Interviewee: Friend

[Name of the Writer]

[Name of the Institution]

Interviewee: Friend

I interviewed one of my friends, Mimi; she is thirty-two years old and a single lady who lives on her own. She was indulged in substance abuse and was severely addicted to cocaine. At first, she went under the behavioral counseling, after that her medication started within a week of counseling sessions. Her therapies for addiction to cocaine and heroin turned into ghastly withdrawal, so there were some medical tools used for treating the symptoms of withdrawal, and for this, she has injected opioids like methadone. Along with this withdrawal symptom, there were co-occurring mental issues as well, i.e., depression, panic attack anxiety, and insomnia, hence they were treated accordingly (Possi, 2018).

Mimi reported a long journey about her treatment regarding addiction. Initially, she was in denial for abstaining from the drugs, and when finally she agreed on the rehabilitation and therapy after long months of therapy sessions with self-help groups. When these groups were no longer seemed beneficial to her, Mimi left all such groups and went back to drugs. Somehow, her friends from those rehabilitation groups encouraged her again to join the treatment session. But this time she was in a much worse situation, so the group coordinator, Sophia insisted her on being hospitalized and getting rid of this addiction through medication because there was no other way of helping her regain her mental and physical health. Therefore, she has been hospitalized in her initial stages of the treatment, due to the adversity of the addiction. After her resistive stage of recovery where she was not well at all and wanted drug at any cost, she finally got released from rehab center after three months of rigorous rehabilitative cure.

Mimi’s addiction isolated her from the outside world, and she was cocooned into her shell of misery. Mostly, all of her friends and even the immediate family members abandoned her due to her deteriorating mental condition and psychotic behavior. Mimi herself disregarded other friends who tried to stick by her; she did not hold by any of her friends who wanted to pull her out of this curse of addiction. Due to this ignorant attitude, Mimi's boyfriend left her after struggling with her for two years. When finally her physical health ruined to extremes, and she felt abandoned by everyone she decided to listen to her remaining one or two friends and joined a rehabilitation group about addiction.

Consequently, she started losing interest and then left the group, but the other time she came back. This to and fro journey of addiction group induced some sanity in her regarding abstaining from the overdose of the drug. She acknowledged that all through this recovery phase, Sophia didn't let go of her hand and she stood by her side from the very start. Mimi said in a very saddening tone that she regrets the first time she touched the cocaine because cocaine is not easy to let go. According to her, this overall ongoing experience of drug addiction rehabilitation is enlightening for her. She came to know about many cases which were far worse than her and how they were leading onto the path of recovery. Sophia was her role model because; initially in her life, Sophia was a drug addict too. But due to the efforts of her siblings, she recovered from this misery and then planned on institutionalizing this issue by opening a self-group. Thus, now she is helping numerous individuals to come out of the darkness and see the light of life.

The journey of recovery from being a drug addict was very much enlightening for Mimi in various ways, i.e., biological, psychological, social and spiritual. Thus when she was questioned about the bio-psychosocial-spiritual model in the phase of recovery, she gave a much detailed answer about each of the step (Hodgson, Lamson & Kolobova, 2016). The biological alterations of her brain were set on the intake of drugs which gratified her need before when she was an addict, but now she craves more for coffee and tea which somehow satisfy her requirements for the drugs as she is past that phase of withdrawal and detoxification. Although quitting addiction of any kind is not easy, especially when it is a high concentration drug which alters the hormonal levels in the body and makes a person addicted to drugs.

The psychological impact of drugs arouses satisfied cravings and symptoms related to mental issues (Cadet, McCoy & Jayanthi, 2016). Mimi reported that she became suicidal while her period of recovery existed and episodic panic attacks and depression occurred to her throughout this phase. It was challenging for her to move on from quitting the addiction because there were moments of relapse between the stages of recovery. Socially she stopped her interactions with former drug partners and any person who was related to the drug in any way (Dingle, Cruwys, & Frings, 2015). She joined self-group and made new friends there. Few of her friends from the college who were her well-wishers, so they glued together throughout the voyage.

Mimi informed about her spiritual enlightenment during this phase of her life, where she explored new meanings to life, and according to her, it is all about living for the sake of others not just to fulfill one's unruly demands and wishes. She realized that before this time, she was living selfishly and did not think thoroughly about anyone and for acquiring drugs by any means she became nasty and rude. Now she has a purpose of living, and that is to help all the drug addicts by building her rehab center.

This expedition of two years taught Mimi much about herself and worth. Now she is not willing to quit the recovery as she used to before while she was in the beginning phase of the recovery. She further told that now she does not feel the urge for the drugs anymore; however, sometimes she still feels like quitting. The success of this treatment is measured by examining different factors, which include her reverting to life and health recovery (Neale et al., 2015). She no longer indulges into the drug addict companies and even talks. Rehabilitation centers keep a record of follow-ups, and they tend to track the activities of their patients and keep pushing them towards a healthy life even long after the treatment.

**Summary**

My friend Mimi was a significant cocaine drug addict, so I interviewed about her recover, and she reported a long journey about her treatment regarding addiction. This journey started from in-patient cure to self-group and then rehabilitation centers. At first, she went through the withdrawal phase, along with co-occurring mental issues, i.e., depression, anxiety, panic attacks, and insomnia. She kept quitting the group and then coming back, which confirmed her relapses in the initial stages. Mimi’s addiction isolated her from the outside world, and she was cocooned into her shell of misery. The bio-psychosocial-model explained about her needs within the vicinity of these factors. For instance, now she craves more for coffee and tea which somehow satisfy her requirements for the drugs as she is past that phase of withdrawal and detoxification. She also informed that during rehabilitative mode she became suicidal and episodic panic attacks and depression occurred to her throughout.

Socially she quit her interactions with former drug partners and any person who was related to the drug in any way. Mimi informed about her spiritual enlightenment during this phase of her life, where she explored new meanings to life. This two years excursion taught Mimi much about self-worth and purpose of life. Now she is not willing to quit the recovery as she sued to before while she was in the beginning phase of the recovery. This to and fro journey of addiction group induced some sanity in her regarding abstaining from the overdose of the drug. She started acknowledging the friends and mentors who stood by her during addiction recovery phase.

Furthermore, she started to think about the positivity of life and nature. This impacted her the thinking of giving up on drugs and its urges; she is now more composed towards the betterment of her life and thinks about the bright future. The treatment success rate is measured by examining various factors, which included her reverting to growth and healthy recovery. She no longer indulges into the company of drug addicts and does not even talks about such issues. The follow-ups by her rehabilitation center keep a track record of her well-being and mental state. They ensure all the protective measures for her so that she may not get involved in these activities again.

**References**

Cadet, J. L., McCoy, M. T., & Jayanthi, S. (2016). Epigenetics and addiction. *Clinical Pharmacology & Therapeutics*, *99*(5), 502-511.

Dingle, G. A., Cruwys, T., & Frings, D. (2015). Social identities as pathways into and out of addiction. *Frontiers in psychology*, *6*, 1795.

Hodgson, J. L., Lamson, A. L., & Kolobova, I. (2016). A biopsychosocial-spiritual assessment in brief or extended couple therapy formats. *Techniques for the couple therapist: Essential interventions from the experts*, 213-217.

Neale, J., Tompkins, C., Wheeler, C., Finch, E., Marsden, J., Mitcheson, L., ... & Strang, J. (2015). “You’re all going to hate the word ‘recovery’by the end of this”: Service users’ views of measuring addiction recovery. *Drugs: education, prevention, and policy*, *22*(1), 26-34.

Possi, M. K. (2018). Effects of drug abuse on cognitive and social behaviors: a potential problem among youth In Tanzania. *Utafiti Journal*, *3*(1).