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Self-Transcendence and Identity Transformation in Recovery from Substance Use Disorder: A Single-Case Report of a Spiritual Experience

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ABSTRACT

Substance use disorder (SUD) is typically treated using biomedical and psychosocial approaches that focus on reducing symptoms, regulating neurobehavioral processes, and managing behavior. While these approaches are effective for many individuals, they may not fully address the deeper challenges associated with long-term substance use, such as existential distress, disruptions in identity, and a diminished sense of meaning. Drawing on a phenomenological hermeneutic perspective, this paper presents a single-case study of a spiritually oriented intervention that emphasizes self-transcendence and transformation of identity rather than solely focusing on symptom reduction. Through structured spiritual practices, including narrative reconstruction and contemplative techniques, the participant moved away from an identity centered on addiction and avoidance toward a more integrated spiritual self capable of engaging with everyday life. These findings suggest that reorganizing identity through spiritually grounded approaches may represent an important mechanism of change in the treatment of SUD.

Keywords: substance use disorder; spirituality; self-transcendence; identity shift; case report; meaning-making

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Substance use disorder (SUD) is increasingly understood as a multidimensional condition shaped not only by biological vulnerabilities and behavioral dysregulation but also by psychological distress, social marginalization, and existential disruption (see Volkow & Blanco, 2023). Conventional treatment models tend to emphasize neurobehavioral mechanisms, relapse prevention, and cognitive-behavioral strategies (Coombs, 2004; Miller et al., 2019). While these approaches demonstrate measurable efficacy, relapse rates remain substantial—particularly among individuals facing chronic addiction, trauma histories, and significant erosion of identity and purpose (Dingle et al., 2015; Husiny, 2025). These patterns suggest that current models may insufficiently address the deeper meaning-related dimensions of addiction and recovery (see Alexander, 2001, 2017, 2018).

A growing body of scholarship examines substance abuse as an adaptive, though ultimately harmful, response to profound disturbances in meaning, belonging, and self-coherence (Alexander, 2000, 2018). According to the dislocation theory of addiction (Alexander, 2001, 2017, 2018), addiction arises not primarily from neurobiological abnormalities but from severe and persistent social and cultural or territorial “dislocation”—a condition of alienation intensified by the structural pressures of modern free-market capitalism. These disruptions weaken individuals’ ties to community, purpose, and identity, prompting some to seek substitute sources of meaning in psychoactive substances (Alexander, 2008). Within this framework, SUD is understood not only as a behavioral disorder but also as an existential condition characterized by identity foreclosure in the context of cultural transition, as well as by disruptions in belonging and meaning (see acculturation process; Rudmin, 2010), elements of moral injury, and a diminished capacity for future-oriented agency (Van Denend et al., 2022).

From this meaning-centered perspective, it becomes clearer why approaches addressing purpose, connection, and transcendence have long occupied an important—though often underexamined—place within recovery movements (Kelly et al., 2017). Spiritual approaches, broadly defined as practices oriented toward meaning-making, self-expansion, and connection to something larger than the self, have historically played a central role in community-based recovery but remain underrepresented in formal clinical literature (Kelly et al., 2017; Taylor, 2025).

Self-transcendence refers to experiencing the self as extending beyond narrow, ego-bound concerns toward broader relational, moral, or spiritual dimensions (Cloninger & Cloninger, 2022; Frankl, 1966). In addiction research, identity is increasingly recognized as a key mechanism of change, with recovery involving a shift from an addiction-dominated self-concept to a more coherent, values-based, and socially connected identity (Haslam et al., 2009). Individuals with entrenched substance dependency often experience heightened demoralization, particularly when comorbid with anxiety disorders or other conditions that intensify disruptions to self-structure (Rafanelli et al., 2013). Chronic substance use may constrict identity into rigid, stigmatized categories (e.g., “addict,” “failure”), limiting perceived agency and the capacity to imagine alternative futures (Alexander, 2000, 2018; Gligorov & Cowan, 2025).

Spiritual frameworks conceptualize healing as a reorientation of the self toward meaning, responsibility, and relational belonging. In this view, self-transcendence is not a form of escapism but an expansion of identity capacity and existential resilience (Cloninger & Cloninger, 2022; Frankl, 1966). This conceptualization aligns with empirical findings

that highlight the importance of identity transformation as a central component of sustained recovery.

The present manuscript contributes to this expanding field by presenting a single-case report of a spiritual experience that occurred within a spiritual group practice designed to facilitate self-transcendence and identity transformation. Guided by the research question: How does self-transcendence facilitate identity shift and support recovery in individuals with SUD? This case provides an in-depth exploration of the mechanisms through which spiritual experience may catalyze profound personal change.

METHOD

Design

This study employed a qualitative single-case report design informed by phenomenological hermeneutics (Lindseth & Norberg, 2004). This approach was selected to explore the lived experience of an individual who reported undergoing a profound spiritual experience during recovery from SUD. Phenomenological hermeneutics is particularly well suited for this inquiry as it aims to interpret the meanings embedded in personal narratives, moving beyond surface description toward a deeper understanding of how individuals construct meaning, identity, and recovery.

The participant constituted an information-rich case, offering insight into how spiritual experiences may influence healing, identity reconstruction, and sustained sobriety when conventional treatments have been insufficient. Data were collected through in-depth, semi-structured interviews that encouraged reflective, open-ended accounts of the participant's recovery journey in her own words.

Data analysis followed an interpretive process of reading, reflection, and thematic interpretation to illuminate essential meanings related to identity transformation and spiritual development. Central to phenomenological hermeneutics is the hermeneutic circle, the iterative movement between understanding and interpretation. This process involves revisiting one's preconceptions, engaging in dialogue between prior and emerging understandings, and interpreting particular experiential moments in relation to the meaning of the whole (Grondin, 1994). Through this interpretive movement, deeper layers of meaning were gradually uncovered.

Procedure

The interview was conducted outdoors in person, ranging from 45 to 90 minutes ($M \approx 55$). It was audio-recorded using a digital recorder. Interviews were conducted in Persian, transcribed by the author, and translated into English following a back-translation procedure (Yeh & Inman, 2007). To ensure semantic and cultural accuracy, two bilingual experts independently reviewed the source and translated texts for meaning consistency, idiomatic precision, and cultural equivalence. Discrepancies were resolved through consensus, and culturally loaded terms were discussed to preserve intended meaning. Upon completion of the transcript, the author requested that the participant review and verify the accuracy of her statements. Approval was subsequently obtained after several modifications were made.

Furthermore, to enhance trustworthiness, several strategies were implemented. First, author summarizing the participant statements, verifying interpretations, and clarifying meanings after interview during and after interviews was conducted. Next, an audit trail documented methodological decisions related to case selection, data collection, translation, and analysis. Third, reflexive journaling was used to examine assumptions, reactions, and interpretive choices, supporting a transparent and self-aware analytic stance. Finally, cultural and linguistic fidelity were ensured through an independent bilingual review of the translated transcripts, alongside participant verification of the final versions. In general, these procedures supported the credibility, dependability, and confirmability of the findings.

Interview Process and Protocol

Semi-structured interviews were used to explore the participant's lived experience, with particular attention to preconceptions and evolving understandings of the self throughout her spiritual recovery process. This format allowed for depth, flexibility, and responsiveness to emotionally significant themes. The interviewer employed counseling-informed interviewing techniques (Whiston, 2012), beginning with rapport-building and transparent discussion of confidentiality and research objectives. These steps were essential given the topic's sensitivity and the cultural context in which substance use can be stigmatized and associated with family shame (Falavarjani, 2025; Shafiei et al., 2021). This approach fostered psychological safety and encouraged open, voluntary sharing.

Ethical Considerations

The participant provided informed consent for both participation and anonymized publication of her narrative. The spiritual components of the intervention were optional, non-coercive, and integrated within the participant's existing psychosocial supports. All practices were framed in culturally respectful, non-dogmatic language, and the participant retained full agency throughout the process.

Case Description

Participant Background

The participant was a highly educated adult (female, 43 years old) with a seven-year history of polysubstance use involving marijuana, cocaine, MDMA/ecstasy, and psilocybin. She self-identified as introverted and reported previous marital dissolution, with no children. Prior to her spiritual experience, she described experiencing chronic anxiety, social withdrawal, and a pervasive loss of meaning. At the outset of her spiritual journey, she identified as a disaffected and non-practicing Muslim.

Context

The participant immigrated to Canada in 2010, initially pursuing an educational path toward becoming a registered medical doctor. She passed all required medical board examinations and progressed to the final stage of the International Medical Graduate (IMG) program. However, within one year of arriving in Canada, her substance use escalated into a daily pattern. By 2012, addiction had fully disrupted her functioning. At the time of this study, however, she had maintained eight years of abstinence, with no reported relapse, and continued to engage in her spiritual practice.

Data Analysis

Data were analyzed using the phenomenological hermeneutic approach described by Ricoeur (1976) and operationalized by Simoný et al. (2025). The analysis proceeded through three interpretive phases using MAXQDA software: First, a naïve reading was conducted. The transcript was read repeatedly to gain a holistic sense of the participant's lived experience of spirituality and recovery from SUD.

This was followed by a structural Analysis. The text was divided into meaning units, which were condensed and organized into themes and subthemes. This phase sought to identify recurring patterns, experiential structures, and relationships within the narrative. Finally, a comprehensive understanding was developed. Themes were interpreted in relation to the research question and relevant scholarship. This phase involved movement between the parts and the whole, engaging the hermeneutic circle to deepen understanding and integrate the researcher's reflexivity (Ricoeur, 1976). This analytic process allowed for nuanced interpretation of the participant's experience while acknowledging the researcher's role in co-constructing meaning.

FINDINGS

In this case report, the emergence and evolution of an individual's spiritual self—developing through processes of self-transcendence and identity shift—are examined in relation to her recovery from SUD. According to the participant, this transformation began abruptly during her first encounter with a spiritual experience. A primary theme derived from the interview transcripts was “Self-Transcendence and Identity Shift,” reflecting deep emotional and cognitive changes. Across the interview, the participant consistently described experiencing two versions of herself moving through two distinct “worlds,” a dualistic internal division she referred to as parallel self-journeys.

One of these journeys represented the “addicted self,” embedded in a world defined by substance use as a method of coping and escaping from reality. Early in her addiction, she felt satisfied with drugs and viewed them as the solution to her search for meaning and identity. Over time, however, this belief eroded as addiction's consequences intensified and exerted increasing control over her life. The cognitive dissonance between her addicted and emerging spiritual selves gradually heightened. The contrasting journey reflected her “spiritual self”—a version of herself she perceived as grounded, stable, and aligned with a deeper sense of purpose. This spiritual self was capable of facing daily challenges,

assuming responsibility, and engaging with life rather than abandoning it. As this spiritual identity strengthened, tension between the two selves became central to her transformation.

Life in addiction: Meaninglessness, disconnection, and demoralization

At the onset of what she later recognized as a spiritual shift, the participant had been engaged in prolonged polysubstance misuse while living abroad, often in a near-continuous state of intoxication. She described this period as characterized by emotional emptiness, detachment from her surroundings, and a progressive collapse of personal meaning:

“I could barely hold onto any beliefs, and this was the source I suffered from... overwhelming fear and intolerable anxiety. I felt a pervasive dishonesty in my life. I did not want to understand what was happening to me; instead, I wanted to stay in a state of highness and spend my life within the world of addiction.”

She reported that drug use had become deeply integrated into her daily functioning, serving not only as a habitual practice but also as a central mechanism for coping, regulation, and maintaining a sense of normalcy:

“Although drug addiction gave me a beautiful life... it helped me skip from reality and social responsibilities. Drugs were the [substitute] answer to all my searches for meaning...”

During her early years in Canada, she experienced significant cognitive and existential struggle, questioning the authenticity of social structures and relationships:

“After a couple of years in Canada, I began challenging my thoughts with different worldviews... Jesus Christ, Aristotle, Buddha—you name it. But I couldn’t internalize their ideas. I had these fundamental questions: ‘Why are people so fake? Why is marriage so fake? Why is work so fake? Why is life so fake?’”

Though aware of the need for change, she felt unable to initiate it, describing a sense of paralysis shaped by dependence, fear of withdrawal, and limited confidence in her ability to succeed:

“I knew inside that I had to change and find meaning in my life, but I couldn’t... an ‘addicted self’ dominated my life. I wanted to find out who I am, but I couldn’t. Drugs were the answer to this ‘search-for-meaning self.’”

Toward the end of her addiction, she reported profound demoralization—helplessness, hopelessness, diminished agency, and an inability to imagine a viable future self. Chronic substance uses and existential despair reinforced each other, deepening identity fragmentation:

"I knew I was trapped by drugs... completely frustrated... helplessness was growing inside me, and I knew drugs were no longer the answer to my questions about life..."

A turning point: Emerging awareness and intolerance of drug effects

Despite her despair, she sensed an emerging intuition—an inner pull toward a deeper part of herself. She described this as a growing commitment to honesty and self-awareness. After what she referred to as receiving a “field of consciousness,” she reported being unable to continue using substances:

"I just could no longer tolerate the feeling that drugs were giving me. Before, I used them to escape anxiety, but after that moment of awareness, they [drugs] actually made me feel even more anxious..."

She contrasted her “addict self”—which she described as impulsive, dishonest, insecure, and isolated—with the qualities she associated with her spiritual self, including responsibility, calmness, clarity, cooperation, and openness. Reflecting on this duality helped her make sense of her experience:

"Once I looked back at my past from a spiritual perspective, I saw a person lost in her marriage, education, family, friendships... I didn't recognize myself, so I used drugs to cope with these inner conflicts."

Recognizing these “voices” of the two selves increased her sense of agency and highlighted the need for profound personal change:

"It wasn't just about the drugs... I thought the only way I could keep living was by using drugs. But I realized I had lost control of my whole life. I knew I had to stop, but that wasn't enough—I had to change the person I was. If I stopped using but stayed the same, I would still be lost."

As she distinguished the currents of her addicted and spiritual selves, she began to view her experiences as meaningful rather than random:

"I've had an epiphany... everything unfolded the way it was meant to. Without spirituality, there's no way I was ever going to be a happy ex-drug addict. I had to fill the hole inside me with something."

A pivotal shift occurred when she articulated accountability grounded not in fear of relapse but in a sense of meaning. Although she initially feared relapse, she was surprised to find she had no urge to use drugs even a month later:

"After experiencing Connection[spirituality], I felt a newborn version of me developing. I knew this was what I had to follow—this would save my life, not

only from drugs but from every unwanted path. I got my answers to all my questions.”

While abstinence was not her primary goal, the participant demonstrated increased self-regulation, reduced shame, and greater engagement with life—changes that appeared to stem from identity reorganization rather than behavior control:

“I didn’t rebel against myself. I could express what I want without being embarrassed. I can confront the expectations I carried. I chose to live differently, in a way that feels true to myself.”

Overall, these findings suggest that recovery in this case unfolded as a gradual transformation of both identity and meaning. Through developing a spiritually grounded sense of self, the participant reshaped their relationship with substance use and became more consistently engaged with life. This process reflected a trajectory moving from dislocation (initially managed through substance use), to a spiritual experience, the emergence of dual identity awareness, and eventually identity reconstruction and sustained recovery (see Figure 1).

DISCUSSION

This single-case report offers insight into how a spiritually oriented, self-transcendent experience can catalyze identity transformation in an individual with long-standing SUD. While many clinical models conceptualize addiction primarily as a neurobehavioral disorder, this case illustrates how addiction can also function as an existential coping strategy—an attempt to manage emotional, spiritual, and cognitive pain; a response to fractured identity and disrupted meaning; and a condition centrally organized around demoralization (Coombs, 2004; Dingle et al., 2015; Husiny, 2025; Miller et al., 2019; Rafanelli et al., 2013). In fact, the case illustrates how a spiritually mediated shift in self-perception may influence recovery processes among individuals whose addiction is intertwined with existential distress. Rather than framing spirituality as an adjunct technique, this report positions spiritual experience as a primary mechanism of identity reconstruction following long-term substance misuse.

However, aligned with definitions of addiction as a form of enduring devotion or submission (see Matanda, 2020), the participant reported that drugs initially appeared to offer answers to existential questions about life and meaning. In this sense, substance use provided a temporary framework for managing existential uncertainty. A related sentiment appears in *My Lady Nicotine*, where Barrie (1980) depicts how substances can become symbolically associated with reflection, companionship, and provisional relief from existential concerns.

Acculturation, dislocation, and meaning

One useful lens for interpreting these findings is the psychology of acculturation, particularly as understood through dislocation-based theories of addiction (Alexander, 2000, 2018). The participant reported initiating substance use after moving to Canada,

suggesting that this transition may have intensified a search for meaning. Within this context, substance use can be understood as an attempt to fill the perceived void associated with living abroad, reflecting an adaptive—though ultimately harmful—response to disruptions in belonging, identity, and purpose (Alexander, 2000, 2018; Falavarjani, 2018, 2025). Dislocation, often exacerbated by broader social and economic forces, can weaken stable attachments and increase reliance on substitute sources of meaning, including substances (Alexander, 2001, 2008, 2017). From this perspective, SUD is not only a behavioral disorder but also an existential condition shaped by identity foreclosure, moral injury, and diminished coherence (Van Denend et al., 2022). Consistent with meaning-centered and dislocation-based accounts, this case suggests that chronic substance use may function less as a simple maladaptive behavior and more as an attempt to manage deep psychological distress, social disconnection, and fragmentation of self.

From affect regulation to identity reconstruction

In this case, addiction functioned both as affect regulation and as an “identity prosthesis” amid eroding coherence. The oscillation between an “addicted self” and an emergent “spiritual self” reflects classic patterns of identity foreclosure and demoralization, compounded by self-discrepancy and a narrowing of perceived future selves. The self-transcendent experience punctured this foreclosure by supplying a meaning-making scaffold—a narrative, moral, and regulatory frame that enabled reappraisal of the past, modulation of anxiety, and the reimagining of agency and future time.

Viewed through acculturation process (Falavarjani & Yeh, 2025), the immigrant can be conceptualized as an open individual coupled to multilevel environments (familial, social, cultural, etc.). Perturbations across these layers—new norms, expectations, and role demands—propagate cross-level effects (schema revision, interactional shifts), destabilizing homeostasis and eliciting allostatic coping, including substance use. Within this systems ecology, addiction temporarily stabilizes the self under dislocation pressures, while the spiritual framework functions as an alternative organizing attractor—restoring coherence, belonging, and moral orientation, and integrating previously fragmented self-states. To clarify the interpretive model derived from this case, Figure 1 presents a conceptual overview of the identity transformation process observed in the participant.

However, a central observation is that the spiritual experience did not merely dampen cravings or impose behavioral control; rather, it reorganized self-perception. Upon encountering what was perceived as the “true” or “spiritual” self, the emotional and cognitive meaning of drug use shifted. Drug effects that had previously soothed the participant became intolerably misaligned with the new self-understanding. This aligns with contemporary recovery science that prioritizes identity reconstruction—not mere abstinence—as a core mechanism of durable recovery. In this case, spiritual transformation acted as the catalyst through which agency, self-respect, and future orientation were restored.

The participant also described increased honesty, responsibility, and emotional openness after the spiritual experience. These themes parallel moral injury frameworks, which conceptualize distress as arising when individuals perceive violations of deeply held moral values, resulting in guilt, shame, and ruptures in moral identity (Litz et al., 2009; Shay, 2014; Griffin et al., 2019). By reconnecting with meaning and perceived moral

coherence, the participant developed a new internal framework for accountability grounded in values rather than fear of relapse. This supports the argument that spiritually or existentially oriented interventions may hold particular value for individuals whose addictions are intertwined with moral distress, identity confusion, and loss of purpose (McInerney & Cross, 2021; Krentzman, 2017).

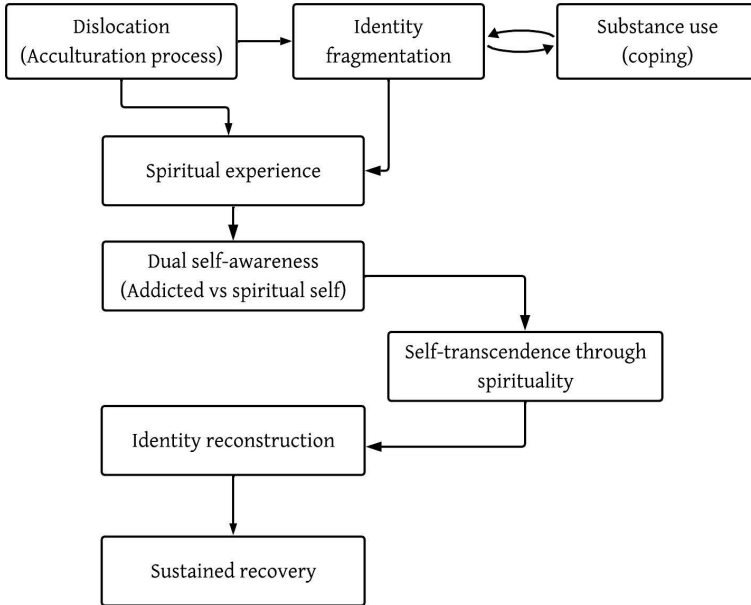


Figure 1. Conceptual Model of Identity Transformation through Self-Transcendence in SUD Recovery

Importantly, the spiritual experience here was not coercive, prescriptive, or dogmatic. It provided a structured yet personally meaningful context for safely exploring identity questions. This ethical distinction matters: spiritually oriented approaches can be harmful if imposed. In this case, spirituality functioned as a psychologically integrative process that enabled new meaning-making rather than replacing one rigid identity with another.

Limitations and Future Directions

This study has several limitations. As a single-case report, the findings are not generalizable and cannot establish causal relationships. The analysis is based on retrospective narrative data, which may be influenced by memory biases and personal interpretation. In addition, the subjective nature of spiritual experience makes it difficult to standardize or replicate across individuals. Future research should examine identity transformation and self-transcendence using longitudinal and mixed-method designs to better capture changes over time and across diverse populations. Further work is also needed to develop reliable ways of assessing identity reorganization and meaning-making

processes in recovery. Exploring how spiritually oriented approaches can be integrated ethically into treatment settings, without imposing specific beliefs, will be particularly important.

Conclusion

This case suggests that recovery from substance use disorder may, in some instances, involve a fundamental transformation of identity rather than solely the reduction of symptoms or behavioral control. Self-transcendent experience appears to facilitate a reorganization of meaning, agency, and self-perception, allowing individuals to move beyond addiction-centered identities. When applied in an ethical and non-coercive manner, spiritually oriented approaches may offer a valuable complement to conventional treatments, particularly for individuals whose substance use is closely linked to existential distress and loss of meaning. Overall, this case highlights identity transformation as a potentially important pathway in understanding and supporting recovery.

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