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# Turning Points: The Lived Experience of Addiction Recovery

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Turning Points: The Lived Experience of Addiction Recovery

Kori Bloom

DECEMBER 2016

MASTER'S RESEARCH PAPER

Submitted to the faculty of Clark University, Worcester,  
Massachusetts, in partial fulfillment of the requirements for  
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and Environment

And accepted on the recommendation of

Laurie Ross, Chief Instructor

## ABSTRACT

### Turning Points: The Lived Experience of Addiction Recovery

Kori Bloom

In addiction research, while academics are designing treatment, due to stigma surrounding substance abuse, the voices of those experiencing addiction are simultaneously being silenced. This paper sought to give these voices a platform from which they could be heard and educate others about addiction recovery. Photovoice, which is a participatory research method, was used as vehicle to discuss this topic. Through this project, four main themes emerged. Activities, relationships, reflection and motivation, and environment are a significant part of recovery. Participants openly appreciated that their stories were important and that someone wanted to learn from them. Further research should be done with this in mind.

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Laurie Ross, Ph.D.  
Chief Instructor

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Name (in Full): Kori Bloom

Date: December 2016

Baccalaureate Degree: Sociology and Global Environmental Studies

Source: Clark University

Date: May 2015

## DEDICATION

I would like to dedicate this to my family for all their love and support and my friends who have made this process enjoyable.

## ACKNOWLEDGEMENTS

I wish to thank Professor Laurie Ross for her never ending support and patience in this process.

A big thanks to Aaron Mendel for his help and guidance. In addition, I am grateful to the men who participated in this project, giving us a peek into their lives and their recovery process.

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## **Introduction**

From the hazy-eyed, saggy-skinned, dirty-clothed drug addict, with the amped-up walk and darting look, blindly stealing from family, friends and strangers alike, to the polite, well-dressed, empathetic souls sitting across the table, listening with care and responding with the weight of their past slowing each syllable, these men have had a long journey which may or may not be over. Addiction is not only an extremely stigmatized illness but one with a very low recovery rate.

Many experiment with drugs and alcohol and some use late into their lives while remaining relatively healthy, functional members of society. For many, however, this habit turns into a life-ruining, highly debilitating and all-too-often terminating illness.

There are many theories about, large funds invested in, and many programs dedicated to addiction recovery, yet the problem persists. Even the definition of addiction is a grey area for some. What it means to each person and the effect it has on their life can be different. The bottom line is this: there is still a lot to learn about addiction itself and addiction recovery.

There is an abundance of contradictory research and information surrounding the topic of substance abuse and the recovery process, but we do know this: addiction can completely take over an individual's life and cause them to do things they would otherwise never consider. It also carries a strong stigma. The general public think of someone with an addiction as an irresponsible criminal, rather than as a victim of a disease. They may be blocked from jobs, living situations, or social groups. Like many with a debilitating disease, these individuals often feel powerless. Their perspective and opinions are not valued, their reality is considered second-class and their voices are persistently silenced. This photovoice project grew out of this reality.

Photovoice is a creative, participant-run way of collecting data (Minkler 2003:179). The participants, who are usually part of an underprivileged, stigmatized group, are given a list of questions, a camera and a period of time to take photos of things that represent the answers to those questions. Once this is done, participants discuss their answers in a group. This presents an opportunity for participants to tell their stories and really take control of the direction of the research. They are given a safe space to address a difficult topics. It can be easier to discuss a photo rather than themselves which is one reason why this method is used. This type of research focuses on the lived experiences of a given population. It also gives the “data” a visual content that can make these stories even more powerful. “Data” is in quotation marks because reducing the nuanced stories of these men to a cold scientific term dehumanizes the project in a way that contradicts its goals.

The goal of this project was to focus on the turning points of addiction recovery. The moments and emotions that triggered motivation and inspiration are what drive the recovery process. The “experts” can say what they want, and may even be right, but it seems that no one knows the ins and outs of addiction recovery better than someone with an addiction. These are the true experts. “Very obviously, service users have detailed knowledge and understanding of their own health status, psychosocial problems, personal resources, support needs and aspirations” (Neale et al 2015:26).

These individuals know better than anyone else the pains and struggles of addiction and the excitement of successes. They hold the understanding that could, perhaps, help set others free from the brutal trap of addiction. These stories and voices are so often ignored and silenced or at the very least rarely asked to speak.

This project sought experts from a local non-profit inpatient program. The program is primarily for Latino men, although it is not exclusively Latinos. Seven men from the program completed this project. As well as the benefits of self-exploration and reflection that might come with this project, the men were beyond delighted to hear that what they had to say was important and valuable. While it was inspiring to learn that a turning point can be an internal thought prompted by something as small as a cup of coffee, and watching the men illustrating their support and care for one another, perhaps the most rewarding part was the excitement of the participants about being heard.

## **Statement of the Problem/Background**

### **What is addiction?**

Addiction is a mother who desperately wants to spend her money on her baby but cannot; a son who used to dream of becoming a doctor and wishes he could stop disappointing his parents; a doctor who hides a pill dependence with excuses and forged paperwork in the hopes their colleagues will still respect them; a husband who wants to be there for his wife but is losing his capacity to feel; a patient dying of liver failure and wondering who will miss them when they are gone. There are many faces of addiction and many stories behind those faces.

The National Institute on Drug Abuse defines addiction as

A chronic disease characterized by drug seeking and use that is compulsive, or difficult to control, despite harmful consequences... repeated drug use can lead to brain changes that challenge an addicted person's self-control and ... ability to resist intense urges to take drugs... Drug addiction is considered a "relapsing" disease (NIH 2016).

This definition clearly illustrates that addiction is not simply a lack of morals or a lack of willpower, it is a change in the brain.

These changes in the brain are a result of repeated drug use. The brain has a “reward circuit” that pain killers, heroin, and other drugs directly or indirectly affect “by flooding it with the chemical messenger dopamine,” which causes a sense of euphoria (NIH 2016). Meanwhile other drugs such as ecstasy interact with the serotonin pathways (Jager et al 2008:255). Long-term use can affect other systems in the brain such as those that affect learning, decision-making, stress, judgment, memory, and behavior (NIH 2016; White 2007:2).

Because of the nature of addiction, relapse is common. Many view relapse as a failure of treatment, whether due to lack of motivation, flawed treatment model or insufficient resources. Treatment is a process, however, and “as with other chronic health conditions, treatment should be ongoing and should be adjusted based on how the patient responds” (NIH 2016). Relapse should not be seen as a failure but rather part of the process. It is no different than diabetes, heart disease or asthma (NIH 2016).

Like these other chronic diseases, there is no “cure” for addiction. That said it can be effectively treated and managed (NIH 2016). Many people who had a substance abuse problem learn to live productive, healthy lives.

### **Who becomes addicted to drugs?**

Anyone can become addicted to drugs regardless of race, gender, age, cultural background, or socio-economic background. There are some things that increase the risk that a person will become addicted. These include biology, environment and development (NIH 2016). While some are believed to be biologically predisposed to these changes in the brain, one’s social environment can also increase or decrease the chance of becoming addicted to drugs. If a child is surrounded by substance abuse growing up it can become normalized. One’s stage of

development, or age can also be a factor. The younger an individual begins using drugs, the more likely they are to become addicted (Merikangas et al 2012:780). Though many take fault with the “gateway drug” label because not everyone who smokes marijuana will go on to harder, more dangerous drugs, there is a correlation between the use of cannabis, alcohol, tobacco, and the use of illicit drugs (Merikangas et al 2012:780).

In addition, a study of 3,907 participants, showed a significant risk factor to be post-traumatic stress disorder. “Adolescents who had been physically assaulted, who had been sexually assaulted, who had witnessed violence or who had family members with alcohol or drug use problems” were at increased risk of developing substance use disorder (Kilpatrick et al 2000:19).

The environmental interaction with genetics makes this especially complex. Studies have shown two major genetic pathways, one through substance use of a biological parent, but another connected to a parent with antisocial personality disorder (Merikangas et al 2012:788). “Moreover, adopted-away offspring of fathers who are antisocial addicts (compared to either antisocial or addicted) are at especially elevated risk for substance abuse” (Merikangas et al 2012:788). A study of high school students found that “High social self-control... is inversely related to drug use,” and that a lack of social self-control is a primary predictor of tobacco use, reckless driving, drinking, as well as drug use (Sussman et al 2003:1164).

Findings from studies of migration have complicated this nature versus nurture argument further. A study of Puerto Rican youth found that children of migrant families have lower alcohol abuse rates but higher addiction to illicit drugs than island Puerto Rican families who have higher rates of alcohol use. This illustrates how cultural environment effects behavior (Merikangas et al 2012:787-788). In short, there are many factors that affect ones likelihood of

developing an addiction, from gender, or the age of their first drug use, to neighborhood or biology (Merikangas et al 2012).

### **Treatment Process**

There are many different paths to take in the recovery process. An important step is detoxification (detox). This is the process in which the body becomes clean of substances (NIH 2016). During detox, the individual will experience withdrawals. These can be very dangerous. Alcohol withdrawal in particular can be fatal. Symptoms can be both physical and mental such as nausea, sweating, seizures and vomiting or depression and fatigue.

Sobriety is defined by the UK Drug Policy Commission as “a process of ‘voluntarily sustained control over substance use which maximizes health and well-being and participation in the rights, roles and responsibilities of society’” (Groshkova et al 2012:1). They go on to define the different stages of sobriety: ‘stable sobriety’ which is longer than 5 years, ‘sustained sobriety’ which is 1-5 years, and ‘early sobriety’ which is the first year (Groshkova et al 2012:1). The Betty Ford Institute Consensus Panel of the US has defined it as “a voluntarily maintained lifestyle characterized by sobriety, personal health and citizenship” (Groshkova et al 2012:1).

### **The Problem**

Substance abuse is a significant problem in the US. This shows that a large section of the population suffers from substance abuse. In the US, over 50% of adolescents have reported using alcohol while roughly 25% have been exposed to illicit drugs (Merikangas et al 2012:783). The “lifetime prevalence of alcohol use disorder” (AUD) in US youth is about 8% and 12% in adults. Lifetime prevalence is roughly 2-3% for illicit drugs. This is comparable to “prevalence rates of other major psychiatric disorders including depression and anxiety” (Merikangas et al 2012:782).

Though many studies break down these statistics further, there are contradictions. While some studies claim men to be twice as likely to develop a substance use disorder (SUD), others have found women to be at higher risk (Merikangas et al 2012:783). This illustrates the complexity and uncertainty of such statistics and generalizations.

Opioids have become an increasing issue in the US. “The rate of death from overdoses of prescription opioids in the United States more than quadrupled between 1999 and 2010 far exceeding the combined death toll from cocaine and heroin overdoses” (Volkow et al 2014:2063). This problem is not going to disappear. “In 2010 alone, prescription opioids were involved in 16,651 overdose deaths...” (Volkow et al 2014:2063). If the death toll is not enough to motivate fellow citizens, than the cost perhaps will be. “In 2007, prescription-opioid abuse cost insurers an estimated \$72.5 billion — a substantial increase over previous years.... costs are similar to those associated with other chronic diseases such as asthma and HIV infection” (Volkow et al 2014:2064).

This is a problem that has been on the rise for a long time, but recently, healthcare providers and policy makers have begun to tackle it. There is a strong “association between the increasing availability of methadone and buprenorphine and an approximately 50% decrease in the number of fatal overdoses” (Volkow et al 2014:2064).

## **Conceptual Framework**

A healthy, rewarding life is something everyone strives for regardless of substance abuse. Individuals who have never been intoxicated in their lives struggle to find the balance of work, passion, and comfort that will give them happiness. And this requires constant adjustments. Recovery is no different. There are many moving parts and the process may look different for



each individual. There are however some themes that emerged in this project: activities, relationships, reflection and motivation, and environment. There are many similarities between the findings of this project and those represented in the literature on substance abuse. There are also some differences. In addition to the categories above, since this project is about what happens when this highly stigmatized group is given the space to speak, ownership and stigma will also be discussed in order to provide a framework for the findings.

### **Activities**

There are many activities that could and should be considered a part of recovery, however the research is largely focused on one. AA and NA are the predominant activity discussed in the literature. “In 2006 and 2007 an annual average of five million individuals” attended such a group in the United States (Donovan et al 2013:314). Such self-help groups can certainly be effective, in part because they establish a new social network that encourages a healthy lifestyle (Kelly 2015:36).

According to AA and NA surveys, roughly one third of the group has 1 to 5 years without using and these members report attending two to four meetings a week (Donovan et al 2013:315). Higher attendance is associated with better outcomes (Donovan et al 2013:315). While this sounds impressive, the accuracy and reliability of the methodology behind these numbers is unknown. In addition, this may be correlation rather than causation since those attending more meetings are more motivated and dedicated to change which would also result in better outcomes.

While the literature might view such groups in a positive light, interviews with service users illuminated that frequent attendance of meetings can lead to becoming “‘addicted’ to those

meetings” creating an unhealthy dependence (Neale et al 2015:29). These meetings become an obsession that may take away from other aspects of life rather than helping them find a healthy balance of activities. In addition, the fact that AA and NA dominate this type of community based groups, does not necessarily mean they are the most effective.

While self-help groups are by far the most commonly discussed activity, job training and preparation are also covered. A study comparing Medical Model Programs (MMP) to Social Model Programs (SMP) found much higher success rates in the SMPs (improvements of 34% and 28% in the Addiction Severity Index (ASI) compared to no significant improvements for those in MMPs) which focused on issues peripheral to addiction such as family and employment while the MMPs focused solely on substance abuse (Room 1998:73). This illustrates that a wide range of activities in a recovery program can be more beneficial to clients in regaining a healthy lifestyle.

The definition of recovery is so limited by solely focusing on sobriety. Using indicators based on a healthy lifestyle and the strengths and resources of an individual in their current phase of recovery rather than the number of days sober, would shift recovery models toward a more holistic view of recovery. allowing for a range of activities to be considered therapeutic (Groshkova et al 2012:2; Neale et al 2015:26). Recovery can include enjoying a morning cup of coffee or managing a bank account. It is not limited to abstaining from substance use. These are certainly some of the issues identified by participants in this photo voice project.

### **Relationships**

It is widely agreed upon that relationships are crucial in recovery. However there is some dispute over the type of relationships that are important. Kelly argues that having a

nonjudgmental, supportive and, most importantly, empathetic relationship with a therapist is more significant for positive outcomes than the model of treatment (2015:34).

Relationships with peers are also considered extremely important. It has been shown that community based treatment such as AA is correlated with longer term sobriety due to the social connections that can be made (Kelly 2015:36). “A study showed that in-patients exposed to a referral made by an active self-help group participant were more likely to attend self-help meetings following their discharge than were in-patients who received the intervention by their doctors” (Kelly 2015:36). Similarly, one tactic used to increase attendance at such groups is a buddy system, making it less intimidating (Donovan et al 2013:324). These community based self-help groups not only form a new social network, but in addition instill a sense of responsibility to others by expecting participants to help peers achieve sobriety by becoming sponsors and sharing stories (Donovan et al 2013:315).

While relationships are clearly crucial, the literature is somewhat fragmented on this topic. Whether peers or service providers are better equipped to help, and whether structure or empathetic freeform is more effective, are unclear. In addition, relationships that may serve as motivation such as with family, children and other influences are neglected in the research but are clearly important to the participants of this project.

### **Reflection and Motivation**

As Donovan et al explain, studies of success rates are not necessarily causation (2013). Studies have examined this and argue that “third variable influences such as “good prognosis” participants, level of motivation, presence of comorbid psychopathology, or the severity of the individuals’ alcohol or drug problem” may be the number one cause of their success (Donovan et

al 2013:316). This is not to say that programs are ineffective, in fact, they are likely very helpful for those who are motivated. But what creates that motivation? Very little research focuses on how a person rises out of the rut of addiction; how one decides they've had enough. This is the holy grail of recovery research. All programs aim to find a way into the mind of addiction and flip the switch to turn off the obsession and to make a person *want* to live sober.

What role can service providers play in coaxing this motivation? Studies have shown that expecting service users to be “active collaborators in their treatment” lowers resistance to treatment and eliminates the power dynamic (Kelly 2015:33). It is vital for a therapist or counselor to show genuine “respect for the patient’s autonomy and well-being” and to express that the patient has the “capacity and responsibility for the quality of their lives” (Kelly 2015:33).

### **Ownership and stigma**

It is well-established that the assessments of service providers often differ from the recipient’s (Neale et al 2015). Giving these individuals ownership over their own recovery empowers and motivates them. Studies have illustrated that service providers often hold unachievable and inconsistent expectations that can be discouraging and alienating (Neale et al 2015:29). Everyone struggles with feelings such as depression and loneliness regardless of a substance use disorder. Expecting those in recovery to avoid or eliminate these emotions is simply unrealistic and unfair (Neale et al 2015:29).

Similarly, a balance of stress, anxiety or confidence is desirable, but service providers often have a much less nuanced approach (Neale et al 2015:29). In addition, service users do not always find treatment accessible due to the language and ideas used. In order to open up

accessibility and create a balance, it is important to give those in recovery increased control over their treatment (Neale et al 2015:29).

Perhaps most telling in Neale et al research was at the very end of their focus groups. Participants exclaimed “We don’t want to go!” (Neale et al 2015:32). They enjoyed being listened to and appreciated, showing that these voices are inexcusably undervalued. This was mirrored by the participants of this project. Recovery is “a highly individualized experience” and providers need to take that into account (Neale et al 2015:32). Listening and reacting to the people being served illuminates the weaknesses of the standard discourse.

By focusing on gains and assets rather than “management and reduction of harms,” not only could the recovery process be improved, but the way addiction is thought about and the stigma surrounding it could be substantially reduced (Groshkova et al 2012:6). This stigma is detrimental for a variety of reasons. The opioid epidemic is an example of this.

Two and a half million Americans age 12 or older were abusing opioids in 2012. This is obviously tragic, but also expensive, costing an estimated \$72.5 billion in 2007. Of those individuals, only 1 million received medical therapy or medication assisted therapy (MT or MAT). Volkow et al argue that MTs are a safe and overall affordable way to reduce the risk of overdose. They have been shown to increase retention in treatment, reduce criminal activity and disease transmission, “improve social functioning” and been credited with a decrease in the number of fatal overdoses (Volkow et al 2014:2064). Despite this, “MATs have been adopted in less than half of private-sector treatment programs and even in programs that do offer MATs, only 34.4% of patients receive them” (Volkow et al 2014:2064).

Many believe that MT simply replace the drug of choice with another drug, trading one addiction for another. This illustrates that though scientifically, addiction can and should be viewed as a disease, perhaps requiring long term medication, it is still generally thought of as a mental weakness, rather than physical condition. This stigma also informs insurance companies when they impose limits on dosages, limits on lifetime medications, requirements for initial and reauthorization, and requiring the failure of other methods before trying MTs, also known as the “fail first” criteria (Volkow et al 2014:2065). Mental Health Parity and Addiction Equity Act hopes to improve this, however. It insures that insurance plans offer equal benefits for substance use and mental health as for general treatment.

### **Environment**

The environment of recovery can also have a significant effect. An example of an environment that promotes sobriety is the Oxford House Model. “Oxford Houses are democratic, mutual help-oriented recovery homes” and are voluntary for those seeking support after treatment for addiction (Jason et al 2006:1727). Residents decide how long to stay and how much to participate in treatment. They pay rent weekly and share in household expenses but will be expelled immediately for use of drugs or alcohol. Because they are expected to be financially responsible, they generally seek employment (Jason et al 2006:1727)

In a study, 150 individuals released from inpatient treatment for drug or alcohol abuse were randomly assigned to either an Oxford House or a more traditional self-help or outpatient care treatment. “At the 24-month follow-up, those in the Oxford House condition compared with the usual-care condition had lower substance use, higher monthly income and lower incarceration rates” (Jason et al 2006:1728). Based on average expenses for Illinois, they calculate that the program saved the state \$613,000 in a year, “or an average of \$8,173 per

Oxford House member” (Jason et al 2006:1728). These results show the value, both monetary and personally, of a healthy environment.

## **Methodology**

This project followed the guidelines of a photovoice project. A photovoice is a form of participatory research commonly used in the fields of public health and community development. Participants use photos to represent their view point on a certain topic. The photos are then discussed in a group and the themes that emerge from this discussion can be used to help inform the researcher about the topic. The narratives can be used to better understand the community or group participating and help guide future programs and policies (Minkler et al 2003:179).

Photovoice is often used to understand populations that are otherwise marginalized in some way. Photovoice is an open-ended, participatory way to study and identify meaningful issues. It creates a visual presentation of an issue with many layers of depth and meaning. This strength-based approach gives the participants ownership over the project and their part in it. These photos and the men’s explanation of the photos are to capture the stories of these men and give a multi-layered view into their lives that can help illuminate patterns of what environments and relationships can help addiction recovery and give their voices a place to be heard.

In this case, the participants were all residents of a non-profit in-patient recovery program located in a mid-sized city in Massachusetts. The program is placed in a cozy, three story house in a working class neighborhood. They have 25 beds and generally have 23 or 24 filled at any given time simply because it takes time to admit new residents. Despite this they are only funded for 80% capacity. The program works toward getting these men ready for well-rounded, functional lives by providing housing, anger management, counseling and job training alongside

substance abuse treatment. They have a clinician on staff. In addition they provide medical care, a psychiatrist, case workers (many of whom are graduates of the program) and councilors who are students getting their Masters degrees from a local college. Groups are run by volunteers who teach the men about anything from fitness to health to history.

A café owned by the program provides a place for the residents to gain job training and life skills. They believe treatment should be well-rounded, educating these men on many things other than their immediate recovery. They are people first who should have healthy lives in all areas, not simply abstinence from drugs. They also provide a house next to the program for graduates to gradually enter society. This house requires that residents pay \$425 a month in ‘treatment fees.’ The program puts \$100 away for these men each month so that when they move out, they will have some money saved.

They serve men from age 18 and over from all socio-economic backgrounds. Everyone in the program is in recovery. They screen people carefully. As an administrator put it, “we don’t want people we cannot treat.” For example they are primarily a substance abuse program, and are not fully equipped to treat severe mental illness. In addition to maintaining a predominantly Latino group of residents, they also prioritize individuals with HIV.

As a program, they try to avoid stigmatizing language such as ‘addict,’ ‘dirty’ or ‘clean.’ This attitude is a big part of creating a caring atmosphere in the house and avoiding the dehumanization of the residents. They keep in mind that substance use disorder is a disease and should be treated as such. The program works under a Medical Model, utilizing suboxone and methadone when appropriate. When I asked about the stigma surrounding the use of such treatment, the response was interesting. The abstinence that is promoted in AA, which dominates



the recovery field, has a powerful influence on the prejudice against using maintenance drugs. Though they acknowledge that AA is a part of treatment, it is not their main focus.

The program administration provided access for this project. I met with the residents, providing the goals, guidelines and answers to all of their questions. Those who were interested in participating signed consent forms. Out of all the residents present (some were at the café or at appointments), 11 volunteered to be a part of this project. A week later, I gave the men disposable cameras, instructions and a list of questions. They had a week to take photos and then the cameras were collected and developed. Only print copies of the photos were developed. Within the next two weeks, I sat down with three focus groups. Of the 11 men who signed consent forms, 9 returned their cameras and took pictures. Out of those 9, 7 participated in the focus groups.

Each focus group took between 45 minutes to an hour and a half to be completed. When the men received the cameras they also received a handout with the following guidelines:

With the disposable camera provided to you, please take 3 photos for each of the following statements:

- What has helped you in recovery?
- Things that you value.
- Things that represent your personal changes.
- Favorite parts of the day.
- The things that mean the most to you.

These photos can be of anything that represents this or has meaning to you. You will be asked to explain the photo to a small group and write a short description to go with it. This group conversation will be recorded. Please do not take pictures of any people that have not signed consent forms. If you do these will be filtered out for the group discussion. The cameras will be collected in 1 week.

The discussion consisted of asking them which photos went with each question and then discussing their photos. There were a total of 104 pictures taken (see table 1). Of those, 21 (20.2%) were of individuals by themselves. Seventeen (16.3%) were photos of one day when

residents cleaned the basement of their house. Sixteen (15.4%) were of people in a group. Fifteen (14.4%) were of landscapes/cityscapes. Fourteen (13.5%) of the pictures were of the house or the backyard. Of the 104, 10 (9.6%) were of the inside of the house with no people. Nine (8.7%) were pictures of flowers. There were 6 (5.8%) photos of staff, and 6 (5.8%) photos of trees. Five (4.8%) were pictures of art. There were 4 (3.8%) pictures of food/pizza, basketball, and other. Finally there were 3 (2.9%) of a park. These categories are not mutually exclusive.

Table 1: Photo content by category

| Topic                 | Number | % of total |
|-----------------------|--------|------------|
| Total                 | 104    |            |
| People in a group     | 16     | 15.4       |
| People alone          | 21     | 20.2       |
| Staff                 | 6      | 5.8        |
| Cleaning the basement | 17     | 16.3       |
| Landscapes/cityscapes | 15     | 14.4       |
| The house/backyard    | 14     | 13.5       |
| Flowers               | 9      | 8.7        |
| Trees                 | 6      | 5.8        |
| Park                  | 3      | 2.9        |
| Indoor no people      | 10     | 9.6        |
| Food/pizza            | 4      | 3.8        |
| Art                   | 5      | 4.8        |
| Basketball            | 4      | 3.8        |
| Other/dog             | 4      | 3.8        |

The first group began as 5 men but two had to be excused only a few minutes into the discussion. The discussion used as data was only from the three who remained. The second focus group was two men and the third was also two men. All three group discussions were recorded. The recordings were loosely transcribed and coded. This was then analyzed and divided into themes. Which are explained below.

## Findings

I did not know what to expect when preparing to sit down with these men. Conversations of this nature can be extremely intense and sensitive, but can also fall flat, remaining superficial and conventional in nature. It was my hope that these individuals would let me in, giving me a glimpse into their process and I was not disappointed. They were wonderfully honest and vulnerable, welcoming myself and the readers of this paper into their world. Their stories and messages can help illuminate the complications and necessities of the recover process, but perhaps the biggest finding illustrated in these discussions, is what happens when these stigmatized individuals are given a platform from which to be heard.

### **Activities**

Sitting around a dark mahogany table with a box of Dunkin Donuts munchkins and an audio recorder in the center, the men seemed attentive but not tense. “Sometimes [the daily routine] gets overwhelming but when the weekend comes, it’s a free time... then there’s nothing [to do] and you’re sitting around like, this kinda sucks... it’s boring.” Miguel has dark coffee colored skin and gentle eyes with deep creases in the corners. He speaks with charisma and energy. Though he clearly thinks about what he is saying before he says it, he is chatty and open. He and the other men were talking about their favorite part of the day. While they enjoyed a variety of activities, one sentiment was consistent, boredom sucks.

One might not always want to go to meetings, but they all agreed it is better to go. Meetings fill up the day. As Kevin, a tall pale man with a little scruff and a deep, measured voice, explained, he likes to find a meeting to go to on the weekends when they do not have structured activity. They help him organize his time and keep him connected when he has free time to fill.

Meetings are one of the more meaningful activities the men do but they are not the only activities that the men valued. Similar to appreciating group, the men also valued activities such as meeting with case managers, therapists or other programs. These more structured activities are designed specifically with recovery in mind. “The help you get, with, you know, counselling, and umm, one-on-one sessions and stuff is good, ‘cause it makes you feel like – Basically like you’re not going nuts.” They focus on meeting future and current goals and preparing individuals for the rest of their lives with the tools to maintain sobriety.

Angelo, a somewhat anxious, soft spoken man, also talked about a café which is attached to the program. This is a job readiness program designed to give the men skills that will help them get and keep a job when they leave the program. Angelo discussed how much this part of the program means to him. Kevin agreed, “I’m surprised that no one took any pictures of the café... that keeps you focused on the work aspect of it... It gives you that, uh, that motivation to... wanna get up and uh, get movin’, do the right thing...”

Another favorite topic was food. Angelo and Kevin broke out laughing as Angelo confidently stated that eating was his favorite part of the day. Though none expressed exactly why eating was such a common theme, and it could simply be human nature to enjoy food, it seems likely that eating is something they did not get to relish very much when using drugs or alcohol.

Alberto is a tall, lanky man, soft-spoken and gentle in manner. He loves being the first person to wake up in the house. He gets his morning coffee and drinks it at this leisure. This activity is seemingly small and simple but enormous to him. As someone suffering from addiction, one might be up very late and may not wake up early. If they do wake up early, it is often because they are sick and need a fix. The peace and calm that Alberto can feel waking up

early, maintaining a routine, is the reward he gets for all his hard work. As he explains it, he never could have woken up in the morning just to make a cup of coffee. What seems so simple is in fact the culmination of enormous amounts of prayer, sweat and determination.

These simple activities, listening to music, relaxing in free time, playing chess, watching TV, are all things they could not enjoy before. The mind of an individual with substance abuse disorder is so consumed by getting their drug that they cannot enjoy these small pleasures. Angelo and Kevin both agreed that the weekends and free time were important. They liked to use their free time to accomplish something. “During the week my favorite part of the day is, from 11 to 2, when you can get things on your own accomplished. Like the gym, appointments, meetings downtown. Because it helps you focus on what you done in the morning and what you’re going to do for the night time.” Even using this time as a time to reflect can feel productive.

As Edwardo, a sturdy, 30-something who spoke with an air of intelligence despite his sometimes imperfect grammar, put it, physical activity makes him feel productive, like he has accomplished something in the day. He explained as he held up a picture of a dumpster from cleaning out the basement, that he could never be happy at a desk job, he just loves being active. Many shared this sentiment with their love for action in the form of sports and exercise. Out of 104 photos, 17 were of cleaning the basement. This may be because they saw each other taking pictures and remembered to do the same, but clearly there was some significance. This was the second largest category of photos making up 16.3%.

In one photo, Edwardo stands next to the dumpster in a grey tank top, arms raised overhead pushing a red couch into the dumpster. There are three other residents working alongside him, one holding the other end of the couch. A case manager of the program has his

back to the camera, apparently shouting something. Miguel stands in the center of another picture, one foot up on a wall, and one arm resting on a trash can, his eyes in the shadow of his hat brim and the wire from his headphones hanging down. Another features the same case manager standing alone, leaning on the full dumpster with the matching trash bins lined up behind him. His posture is one of pride and satisfaction as he seems to contemplate a job well done.

There were four pictures of basketball, both of people playing and of the hoop standing alone. One is of a participant (who left within the first few minutes of the discussion, therefore is not included in this paper) alone in the back of the house, mid-throw. Another is the same man, in a black hoodie smiling at the camera, one foot resting on the ball. Yet another frames a group of guys on the court at a park. Trees blur the skyline and the sun is half set as they muddle under the hoop. These photos give energy and context to stories told in the discussions, illustrating the men's love of such physical activities.

Miguel had a routine of walking to the gym and then going on the treadmill. Edwardo had recently rediscovered his love for basketball. It wasn't until Edwardo was sober for a while that he realized how much he missed playing sports and going to the gym. He missed feeling healthy.

Both cleaning and exercise are standard in rehabilitation programs of all kinds. Playing sports, lifting weights, and being active have obvious benefits for everyone but especially individuals who are trying to heal their bodies and minds from the disease of addiction. These men are being challenged every day both physically and mentally just to exist in the world without using drugs or alcohol. Working to have strong, healthy bodies will help their bodies adjust to life without substance abuse but perhaps even more significant, exercise releases

endorphins, relieves stress and anxiety and helps regulate sleep. This emotionally unstable population can only benefit from these effects.

Cleaning a house might have less obvious healing effects. Not only does it keep the participants busy, which as mentioned above is a crucial part of recovery, but it can also do several other things. A job like cleaning the house or basement as a group like these men did can teach them to cooperate and work as a team. It gives them responsibility and practice following directions. It can also provide a sense of ownership, accomplishment and community when the job is done. They will be proud of the work they did and of the place they live, ensuring that they want to call this place home and want to keep it nice.

One final activity was a common thread in the groups. Many talked about an interest in academic activities. Whether it be getting their GED or going to college, many expressed an interest in education. Flipping through pictures of various paintings in the house Edwardo explained that he likes history so he likes these paintings of battles. Pointing at one, he described how the clothing was not uniform so it couldn't be a painting of an American war but he didn't know which war it was. In that time period American soldiers would have been wearing uniforms. Exercising the brain, filling it with wisdom and knowledge makes these men feel valid and worthy.

While each of these activities may be therapeutic for one reason or another, the gist of it is this: staying busy with both leisure activities and structured ones, is a good way to stay sober. "I get to play, so I can forgot everything, improve my depression... my depression is every time I want something I can't have. That's when I get down sometimes. Like I want to see my son. I want my apartment... And the moment I don't got it, I get this depression." Though dealing with

these emotions is difficult, keeping busy with sports and other activities helps distract Angelo, giving him a break from this struggle.

Kevin agreed. Then stated that it's about finding the balance. "I think it's... creating that little balance for each and every day so you know how your days will fall into one another." It's about finding the things that help you and creating a routine. This is a stability that these men did not have when they were using.

### **Relationships**

The first of the group discussions started with five men, but only a little while into it, the box of munchkins barely dented and icebreakers just completed, two of the men had to leave. They politely apologized and explained that they had to go help with something. This left three participants. Though losing two perspectives was certainly a little disappointing, the energy in the room changed when they left. The three remaining, Pablo, Miguel, and Jorge, visibly opened up. The tension left their shoulders, their stories became gradually more personal and their voices more confident. Later they explained that the three of them were very close in the house. Two are roommates and the three of them stick together. They acknowledged that if there had been a different group of people in the focus group, they might not have shared as openly.

This is very illustrative of a theme that came up throughout each focus group: Relationships. Both negative and positive, the people that stick around can have the power to change a life. They can influence someone to use, or to become addicted, or they can help motivate and support them in their recovery. As Kelly argues, having a strong relationship with a therapist is more significant to treatment outcomes than the type of treatment, illustrating how crucial relationships are to recovery outcomes (2015:34).



While therapeutic relationships may be important, participants talked much more about peer relationships. Miguel explained,

I've got a pic of... people helping me in my recovery, these two right here. We all kind of came in the house at almost the same time and ah, we got a lot in common... You tend to gravitate to just a couple people... it just so happens these two guys are helping me.

He held up a photo of Pablo and Jorge. Jorge was sitting in a white tank top, glasses and had his headphones on. Pablo was standing right behind him in a black tee. A white plastic fence served as a back drop as the two men, stared emotionlessly into the camera. They could have appeared intimidating, with their absent smiles and tattoos, but after speaking with them and hearing their stories, I now see the sensitivity and softness. I notice the creases next to Pablo's eyes and the way Jorge does not seem to mind that Pablo is standing directly behind him, showing a deep trust between the two.

It helps to see people in a program who are really serious. "When you hanging 'round a group of people that [are] doing bad things... it will rub on you. Same thing with recovery. If you hang around with a crew that are really serious that will rub [off] on you," Alberto earnestly explained. Angelo stated, "This time I feel different with my life, with everybody here. I feel happy to be with everybody here too in the house," further illustrating how the people sharing an experience can shape it.

Courts can mandate someone to go to rehab and if they do not complete the program they will be facing jail time. These individuals would otherwise perhaps not attend a program such as this one. There is a lot of evidence that successful recovery is based on an individual's motivation. According to Alberto and Edwardo, even a court mandate can have positive outcomes if they find right group in the program.

When asked what one thing they value the most, most of the participants mentioned friendship and working together. “The house, everybody here... By myself I can’t do nothing...” but together real power can be harnessed, explained Jorge, a deep smile creasing his cheeks. Working as a team makes each individual stronger. The three men in the first group explained how they notice changes in one another, sometimes more than in themselves.

Knowing that someone sees and cares about their growth means the world to these men. They are held accountable for the fact that other people care and can trust that someone is watching out for them. When asked for a favorite part of the day, one man answered that it was walking in and seeing all the faces of the other residents. Sometimes, Edwardo explained, he could have the best advice for others, if only he would listen to it himself. Even if one has the answers, hearing them come out of another’s mouth can make all the difference.

“They say not to compare but to identify,” stated Pablo as Miguel explained why he liked meetings so much. The three men discussed how any negativity from the day goes away in meetings. Hearing a peer talking about “*Your*” problem gives them a feeling of deep support and can shed light on a feeling or conflict. Miguel explained that he tries to never go to the bathroom or leave for any reason during a meeting. He does not want to miss anything anyone says because he never knows what he might be able to identify with. “Working with others and um, takin’ whatever you can for suggestions to help you get through the daily parts of living... the temptations that come and go” is important, Kevin echoed. He and Angelo agreed that meetings and people helping them are a crucial part of their recoveries.

Seeing people from different groups and hearing their stories allows Kevin to pick and choose what might help him in his recovery. Meetings provide the opportunity to see people who are serious about their recovery he added. As a researcher, this reaffirms the context of this

project that sometimes those who can help someone recovering from addiction the most is another person with substance user disorder.

Kevin explained that he gets a lot out of simply seeing people connect. “To see people doing the right thing, it makes you feel good about what you’re doing... Seeing people caring for one another, respecting one another, having sympathy for one another... that’s a good feeling.” With all of the support he has here, both from family and others in the program, he feels that he can handle life’s temptations even when he is doing something on his own. “You take that [support] with you when you’re... by yourself.”

Interestingly, when asked what motivates these men in their day-to-day recovery, many did not solely talk about things relating to someone helping them, but also helping others. The fact that they talked about helping each other so consistently illustrates how much they have to offer and how much they enjoy feeling that their experience can be utilized. Many said they would approach those who were not asking for help and offer support. “Some people have trust issues... We might not all come from the same areas but we all have something in common; we all have been through the same things...” These men know how hard it can be to ask for help. This theme came up in all of the group discussions. “You need a good sponsor.”

While making relationships during recovery can be crucial, preexisting relationships are also important. “My son’s fifteen years old,” Miguel stated then took a deep breath. He slowly filled his lungs, abruptly let it out, and stated, “He’s started experimenting with weed.” Miguel’s voice elevated in pitch as he related this information. He shrugged a little as though to appear unshaken but his darting eyes told a different story. “How am I going to tell him not use drugs if I’m in the backyard getting high myself?” Miguel quickly went on to clarify that his son has never seen him get high, but it’s just the principle of the thing. He knows he has to hold himself

accountable to the fact that he is setting an example for his son. If he doesn't want this life for his son he must change. Miguel explained,

It dawned on me, I have like 195 contacts on my phone, it's ridiculous, and I look through it and think 'who the hell are these people?' My phone was only ringing for people wanted to buy drugs, you know, that's how I maintained my habit out there. It was just them; I wasn't getting calls from my son and his mom. But like my people weren't calling; they just send me the occasional text 'hey how're you doing? You alive?' And that's it.

Though he never lost contact with his family, their relationship wasn't strong. "The last year and a half I wasn't going to his games... I tend to isolate a lot. When you're active, I mean, you're always alone out there – by choice." Miguel explained how his family always knew when he was using because he would disengage. Now that he is sober they are overjoyed to have him around and healthy. "If they're so happy that I'm clean now, they must have been just as fucking miserable when I was fucking high!"

Miguel clearly feels the gravity of how his actions affect his family. As Miguel put it, everyone suffers when you are using. They would not put pressure on him to stop however. He believes they knew that if they pushed him he would disappear. They would rather have him around and high than drive him away.

Angelo is beginning a new relationship with his family. They can see the new power he has over his recovery and addiction. His main goal for the near future is getting himself an apartment so that he can bring his mother to Springfield. He explained he has two siblings, a brother and a sister. His brother died in Puerto Rico a couple years ago. Angelo had been in some legal trouble. He had a GPS on his leg and could not leave the state. As a result of his addiction he never got the chance to go say goodbye. Now he wants to prioritize his family, and having a place for his mother to come visit is part of that. He explained, "How I feel now... trying to be

clean... trying to go to my family, to say hi to my ma... trying to do something with my life. I feel happy with that.”

Kevin has also been reconnecting with family. He spoke to his cousin a few days earlier. He talked about how good it felt to just chat like old times. These are relationships that could not have been sustained before he became sober. “The people, places and things that come with it... you could even consider that part of a network... Right now my network basically is here and across the street,” at the church.

A turning point for Jorge was when his wife died of liver failure. He saw her lying in bed, slowly dying. She “...just wanna die... Because she don’t know how to get clean.” But Jorge did not want to die. This was his wake-up call. Seeing someone he loved go through such an illness gave him the shock he needed to realize he had to change if he did not want the same fate. He said, “‘The grateful heart has no desire to use,’ and I am grateful.”

Alberto pulled out a photo from his wallet. He held it out and stated “Here are my twins.” They live in the same city but he has not seen them in 7 years. He has stayed away because the mother does not want him to have contact. He fears that if he tries to contact them that she will accuse him of something and get him in trouble. He prays for them every night. He explains that he thinks about them all the time and praying for them is his way of staying connected to them.

One final relationship that the men touched on a lot was their relationship with God. It’s difficult to connect with strangers or acquaintances sometimes, but their connection with God makes it a little easier, “with him you can make all things possible... That’s where prayer comes in,” Kevin stated. Angelo added that he puts his trust in God, this is the difference between his last attempt at sobriety and this one. “This time, I’m gonna give him the chance, he can do what

he has to do with my life... if I do it, it's not going to work," he explained. Kevin agreed, that having a good relationship with your higher power can make all things possible. It can give a sense of worth and drive. This relationship gives them a sense of something out there greater than just themselves. Kevin explained he used drugs as an escape from daily life, an escape from school or whatever he was trying to do. Now he is learning to do this in other ways such as working out, meetings and religion. It is a way of being outside of himself and his own head.

### **Reflection and Motivation**

The mindset of those in recovery is crucial. Do they want to change? This is discussed in much of the literature. The stage of recovery both determines the type of treatment best suited and the likelihood of positive treatment outcomes (Neale et al 2015:30; Kelly 2015:35). The most common theme that arose was simply the attitude of the individual and the transformation from using to sobriety. It seemed to be very therapeutic and reaffirming to talk about this transformation.

When a man is on drugs, he does not have time to listen to music, enjoy the weather and just chill, Miguel explained with enthusiasm seeping out of him uncontrollably. Now that he is sober, he can think clearly and can focus on things unrelated to drugs. Simple things like showering every day are taken for granted by those un-afflicted by this disease. It's the little things that most forget to appreciate that these men are reveling in. You "Can see that day by day that you get better; not *things* get better, *I* get better," Miguel stated, his chest puffing with pride.

When asked about his favorite part of the day, Miguel had many answers. One however was the day that they cleaned out the basement of the house. No one was allowed to skip out. Everyone had to help. Miguel explained how pissed he was that he couldn't go to the gym,

storming off to sulk. He described how he put his headphones in and sat inside, moping, listening to music. Then he saw the other guys outside working and thought to himself, why be mad about this? “Just use this as your workout,” and he did. It’s about using what you have to your advantage. He included that they also got pizza and a gift card to the Café connected to the program, which helped soften the blow as well. His expression was full of an earnest sincerity as he related this story, making his self-growth in that moment even more relatable and impressive. He was learning to deal with his emotions and make the most of any situation. Dealing with emotions like this could be a new skill for many who have substance abuse issues.

The themes identified in this paper are not mutually exclusive. Many aspects of recovery fit in multiple categories. The combination of a positive mindset, supportive relationships and productive activities can be transformative. Miguel’s story about cleaning the basement not only illustrates his new attitude when things don’t go his way, but also illustrate the power of community. When he saw his pals helping, though he did not explain it this way, he probably felt somewhat left out and wanted to be a part of the group even if they were doing hard work.

“We go about our day learning what we can, taking what we can...make the best of it,” Kevin explained. He emphasized that learning is a big part of his recovery. “As long as you get through the day sober and stuff it’s a big accomplishment,” and to do this requires listening and taking others’ advice. They have that saying, ‘listen to learn and learn to listen,’ so you take that in, in your everyday routines,” Kevin explained. He needed to come into the program and each meeting, looking for things to learn rather than thinking he knew it all. Similarly Pablo explained, “I used to talk a lot but I wasn’t listening.”

Most of these men have been in recovery programs before. Miguel told his tale of how he was “clean” for 5 years. He explained, he wasn’t *really* clean, every once in a while he would

use, not a full relapse but a “small lapse.” He and his son’s mother would be home alone, their son at a sleepover, and they would call up a guy, and get high for the night.

The first program he was in was a program on the coast. It was no problem for him to stay clean there, far away from his home and his dealers. He completed the program and got a train home to this city. But as soon as he heard the mechanical voice on the train say “Next stop...” he began yawning, his stomach tightened, knowing he was almost home. His withdrawal symptoms were returning. He thought, how is this possible? He had been clean for 5 months. His brain knew that this was the spot, this is where he did drugs.

Miguel picked his next program smack dab in the middle of his old stomping ground. “It’s why I wanted to come here. I was like, you know what, if I can do it in my own hood – ‘cause this is, literally, my neighborhood” he can do it anywhere. Now his favorite part of the day is walking to the gym. To do this, he walks right through his old neighborhood. He sees the people he used to use with and the places he used to pick up. He sees those familiar faces, hears the cracking voices, and might even catch a whiff of smoke. “Nowadays, I’m finding it kinda easy right now... I walk by and I laugh.” They are always looking for the next fix, the next high and never get a chance to rest. Every three to four hours, they are at it again, searching, hunting for drugs. Seeing those same people doing the same thing gives him not only motivation but satisfaction in his progress.

He clarified that he does not look down on them, or think that he is better than these old peers, but more thankful that he no longer lives that life. “I don’t go there preachin’ to nobody or nothing, you know I still say hi to them and stuff...” When he sees these people, he knows that even if they seem okay in that moment, the sickness is coming. Seeing that neighborhood, that



lifestyle, he knows that he is thinking, looking and feeling better. He is reassured that he is doing the right thing, not proud, just reassured.

Recovery is a process, "...people in recovery cannot simply cast off personal histories" (Neale et al 2015:32). Many get sober many times, relapse a couple times and go through many shifts in mindset and ideology. Miguel's first program probably was a necessary part of his recovery even though it resulted in a relapse. Many of the men talked about how it is hard for someone with an addiction to think clearly about anything, never mind sobriety. Several of the men reported that once the haze clears they can see that the struggles of recovery are worth it to live a sober life.

Edwardo explained how he had the choice of going to jail or rehab. He did not want to detox in jail. He had done that before and it was not fun. As he went through detox, he began to think more clearly and his judgment began to change.

As you get cleaner, or the fog goes away you realize that, ya know, what keeps me going is wanting to live some type of normal life, you know, working, paying taxes, taking care of your kids... instead of the everyday chaos and not caring about anything... that's what's keeping me going.

He went to a program because he did not want to go to jail but once he was sober and thinking rationally, he knew that he needed to continue this fight. Like anything else, recovery is something that is learned.

As for Miguel, he knows that he can be sober anywhere. Right now he uses his old environment to help him in his recovery process. "Walking down the street, listening to music, just knowing I don't have to get high, and I'm not going to get high, and I'm not thinking about getting high... I feel like a million pounds off my back." He uses this as fuel, an example of where he does not want to be. But this is just an exercise for him. "It's kind of twisted I think

that I'm using that as my medicine... I think after a while too like I won't go by that area... I'll just find another tool... for now it's working." He had managed to transform what used to be a trigger, into a motivator, which is an amazing feat.

"That's why I got a problem with that "trigger" stuff." Pablo interjected. Jorge immediately agreed, "I don't believe in no triggers.... you use 'cause you want to use... my uncle died and I didn't use... now my cousin died and I use?... I'm going to use him as an excuse?" These men felt very strongly that the word trigger was a justification for using. "We justify getting high a lot bro, with everything, 'aw man, I got a court case in 5 weeks, I'm getting high.' 'Aw man, I woke up late, I'm getting high.' Anything, just I'm getting high," Miguel explained.

Though it is fair to say that anyone working in the field will agree that triggers are real and should be acknowledged, these men felt strongly that this was a myth that enabled using. Both these perspectives serve a very valid purpose and create an interesting dynamic. From the view point of a provider, the concept of triggers helps to avoid blaming the victim and acknowledging the environmental factors that have created and fostered this individual's problems. It helps them create an environment that is secure and comfortable for the client and that will promote recovery.

From the perspective of those in recovery, this viewpoint is victimizing and robs them of personal agency and responsibility. "Everything's going to stay the same out there, *we* gotta get better." Jorge adamantly told the group. If they want to be sober, they will. If they want to use, they will find a reason to do so. But if they are sober, it is because they are strong and working hard at it, not because the world around them is making it easy. With this mentality, they receive both the blame for relapse and the credit for sobriety, both of which they deserve.

Miguel explained, as he appeared ready to jump out of his skin with so much to say, that he was not ready to change in the last program. This time however, he felt ready. No one was telling him to go, it was all his idea. Kevin reiterated this sentiment, “I don’t want to feel too much pressure because too much pressure will back me out of anything now.” He is very aware that he shuts down under pressure, but this program works for Kevin because it has achievable goals and guidelines and is supportive.

This is a common narrative in recovery. As many programs preach sobriety and demonize drug use, they isolate and discourage anyone who is not quite in that mindset yet. For many this approach may work, but for many others it does not. They are taught to focus on religion or work or anything that can replace using drugs in their life. They replace the social group with a church group or AA group. This new addiction will replace their drug addiction. Though some might argue an addiction to the church is a much healthier addiction, these individuals are still not being taught the skills they need to cope with the events and emotions life hurls at them. They are still dependent on a crutch and when religion or AA fails them in some way, it is not unlikely that they will return right back to their old crutch: drug use.

As Edwardo explained it,

A lot of the programs that I go to they just wanna throw AA and NA at you and that’s it and that’s the way you get clean... I’m starting to learn that too much of anything is not good for you. So I’m tryna balance my life out and just finding different things that can help me stay clean instead of just one thing.

During previous attempts to stay sober, Edwardo just utilized meetings. Now he is adding in therapy and medication. He was diagnosed with depression and he is working with case workers to really find some strategies that work for him. He is working to identify his triggers and not putting all of his eggs in one basket, so to speak. Miguel is “...tryna learn the tools to maintain

that thought process and, like, work on myself and... try to understand it. Why do I keep going back to it?" He doesn't want to simply achieve sobriety but maintain it as well.

The disease is strong, "she tell you when you gotta shit, she tell you when you gotta eat, she tell you when you gotta wake up," Jorge explained. Miguel agreed that the disease allows for little independent thought. "You're a slave to it, you wake up sick...I'm [always] thinking three steps ahead of it, like fuck what happens when I finish that bag." When they run out, nothing else matters.

As Edwardo explained, little things like buying coffee at Dunkin Donuts was not something that would occur when a person is using drugs. Its "...weird the things you appreciate now, that you couldn't appreciate before." He couldn't just go get coffee because he did not have two dollars to spare.

That would be, in my mind crazy to go spend money on a coffee – that was insanity... I needed that money to go get high... I remember like getting a cup of coffee when I got out of detox and came here, I was so like, 'wow.'

Now he is free to spend that money on anything he wants, including luxuries like coffee.

Joys that people take for granted are things that these men are just rediscovering.

Edwardo is going to school to get his GED. He is determined to succeed this time around. He feels that he has to make up for all the years he wasted in jail.

One might assume that those afflicted with addiction are quick to deflect blame and responsibility but these men had a very different value system. Perhaps there was a time during their addiction where justification and avoiding blame was a part of their everyday life, but not anymore. Miguel explained with an earnest expression, that he feels he only ever has himself to

blame. If he goes to jail, he won't be happy about it but he should not have been doing whatever got him in trouble. He felt strongly that he must take responsibility for his actions.

Regardless of the question, the men would always come back to one narrative. Their go-to response was a reflection of how they have grown and changed. This is not unusual or strange. Examining your own growth and improvement is one of the most motivating activities for anyone. When asked for things that they value Alberto was quick with his answer. "Flowers."

"I love plants and flowers." If you don't "...put water into it, take care of it, it's not going to grow. It's like my addiction right now." The metaphor as well as the action of caring for something, nurturing it and over all being responsible for a flower helped keep him going. Alberto took several pictures of plants and flowers. The first is a rather classic image of the tulips growing in front of the house. There are pink ones and yellow, but many that are still not blooming. Other pictures capture the plants right and ground level, towering over the camera, with every rock in the soil visible. He clearly took the time to examine and appreciate these plants and how he wanted to capture them, showing just how important they are to him.

Others had similar ideas about change and personal growth. Miguel chatted openly about how he never used to let anyone take his picture when he was "getting high." He wouldn't even participate in group photos. He held up a picture of himself in a brown t-shirt and looking somewhat uncomfortable but pleased. This is, for Miguel, a huge accomplishment and has significant implications about his growth.

Other common themes in regard to personal growth included thinking about others. When using drugs, it is difficult to think or care about other people. Angelo explained, "I don't

care [about] nobody because I have only in my mind to be high all day.” Every ounce of energy goes into the addiction. Now these men are exploring their capacity to care.

Angelo never had a moment to see his family or friends and he never had the chance to make something of his life. He held up a picture with a friend. That is a good feeling, but it also feels good to have their efforts acknowledged. As Kevin put it, all it takes is one person to come up and say “you look good, you’re doing good.” This can motivate him for the whole day, maybe even the whole week. “Generally feel good feelings – that’s what we all want I guess.”

Angelo held out a picture of a painting. The painting was a vivid image of one man being attacked by others in casual garb. They were using a variety of weapons and it appeared to be in a war setting. Angelo explained he felt like that man in the center. The one being attacked. He could relate, feeling like the many forces in the world were ganging up to bring him down. He doesn’t feel like that guy any more though. Now he feels like he can be successful.

They were adamant about the fact that you have to give this your all. Having people help with the process is useful, but the bottom line is that the person suffering from addiction has to do the work, the provider cannot do it all. As Alberto put it in his deep, melodic voice, “You gotta go for it... I came here for a purpose... They help [but] if they putting 100 we gotta put 200.” Sobriety has to come first.

Angelo explained he was just thinking about what he was going to do with his life now that he can make that decision. He was taking it all one day at a time. In the past he had tried to make his recovery “fast,” but now he was trying to take it “slow and easy.” He wants to make the most of his life now that he has got it back.

Miguel told the group that he used to hate meetings. He tried to skip them whenever possible. Now he has changed his attitude and it has completely changed his experience. “You could need something but not want it,” he explained. “...I always feel better coming out of it... that’s telling me that I have to keep going to them.” Similarly, Kevin never used to speak in meetings. He listened and thought he was doing enough. He has grown to the point that now he can share without feeling too much pressure. He is slowly accomplishing his goal to better himself and has been sober 4 months. January 12<sup>th</sup>, he proudly told me, was his first day sober.

Pablo explained he had to let things roll off his back. He used to get angry very quickly. He would let every little thing get to him. He lacked the skills to deal with any of life’s little plot twists. Now however, he is practicing being humble. As he talked about this, Miguel and Jorge chimed in in agreement.

It was the picture of love and support as Pablo’s two close friends encouraged him and complimented how much he has grown and how much better he is at controlling his temper. Anyone would have cracked a smile listening to the three reassure and cheer each other on. They were a little family, so open and tender with one another. Watching and listening to them was like being in the presence of a sumo wrestler holding a giggling baby. They may look intimidating, with hard exteriors, but they were gentle and sensitive on the inside.

These men are in no way the negative stereotypes that they are too often assumed to be. “When I was a kid that’s not what I wanted to grow up and be, was an addict. I didn’t want to do heroin. I had dreams and aspirations.” Once the fog clears, Eduardo explained, you “...start to realize like, ‘hey that’s not what I want to be... [I want to] do something with my life and not just be on Main Street getting high.” It is not that he ever stopped having goals or stopped

wanting a “normal” life, but drugs always came first so he could never follow through with those aspirations. “When you’re addicted to heroin it’s like needing oxygen.”

Edwardo wanted to work, pay taxes and have a family. These mundane aspects of everyday life have become his new goals. After the constant chaos that he experienced when he was using, he could only dream of the normalcy most take for granted. “I’m not a loser but I am acting like a loser when I’m out there getting high.” In his first program, Edwardo went to his appointment with his counselor with a long list of things he wanted to achieve that day. His counselor stopped him as he rushed through the list and said, “Calm down.” He explained that these things cannot happen in one day. He built up these problems over 12 years, it will take time to undo, but it will get done. Be patient.

“I’m 32 so like I missed a good chunk of my life.” Despite feeling discouraged by the amount of time he wasted, and the impulse to rush into living his life, he knows his recovery needs to remain his number one priority. He explained the turning point for him was last year. He overdosed three times. The second time he overdosed, his girlfriend at the time had found him and called an ambulance. When he woke up in the hospital, craving heroin, he cut off his wristband and left. With little regard to the fact that he could have died, he snuck out and got high.

Surely he was still weak from overdosing and his body could not withstand the abuse. Within 24 hours his girlfriend again found him unresponsive. She gave him mouth to mouth and most likely saved his life. When the paramedics arrived he was almost dead. This time he did not wake up right away. He was in a coma for two weeks. When he finally woke up he couldn’t walk and is lucky he is not brain dead. He fully recovered but this was a wakeup call. He decided he had other things to achieve in life.



Not all of the men had incidents like this. For some, their turning point was more mental or emotional. For example the realization that they no longer felt any desire to live a good life. They felt completely absent of any wish to be a productive member of society, they could take it or leave it.

The life of a drug user is not easy. They do not wish for this experience but do not know how to escape it. Alberto was sober for 13 years, then relapsed about six months prior to this project. No one wishes for such a disease. It is often difficult for these people to ask for help. “People here got a lot of issues... a lot of us [are] scared to ask for help... ‘cause we so used to like, isolating so much,” Alberto explained in his sweet growl of a voice. They often suffer from trauma and trust issues and lack the support they may need to ask for help and therefore can be stuck in this lifestyle. So how do you create such a mental transformation? What can providers do to help the individual get to this point?

It has been learned and relearned many times that telling someone what to do or how to feel or think simply does not create the desired results. Rather it can trigger a backlash and further isolation. But what people can do is try to create an environment that encourages this growth. These men appreciate programs like this that try to foster a healthy setting that takes these things into account. Angelo passionately told the group, eyebrows creased, leaning slightly forward, they have to “...appreciate the moment we are here in the house... this is the moment.”

### **Environment and Other**

Jorge stated that most ‘addicts’ come from good families. They did not learn this from their parents, it was their choice. As a social science major, this was a difficult statement to swallow. After spending years studying the social factors that create problems such as addiction,

it was difficult to listen to that statement without applying academic knowledge and then disregarding it. But in the spirit of this project and valuing the voices of those experiencing such problems, this was not an option.

With personal knowledge, ideas and framework as a guiding force, these apparently irreconcilable perspectives were reconciled. His statement, rather than placing complete blame on the individual and disregarding social factors, can be interpreted as saying that this can happen to anyone. The child of a doctor or a lawyer who went to private school and went on family vacations to Europe, could end up in the same position as someone who grew up down the road from a crack house and heard shootings out their window at night. Addiction is a disease that does not discriminate. It can afflict anyone regardless of skin color, income or neighborhood.

It is important to include in this conversation that though any one can have an addiction, some are much more likely to get the help and resources they need. So while diseases like addiction create a somewhat classless victim base, they are also still affected by wealth and income. For example, a working class man with an addiction is more likely to be out in the streets or in the backyard of a city home for neighbors and passersby to observe his activity. Therefor it is not unlikely that he will get caught by the police and arrested. Rather than going to a fancy rehabilitation program, he will be sent to jail where he will learn how to get away with even more tricks and be surrounded by individuals who are only teaching him to become a criminal.

A wealthy man will get high in the safety of his suburban home. He will finally have an intervention with his family who will tell him to go to rehab. He will go to the best of the best facilities and will have all the latest resources at hand. He will have the love and support of his

family who come to visit at every possible opportunity. This man's recovery may not be easier, but he will not have his environment working against him. This is obviously a huge generalization. But it is important to acknowledge the structural differences in these individuals' experiences.

Many if not most of the men involved in this project have been to jail. As Pablo, Miguel and Jorge explained, jail is not the way it used to be. It is becoming increasingly inhumane, keeping men in their cells for 22 of the 24 hours in a day, regardless of good or bad behavior. "I don't want to have to do that again. I'm getting too old." Their experiences with the criminal justice system have done little to help them with their disease.

Edwardo's first time in jail he came out with a "master's degree in addiction or... being a criminal... What do you think you going to learn in there? More ways to get away with shit and you're going to come out and ...you're just [going to] break the law again." He understood very clearly that people in jail are only getting worse, not better. And how could anyone expect anything different. "There's like 3000 inmates in [the County jail] and there's only one drug program and it's only 30 people..." He appreciates that he is seeing more and more programs popping up to help those with problems rather than expecting the prison system to deal with it all.

It is difficult to picture any of these, gentle, sensitive men in the harsh prison system. Each with his furrowed brow and his touching amount of investment in this project. They could have thought the questions were corny or the project was silly, but these men took it seriously. They put one hundred percent into the discussions and were extremely thoughtful and analytical.

“I wouldn’t have talked about any of that stuff... it was like therapy.” Miguel added as the group came to a close. He explained he really felt he could be open because it ended up with just him and his two closest friends. “We all got trust issues,” Jorge added, “You’ve got to be real... in places like these.” They all agreed that this conversation could have gone very differently. Jorge explained,

If I tell you something about my life that’s between me and you... but we feel comfortable talking to you guys because on the first day you came to the house, I mean, we know... you wanna know about us... and you can see good people in your eyes... [We] cannot talk to everybody like that.

Miguel added, “Good judge of characters, us guys.”

“I think it’s great what you guys are doing,” Edwardo said as the discussion drew to a close. “When I first started getting high in like uh 2003, like if there were kids going to college and stuff, [they] wouldn’t be doing reports on addicts.” He explained how “junkies” were just seen as someone who would rob others on the corner, not as people with a disease who needed help. Kevin reiterated this sentiment, “I hope it’s helpful for like people...that might be going through this... just listen and take suggestions and try and apply it in their way.” Edwardo now feels like people are starting to understand the disease rather than just throwing everyone with a drug problem into a cell. “Not that we need [sympathy]...but it’s good that we have help,” he added.

## **Concluding Thoughts**

### **Reflection**

This is not the first time I have worked with this type of population or even with this program. Even so, I am ever impressed with the charm, intelligence and sensitivity with which these men go about their lives. From helping one another to holding the door open for me, they

handle each situation with care and compassion. While this project was certainly what I envisioned in many ways, it did not go as planned in others.

A photovoice project is a legitimate research technique in many fields. A well-respected means to well-rounded research, but this project could have gone more smoothly. Many of the men seemed to either forget, not understand, or lose the guidelines for the project over the course of the week that they were supposed to be taking pictures. Though the guidelines were explained, handed out and questions were answered, there seemed to be a disconnect.

When the cameras were collected, film developed and pictures ready to be discussed, it became apparent that many of the men were simply taking pictures of things, not necessarily in regards to the questions. Some could not identify which pictures were theirs or remember why they took them. The men therefore were given both the opportunity to talk about their pictures, though many did not have a significant amount to say about them, and to answer the questions which spurred most of the discussion.

That said, there was a noticeable difference in the few men who did complete the project exactly as instructed. It was easy to see why this method of data collection is used. Those who could speak about a photo rather than about themselves were visibly more relaxed and seemed to open up more when focused on the picture rather than the question. It is a way to deflect the conversation from themselves, making it easier to talk about a topic that may be difficult.

If this had been a program where I was more present during the week that they were taking pictures and I could have reminded the men and helped them stay focused, I think the project would have been enriched. Even so, when I first viewed the pictures they seemed

unimpressive. After listening to the men discuss them, they took on a whole new level of meaning and richness.

### **Discussion**

One thing must be established in the way this information is understood and interpreted. This project is first and foremost a project about people and their lives, and about addiction second. These men are not caricatures of addiction, they are people with feelings, opinions and experiences that should be respected as such both in this project, and in everyday life. Having an addiction may takeover one's life, but it is still only one aspect of it. It is so common to read about addiction research and receive a dehumanized skeleton of information rather than a fully-fleshed version. Though perhaps there are times when that is necessary or effective for one reason or another, this project is about the person who "has an addiction," not the "addict." All too often people (including myself) are surprised at the humanity of someone who struggles with an addiction, or how "normal" they are. This is a result of the dehumanization of addiction and those afflicted with it.

With this in mind, the research can be interpreted in the context of a life story. There were four main themes that emerged, two of which were much more prominent. "Environment" was discussed, but not extensively and more as a cause than a solution to be utilized in addiction recovery. "Activities" and keeping busy were slightly more prominent in the conversation. The two most prevalent themes by far however were "Reflection and Motivation" and "Relationships."

### **Activities**

The literature discusses activities quite a bit. From the importance and success of AA, NA and similar programs, to job training, there is no doubt that these play an important role in recovery. It is well established that therapeutic activities such as group therapy and community support groups are very important. It is no new discovery that working can be extremely therapeutic. In 1983 researchers had asserted that “Employed alcoholics . . . showed greater improvement on mood, consumption, and neuropsychological functioning . . . in every age group” (Room 1998:66).

According to a 1994 study comparing clients in a vocational focused recovery program and in an equivalent day treatment program that did not focus on job readiness, there was a 15-22% increase in competitive employment in the vocational program, while rates for the day program were unchanged at a one year follow up (Room 1998:68). More recent research is also encouraging the idea that recovery is not just about treating addiction but about healing and creating a well-rounded individual who has a balanced, healthy life.

The men in this project approached activities from quite a different perspective. Though they appreciated therapy, job training and groups like AA and NA, citing them as crucial components, they also talked a lot about simple activities like going to the gym, cleaning out the basement and even drinking coffee. They talked about how some activities such as drinking coffee are meaningful just because they are finally able to appreciate them. The bottom line is that keeping busy is crucial, but taking the time to appreciate the little things is also truly rewarding.

Almost every participant took pictures of cleaning the basement. Though they did not articulate this specifically, after listening to them talk about this activity it became clear why they all appreciated it. Not only did it give them a tangible product to examine when they finished and

to be proud of, but it also was something they did as a group. This activity provided the satisfaction of a job well done, created pride, and built a sense of community and shared ownership of their house, inspiring them to take care of it. Many of these activities are meaningful not because of the activity itself, but because it is a vehicle for self-exploration or building positive relationships.

The literature gives a much more skeletal explanation of productive activities. They talk about the social networks being built and job skills being learned, but not the pride of a finishing a productive day or the satisfaction while sipping morning coffee and watching the sun rise. It is also interesting that activities were discussed almost more than anything else in the literature, but the men talked a lot more about their relationships and processes than the activities they took part in. Though the activities were certainly an important component, it was not the hot topic in our discussions that it was in the literature.

### **Relationships**

Relationships were thoroughly discussed in the literature. Most commonly discussed is the influence of expanding a social network through community groups. “Self-help meeting attendance increases social support and self-efficacy, and this is effective against comorbid substance dependence and depression” (Kelly 2015:36). Relationships with peers are a crucial part of recovery, illustrated by the fact that if a peer recommends a support group such as AA, the participant is more likely to go than if recommended by a provider (2015:34-35). The relationship with provider should almost imitate a peer relationship, minimizing the power dynamic and always, always based on empathy (Kelly 2015:33). Having a healthy relationship has been shown to be more significant than the method of treatment, illustrating just how powerful relationships are (Kelly 2015:34).



This was echoed in my discussions with participants. They talked about their kids, supportive girlfriends, but mostly their connection with peers. They talked about helping others and relying on one another, listening to and giving advice, because sometimes you just have to hear someone else say it. Their stories mostly aligned with the literature, but differed in that peers can have either a good influence or a negative influence. They explained that whether the influence is positive or negative depends which group an individual falls into in a program. If they find support in the wrong people, they can easily fall back into old habits. This was echoed in the research done by Neale et al. Their participants agreed that relationships often recommended by providers are not always healthy. In my last focus group, one of the closing statements however illustrated just how powerful peer relationships are. When Kevin looked solemnly up from his hands and stated that he just hoped that his story could help someone else, it was clear how they really care for one another and each person's success. This fits in with the narrative behind this project perfectly. There stories are consistent with the idea that these voices are vital in the recovery process.

While literature had a significant focus on relationships with providers, the men barely talked about this. In addition, the men discussed relationships as motivation quite a bit. They discussed wanting to set an example for their children, reconnect with family and provide for those they care about. This idea that relationships can be the driving force behind sobriety rather than simply a support system throughout the process, was significantly absent in the literature.

There was one relationship that many of the men discussed that was difficult to assess impartially. As someone who has seen many individuals in recovery acquire a very unhealthy and damaging obsession with religion, I question the effectiveness of using religion to aid recovery. This relationship with God is surely a complex one and the fine line between a healthy

belief and an unhealthy one is difficult to draw. This is something that should be further researched.

### **Reflection and Motivation**

The literature had very little to say about reflection and motivation, perhaps because it is very hard to quantify. Research is often based on quantifiable data. The only thing that is consistently discussed is that an individual must be in a certain stage of recovery in order for certain treatment tools to work. This falls flat compared to the animated stories of the participants.

They told long tales about their growth and improvement and reflected deeply and thoughtfully about their new-found lives. They could appreciate spending 2 dollars on a coffee when something like that would have been ludicrous to them in the past. They could exercise and play sports. Miguel can now walk through his old neighborhood and rather than triggering him, it motivates him. Perhaps these moments of relaxation allow for deeper reflection, therefore creating meaning. This was the biggest focus of their discussions, yet takes up so little in the literature. There is something very rewarding and motivating about improvement and especially sharing those improvement with others.

It is interesting that this was the most significant theme. Though reflection and exploring one's motivations, triggers, and growth, is on some level, the basis of therapy, it is also less concrete, and therefore cannot be as easily defined or counted. This might account for why it is not covered as much in the research. Reflection is taken for granted as part of the process. This theme illustrates the individual progression of recovery and the need for each to find their own

balance and motivation. Recovery is a personal experience requiring deep reflection and a certain ownership over the process.

### **Environment**

With a sociology background, environmental factors are very familiar. The literature discusses how stigma affects health care policy and distribution of medication such as suboxone and methadone. This stigma shows that many still do not see addiction as a disease that might require long term medication. Research also focuses on how to create a healthy environment that will promote healing and sobriety.

Many overlook these factors when analyzing addiction and those who struggle with it. Therefore it is interesting that the participants were very aware of some of the structural disadvantages they faced, comparing the number of mentally ill and those in prison for drug charges to the number of programs available to help prisoners, as well as the effects of being locked up. They also talked about their emotional instability and trust issues resulting from their life experiences and how that affects their lives and their recovery. The most significant indicator however to the environmental impact on the lives of these men is their reaction to this project. They were so appreciative that someone wanted to listen to them and thought their stories were important. This illustrates just how silenced these men and their experiences are.

In a society that values hard numbers and programs with “billable” treatment methods, it is no surprise that the experts are turned to when trouble arises. If experts were paying attention however, they might turn right around and ask the clients. With evidence showing that peer relationships can be more effective in raising meeting attendance and participation, listening to those going through recovery or who have been through it is arguably even more important than

asking the experts. Their facts may not all be correct or they may not speak with perfect grammar, but if they can more effectively help others in their position, their voices have suddenly become irreplaceable and invaluable. This not to undervalue academic knowledge, but rather to reinforce that both the perspective of the service provider and the service user are valuable. Respecting the voices of those with substance use disorder is not only crucial to their own self-worth, individual recovery and identity, but also gives a crucial perspective that can and should be utilized. It will also serve to humanize this population.

### **Conclusion and Recommendations**

This project began with the idea of focusing on turning points in addiction recovery and that, by doing so, it would be possible to identify ways to help or even simply understand how people are motivated and inspired in their recovery. Each group was asked to identify what they considered to be their turning points. The range of answers did little to narrow down a focus. Listening to the recordings later on, it became clear that turning points were not always big life events such as waking up from a coma or watching a loved one suffer. It could be as small as buying a cup of Dunkin Donuts coffee or waking up early or walking down a certain street. And these men have not had just one turning point in their recovery. They have had many. Therefore the question that drove this project, rather than being answered, needed reframing.

Many things can be learned from this paper. The perspectives and stories of the participants not only provide insight into their current values and the things that have helped them and inspired them, but also into the humanity of their lives. These are not hardened criminals, these are people who love their kids and drink coffee and care about right and wrong.

Perhaps the most significant takeaways from this paper however are first, simply the humanity of these men and the normalcy of their lives, values and opinions. This implies that they should therefore be treated with humility, empathy and care, rather than judged for their mistakes and their disease. Second, these men showed great appreciation for the fact that a university student wanted to hear their stories. While these stories are valuable, this shows a significant flaw in the research being done, the stigma carried in society and the value placed on these voices.

Further research should be done in this fashion. This is not only to improve the way society thinks about, regulates and models treatment, but also to give those going through treatment ownership of their recovery process. Treatment will "...be maximized when people who use services engage in the process because they find it interesting and helpful, rather than because it is imposed upon them by a target-driven treatment system." Listening to highly-educated experts is important, but so are the stories and ideas of those going through it. These stories are "likely to highlight weaknesses in dominant discourses that would otherwise go unquestioned and that itself is a step in the right direction" (Neale et al 2015:33). In a society that values education and testing skills over life experience, this may seem counterintuitive, but these voices are crucial in order to expand knowledge, improve treatment, and reduce stigma.

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