenomenon of “live” emotion regulation process is found, i.e., the cognitive regulation of emotions in real time⁴², within the dyadic interaction and secondly as the development of self-emotional regulation within the group interaction: “we note the moral anxiety and guilt brought into conscious focus by this newfound self-awareness.”⁴³

In the process of change that occurs at the individual level, we ask ourselves: where, when and how does that moment of “awe” occur? Is it an emotion or a feeling? Is it a state of being awake and alert?

The initial stage of recovery, however, is also one of opportunity. As people come to ask for help after a crisis, “an individual’s attachment system opens up” and the therapist has a chance to change the client’s internal dynamics⁴⁴. In recovery, this transformative experience is usually seen as a spiritual experience resulting from applying the recovery program as a group therapy.

⁴¹ Varga and Copoeru, 2022, p. 123.

⁴² Varga, 2015.

⁴³ Johnson, 1973, p. 114.

⁴⁴ Flores, 2001, p. 72.

“Most of our experiences are what psychologist William James called ‘instructive experiences’ that occur slowly over time. Those close to the person in recovery see the transformation long before he is aware of this phenomenon. In the end, he will discover that he has changed very profoundly in the way he reacts to life, and that he could not have caused such a change on his own. What happens now in a few months, in rare cases could have happened after years and years is self-discipline”.⁴⁵

The group is a laboratory of life, modeled on the “Johari Window” model. You use the group as a mirror, to share experiences, to give hope, to be a leader, to teach others. In the counseling process, it takes the form of a routine structured with exercises and steps to follow, organized for newcomers, to move from denial to a systematic recognition of the effects of the disease and the exercise of recovery skills. Alibrandi (1985) identifies no less than 100 activities (or “tools”) employed by AA members to support day-to-day abstinence.

Group members are encouraged to share “if someone has a joy or a sorrow and wants to tell us so that we can support him, it’s good to do it” (Extras 10, group leader, Transcription of focus group, November 2022)

Counseling groups can be an effective way to address these character conflicts an initiate change. In a counseling group and peer groups, people with addiction problems can work together with other group members and a therapist, to better understand the root causes of addiction and develop strategies to overcome them. In order to provide the therapeutic environment, the groups setting needs to offer something different, then what they were used to in the environment of active using:

“...newcomer out there was sitting with some druggies, and he comes here and finds other druggies who talk the same thing they were talking about, and the others don’t think it’s a difference...”⁴⁶.

In a counseling group, members share their experiences and offer support to each other. At the same time, the therapist can provide feedback and guidance to help members better understand and manage their character conflicts⁴⁷. The therapist may use various therapy techniques, such as cognitive behavioral therapy, acceptance and commitment therapy, or gestalt therapy, to help members develop self-control and stress management skills. The counseling model moved from the

⁴⁵ Alcoolicii Anonimi - Textul de bază, 2000, p. 27.

⁴⁶ Bob-(01:39:52.500 – 01:42:43.277, apud. Varga and Copoeru, 2022, p. 128.

⁴⁷ In future research, the “charisma” of the group leader could be analysed in direct interaction with the breaking the denial, working on the conflict, degree of honesty etc.

classical psycho-dynamic therapy to a more interactive model of treatment, as it is found in the counseling groups and support groups.

The participants in the first research group⁴⁸ identified several elements that makes them feel comfortable and determine the trust in the counselor: active listening, not being caught in clichés, being available in the here and now, authenticity, feedback, firmness (“no longer in your terms”) (see Extras 4). Mary described very well: “they reached me” (minute 52:44) while she described the crises that brought her back into recovery after a harsh relapse, and Tobi: “I even cried” (minute 30:52), at the first support group interaction.⁴⁹

In 1975, Irvin Yalom distinguished 11 therapeutic factors that contribute to healing as group therapy unfolds. One of it describes the “corrective recapitulation of the primary family group—groups provide a family-like context in which long-standing unresolved conflicts can be revisited and constructively resolved”⁵⁰. When the internalized pain of the past is resolved, the client will begin to understand and experience healthy mutuality, resolving conflicts without the maladaptive influence of alcohol or drugs. If the underlying conflicts are left unresolved, however, clients are at increased risk of other compulsive behavior, such as excessive exercise, overeating, gambling, or excessive sexual activity. Considering the complexity of addiction, the suffering person needs proper approach to address the emotional and spiritual conflict that arises due to the behavior. In the extras below, the person is able to recognize the mechanism of addiction and the group allows for this introspection to be revealed:

Extras 11: “I also managed to see that I made a lot of mistakes especially with my family because// I thought I was better I would argue with them and go // my favorite drink was beer I would run to the store for beer to calm down” (recovering alcoholic, 8 months sobriety, Transcription of focus group, November 2022).

To become adequately resistant to substance abuse, people with addictions should learn to cope with conflict, that will appear in real life, without using chemicals to escape reality, self-soothe, or regulate emotions⁵¹. The power of example both out-group and in-group, is very powerful, as everyone talks about flaws, it lowers the stigma (“I am not so bad anymore”).

⁴⁸ Varga C., Copoeru I., 2022 – first exploratory study – focus group with people in recovery and counselors.

⁴⁹ Varga and Copoeru, 2022, p. 126.

⁵⁰ TIP series, no. 41, 2005, p. 81.

⁵¹ Flores, 1997.

The recovering addict will never “forget” the active period of use, but hopefully, they will reach forgiveness and lifestyle change, so that they stop the internal conflict. The group settings, especially the 12 Steps, provide the social interaction as the “stage” where the change occurs, as seen in the transcriptions from the focus groups.

Conclusion

The discussions related to the internal conflict, based on the analysis of the interaction within the support and counseling group, reveal to us the fact that its “resolution” is directly proportional to the way in which the therapeutic environment allows bringing the conflict to light, bringing it into the present. Thus, conflict can be processed and transformed into the force that leads to breaking out of denial, recognizing the unhealthy, harmful, and self-destructive patterns of addiction.

In addition to the writings of the authors, who explored this phenomenon, through the examples provided by the people in recovery, during the research, we highlighted how bringing the conflict in the present, within the group interaction, is an essential premise in recovery. The person virtually steps out of the gray, taboo area of life and offers their experience to be transformed. The addicted person restores connection with self and others and provides a model for those still suffering.

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