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**Sober Houses: The Role of the Environment in Aiding Recovery From
Addiction**

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Abstract

There is a need for a deeper understanding of the role that the environment plays in an individual's addiction to substances and in aiding recovery from addiction. The aim of the present study is to investigate the impacts the environment has on individual attempts at recovering from substance addiction, by learning from residents of sober-houses. Sober-houses are substance-free living environments for persons attempting to abstain from alcohol or drugs. Qualitative methodologies were employed, with an Interpretative Phenomenological Analysis (IPA) approach, to take into account the subjective individual differences between residents. A sample of five participants was drawn from residents of a sober-house to participate in semi-structured interviews. The results showed that the most significant impacts on addiction recovery occur with the domain of the social and physical environments. Participants were shown to be able to benefit from physically distancing themselves from destructive environments, and that positive social influences play important roles in the promotion of a sober life-style.

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The ancient Greeks were aware of at least nine Muses. I have yet to discover all nine for myself, but I do know of at least five Muses that come to me in disguise, to encourage and inspire:

My darling wife, Karla, whose virtues continually challenge me to be a better man, and who is undeniable proof that dreams really do come true;

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List of Abbreviations

Abbreviation	Meaning
AA	Alcoholics Anonymous
APA	American Psychological Association
CEO	Chief Executive Officer
IOP	Intensive Outpatient Programme
IPA	Interpretative Phenomenological Analysis
MDMA	Methylenedioxy-methylamphetamine
NA	Narcotics Anonymous
NZD	New Zealand Dollar

Many individuals who are attempting to recover from an addiction to alcohol or other drugs are living in damaging social and/or physical environments that do not support recovery (Polcin, 2009a). This is a major concern for those involved in the treatment of addiction, as a person's social and physical environments have been demonstrated to influence the use of both alcohol and drugs (Duncan, Duncan, & Hops, 1996; Poulton et al., 2002; Sutherland & Shepherd, 2001; Szalay, Inn, & Doherty, 1996). The environment has also been demonstrated to influence the recovery from an addiction (Howard, LaVeist, & McCaughrin, 1996). According to Polcin (2009a), admitting persons with substance dependence into inpatient treatment programmes is recognised as being too expensive, and therefore interventions for addicts have shifted towards the use of less costly outpatient services. However, outpatient treatment programmes have the serious limitation of not being able to control the social and living environments of their patients. One attempt to offer an environment that fosters abstinence to those attempting recover from addiction has been the establishment of sober-houses (Polcin, 2009a). The aim of the present study is to investigate the impacts the environment has on individual attempts at recovering from substance addiction.

Sober-Houses

Sober-houses are substance-free living environments for persons attempting to abstain from alcohol and/or drugs (Polcin & Henderson, 2008). These houses vary a great deal in terms of physical characteristics, management style and rehabilitative treatment requirements, but all share similarities in that they offer a drug- and alcohol-free living environment, and that they either require or encourage attendance at 12-step groups like Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) (Polcin, 2006). According to Polcin and Henderson (2008) distinctions made around rehabilitative treatment range from highly structured settings, where daily residential group therapy and outpatient treatment is mandated and the length of stay is limited, to relatively informal settings, where the residents pay their own rent, stay for as long as they wish, and are not required to participate in any treatment whatsoever. The former are often termed *halfway houses* and the later are known as *sober-living houses*. These two types of houses are two opposite poles on a spectrum of houses that offer clean and sober places to live. Halfway houses tend to be focused on reintegrating former institutionalised people from prisons, hospitals or inpatient rehabs, who require support

to restructure their lives outside of the institution (VandenBos & American Psychological Association., 2007). Whereas sober-living houses are simply focused on providing a home for anyone to go to escape their environmental pressures to use a substance. The terms *recovery house*, *residential rehab*, *sober house* (Polcin, 2006) and *transition house* are also used. This paper will use the term *sober-house* to refer to the whole spectrum of houses assisting in the recovery of substance addiction.

Great examples of the efficacy of sober-houses can be found in the 640 Oxford Houses operating in the U.S. (Ferrari, Jason, Nelson, & Curtin-Davis, 1999). These are homes located in safe suburban neighbourhoods, and are open to anyone as self-supportive aftercare. They combine the innovative ideas of a self-directed community with the traditions of the 12-step programmes. The only requirements for staying are to follow the democratic principles of running the house, be a responsible citizen, pay rent and bills, and, of course, maintain sobriety. Residents have the option to stay as long as they want and to leave only when they feel they are ready to do so. It has been suggested that the social support given in these houses moves the residents along from a dependency on a substance to a pro-dependence on social support from others (Nealon-Woods, Ferrari, & Jason, 1995).

Polcin (2009a) suggests that outpatient programmes should consider establishing sober-housing for their clients who lack supportive living environments that support sobriety. Family, associates and roommates who encourage substance use can severely undermine any gains made in treatment. In a study conducted by Milby, Schumacher, Wallace, Freedman and Vuchinich (2005), a comparison was made between addiction treatment outcomes under three different housing conditions: treatment and no housing, treatment with housing under condition of abstinence, and treatment with housing without condition of abstinence. It was found that while all groups benefited from the treatment, the group with housing with condition of abstinence showed the most significant gains in abstinence, employment and housing retention.

From a survey of the literature it is evident that very few studies have been conducted around the contribution of sober-houses toward the concerns of those suffering from an addiction. According to Polcin, Korcha, Bond and Galloway (2010a), sober-houses have been understudied as well as underutilised. “Despite the potential for [sober-houses] to address the housing needs of individuals seeking to establish or

maintain recovery, relatively little attention has been paid to them in the professional literature” (Polcin, Korcha, Bond, Galloway, & Lapp, 2010, p. 444).

The majority of work investigating sober-houses has come from Douglas Polcin and colleagues and their seminal work on the “An Evaluation of Sober Living Houses” project, and with some other work focusing on the Oxford Houses. This body of work has uncovered important benefits that come from following sober-house prescriptions.

According to Korcha, Bond, Galloway, et al. (2010) the average stay in a sober-house lasts around five months, with almost all residents leaving before 18 months of stay. Importantly, residents who reside in the houses for longer periods of time are likely to be more successful in their attempt at recovery (Polcin, Korcha, Bond, Galloway, et al., 2010), while shorter terms in the house will see some improvements in recovery too. It was found that 56% of the residents left within the first six months, and of these, over half were found to be completely abstinent at follow-up, while those who did relapse showed significant improvement from their baseline figures (Polcin & Henderson, 2008).

Progress, or success, in recovery was evident in total abstinence, as well as in the secondary consequences resulting from addiction, for example, employment, psychiatric symptoms, or arrests (Polcin, Korcha, Bond, & Galloway, 2010b). This is pertinent as one of the factors most likely to be associated with positive outcomes is the severity of the psychiatric condition of the individual (Polcin & Henderson, 2008). This is consistent with the fact that, although gains are comparable, the residents of sober-houses that mandate outpatient treatment do better in recovery than do residents of houses that do not mandate treatment (Polcin, Korcha, Bond, Galloway, et al., 2010).

Another factor that is associated with positive outcomes is participation in 12-Step groups (Polcin & Henderson, 2008). Programmes like AA or NA provide an alternative to the social influences the recovering addict is familiar with. The extent to which residents retain alcohol or drug user associates within their social network, the more likely they are to return to a substance (Polcin, Korcha, Bond, Galloway, et al., 2010). In research conducted to determine which component in addiction treatment is the best predictor of recovery regardless of treatment type, Zywiak, Longabaugh and Wirtz (2002) found that, after a three-year follow-up, participants whose social support included a higher number of abstainers and recovering alcoholics (like AA) had the best

prognosis after treatment. “[A]bstinence is most likely when support from others encourages non-drinking behaviours” (Ferrari, Curtin-Davis, Dvorchak, & Jason, 1997, p. 78). In a longitudinal study following 461 participants over 16 years, conducted to describe the differences between alcoholics who entered into treatment or AA and alcoholics who did not obtain help, Moos and Moos (2006) found that participation in treatment or AA accelerated the process of change so that improvement was more likely and came about more quickly. Those who did not seek help were less likely to achieve full remission from alcohol, and if they did achieve remission, were more likely to relapse.

Polcin (2006) had previously conceded that sober-houses may not be suitable for those individuals who have no interest in modifying their lives, however, his studies later found that those who are mandated residency from the criminal justice system do as well in recovery as those who enter voluntarily (Polcin & Henderson, 2008). With estimates that range between 58% and 85% of prisoners suffering from a substance addiction, Polcin (2006) believes that sober-houses may prove useful in the prevention of criminal reoffending and that they should even, perhaps, be considered the housing referral of choice for parolees. Polcin (2006) explains that sober-houses make it easier for overburdened parole officers to keep track of their parolees because this type of environment would facilitate observance with the requirements of the parole. Polcin (2006) also argues that sober-houses usually have good informal connections with a range of community service providers and would encourage the parolee to make use of them. Polcin (2006) surmises that, without a better alternative, parolees are likely to return to their previous lives and eventually recede back into crime.

In conclusion to their studies, Polcin et al. (2010a) are of the opinion that sober-houses can be advantageous in the recovery from addiction in the following domains: they can be used as housing referrals after inpatient treatment; they can be used as housing referrals after incarceration; they can be utilised during attendance of outpatient treatment; and they can, most importantly, be utilised as an alternative to treatment.

Confrontation

Another area that has been studied in relation to sober-houses is the role that confrontation plays in influencing addicts to enter into treatment, and if and how confrontation influences recovery from addiction. There are differing opinions as to the effectiveness of confrontation, with some feeling that it is a necessary part of treatment, and others who believe that its effects are counterproductive (Miller, 2000). Part of the problem is a disagreement on what actually constitutes confrontation. (Polcin, Galloway, & Greenfield, 2006). According to Polcin (2003), confrontation has traditionally been seen as highly charged emotional attacks on patients in order to break down denial of an addiction, while others view confrontation as merely an expectation that patients comply to the treatment programme in order to remain within the programme. Polcin (2006) believes that confrontation should include in its definition the possibility to also come from sources other than treatment professionals, for example, family, employer or friends. Polcin and colleagues define confrontation as “an individual being told ‘bad things’ might happen to them if they do not make changes to address a drug or alcohol problem or make changes to maintain sobriety” (Polcin et al., 2006, p. 370). Confrontation can be seen as a reality check that presents the individual with feedback about how their addiction impacts their life and those lives around them, as well as the potential consequences for their behaviour.

Confrontation might be viewed as a form of coercion when the person making the confrontational statement has the means to carry out the threat. For example, a spouse may threaten divorce if treatment is not sought, or a parole officer might threaten imprisonment if the rules of parole are not adhered to. This is different from, say, a friend warning a drug addict that changes should be made to his life before he ends up losing his job or family (Polcin, Galloway, et al., 2010).

In his analysis to describe the characteristics of those entering sober-houses, Polcin (2009b) found that almost all residents received at least one confrontational statement before entering into treatment, and it was those residents who had the highest levels of substance abuse, or it was those residents who believed that they would have the most trouble remaining sober, who experienced the confrontation in a positive and helpful way. Supportive living environments may encourage individuals addicted to a substance to enter into treatment. In their study conducted to identify and evaluate the role of

social factors that may be involved with entering into addiction therapy, Lloyd et al. (2005) found the following associations between one's living arrangement and entry into treatment: Individuals who lived with a sexual partner were three times more likely to enter treatment compared with those who lived alone. A very similar significance was found with those who lived with parents, family, children or friends; these were more likely to enter into treatment compared to those who lived on their own. Lloyd et al. (2005) conclude that these results signify the importance of social and emotional connections.

Environment

The American Psychological Association (APA) define *environment* as “the aggregate of external agents or conditions—physical, biological, social, and cultural—that influence the functions of an organism” (VandenBos & American Psychological Association., 2007, p. 334). The present study will focus primarily on the environment that is provided by sober-houses in terms of: the physical environment, by considering the habitat where substances are unobtainable; the social environment, by considering human interactions that foster or hinder sobriety; and the biological environment, by considering that different substances produce varying levels of physical (biological) dependence and how this affects conditions for recovery. The present study will not be focusing on the cultural environment in terms of how different cultural influences contribute towards dependence or recovery, for example, religious beliefs serving as protective factors against substance abuse (Sutherland & Shepherd, 2001).

Although psychological research into addiction has a long history, consideration around the environment and social contexts makes up only a small percentage of the research (Suedfeld, 1990). More attention needs to be paid towards environmental factors, especially since the home environment holds so much sway over an individual's behaviour. This is pointed out by Beattie & Longabaugh (1999):

Treatment is only a small portion of the natural environment in which a person with alcohol problems lives. Although treatment professionals can provide interventions that initiate behavioural changes, their direct influence is limited to the short time of active treatment. Over the longer term, a client's social network will dominate (p. 605).

The social and living environments can influence a person's substance use behaviour through all levels of use, from use to misuse, from abuse to dependency. These, environments then too can also influence the process of recovery from an addiction. According to Polcin, Korcha, Bond, Galloway and Lapp (2010), anecdotal reports from the participants in their research into sober-houses indicate that many residents of sober-houses are from families with extensive alcohol and drug problems.

According to Jêdrzejczak (2005), addiction to substances can come about through the influence that pathological families have on a person's behaviour, as well as the influence of peer groups. In her study of 559 participants to investigate the extent to which factors connected with family environment affect the level of drug addiction, Jêdrzejczak showed that drug addicts are more likely to come from either incomplete or pathological families. Jêdrzejczak singled out the following family factors as playing a role in addiction: the family atmosphere, the strength of family ties, the emotional relationship with the family, the sense of family happiness, the authority structure of the family, and previous or existing alcoholism in the family. Since a person's environment can have both helpful and harmful effects, it is crucial for those providing addiction relief services to come to a much deeper understanding of the different factors in the addicted person's environment that work to prevent use and those environments that are vulnerable and influence use.

Vulnerable environments are those environments where the social climate is conducive to substance use (Szalay et al., 1996). Social influences, say Szalay et al. (1996), are powerful agents in moulding people's perceptions and attitudes, especially under certain conditions. When people are uncertain of something in particular, they will define their own reality on the beliefs of others. The more isolated the person feels in their uncertainty, the more powerful will be the influence of others, and the direction of the influencing beliefs will lean towards those that are construed as being the more popular. In their study to analyse the effects that the social environment had in influencing the use of alcohol or drugs on a sample of 6,000 students, Szalay et al. (1996) reported significant results demonstrating that students who reported higher levels of substance use were from vulnerable social environments. University students are very unlikely to maintain abstinence after only a few months of addiction treatment because of the *abstinence-hostile* environment encountered on university campuses (Cleveland, Harris, Baker, Herbert, & Dean, 2007). Therefore, for those who are trying

to maintain abstinence, there is a need for them to not only avoid the use of a substance, but also to restructure their daily lives so as to avoid all the behaviours and social triggers that can lead to use (Cleveland et al., 2007). If university campuses can be considered to be hostile towards addicts, special consideration needs to be given to the communities that ex-prisoners are returning to.

In their article on community re-entry for prisoners with substance addiction, Lyons and Lurigio (2010) talk of the need for the development of what they refer to as *recovery capital*. For Lyons and Lurigio, the biggest hindrances for recovery are not psychological factors, but rather are factors in the environment, especially those pertaining to socioeconomic contexts, like poverty and minority status. Lyons and Lurigio note that many drug users in the criminal justice system live in impoverished, segregated neighbourhoods. Also, addiction takes time and energy away from the conservation of interpersonal relationships and is given towards self-centred abuses. As substance users progress in their dependence, they often exploit family and friends in order to obtain their substance of preference. This can potentially lead to estrangement from others. Lyons and Lurigio (2010), therefore, see both social and cultural resources as being necessary in the role of recovery, and it is these resources that they call *recovery capital*.

Recovering addicts have very few ways of avoiding their former environments, which are filled with triggers for involvement in drug use and crime (Lyons & Lurigio, 2010). According to Lyons and Lurigio (2010), when ex-prisoners return to isolated communities with high concentration of substance abusers, there will be an advance towards a relapse in crime and substance abuse. Lyons and Lurigio believe that meeting the fundamental needs for employment, housing and restoration to the family and community are all part of the amassing of recovery capital. Recovery capital “is both a cause and a consequence of abstinence from alcohol and substance use: recovery capital fosters sobriety, and sobriety generates more recovery capital” (Lyons & Lurigio, 2010, p. 446). Those recovering from addiction may know very well just what strategies they need to employ in order to prevent relapse, but few may have the resources to accomplish their goals.

McIntosh & McKeganey (2000) conducted an investigation into strategies that recovering drug addicts employ in order to prevent relapse. These authors found that

from their sample (n=70) all unanimously agreed that it was necessary to dissociate themselves from their drug-using friends and from environments related to drugs. Property “relocation was the preferred option for many interviewees, [however,] not all of them possessed the resources, or received the necessary assistance...to be able to move to another part of town” (McIntosh & McKeganey, 2000, p. 182). Another strategy employed to prevent relapse was to acquire a range of non-drug-related activities and relationships. It was not enough for these new activities to merely occupy the time that would otherwise be spent on drug related behaviour, but these new activities needed to have a sense of purpose and be fulfilling. Non-drug related relationships may prove difficult to come by for those struggling with addiction.

Drug users have a reputation for having large social networks. Paradoxically, drug users often report feeling socially isolated (Bohnert, German, Knowlton, & Latkin, 2010). Bohnert et al. (2010) believe that this may be as a result of the quality of the relationships that drug users have, and that social resources among drug users may actually be very limited. Drug users are unlikely to provide any kind of support to their friends, and, therefore, sustaining friendships among non-drug users is extremely challenging (Bohnert et al., 2010). Interventions should, therefore, consider broadening treatment to include the environmental issues the addict is dealing with, rather than simply focusing on the psychological impacts of the addiction.

Other environmental issues were considered by McLellan et al. (1998) in a study they conducted to analyse the outcomes of addiction treatment programmes in Philadelphia, U.S., where enhanced addiction treatment was provided. The “enhanced” treatment did not include more substance focused services, but rather included supplementary social services with support for housing, employment, education and parenting skills. The results from McLellan et al. showed that the enhanced programme produced significantly better outcomes than programmes that did not focus on supplementary social services (McLellan et al., 1998). These results support the opinion of Howard et al. (1996) who believe that treatment offered “without consideration of the socio-environmental context of the client may be limited in addressing the underlying causes of the substance misuse” (p. 632).

Environment's Relationship to Substance-Seeking Behaviour

The APA defines *addict* as “a person who has developed a substance dependence” (VandenBos & American Psychological Association., 2007, p. 18). The craving for substances as experienced by addicted individuals is considered a formidable obstacle to recovery from a dependency. According to Lowman, Hunt, Litten and Drummond (2000), there has been an uncritical assumption that merely reducing an individual's cravings through the use of pharmaceuticals is enough to prevent relapse into substance use. Many scientists and lay people assume that cravings are the driving force behind addictions (Rhodes, Ryabinin, & Crabbe, 2005; Tiffany & Conklin, 2000). However, according to Tiffany and Conklin (2000), many clinicians, drug addicts and alcoholics can testify that eliminating cravings is not enough to prevent relapse. Furthermore, although cravings indicate a dependence problem, the presence of cravings are not necessary to establish a diagnosis (Lowman et al., 2000). Physiological cravings only take into account the biological environment, without consideration of other environmental factors.

In their work to advance the model for the *cognitive processing of addiction* Tiffany & Conklin (2000) would like their readers to consider the following scenario:

An alcoholic has been discharged recently from an inpatient-treatment program. He has not had a drink for over a month and is fully confident that he can maintain his abstinence. Sure, there are times when he craves a drink, but he's able to control his desire. One day, as he's driving home after work, he happens to pass by a bar he used to frequent. Suddenly, his craving, which has been so manageable, now seems overwhelming. Almost without thinking, he pulls into the parking lot, enters the bar, orders a drink and gulps it down. He has relapsed (p. 146).

According to Tiffany & Conklin (2000), any credible theory for addiction must answer the questions; Why can cravings for substances occur long after, even years after, quitting the substance? Also, why do episodes of cravings appear to occur within the context of specific situations? For example, situations associated with previous substance use can trigger cravings for the substance. The following models for addictive behaviour address these persistent craving and situational specific issues:

Associative Learning Processes. According to Bradizza and Stasiewkz (2009) the processes of addiction modelled from classical and operant conditioning possess the greatest empirical evidence supporting its theories. Both operant and classical conditioning are known to be associative learning processes because they connect consistent relationships within the environment and acquire knowledge from these.

Classical conditioning. Cooper, Heron, and Heward (2007) explain that classical conditioning involves the pairing of a neutral stimulus with an unconditioned stimulus that produces an unconditioned response. After learning has occurred the individual begins to associate the neutral stimulus with the unconditioned stimulus, with the result that the neutral stimulus can evoke a conditioned response. The neutral stimulus is then said to have become a conditioned stimulus (Cooper et al., 2007; Littel & Franken, 2012). Therefore, within the classical conditioning model, features of places, people or things come to be associated with the effects of alcohol and drugs, and these then come to stimulate a conditioned response (Franken, 2003; Lowman et al., 2000). Conditioned responses have been thought to be either appetitive (mimicking the substance) or compensatory (withdrawal-like opposing the effects of the substance) (Field & Cox, 2008). For example, a director of a company begins a ritual of ending his working day by closing his office door, pouring himself a gin and sitting on his couch to unwind. After doing this for some time, he begins to associate sitting on that couch in his office with the relaxed feelings the gin produces. However, merely sitting on the couch does not make him feel relaxed. Rather, it makes him feel tense and agitated, and so feels the need to become relaxed. In the natural world both classical conditioning and operant conditioning can work together in the process of addiction (Bradizza & Stasiewkz, 2009).

Operant conditioning. Cooper et al. (2007) explain that operant conditioning occurs when a given behaviour is said to either increase or decrease as the result of a particular consequence. The consequence functions as a stimulus that changes the frequency with which that behaviour occurs in the future. When the frequency of the behaviour increases, reinforcement has occurred. When the frequency of the behaviour decreases, punishment has occurred (Cooper et al., 2007). Reinforcement can be either positive or negative. Positive reinforcement occurs when future behaviour increases due to the presentation of a given stimulus (Hogarth & Duka, 2006). For example, for individuals

who regularly take ecstasy, their increasing behaviour of swallowing MDMA¹ pills can be understood to be reinforced by the resulting euphoric high. Also, negative reinforcement occurs when future behaviour increases due to the termination or removal of a given stimulus (Cooper et al., 2007). For example, a depressed individual might take ecstasy in order to escape from their depressed mood. Therefore, the removal of the depressed mood could potentially increase the future use of ecstasy. The processes of addiction for both classical and operant conditioning are not mutually exclusive and can also work together to explain and strengthen addictive behaviour (Bradizza & Stasiewkz, 2009).

Bradizza and Stasiewkz (2009) describe different models that utilise either classical and operant conditioning, or both, to help try and explain why, despite obvious negative effects from excessive substances use, individuals persist with their consumption. In the *Conditioned Withdrawal Model*, the environment (drug cues) becomes associated with the withdrawal symptoms through classical conditioning. The conditioned environmental cues, over time, begin to evoke withdrawal-type symptoms, and this then serves as a stimulus that motivates the individual to escape the symptoms through compulsive substance use. This model supports evidence for cravings to be correlated with the magnitude of previous withdrawal experiences (Bradizza & Stasiewkz, 2009).

The *Appetitive Operant Conditioning Model* considers that an addiction to a substance is a result of deficiencies within the environment and not because of pathologies within the individual. When there are few or inadequate sources for positive reinforcements in the natural environment, individuals will seek rewards through other things like substances. The strength of the reinforcement from the substance is inversely proportional to the reinforcement from other environmental rewards: the reward from substances will be strong if other environmental rewards are weak. It has been demonstrated that drug use can be decreased by providing individuals with alternative behaviours that are not compatible with drug use behaviour (Bradizza & Stasiewkz, 2009).

The *Conditioned Appetitive Model* suggests that a craving for a substance is a consequence of its enjoyable effects, and it also helps to explain how relapse may occur after a long period of abstinence: The environment in which the substance is used will,

¹ Methylenedioxy-methylamphetamine

over time, come to be associated with the positive experiences similar to that produced by the substance itself. When re-exposed to this conditioned environment, the individual is triggered into a positive (appetitive) motivational state that will pursue the use of the substance (Bradizza & Stasiewkz, 2009).

The *Affective Processing Model of Negative Reinforcement* proposes that escaping and avoiding negative emotional feelings is the cause of addiction to substances. Feelings of stress, conflict, anger, sorrow, futility, grief and desolation can increase the incentive towards substance use. Both drugs and alcohol have been proven to be proficient in relieving negative emotional states and so continued substance use becomes reinforced (Bradizza & Stasiewkz, 2009).

There is evidence that drug cues (situations, places, people, emotions) can induce a response comparable to the response produced by the substance itself, “activating memories, sensations, emotions and events connected to them” (Gardini, Caffarra, & Venneri, 2009, p. 180). Cued reactions include cognitive factors such as attention processes, expectancies and memory processes (Franken, 2003). According to Franken (2003), research in neurobiology has revealed that classically conditioned stimuli are able to raise dopamine levels in the brain, and while previously it was thought that dopamine was the direct cause of pleasurable feelings, there is evidence to suggest that dopamine’s function is to actually draw the individual’s attention towards pleasurable activity, thereby seeking out substance-related behaviour. It is recommended by Gardini et al. (2009) that treatment for substance dependence should focus on increasing the individual’s saliency towards natural and healthy rewards while lowering the reward value of substances. Treatment should also include strategies to strengthen control and strengthen executive functions, as well as to reduce conditioned substance-related behaviours.

Cognitive processing model of addiction. According to Tiffany & Conklin (2000), actions that are performed automatically are characterised by the following features: firstly, over time, automatized actions become more consistent and are performed more quickly. Secondly, stimuli associated with the presentation of the automatized behaviour can trigger the implementation of the behaviour. Thirdly, automatized behaviours are exceptionally hard to unlearn, or to block completion of, once the behaviour has begun, thus revealing a lack of control. Fourthly, automatic actions

require little cognitive effort, do not interfere with other cognitive tasks, and often occur unconsciously. According to the *cognitive processing model* of addiction (Tiffany & Conklin, 2000), over a long period of time, many of the actions required in the use of substances become automated. Just as with any other automatized skill or behaviour, substance use becomes “stimulus bound, stereotyped, effortless, difficult to control and largely regulated outside of awareness” (Tiffany & Conklin, 2000, p. 149). Therefore, rather than caused by cravings, many instances of relapse may be examples of habitual behaviour that have been stimulated by the environment.

Research Question

All research surveyed for the present study are of a quantitative and positivistic nature. No single qualitative study could be sourced by the author of the present study that specifically investigates sober-houses. Research into sober-houses has generally been restricted to descriptive studies, comparisons between demographic groups, and some outcome studies (Ferrari et al., 1999). While a multiplicity of environmental factors affect substance use behaviours, current research shows that there is a need to take into account the subjective individual differences, the cognitive and emotional interpretations of experiences, and the interactions of the person with the environment (Davis & Tunks, 1990). Therefore, the present study has selected its question to consider the subjective perceptions of addicted individuals in relation to sober-houses and the environment, one that can only be appropriately investigated through qualitative methods.

The aim of the present study, therefore, is to investigate the impacts the environment has on individual attempts at recovering from substance addiction. The present study will attempt to learn from residents of sober-houses what the components of their lived environment are that are helping them to recover from addiction and which components may be hindering their efforts. By demonstrating the important ways that individuals with addictions tend to understand or perceive their environment in spheres associated with substance use, greater insight can be achieved into what changes may be required in the operations of sober-house and the management of the residents living in these houses in order to aid recovery and to prevent relapse.

Method

Participants

The sample comprised five residents of a sober-house run by Vantage Ltd. (a pseudonym), a non-governmental organisation, located in New Zealand, which provides community based services for people with mental illness, alcohol or drug issues, and health and disability needs. The operators of Vantage have kindly given the author of the present study permission to conduct research that focuses on the clients of their alcohol and drug services. Vantage Ltd. offers residential support in a sober-house to individuals who are dependent on a substance. On the sober-house continuum, the house that Vantage operates leans towards the more structured side of the spectrum. They do not operate as a halfway house whose function is to receive those who have formally been institutionalised (although they do open their doors to these individuals should they seek their services), but rather, Vantage welcome anyone who approaches their organisation. The resident's stay is limited from 10 to 12 weeks, and residents of the house are required to attend outpatient addiction treatment three times a week, as well as AA/NA once a week. All residents who enter Vantage's house do so voluntarily, and are free to terminate their residency at any moment before their full term is completed if they so desire. The residents are required to help with the general maintenance of the property, daily household chores, gardening, and to take part in recreation and exercise activities. Vantage Ltd. also provide secondary services, like advocacy into governmental agencies, helping residents find employment, post-stay follow-up visits, as well as placement into support groups.

Altogether eight residents from the sober-house were invited to participate. From this group of residents, two declined and six accepted the invitation; however one of the residents who accepted later withdrew from the study as her term in the house came to an end before the scheduled date of the interviews. Of the five participants who were interviewed, three were recovering from drug addiction and two were recovering from alcohol addiction. The identities of these five participants are protected here through the use of pseudonyms, as well as the alteration of immaterial details that may potentially lead to their identification.

Bradley is in his late thirties and has been attempting to end his addiction to drugs since he first started taking drugs twenty years ago at the age of 15. Bradley says that he has tried just about every sort of drug and is considered high on the addiction scale with addictions to opiates (heroin), benzodiazepine and methamphetamine. At the time of the interview Bradley was still in a detoxing phase and weaning off of a physical addiction by receiving methadone treatment. This is Bradley's second stay at this sober-house, and, at the time of the interview, had approximately three weeks left in his stay.

Nigel has been using methamphetamine for 17 years and cannabis for 25 years, and his entry into the sober-house marks his first attempt at ending his habit. Nigel used to be a drug dealer and had a retail habit of a thousand dollars (NZD) a day. At the time of the interview, Nigel had only recently been released from prison and was on parole. From daily use, he has been required to go cold-turkey without any detoxing treatment. At the time of the interview, Nigel had only just entered the house and had been there for a week.

Cindy, at 53 years of age, is the eldest resident of the sober-house. Cindy bears the physical stigmata of long time alcohol dependence, and has recently separated from her husband whom she says is an enabler to her drinking. Cindy is in her eighth week in the sober-house, and this is her second attempt at trying to end her addiction. Her first attempt was through a similarly run sober-house.

Emily is a 25-year-old who started using drugs at 17, including methamphetamine and different forms of speed, like Ritalin, Rubifen and dextroamphetamine. Emily has made several attempts to stay clean on her own but could only remain sober for two to three days at a time. This is her first time in rehabilitation of any sort, and at the time of the interview, was five weeks in the house and thirty days sober.

Paula is in her early forties and has been attempting to stop drinking alcohol for two-and-a-half years. Paula does not purport to suffer from the physical cravings that one might expect from alcoholism, but rather, once she begins drinking, she finds it impossible to limit the amount of alcohol she takes in. This is Paula's second time in the same sober-house and, at the time of the interview, had been in the house for three weeks.

Materials

The participants were each individually interviewed using semi-structured interviews techniques. The interview schedule (Appendix A) contained questions that were designed to help the participant to develop the descriptions of their experiences in the sober-house. Questioning techniques described by Weiss (1994, pp. 66-78) were employed to direct the respondent's thinking from generalised descriptions towards their particularised lived experiences. Questions like, "Could you describe for me a typical day at the house?" were asked specifically to place the individual back in the sober-house, with their thoughts immersed as far as possible, thinking about life in the house. Once the participant picked up on a particular event that was meaningful for them, a question such as, "Could you walk me through exactly what happened?" was asked in an attempt to try and elicit the participant's lived experience. Other questions like, "How do you feel about returning home after your stay at the sober-house?" were designed to encourage the participant to reflect on how their experiences in the sober-house were contributing towards their recovery and how they perceived their future dealings with addiction.

Procedure

An organisation that provides community based services for people with alcohol and drug issues, Vantage Ltd., was identified by the researcher. Part of the service provided by Vantage is the running of a sober-house. The operators of Vantage kindly gave the author of the present study permission to conduct this study focusing on the clients of their alcohol and drug services.

All residents of the sober-house were invited to participate in the interviews. Information sheets (Appendix B) and invitations were delivered to each resident of the sober-house by a house care-taker. The invitations provided detailed information describing the research, the purpose of the research, project procedures, data management as well as the participant's rights. The only criteria for participation in the study were that the candidate needed to be a current or past resident of the sober-living community and attempting to recover from an addiction to alcohol and/or drugs, regardless of their personal successes or failures in their attempt. The sober-living

community approached for this project restricted its residents to 18-years and over, therefore only adults were garnered for this study.

The author of the present study was provided the opportunity to make a presentation to the residents at the sober-house in order to explain the purpose of the project and to appeal for volunteers. The residents were not coerced with direct requests for participation, but were left to accept or decline their invitation to their care-takers without any pressure.

The interviews were conducted at Vantage's head-office, where participants were met individually in a private and comfortable setting. Before commencing with the interviews participants were reminded of their right to withdraw from the interview at any stage and to decline any questions they did not wish to answer. Each interviewee signed a consent form (Appendix C) indicating their agreement to participate. The interviews were recorded on an audio voice recorder to facilitate accurate transcription, and after the interviews, the participants were thanked for their contribution with a movie voucher. At a later date the voice recordings were used solely by the researcher to transcribe each interview verbatim, and the resulting transcriptions comprised the data to be used in the process of analysis.

This project was recorded on the Low Risk Database of the Massey University Human Ethics Committee (Appendix D). To ensure there would be no breach of Massey University's Code of Ethical Conduct the interview schedule was reviewed and approved of by Vantage's managerial staff. Vantage considered the full ethics application as being unwarranted and accepted the Low Risk recording by the Massey University Human Ethics Committee as a sufficient condition for supporting the research (Appendix E). Further, the CEO of Vantage was in discussion with the supervisor of the present study, giving assurance that the respondents were in all ways free and independent adults fully capable of informed consent as appropriate for low risk qualification.

Analysis

The analysis employed for this study followed the approach of Interpretive Phenomenological Analysis (IPA). This approach suited the aims of the study as it

sought to understand, from an addict's point of view, how a sober environment impacts on their attempt at recovery. This is consistent with the philosophical underpinnings of phenomenology that looks at revealing lived experiences (Smith & Shinebourne, 2012). For the reason that lived experiences are not self-evident, the role of the researcher was to engage with the participants and to interpret their meanings. This circle of interpretation (i.e. the researcher that is making meaning from the participant, who is making meaning from their experience) is what is referred to as a double hermeneutic (Shinebourne, 2011). According to Smith (2008), "IPA combines an emphatic hermeneutics with a questioning hermeneutics" (p. 53). This means that IPA is concerned with both trying to understand things from the participant's perspective, as well as asking critical questions of the participant.

As Smith (2008) points out, there is no prescriptive method for performing analysis in IPA. Rather, methods are characterised by their flexibility with the analytical focus directed towards the "participant's attempts to make sense of their experiences" (Smith, 2008, p. 79). Therefore, the stages carried out in this analysis were selected for what appeared to be most appropriate, and were guided by frameworks described by Smith, Larkin and Flowers (2009), Smith (Smith, 2008), and Langdridge (2007).

In the first step of the analysis, the author of the present study become totally immersed in the content of the interviews by re-listening to the interviews on their sound-recordings in order to become more familiar with how each participant expresses themselves; as well as by reading and re-reading the interview transcripts to gain greater understating of the overall narrative and to become more familiar with the patterns of flow from general descriptions to specific details of events.

The next step was to develop what Smith (2008) refers to as *meaning units*. This was carried out by making notes about the meaning the participant was attempting to convey in each individual part of the transcript. Not all sections merited units of meaning, but only those that were potentially related to the research question. The point was to extract the meaning from the participant's point of view by stating what is going on without straying from the text and making general interpretations (Langdridge, 2007).

From then the author of the present study developed what Smith (2009) termed as *exploratory comments*. These were notes produced to describe the content of the narrative, but in a much broader sense through reflexive interrogation and interpretation.

Next, focus moved from working with the interview transcripts to working with the notes made for the *meaning units* and the *exploratory comments* in order to determine the *emerging themes* (Smith et al., 2009). Briefly, this was accomplished by taking each relevant *meaning unit* and *exploratory comment* and creating a concise statement that conveys its meaning. The themes created then represented both the participant's meanings, as well as the researcher's interpretations (A very small extract taken from the analysis of each of the interviews, with *interview text*, *meaning units*, *emerging themes* and *exploratory comments* can be found in Appendix F.)

The next step in the analysis was to develop *super-ordinate themes* (Smith et al., 2009) by searching for patterns and connections between the *emergent themes*. Only themes that were relevant to the research question were considered. These themes grouped together were used to develop the *super-ordinate themes* (A small sample of the super-ordinate themes generated can be found in Appendix G) that serve as the basis for the results and discussion in this study.

Finally, in a process for connecting the *super-ordinate themes* back to their original text, the themes were used to link back to the extracts from the interview transcripts and to group these extracts (from all five participants) with all those under the same theme, so that these narratives could be considered within the context of all other narratives under the same theme (A small sample of this reconstruction can be found in Appendix H).

Although the research involved five participants, each participant was contemplated in turn while retaining individual meanings. The analysis looked at which points the different participant's experiences converged with each other, and where, too, they diverged from each other. The methodology, therefore, should still be considered to be idiographic (Smith & Shinebourne, 2012).

Results and Discussion

The results from the participant interviews have been presented here along with respective discussions under one chapter. The purpose of coupling these two sections together is so that discussions can be held as the results arise, rather than having to refer back to the results in a later section. The format of this presentation also has the added benefit of highlighting the marriage of phenomenology (results from participant's point of view) and interpretation (discussion from the researcher's point of view) in the process of IPA. Furthermore, with regards to the grammatical style in which the results and discussion are presented, the respondents will be reported in the past tense. However, since an interpretation of the responses is conducted through this present study, the style will move from the past tense, when voicing the results, to the present tense, when voicing the discussion.

Overview of the Participant Responses

Each of the five participants was able to successfully convey their own personal experiences of their stay at the sober-house. While a number of contrasts and similarities could be drawn when comparing these interviews, no participant could be matched against another as having identical experiences and coming to identical conclusions. Each participant brought their own flavour to the stew, which allowed for a multifaceted view of life in a sober-community. This also supports the case that the idiosyncratic integrity of each of the participant's results was upheld.

From the five interviews conducted, four of the participants (Bradley, Cindy, Emily and Paula) gave the overall impression that they were convinced of the necessity to leave their home environment in order to be able to focus on recovering from their respective addictions. These participants found value in the daily occupations of the sober-community and believed that their experiences were contributing towards their wellbeing and recovery from addiction. Emily's responses stand out from the others for her relentless positive attitude towards all her experiences in the house. These four interviews stand in stark contrast to the observations made by Nigel.

The responses given by Nigel often contradict those offered by the other participants. While Nigel's views should be accepted at face-value, it is important to consider some of the particulars of Nigel's case that are different from the other participants in order to help make sense of his contrasting and negative perspectives. The first thing to consider is that Nigel has been confronted by his partner and by his parole officer to seek help for his drug addiction. It is apparent in his interview that Nigel is indeed in the sober-house on his own volition and is also sincere about ending his drug habit, but that his attempt to stop is motivated by maintaining his relationship with his partner and by avoiding going back to prison. There is nothing wrong with these factors driving his recovery, but one gets the impression that if Nigel could continue using drugs without receiving negative consequences, he would continue to use them. Another point to consider about Nigel's case is that at the time of the interview Nigel had only been in the house for one week, and had only been clean for that week. Consequently, at the time of the interview Nigel was experiencing negative withdrawal symptoms from a severe habit to methamphetamine. It's probably fair to say, then, that Nigel's negative perceptions that colour his marginal experience of the sober-house is largely influenced by coming off of a substance that he does not really want to come off of, and is living in a community he does not really want to live in. This does not mean to suggest that Nigel's comments are invalid. On the contrary, Nigel's responses are important because they give us insight into what it can be like for an individual who has been confronted to change, and also what first impressions of entering the house may be like.

The Role of the Environment in Addiction and Recovery

The interviews were examined for responses pertaining towards information that would reveal something concerning the social, physical or biological environment that exists as part of the sober-house or that is part of the respondent's life back home. Not surprisingly, the responses had little to say about the biological environment, yet some aspects concerning this were revealed. There were also various responses regarding the physical environment. However, by far, most of the themes that emerged from the interviews pertained to the social environment.

Biological Environment

Throughout the interviews the only expression of how the biological environment may play a role in recovery from addiction was found in two places. The first is from Bradley who speaks about how he has been using heroin so long that it has become part of his physical composition. He says that, “It’s in my body and part of me, because I’ve been on for over 12 years, 13 years, and it’s part of my make-up, you know.” Listening to Bradley, one really gets a sense of just how difficult some addictions can be to end. Now, Bradley is on a methadone programme to help block the cravings and the physical reactions to withdrawing from the heroin. Many of his comments are filled with hope, but one wonders where he gets his hope from when he speaks about his life-long battle that still lies ahead of him. One can’t help feeling sympathy towards him when he admits that the narcotics have become part of him. As Bradley says about being an addict, “...it gets to a point where you know you are.” Bradley doesn’t need anyone to tell him that he is an addict; his biological and psychological cravings remind him continually that he is an addict.

Bradley’s biological reaction to coming off the heroin lies in stark contrast to the experiences of Paula. Yet, for Paula, this may prove to be equally problematic: Paula does not experience any biological craving for alcohol. She says that,

The problem is I’ve never found it a prob... Look, I don’t crave to have a wine. The thing is I’ve just got so much crap going...other crap...Like there’s a lot of legal stuff with an ex-partner that’s been going on for two years, and that, sort of, branches out into a whole lot of other messy stuff, because it is a really messy case. And the problem is, if I have a drink I just don’t stop. But I can be in the house and I won’t...It’s not like I’m wanting to have one. It’s just the fact is if I have one... And I know for a fact, I’m not going to try and kid myself, I can’t have one drink.

It is very tempting to think that because Paula does not experience any physical cravings that her problem will be simpler to recover from. However, in an indirect way, experiencing no cravings for a drink seems to deceive Paula into thinking that she is able to have a drink. Paula explains what happened after her first attempt at recovery:

Well, maybe because, you know, I didn’t crave it or anything, I just thought, oh yeah, I’ll be fine when I get out. But then when I got out last time I found

that...there was a whole lot of stuff going on. So I thought, I know, I'll have one drink, I'll be fine, because I never... You know, I was fine during rehab. But then, slowly, and slowly, but surely, it started going down-hill.

Paula explains how she thought that she was better, she believed that she could handle drinking because she had no craving for alcohol. Her lack of craving almost seems to trick her into drinking. However, a decision to take comfort with alcohol to help her through a difficult time resulted in her abusing alcohol again. These two examples from Paula and Bradley demonstrate how extremes of biological cravings work against the individual in trying to recover from their addiction.

Social and Physical Environments

The responses concerning the social and physical environments will be discussed together under one section. The purpose for doing it this way is because, in the instances where the physical environment emerges, one finds that the physical is not separated from the social, and so it made little sense to compartmentalise themes into categories when they are so closely related. For example, Cindy talks about how she will need to relocate because returning to Auckland would cause her to return to drinking:

And so I'm actually relocating...well, I have relocated here, basically. I won't go back up there to live, because if I go back I won't go back to my husband. And even if I went back to live in Auckland, or out of Auckland where we were, I could guarantee that I would be drinking within a month.

Cindy is speaking here of a physical location, Auckland, and how she needs to be away from there in order to remain sober. However, her reason for avoiding Auckland is because her husband lives there. So Auckland pertains to the physical environment and Cindy's husband pertains to the social environment. It might be too simplistic to consider this merely a social problem because by arguing that Cindy is really just trying to do is to get away from her husband. Cindy is adamant that it is not good enough to leave her husband, but she also has to leave the same city in which they used to live in. This might not only be a case of obtaining physical distance between her and her husband, but also about avoiding physical reminders of her relationship that may trigger a craving to drink. In this example and in others, the physical and the social

environments seem to be so intrinsically intertwined that it would seem pointless to try and separate them. Therefore, for the remaining discussion on the results, the super-ordinate themes that have emerged will be discussed with reference to the environment as a whole.

Super-Ordinate Themes

The super-ordinate themes that emerged from the analysis are the following: Only addicts understand; Impact of residents with different addictions; Resident group dynamics; Social influences; Identity and worldview; Comorbid issues; Learning; Structure; Thoughts on leaving; and Reasons for a sober environment. These themes will be presented in the order listed above.

Only addicts understand. This section will discuss the theme that arose from the interviews that expresses how the participants found it important that they receive social support, not just from anyone, but from someone who has had an addiction themselves. All the participants, except for Nigel, made the point that receiving support from other ex-addicts was important to them, and suggested that this is because only an addict would be able to properly understand them. There, therefore, seems to be something significant about having someone who has had personal involvement in the things they have experienced, and it's this first-hand level of understanding that is essential for being understood.

It seemingly does not even matter how good the intentions are of those persons who are supporting their recovery, when it comes to being able to share and confide in someone, those who have never known what it is like to have an addiction just do not make the grade. For example, Paula, speaking about the support she receives from the other house-mates says that the house-mates,

...support each other in a way that you wouldn't get the support out there... because even though you have family and friends who are amazing, if they haven't been through an addiction like that, as much as they are there for you, they don't understand it per se.

Therefore, even those who are willing to help, no matter how close they are or how well meaning they are, just aren't able to. This is the case for Cindy too. Here Cindy describes other addicts as having a special close relationship, and that this "closeness" is not present anywhere else, even with family who try to understand: "Well, the closeness of other addicts and the bond, because, unless you're an addict, you don't really understand. Like my family tried to understand but they don't really understand."

In the case of Bradley it is clear that he sees other addicts as being the only ones who are able to *know* him because they have this shared experience. Bradley expresses it like this:

So I do think it's a great place, being with other addicts who know what you're like. And sometimes it's a good thing to have past addicts in there that are looking after you. Not always, it's good to have different views on how different people think. But it is good having someone like Mr. Cornwell... It's great having people like that...and Debbie...People that know, sort of, where you're coming from.

So for Bradley, something as intimate as *knowing* who he is, is only accessible to those who have had an addiction. Bradley also talks about why he enjoys attending NA meetings:

...it's good to be in with like-minded people where you can speak your part and always feel, like, uplifted for the day.

Bradley sees those who are in his NA group as thinking like he does, and it is in their company that he feels free to express himself. If Bradley can speak his part in an NA group then that means that others are listening to what he is saying – he is being heard, and understood. The NA group appears then to be a place where Bradley understands others and where others understand him. This also implies that outside of groups like this, Bradley is not around like-minded people who listen to him, and therefore, is less likely to be understood.

But, just how necessary is it to be understood at this close level that the participants are suggesting? Paula indicates that those who do not understand can directly affect her dealing with her habit. Here Paula talks about the support from other addicts and how this compares to support from others:

The support part I think. And that's why I think...yeah, for me, like I said, I just think whilst I'm in the house that is what I like is that fact that you're there with other people that are going through their own issues, but you are all going through issues. So there's... You're not having to tiptoe around other people if you were out.

Paula's use of the term "tiptoe around" suggests that when she is around non-addicts she is unable to deal directly with her problems, or is, perhaps, afraid of offending others. If she were truly understood, she would not feel the need to tiptoe.

The issues around not being understood are subtle for people like Paula whose family she feels is "amazing", and Cindy whose family "tried to understand". A more obvious case for not being understood is Bradley. Here Bradley gives an example of just how out of touch he feels his family is from understanding his situation:

And it is awesome being there with people who are like minded, because my family: "Why don't you just stop it?" You know? And I've beaten my head against...trying to tell them, "No, it doesn't work like that." I'm actually going to get my mother and my...my mother's getting better...but my brother...I'm actually going to ask to come down here and they're going to give him a bit of a...It's not just a case of stopping it. I'd love to just leave it, but that's the way I've dealt with life for the last twenty years. I'm not going to break it in 12 weeks the first time. No, it doesn't work like that.

Bradley reports here that his circumstances are misunderstood by his family. This feeling of being misunderstood is starkly contrast with his feeling for the other residents in the house whom he talks about as being "awesome" to be around because they are "like minded."

What appears to be the key element is having someone to identify with. Here Cindy talks about how merely having been through an addiction can serve as a support for other addicts:

But it's kind of supportive because no matter what background you come from you've all got the addiction. So there's...We all know, you know, whether you're a white-collar worker or a bikee, you at the end of the day, the same addiction. So there's that support.

So Cindy sees that there is a commonality to be found in all addicts, and that this, in of itself, is what is supportive.

In another example, Emily indicates that having someone to identify with is a step towards having an effective influence. Here Emily expresses how care-givers in the sober-house who have been through an addiction themselves seem to answer a particular need:

Yeah, he makes you...Like all the other ones, they're lovely people, but they really are care-givers. Simon comes down to our level. You know? ...It's like he's one of us, and so he knows where we're coming from, and if you even just say something that is off the cuff, he's got something good to tell you, piece of advice or...he's been there and done that as well, or something.

What is interesting is that Emily acknowledges that the care-givers without an addiction history are not lacking in any way in the care they provide, but, by virtue of them being without an experience of an addiction, they simply aren't able to connect with the residents in the same way. Emily conveys that she feels she can relate better to this particular care-giver because he has been through an addiction, and she, therefore, sees him as one of them.

It may seem apparent in cases like Bradley's where his family has such improbable expectations about his recovery that he would inevitably seek support elsewhere. However, even in cases where family do have a better understanding of the recovery process support from other addicts appears to be an imperative. For Emily who sees her family as supportive, the kind of support she receives from them isn't all of what she feels that she is looking for: Emily says,

Like, you know, you can talk to your family...Like my family have never...my mum and dad are very straight...they've never had addictions. It's really nice to have someone who's been-there-done-that to talk to...I know they're there for me, but in a different way. I mean, to understand an addict you really have to have had an addiction.

Why is it that Emily feels that her family can't understand what's it's like to have an addiction? Why does she feel that a person has had to have had the experience of it, to have been-there-and-done-that, to be able to understand? It was discussed earlier how

there may be a need to be able to identify with somebody. However, this just begs the question: why the need to identify with other addicts? It may be argued that without actually having been through an addiction a person could never know the extent of the psychological and physical cravings that are experienced by the addict. This does not seem plausible. Most people will not know what it is like to crave a hard drug, but most people are capable of imagining what it might be like. For example, most people will know what it is like to be hungry, and this can surely serve as a very strong reference for the experience of a drug craving. A person can easily imagine what it would be like not to satisfy a hunger for food, and then to transfer that understanding to an addiction, and then to empathise appropriately with the drug addict. So then, why does someone who has never been-there-or-done-that not fit the bill? It may have something to do with the social stigma and the shame that has resulted from living the life of a drug or an alcohol addict.

Some evidence demonstrating issues around shame can be found when Bradley defines addiction as: “You want what you can’t have.” This statement alone expresses the shame that Bradley is experiencing. Regardless of the reasons for not taking drugs or where these laws, norms or principles originate from (be it himself, his family, or society at large), there is this aspect that he wants something that is not permitted. Desiring something that one knows is wrong can surely be considered a cause for shame.

Another example can be found when Emily talks about Simon who “comes down” to her level. The implication is that addicts are somehow beneath non-addicts. Her language conveys the lowered social positioning that automatically comes from being an addict, and therefore, an area where shame can develop. Consequently, for addicts, receiving support from anyone who has been-there-done-that, and who shares in that same stigma, may possibly help in reducing the extent of the shame conferred upon them. These persons, then, could be sought out for providing the kind of support that non-addicts just can’t provide, because only they can relate and understand what is meant when people like Emily say things like, “I hit a lower bottom than I had ever hit before in my life.”

The impact of residents with different addictions. Some of the accounts reported by the participants speak of various effects that come about from having different residents recovering from different substances and who are at different stages in their recoveries. All the participants weighed in with something to say in this matter. It really is a mixed bag in how the participants have interpreted their stay with addicts of different addictions. Some have seen some negative aspects from this set-up, while others see it in a very positive way.

Stages of recovery. First, Bradley's detoxing and withdrawals seem to put him in a separate category than the other respondents. A point to note about Bradley is that he perceives his attitude towards recovery as being mature. This does not mean to say that he does not have a long way to go in his recovery, but rather that he has come a long way to reach a point where he now feels he is taking his problem seriously:

Yeah, just certain people were sort of quite loud and stuff that weren't, that I didn't think were at the right time in their recovery...so they really hadn't got to where I had gotten at that time: Just sick and tired of being sick and tired.

Consequently, Bradley recognises an attitude in others whom he believes are not yet at a stage in their recovery where they are ready to take things seriously:

Yeah, it does irritate me. I think people aren't dealing with what they need to deal with. It's all fun and games. That might be just me. But I remember from here to the first time in the house, I was a bit like that as well, it was all fun and games when I should have been dealing with...

Others not taking their recovery seriously did seem to irritate Bradley because this was intimated at a number of times during the interview. In another example, Bradley talks about how addicts at lesser mature stages in their recovery affected him. He says,

It affected me in the way like I was trying really hard to get clean and stuff, and when you sort of see people, maybe not the same drug but that same addiction, not taking it too seriously, just doing what people want to see, when I was trying really hard, and you see all the things in place for people to use and the resources are being wasted, sort-of, on them when they don't really need it... But, knowing these people, not just thinking it, I sort of knew with a couple of the clients there that it

was all for show. Just the way they acted around staff members and the way they didn't. I just think it's selfish, you know.

So for Bradley, it seems that he may be finding it hard to remain focused on getting clean when others around him are not at the same level and are not yet as serious to give up.

Emily recounts a story that demonstrates both the positive as well as the negative impacts of being in the group with addicts at different stages of recovery, those who are not yet ready to quit and those who have the strength to resist the temptation:

There was four of us. We went to a park and we were allowed to walk back to the house on our own, me and three other clients. One of the other clients started acting funny, and he wanted to borrow some money off the other client to go to the dairy. He said, "Yeah, sure," you know. And then when we went to the dairy, he didn't go in. Couldn't work out what the hell's going on here. You know, "You wanted to go to the dairy, we're here." As we were walking off he didn't go towards the house. The one that borrowed the money, he says, "Aah, do you guys mind if I go and see an old mate?" As in, he wanted to go and score drugs. We said...all three of us said, "Uhh, yeah we do mind, and we're going back to the house right now." So there are...the majority of people that are in the house want to be there... It made me uneasy, because I was only in about my third week. Only uneasy because I didn't know how to deal with it. I was lucky enough, the other two were quite strong and had been there longer than me, and they, sort of, took charge of the situation. For me, I was ready just to run straight back to the house, because I knew that was safe, and I felt unsafe. Not unsafe as in life-threatening. But, had I not been, like, I think it was about 14 days clean, I probably would have gone with him.

Some individuals who are not yet ready to quit may potentially influence those around them, while those individuals who are further along in their recovery can show others how to deal with bad situations. Emily states that when she told the care-givers of the incident they reassured her and acknowledged that she, "should not have been put in that situation." Incidents like these, therefore, where residents find that they are directly influenced to use, should be considered an exception.

Differences in withdrawal. Besides issues around the different stages of recovery, there does appear to be examples of confrontations arising out of different expectations from the residents in how they are to deal with their respective addictions. In the following example, Bradley talks about the other residents not understanding the withdrawal process he's going through:

But I get quite jealous with some of the other people in the house that it was just meth, or... I know it all reckons, I'm not trying to down-play any of it...I'm still dealing with that in the house. So where the staff are quite good there, they sort of know that. They don't try and down-play my behaviours, no. But, if I go to bed earlier than some of the people in the house, it's not because I'm tired, it's because I don't want to be around that laughter and things like that. You know, it's not a fun time for me at that given moment.

Bradley also says,

...I'm getting in trouble for like going to my room early and not doing the debrief and stuff at night. The staff know where I'm at, but some of the other clients don't...I've had to say, "look, it's not because I'm tired that I'm going to bed early. It's because I'm still going through that detox stage."

However, Paula seems to be concerned about how persons with different recovery demands are affecting the group. Here she talks about whether recovering with people with different addictions helps or not:

No it doesn't help. It actually aggravates you. Do you know what I mean? Because you've got...The point is exactly: you've got seven people with addictions all dealing with it differently, and at different stages. And it's good in the fact that, you know, obviously you can...It's comforting knowing that you're going through it with other people that have got a problem, obviously. But, with this one particular person it sort of throws the other six out. Do you know what I mean?

In the above extract, Paula is referring to Bradley. She goes on to give an example of exactly what it is about Bradley's behaviour that is "aggravating" her. Speaking about the debrief meetings, she says,

And everybody is expected to go to this meeting at 8:30. And this one particular person pisses off at seven o'clock. He doesn't say anything. He just sneaks off, up to his room and goes to bed. And he uses the excuse that he's just not dealing with the withdrawals, or whatever. And he never said anything to anybody for, you know, quite a few times. Then finally it came to a head, because, obviously, somebody mentioned it, that they were pissed off that he was going to bed, and why should we have to stay, because a lot of us are really tired, and we'd like to go to bed at eight o'clock or quarter past eight. But we stay there, so why does he get to go off? And then he said, "Ahh, look, I'm having trouble with withdrawals and that." And it's, sort of, like, well, we still have...we're going through withdrawals...you know...Like we're all here, so why do..? What's so special about you?

In another part of his interview Bradley demonstrates how he feels the need to escape the fun and the laughter. The pleasure of others seem to irritate him: "But the withdrawal part of it, they're all giggling, laughing now and stuff like that, and I'm getting in trouble for like going to my room early and not doing the debrief and stuff at night." So for Bradley, the six others seem to be working against him. However, when we consider Paula's point of view, six of the residents have harmonised quite well with each other, one other resident is clearly not in the same head-space as everyone else, and because of Bradley's withdrawals he is unable to participate with the rest of the group, and this seems to work against the group's cohesiveness.

It is interesting to note that Paula sees all the residents as being in the same boat together. They are all going through withdrawals. Therefore, if the group is expected to attend a meeting, then no one can use the excuse that they're going through withdrawals when they all are. However, it is reasonable to consider some substances are worse to come off of than others, and that some will go through much greater physical and psychological craving than others will, depending on the type of substance and duration of use.

This is precisely the point of Nigel who considers himself to be in worse shape when he compares himself to the other residents and has not been permitted into a detox programme:

...considering I was a drug dealer, so my consumption was real, real high. Real high. People like, “Aagh, I had a habit of a thousand dollars a week.” Well I probably, roughly, realistically, had a habit of, you know, a retail habit of about a thousand dollars a day. So just to be told, [snaps fingers] “That’s it: Cold-turkey,” is a bit of a struggle...

Nigel also makes the interesting point that different substances are traditionally used by different sub-cultures. When speaking about entering the house with strangers, he says, “Yeah, especially when the strangers are not on the same drug as you, or was on the same drug as you. They’re on a different drug, so their whole lifestyle’s different. Yeah. There’s no common factor between us.” So not only will there be differences in the recovery process because of the different substances, but there will likely be cultural differences because of the substances, and this may potentially make it more difficult for house-mates to get along.

Finding support and hope. Cindy on the other hand has the complete opposite view. Cindy sees that there is commonality to be found in all addicts: “...no matter what background you come from you’ve all got the addiction. So there’s...We all know, you know, whether you’re a white collar worker or a bikee, you at the end of the day, the same addiction.” Whatever the differences between the house-mates might be, addiction is one thing they all have in common.

Paula agrees that there is common ground between those with different addictions. Here she speaks about recognising the similarities in their background stories, regardless of what they were dealing with:

But I think it’s been official when you’re actually living there in the house with other people from different backgrounds, different addictions, but the stories are all similar. You know what I mean? So you...not bounce off each other...but you support each other in a way that you wouldn’t get the support out there.

So for Paula, some level of support can be found in others who share similar stories, regardless of the type of addiction.

Emily recounts the significance of meeting a house-mate who was further advanced in her recovery than she was:

Aah, it's fantastic. Yeah, well...because there's myself and...when I first arrived, there was me and one other person, this girl about my age who had the same addiction and she was just about to finish (That was Bella), and, wow. It was like looking in a mirror. And part of...before I came into the house, I don't know if I had depression because of drugs, or if I returned to drugs because of depression, but I thought I was going crazy. But hearing from other people that they have exactly the same stories as I do, and the same feelings, and the same fears, and...paranoia for example...it's great to hear that you're not the only one. You know, you get told, "Aah, you're not the only one going through this," but it's nice to see it and talk about it.

Emily continues about her meeting with Bella:

And for me it was inspiring. Like, Bella was on her ninth week when I got there. She says, like, "It goes fast. Look at me, I've done it." And I'm going, "Well, I'm the same age as you. I haven't got as bad a drug problem. If you can do it, I can do it." It's motivating. Yeah.

What is significant about this is that residents who are more advanced in their recovery are able to inspire newbies who enter the house and who may not yet have much hope in recovering. When Emily meets Bella, she recognises the same stories, the same feelings and the same fears. "It was like looking in a mirror." But now, possibilities start to emerge. She has seen what can be achieved and sobriety comes closer to reality.

Another interesting point is that Emily is more inspired to give up drugs by someone who has a worse problem than she has: "I haven't got as bad a drug problem. If you can do it, I can do it." What's important is the fact that the mere evidence of recovery is enough to inspire. Here Emily says that there are other addicts "...doing worse drugs that are recovering, you know. I mean, well, I did some pretty bad ones. But just seeing that it can be done helped me a lot."

Not only were the addicts who were more advanced in their recovery inspiring for Emily, but those who were far worse off than her made her re-evaluate her position and helped her to realise all the things she had going for her. Here Emily speaks about how grateful she is,

And then for me...because, I mean, I don't...I have a drug problem but it's... Some of those guys in there have got it way worse than me. Not to minimise my problem, but it made...ooh, I don't know if it makes me feel better... but it makes you see things from a different point of view. I'm pretty lucky to have gotten help when I got help...So far. But, yeah, it really puts things into perspective for yourself, really.

Emily stumbles initially to say what she wants to say. I think she is trying to be sensitive to those who have harder drug problems than she does. But their bigger drug problems serve her in a positive way. She realises her problems are not as bad and should be easier to overcome.

It is interesting to consider Emily's situation with respect to the other house-mates and how the magnitude of their problems has made an impact on her recovery. This may say something about the relativity of one's position in the house-mate group, and the fortune of the group that one lands up living in. What would have happened if Emily had entered the house and her drug problem was the worst one of the group? How would this make her feel? Would that make her feel despondent instead of the motivation she did feel? And then, how would a despondent attitude contribute towards her recovery? The house-mate factor might then have significant impacts on a person's ultimate outcome.

From the participant's responses, one can see that things like group cohesiveness and confrontation can arise due to a lack of understanding among house-mates regarding differences in withdrawal processes. None the less, common ground can be found among all addicted individuals. What's more, having residents at different stages in their respective recoveries seems to encourage the house-mates to become self-supporting.

Resident group dynamics. This section will discuss the system of behaviours and relations among the house-mates that influence the individuals and the group as a whole, without specific reference to their respective addictions. Those aspects that relate specifically to addiction are covered in sections "Only addicts understand" and "Impact of residents with different addictions." The resident group dynamics, therefore, covers other issues that are shown to influence the resident's stay.

Comparisons from previous groups. Both Paula and Bradley have resided in the sober-house on a previous occasion and are able to make a comparison between their previous stay and their current stay. Paula comments on how the dynamics among the residents can result in a very different experience. She says that, "...it's quite a different experience this time around to last time. And I think it's obviously got to do with the dynamics of the people in the house at the time." Bradley expresses similar sentiments, and says that on his previous stay the dynamics among the residents were so bad that he was not able to extend his stay:

Yeah, no, I graduated. I did leave. I don't think that I had dealt with some of the things I probably needed to deal with, and within a week I had used. Because, they had asked me to stay on longer, but this certain make-up of the house and the dynamics, I thought it would have done more harm than good. And that I didn't want to leave on bad terms, or just storm out, or anything like that.

A point that stands out from this is that Bradley left the sober-house because he believed that staying would have done him more harm than good. We're not told what kind of harm he means. Perhaps he might have said or done something he might have regretted. However, within the context of recovery from addiction, leaving proved to be a serious mistake as he used drugs again within a week of leaving the house.

Working well together. All of the participants are in agreement that the current group residing at the house work well together: Cindy tells us that, "At the moment, it's...I love it there at the moment. It's, you know, a really good group." Bradley says that, "They're all good in the house now." Emily states that, "...at the moment we have such an awesome group," and Paula expresses that, "...generally everybody's been really good."

For Nigel, there seems to be definite times when the group works well together and there are times when they do not. Here he says that,

I think when it's structured at Refuge Aotearoa [outpatient programme], when we're actually doing it, I think we all gel really well. We all come together and we're all respectful of each other and their emotions and needs when we're in that room. And I like that part of it, you know. Because we're all there on the same

level, all trying to help each other. But once there is not that structure and we're back in the house...

The group works well together when there is structure. Working together it seems brings them onto the same level – There is a mutual respect and all are trying to help each other. This illustrates a lateral quality in the group that says that they're all equal: Everyone is an addict, everyone needs help. This cooperativeness, however, seems to disappear outside of these groups or other structured activities.

Sharing a space with others. For Cindy, a totally peaceful house is an unrealistic expectation. When asked how the different personalities are getting on, she answers that, "It's harmony. It's working. There's a bit of niggliness, but that's going to happen. You can't...everyone can't be happy every day, whether you're addicted or not." Therefore, one has to expect that there is going to be some level of disruption. The group that is currently residing in the house seem to have only a few minor disruptions. This is also supported by Paula when she says that,

...The only issue that seem to be in that house...if there's any issues...generally it's about mindfulness...about, like, cleanliness. Like, we have to do house-cleaning...Or like dinners, you know, like dishes. It's like simple little things that seem to get on...irk. Like we have days that we need to...you're on dishes day. So that means that you're in charge of making sure that the dishwasher's always, you know, emptied, or on, or dinner dishes, you have to do the pots. That's seems to be the only time when it's an issue...

Paula acknowledges here that any problems that the current group of residents are experiencing really are a result of the more practical issues that arise from sharing a living space with others.

You can't choose your house-mates. For Cindy, not only are the problems experienced in the house a natural consequence of living with others, but they are more likely to arise because no resident has chosen with whom they live in the house with:

Living in the house can be hard, especially if I haven't flatted for a long time. I don't choose to live with those people, they don't choose to live with me. If you want to give up, you can and walk out, but you're not doing yourself any good. But

I have a lot of patience and tolerance, so...It's just a couple of times, it's really pushed me.

Cindy has obviously thought about leaving but decided that this would work against staying sober. She says that she has a lot of patience and is tolerant of others. This implies that if it was not for these virtues she possesses, she may have indeed left the house by now. Cindy gives an example of how her patience has been tried:

There was one particular girl that was sort of very, very, very loud...very out there...very out there when a particular staff member was there, it was obvious. You know, I could tolerate it to a certain extent, but then it just got really where it just grated you. And I have to be honest, I was...as much as I liked her as a person and I had to, sort of, think, "Okay, this is the way she is, you know. Turn it around," I was glad to see the back of her. You know, and I don't like feeling like that, but that's...You've got seven different personalities, you know. Some rehabs are bigger, so not everyone is going to get on. Yeah. And that, kind of did...You know, that didn't push me to want alcohol, it didn't push me to want to leave, but it pushed my patience. [laughs]

Cindy speaks here of a certain house-mate who was "very, very, very loud." This perhaps touches on her reasons for wanting to get away from the group. Cindy does not like feeling negatively towards people, but there seems to be some house-mates who can be really difficult to live with. However, in the end, she says that it's not affecting her efforts to recover. Cindy goes on to say that she was able to deal with these situations because of her maturity:

But, you know, I guess because I'm, kind of, the oldest one there...but I could deal with it. But if it...you know, if...someone else may not. Or, you know, if I had another six weeks with her I might not have dealt with it, I might have left. You know I did actually think of that and I actually thought maybe I could leave and come back, but then I thought, no, I'm going to keep going.

Cindy's previous comment states that she did not feel pushed to want to leave, but here she says that she had actually considered leaving and coming back. If someone actually does leave because of other house-mates, then this would certainly interfere with her

recovery. Cindy relates another story about how her cigarettes were stolen and her diary read:

Aagh, because I know my cigarettes and I know my tobacco was getting pinched, but what I was doing was, I was leaving it out and I should know better that you don't do that. And this...I know it was Gavin. But, I always worry that someone might go in...into my room. And I did have an incident when Bella and Gavin were left behind (I think I might have been about my first couple of weeks), and I can't prove it but I wasn't sure if they read my diary. Just these little things. And I made a point from then on...and we do have a key to our room...always locking my door. Which was a bit dumb on my behalf. They may not have gone in my room. I just picked up...when I came back from the shopping...Mmm, something's not quite right, there's a bit of smirky-smirky, you know. I felt uneasy with that. But that was my own fault because really you should lock your door when you go out...your bedroom door. I mean, you have a key, you have a...you know. So that was a bit silly of me, and probably a bit naïve in a way.

Cindy gives the impression that she realistically expects there to be a few challenges with living with strangers, and that placing too much trust in them is not very smart. Incidences like these will certainly create tension within the group.

For Cindy, going into a rehab it is only reasonable to expect there to be challenges in learning to live with strangers:

Because, like you know, if you go flatting you pick the people you want to flat with, and if you get into the house and you think, "agh, no, they're not really up...we're not compatible," you can move. So when you're in a rehab it's...you know, you've got to be aware that you're going in with...everyone's got an addiction, but there's seven different personalities, or twenty different...you know.

After these incidents, Cindy has some concerns about who comes into the house. She says, "At the end of the day you can be in, I guess, like someone that's done heaps of robberies, and, you know, even though they're there for an addiction..." So much seems to come down to the luck of the draw; the quality of the experiences can be dependent on what individuals happen to land up living in the house.

Emily was also worried about entering the house and the type of people she would end up living with. When asked whether or not she felt at home, she replied, “God, yes. Yeah. Amazingly. I didn’t expect that because I was, like, alright, I’m going in with drug addicts. You know, I had that stereotype in my head.” What Emily says here is revealing. She holds stereotypes of drug addicts, when she herself is a drug addict. Perhaps stereotypes exist around the different drugs, for example, opiates vs. methamphetamine. A stereotype might also be an archetype – she might, for example, think that drug addicts are unreliable because of her own experiences with them, or she knows herself to be unreliable because of her own addiction. Therefore, just because an individual is an addict does not mean that they will not have any concerns about living in a house with other addicts.

Incoming residents. Emily has a concern about new people arriving in the house:

...at the moment we have such an awesome group. We all get on really well. There’s three people leaving in two weeks, all at the same time. The person I’m closest to will still be there. Thank God. But, I guess I’m worried about the change in dynamics. But, you know, it could get better. I don’t know this. I’m very good at assuming things, I’ve learnt. So, it’ll be cool to get to know some new people too, and I, kind of, can’t wait to brag that I’ve, you know, I will be the one inspiring them. I’m quite looking forward to that and saying, you know, “Hey, I’m 30, 40-something days clean,” and they can go, “Wow!” Because that’s what I did when I got there. But Bella was a hundred days clean, and I was, like, “Whoa! That is amazing. Can it be done?” But seeing other people who’ve done it, makes you realise it is possible.

Emily likes the way things are working in the house at the moment, and does not want it to change. She considers that a change might not necessarily be a bad thing, and that things could potentially get better. Emily also can’t wait to be an inspiration to other new arrivals. These meetings may be opportunities to influence newbies into enhancing the dynamic of the house and ensuring that things do not deteriorate. Paula also expresses some concern about new arrivals coming into the house

...obviously they know who’s going to come into the house...like, you know, they have some idea...and I don’t know if they look at things and try to work out if...I don’t know. I don’t know how they do it, but, yeah, I am very lucky. And like I

said, next week two people are leaving, so we get two new people in. So they could change the dynamics again, so.

Paula rationalises that a change in the house will serve as training for life:

...I think, you know, you can't... It's like life: things are going to change. So, yeah, it could be different. But, just know that the people that are still left there, they're very...not easy going...but they're very...they know that change is coming and you deal with it. Which is good.

There are things that people need to learn to be able to deal with, like dealing with people and dealing with change. Therefore, the entry of new residents provides an opportunity for learning.

Too much time together. Another problem experienced by the group in general is a feeling of wanting to escape as a result of being made to spend too much time in each other's company. Bradley describes how he sometimes feels that he can't get away from the residents in the house:

Yes, to get out of the house itself. Yes, because when you're in there it feels like you can't escape from people...sometimes... depends what part of it is you're in. Sometimes when you're in that van, you can't get out of that van, sort of thing.

Nigel also describes a need to be able to get away from the rest of the residents and to spend some time on his own: "I think...well for myself, personally I do need that time away from people and all the noise and everything that's going on is, like, it's manic. You know like...and I'm not used to that." And, "Yeah, just because of the people in the house and I'm not used to that environment, not because I'm using, you know." Cindy, too, expresses the need to spend more time on her own:

Quite often for me, going to bed early was my time to be on my own. It's not good to isolate in your room, so they do encourage that not to happen, and I can understand why. So I feel at 8:30 it's not isolating, but it's where I can write in my journal, or...well actually, you know, I do that first thing in the morning...or I can just get away from everyone. You know, which I think you need. It's very important.

The tone of Cindy's voice when she replies that she does not get time on her own really sounds like she is lamenting not being able to be on her own more often. Cindy spoke earlier on in the interview about reading in bed being a luxury: "And then often I'll go to bed and read, which is at the moment a luxury for me." This really highlights how much she values being on her own. Cindy wanting to be on her own does not sound like it comes from the need to be contemplative, but rather to get away from the other house-mates.

Cindy talks, here again, about having to spend too much time with the group: "Like, we don't get away from each other. If one goes...we all going out always in a group." The group aren't able to get away from each other.

Paula also feels that the group are made to spend too much time with each other:

Just too much focus on having to be stuck toge... Do you know what I mean? Like stuck together. You know, like it's the long weekend and people are going, "Ahh, what are we going to do on Monday? What are we going to do on Monday?" It's like, "Why don't you just enjoy it?" You know? "Enjoy the fact it's a holiday and find something to do in the house. We don't have to physically go out of it", you know. I just have this issue, you know.

Paula's use of the term "stuck together" illustrates how she feels just as if she has been physically glued to the group and cannot get away.

While having to be in each other's company for much of the day may be hard for certain personalities, like those who may be introverted, for someone like Nigel who is coming from a prison environment the experience may be completely overwhelming. When asked what experiences he may be having problems with, Nigel answers,

Just getting along with people. You know, I've probably spent the last eight out of 10 years in gaol, so I've probably maybe become a little bit recluse. And so having to be in this community environment and having to share my emotions, or how I'm feeling, or my experiences with a group of strangers... and some of them I may not particularly like, you know. Or even the staff that I, you know, may have come to heads with...

Nigel explains further about being reclusive:

...because for such a long time... In prison I get locked up at 4:30, and like, you know and... 4:30pm and then unlocked at 8:30am. So that's a lot of time for you to be spending by yourself.

Nigel is having trouble adjusting from the prison environment to living in the sober-house. From being forced to be alone for significant parts of the day, he is now expected to spend most of his time in the company of others, leading to feelings of wanting to escape.

Support from house-mates. Anecdotal descriptions characterise prisons as having hardened environments. While here in the sober-house, Nigel is expected to be open and share he's feelings. Nigel, however, has trouble sharing his feelings "with a group of strangers." Nigel believes that his family is a much greater support than the residents of the sober-house. He sees them as strangers and finds it difficult to open up to them:

So, being able to have contact with nobody from the outside world is a struggle. And I think especially when you're trying to give up or you're looking for that support that you're used to, you know like that support around you, and I don't feel confident really opening up talking to strangers, you know, like straight away within that 24-48 hour period. You know?

At the time of the interview Nigel was on a 10-day probationary period and was, for this period, prohibited from communication from his family and friends. However, Nigel feels that he needs the support of his family while he tries to end his habit, but this does beg the question: Why, then, come to a sober-house? Why not try to quit at home? There is some evidence to suggest that Nigel is only staying at the sober-house in an effort to improve his standing with his parole officer. However, regardless of this point, because Nigel finds it difficult to open up to the house-mates to be his support, not having their support or the support of his family has pretty much left Nigel alone.

Nigel's feelings about support seem to be atypical, because the general feeling among the group is that they do receive support from each other. This is most likely because Nigel has only been in the house for a week. Paula observes that the bond between the house-mates is special. When asked what she will miss when she leaves the house, she answers, "Probably just the other clients to be quite honest. Because we are just so, you know, we're quite close. And so I'll miss that." Of course, this sort of

closeness might only be able to be achieved when there are positive dynamics within the group.

When Emily was asked if she would miss the support from staying at the sober-house, she replies: “Yeah. And not necessarily from Vantage or Refuge Aotearoa, just the house-mates. Yeah, it’s the house-mates I’ll miss. Yeah.” It’s the house-mates that she values over the structured support provided. This is further supported when she talks about going on with the NA group after her stay. She says,

...I’ll still be going once I finish up, because it’s a really cool group. And I want to see these guys. Like because, most...like Rachel is behind me by about three or four weeks, you know...I want to see how she’s doing, and I want to tell her how I’m doing.

Emily values the friendships she has made during her stay and would like to maintain them afterwards. Emily also provides another testament towards the impact some residents have made on her. Here she’s talking about photos that she is keeping as memories of her stay. She says about them that,

I think on the outside that’s going to be my motivation. Because when I look back at my mates, you know, like Rachel and Jacob and Nigel, and if I’m tempted to use, I’m going to look at these photos and go, “Would these guys want me to use?” No. They would be disappointed. Rachel would probably slap me.

This is a strong statement about the possible influence some of the house-mates have on each other. Not only does she feel that she will be letting herself down by using, but she feels that she will also be letting the others down too.

The participants, on this topic, expressed both positive and negative sentiments towards living with other residents in the sober-house. Minor issues were found in normal events that are just a factor of sharing the same place. All participants expressed concern about having to spend too much time with each other, and there was also some concern on what future residents of the house would be like. Much of the positive experiences in the house were placed on the current group that works well together, but this dynamic could not be guaranteed with new residents entering the house.

Social influences. The social influences under discussion here refer to those kith and kin relationships that influence and support the participants outside of the sober-house community, and other addiction services. All the participants had a good deal to say concerning these relationships. Some of these relationships were supportive, in that they were helping the participant to recover, while others were damaging, and may have, indeed, been the reason for the participant abusing a substance in the first place.

Nigel. Throughout Nigel's interview, one finds that Nigel has no real aversion to taking drugs, and is only giving up because of some serious consequences that are ensuing from the drug taking:

And this is the first time in my life that I thought, well maybe, you know, I'm sick of gaol, you know, and obviously gaol didn't curb any of my, you know, drug offences or my drug addiction, so I thought, well maybe I'll give the rehab a go. I sort of... Another incentive is my kids. I've got a couple of kids that I haven't seen for a few years now because of my life-style choices. So I thought I'm not getting any younger, you know. Nothing seems to be improving or getting any better through my drug addiction. Time to, maybe, knock it on the head and be part of society, you know, become a member of the community...instead of destroying the community, because I was a drug dealer as well.

After 25 years of taking drugs, Nigel says that this is the first time that he has contemplated trying to quit. His reasons, he says here, are that he's "sick of gaol" and that he has children that he hasn't seen in years as a consequence of his "life-style." While these are great reasons to end his drug habit, there is no expression of distaste for the drugs themselves and what they are doing to his life, rather than what his "life-style choices" are doing. The function of confrontation, therefore, plays a significant role in Nigel's effort to recover from addiction. Nigel also seems to have pressure placed on him from his partner to quit:

That's another part of the reason why I'm here, because my partner doesn't do drugs, she gets frustrated with my come-downs and the rest of it, or my attitude, or my drug induced attitude, you know. So I've realised that, you know, if I was to maintain my relationship I need to stop.

Nigel feels that if he is going to “maintain” his relationship he needs to quit. It’s not just his partner, though. Nigel would also like to establish a healthy relationship with his children:

My partner, trying to establish a relationship with my kids. Every time I get out of gaol, or whatever, and I, like, think about my kids and want to re-establish that relationship I end up back on charges because of drugs. So... Yeah, I guess my children and my partner are a really good incentive.

Nigel argues that he would receive more benefit from the support of his friends rather than the support of the house-mates. He says,

...I think, the support of my own friends would help me more than the support of a bunch of strangers that don’t know me or my needs. And I tend to listen and have more respect to what my friends have to say than what a bunch of strangers would have to say, you know.

Nigel has trouble accepting the philosophies of removing one’s self from a harmful environment. He considers his friends would be better supports, even though they will be tempting him to use. In one part of the interview, Nigel contends that sober-houses create false environments that do not help the addict for when they have to return home. He says,

There’ll be some people that, you know, will take drugs or some of my friends may take drugs around me, or whatever, and so then that temptation’s there. Where there’s no temptation, well that temptation’s not there in the rehab environment.

Nigel admits here that his friends will be tempting him to use drugs, but does not make the connection that this is harmful to his efforts to stay sober: “Well, then of course, I mean, they’ll probably encourage the usage, but I also have a, like, a strong support system out there that wouldn’t encourage it.”

Nigel has a disdain for authority, and this is evidenced by the amount of time he has spent in prison. Here he shows that he does not care what other people think of him:

With me and my background: I was a gang-member and the rest of it. So I come from, like, a gang life-style, a motorcycle club life-style where drugs is routine, drugs is part of that life-style, and sort of being, I don’t know, anti-establishment or

whatever. So that authority figure there...people sort of looked at me sideways because of my tattoos and everything anyway, so I was used to having people, like, frown and look at me. And I had a bad attitude, so I carried on with that bad attitude. I didn't give a shit what people thought.

However, there is also evidence to suggest that Nigel is very concerned with how his peers perceive him. In another part of the interview, Nigel talks about being a man of his word, and how once he has said he is going to do something, he will need to carry it through so that he doesn't look like a fool in front of his family and friends:

Yeah. I sort of...In myself I, sort of...If I say I'm going to do something, I'll have to follow through with it. I think actions speak louder than words. And plus also, if a man hasn't got his word than he hasn't got anything. So I've got, sort of, strong values and morals in that way, so if I say I'm going to do something I like to follow it through to the very end of it, so I don't look like an idiot. And I think that's another incentive I have as well is I'm a man of my word, so if I say I'm going to do something I really like to stick by that.

This value that Nigel identifies with, sticking to his word, has the potential effect of him placing the social pressure on himself. Nigel wants to be seen as a strong man, someone in control. If he was not in control of the drugs and the drugs were controlling him, this could be perceived as a sign of weakness. This would not fit into the machismo image he has of himself. However, if he says that he will go through rehab, and he does it, it is because he is the one who is in control.

In the end, Nigel confirms where the pressure is coming from for him to stop:

My partner would like to see me stick the 10 weeks out. My probation officer would like to see me stick the 10 weeks out. Deep down, I would like to stick the 10 weeks out, because I've started something so I'd like to finish it. You know...probably deep down.

From what Nigel says here it may be concluded that the only things keeping Nigel from leaving are confrontation from his family and parole officer, as well as his principles for sticking to his guns. However, as mentioned in the introduction, there are places in sober-houses for people like Leister who have no interest in modifying their lives as they have been shown do as well in recovery as those who are more willing to change.

Bradley. Bradley provides an example of how family influences are not so clear-cut and black and white, but have many grey areas that make the issue far more complicated. When asked whether he needed to be away from his family to sort his addiction out, Bradley answers directly with, “I couldn’t do it out there. With my family, they might have been part of the reason for me using.” It is not made clear how Bradley feels his family have contributed towards his drug usage, whether through co-dependency or creating a stressful environment, but we are told how presently his family aren’t good for his recovery. He says that, “I think I’ve had some high expectations put on me in the past to just stop it, and the more I do use (this is the way I feel) the more I’m letting my family down.” Here Bradley explains that “this is the way I feel,” implying that this is an issue that has already been discussed and his family probably feel differently. However, Bradley goes on to express how isolated from his family this makes him feel: “Because I am the black sheep of the family. No one has an addiction.” Bradley, feeling like he’s the black sheep of the family, conveys that he is not accepted by his family group. The group behaves in a certain way, and one of those ways is to be sober. Bradley may only feel accepted back into his family once he has given up the drugs for good.

The things Bradley says about his family aiding his drug problem and not understanding his recovery process is contrasted with other statements expressing their support, like: “But they are really good with supports and things like that, because my family are my life-saver.” They are also contrasted with statements on how important their visits are to him:

I am so glad that they let your family come in on a Sunday, and stuff like that, to see how well you are doing, because the first time I was in here, I wish I had a photo taken of me before and after, because, geez, the changes, the weight, the bad weight I mean, the drug weight and stuff just melted off me sort of thing, and it was like the first time I was awake in 20 years.

Here we see just how proud Bradley is of the progress he has made and how glad he is that he can let his family see the difference. This could be an expression of his desire to gain his family’s approval and become part of the family again. The role Bradley’s family plays in his addiction and recovery might not be so clear, but for Cindy it is black and white.

Cindy. Cindy has come to the understanding during her recovery process that her husband is an enabler to her drinking. Now Cindy is certain of how this relationship has been destructive in her life, and knows that she can't go back to it:

In our case, we're actually separated from November last year. And so I'm actually relocating...well, I have relocated here, basically. I won't go back up there to live, because if I go back I won't go back to my husband. And even if I went back to live in Auckland, or out of Auckland where we were, I could guarantee that I would be drinking within a month. Yeah, so I won't go back there because I have the determination not to, and I don't want to blow 10 weeks of hard work. So he's not part of the equation...nothing. Yeah.

Cindy is convinced that she would be drinking within a month of returning back to her husband. Therefore, she will not be returning to her former life, but will be recreating a new one. She feels that this is the only way she will be able to maintain her sobriety: "I know that it'll be hard, but if I don't have contact with my husband, unless it's through lawyers and that, I can survive that one." Cindy still has an addiction to deal with, but is confident in her success without her husband's influence. Cindy is not the only one whose husband has a negative social influence; Paula does too.

Paula. While Paula has strong social support from friends that confronted her about her drinking, her problems with alcohol are intertwined with her relationship with her partner. Here she talks about using alcohol as a means of escaping the problems with this relationship:

...I'll talk about that I had a...I was in a shitty relationship. And as much as it seems pretty on the outside, it was a shitty, crappy, toxic relationship. And I didn't help it by staying there, and I didn't help it by drinking to try and escape, and...

Further, Paula's attempts at recovery are seriously compromised because of the impact this relationship has on her and the way she uses alcohol to find solace. Here, Paula relates how she started drinking again after her first stay at the sober-house:

I found out that my partner, through the whole time I was in rehab, had some hooker, or some madam living in our Auckland house. And, you know, like, there was a whole lot of stuff going on. So I thought, I know, I'll have one drink, I'll be

fine, because I never... You know, I was fine during rehab. But then, slowly, and slowly, but surely, it started going down-hill.

From this it is evident that for Paula to be successful in recovering from her addiction to alcohol she will need to deal with the issues surrounding her relationship with her partner.

Emily. Relationships can be destructive even if the players have good intentions. Emily and her partner have been complicit in each other's drug use for the length of their relationship. In speaking of their relationship together, Emily says, "I've been with my boyfriend for eight years and I have never been apart from him... Ten weeks without him, I couldn't picture it happening." Emily also says, "I talk to my boyfriend every day. Yip. He's not allowed to visit, but I talk to him every day. He's giving up drugs as well, on the outside." This is the first time in their relationship of eight years that Emily and her boyfriend have ever been apart. Their daily contact while she is in the sober-house suggests the closeness of their relationship. While what has been said by Emily about her boyfriend sounds like he supports her efforts to recover and is trying to do so himself, Emily does seem to hint at the possibility of a negative influence her relationship may have. When asked about receiving on-going support. She says,

Yeah. Because I mean, I've got my boyfriend, yes. He supports me being here, yes. But there's some things that I don't want to bring into our relationship. You know, I want it to still be a happy, healthy relationship, but at the same time have someone I can just talk to about crap if I have to, or what my triggers are and stuff like that.

There seems to be some conflicting ideas here when Emily says that she wants a "happy, healthy relationship" yet does not want her boyfriend to be her support. Further, she would prefer to have someone else to talk to regarding her triggers. Emily makes it sound as though the issues around her addiction are somehow frivolous, or unexciting, that she doesn't want it to enter the relationship. However, healthy relationships would most likely see these issues as being important. A plausible explanation for Emily wanting someone else to talk to about her triggers is that her boyfriend himself serves as a trigger for her drug use. If one considers that their entire relationship has been surrounded by drug usage, the drugs probably play a central role in how they relate to one another. This is how they know each other, with the other on drugs and all viewed through the perspective of a drug haze. It might be near impossible, in the beginning,

for Emily to even look at her boyfriend without being reminded of using drugs. Therefore, this may be a reason for Emily not wanting her boyfriend to be her support.

Whether Emily's boyfriend is a supportive or a negative social influence, Emily is clear that she will not live with him if he cannot end his habit:

Because my parents also said the same thing. They said, if I go back to my boyfriend and live with him, how am I not going to be doing drugs? I said, "Quite simple. If he's still doing them, I'm moving out." And he knows that. And they said, "If that happens, you can come and live with us 'till you get your own place." So I've got the options there. Whatever happens, happens. But either way, I'm going to be clean. I don't enjoy doing drugs.

Emily's sobriety is more important to her than her relationship with her boyfriend. She knows that in order to remain sober she will have to change her environment to ensure that negative social influences are not part of it.

Through all the cases presented here, social influences back home had some negative influence on their substance use. Some relationships will need to be worked on if they are to work in a positive way in the future. Other relationships will need to be severed if the individual is to stand any chance at recovery.

Identity and world view. This section will discuss the emerging theme that centres on how the participants have come to identify themselves and how they perceive the world around them. The theme that came through here is one that emerged out of the text and not one that was specifically sought after, and it concerns a separation of worlds or a separation of identities. What is noteworthy is that the ideas that materialise here particularly underscore the phenomenological aspect of the study, which considers how the participants view themselves as being in the world. This does not mean to suggest that other themes are considered any less phenomenal in their perspective of the world, but only that these specific ideas of identity and worldview were directly spoken of by the participants.

Identity. Throughout the interviews, various participants spoke as if their self-identity was somehow divided, especially in terms of a self that was once involved in using a substance or still wants to use a substance, and a self that is sober and wants a

sober life. These separations may be informative to where these individuals place themselves in the world.

In the first example, Bradley gives a glimpse of a separation of identities when speaking of his reason for entering the sober-house. He says, “You know, because this is the rest of my life. You know, I want a good life. I want good things in life, you know. I’m sick and tired of being a horrible person, you know, not being a nice person while on drugs. I’m nice off drugs.” First of all, there’s the Bradley on drugs and then there’s the Bradley off drugs. The Bradley on drugs is Horrible Bradley and the Bradley off drugs is Nice Bradley. A closer look at this text shows how Bradley believes that he is not in control of himself: Because Bradley wants to be off drugs but is not off drugs, this means that he is not in control of himself. Well, if he is not in control, then who is? Well, it’s the drugs that make Bradley horrible. Therefore, if they’re making him behave that way, then it’s the drugs that are in control. The drugs are the master (because they are in control) and Bradley is like a slave (because he is made to behave in a way that he does not want.)

Bradley talks about facing up to uncomfortable situations that he would have tried to avoid in the past: “Really...I’m actually liking...quite liking the, sort of, the whole day. It’s just getting used to being inside my body and sometimes getting used to being uncomfortable, sitting with being uncomfortable...” The description he uses makes it sound like being himself is a totally new experience for him: “getting used to being inside my body”. One would imagine an infant doing the same thing. After 20 years being high on drugs, sobriety might seem like a novelty. Now he’s enjoying the experience of discovering himself all over again.

Bradley gives another example of how he has separate identities:

I used to talk to talk when I was nervous, I think. You know, just talk for the sake of talking, you know. But now this time I’m so much quieter. You know, I think this is the real me coming out now.

The “real me coming out” implies that there exists an identity that is not the real Bradley, and that would be the talkative Bradley.

What is Emily’s understanding of existence and living when she says, “...I was almost glad to leave my life behind because it wasn’t really a life, it was just an

existence”? Emily seems to understand that a person can exist without living. Can a person exist without living? Yes, a dead person can. But Emily uses it in the sense of a living person. Could then a person on drugs be similar to a dead person? Is Emily making a connection between a dead person and a person addicted to drugs? Well, a person on drugs is animated and has life, but this is very different to a corpse. On the other hand: Some have religious beliefs that a dead person’s soul goes on living in an alternate realm. Is this not also what people on drugs are doing, living in an alternate reality?

When Emily was asked what she was like before she started using drugs, she answered, “I don’t really know. I was 17 when I started doing drugs. So I, sort of, went from a school-girl to a drug addict. I hadn’t found myself.” Emily feels that she hasn’t really discovered who she is because all of her adult life has been experienced under the influence of drugs. Her self-identity has been hidden by the drugs, so she’s never seen who she actually is.

Emily starts to show signs of the person she is discovering herself to be. When talking about how proud she is of the number of days she’s been sober, she says, “...And I had the numbers on my mirror. I have ‘Days Clean’ [written] and I have these stickers. I put...It’s my thing. It’s my reward to change those numbers every day...” As Emily says, this is her thing. She is starting to identify with the self that has been sober for n days. Placing the number of days clean on her mirror perhaps helps her to reinforce her new identity as a sober person: She sees herself at the same time as she sees how many days she’s been clean. And each day sober gives her a new and higher number to be proud of.

Real world. There is this perception, throughout the interviews, that the sober-house is somehow removed from reality and separated from the “real world.” It is almost as if the residents of the sober-house perceive that they are suspending their life and the “world” which they come from, and then are entering the sober-house to learn how to deal with their addiction, and from then they will go on to return back to their “real world.” It is as if the life lived in the sober-house is not part of reality. It is, rather, somehow contrived, fabricated and false. It serves as a protection from the “real world”, but is not considered real in of itself. Before looking deeper, here are a few brief

examples: Bradley speaks about how the sober-house provides a safe environment. He says,

Yes. I'm around other sober people that aren't on drugs and stuff like that. So it's a good learning curve for the outside world... It's just a...like a protective bubble where you're being seen if things do start getting out of hand. Like you can practice things without worry... Aaagh, it's weird.

Another example can be found when Emily talks about dealing with her triggers:

...for me, it's learning about what my triggers are going to be. Because obviously, every day I'm thinking about, holy shit, this is cool right now, but in five weeks' time, I'm out of here and I'm back into the real world.

Or when Emily says,

...So it's not going to be such...as much of a shock to go home, because I've stayed within the same area. Whereas, I guess, people who have come from further away, you almost have to face your old life somewhere completely different.

When Emily speaks here of an old life, she implies that there is a separation of an old life from a new life. A further illustration is given by Bradley when he's speaking about trying to recover on his own. He says that, "...it's just so hard to do out there. Because other things... Life takes you over out there. The real life, I mean... You don't really have time to deal with stuff..." For Bradley, life in the sober-house is not part of the real world. Real life in the real world makes it impossible for him to deal with his addiction, and he realises just what benefits there are to being in the sober-house, removed from the real world.

Bradley speaks here about waking up to reality after coming out of years of drug induced illusions:

I just think it could be longer. You know, 'cause the first time was the first time I had been off pills and stuff for ages, so the first time I was just waking up in the 10th week, and I had two more weeks to go. And it was sort of like, ooh, welcome to the real world, Brad. And by then I had only two weeks left, hence why I think they asked me if I wanted to stay on...

The term used here, “welcome to the real world, Brad,” can be seen from two angles. The first is that Bradley is waking from his drug illusion, and the second is that it has just dawned on Bradley that he will be leaving the house in two weeks and will be returning to the “real world.”

A rather different example of the use of “real world” can be found by Bradley when he says, “...Life for me now is it’s not all fun. So I’m in the real world now. Life’s not always going to be up there, you know...” Here the term “real world” is not used in the same context as it is in other places. Here Bradley means the “real world” to be a more grown-up or mature outlook. An attitude that takes important issues to be serious.

Nigel argues that the sober-house creates a false environment that does not resemble the “real world”:

I think being in a rehab also might give...well, in the position that I’m in... might be a false sense of security. Where everybody’s on board and everybody, okay, is on, sort of like, the same sort of page of trying to give up drugs. So everybody in that environment is all trying to do the same thing, but once we leave that environment, it’s not like that in the real world, you know. There’ll be some people that, you know, will take drugs or some of my friends may take drugs around me, or whatever, and so then that temptation’s there. Where there’s no temptation, well that temptation’s not there in the rehab environment. So, like, all very good and well, you know, for 10 weeks in the rehab nothing’s happening. But what happens when it’s right in your face?

However, the reality of the situation is that there is no separation of worlds, and that the sober-house environment is, in fact, part of the “real world.” Perhaps the whole point of the sober-house philosophy is that the residents can learn what a healthy environment is so that they can return to their “real world”, but then to re-create it to resemble one that will help them to stay sober.

Emily speaks about leaving her life behind: “...I was almost glad to leave my life behind because it wasn’t really a life, it was just an existence. I just existed for eight years.” Emily says that she’s glad to leave her life behind. Does she see that entering the house as being the start of a new life? Or is this is more evidence of a separation of worlds, one where you can suspend a life and continue on with another one? Of course,

she takes her life with her wherever she goes, and if interrogated she would probably agree. Here, leaving her life behind probably means that she will be putting aside her issues and her problems while she deals with her addiction. Yet, these, too, can't really be put aside, but must come along with her.

Emily also says that she only existed for the past eight years. This is same length of time that she has been with her boyfriend. Moving into the sober-house may be the best thing for a person in her situation to do; to distance herself from her "real world" and to gain a different perspective.

While Emily was speaking on the topic of motivation, she says that, "...when you're stuck deep in that drug world, there's no optimism or hope there, and you don't think it can be done, so you just resign yourself to the fact that you do drugs and that's what you do, and you're weak if you go to rehab. It's a hard world to get out of." The term "drug world" implies another separation of worlds. There is the "real world", and then there is a world whose reality is determined by the psychoactive effects of drugs, and that keeps the individual in that world through its addictive properties.

Paula gives an example of the "real word" separation, except she is pretty clear about how it is that she makes a distinction between the worlds. When speaking about receiving on-going support, she says,

But I think a lot of things, if you've had an addiction too, is that you've been, you know, not in contact with the community as such. You've taken yourself out of it for quite a while. If you've got a, you know...well, particular for me, because I lived in two places so I wasn't working for a while...so I wasn't working...or people who've got serious addictions, they aren't working, so they're not...they're out of the community. So to me, part of a rehab, to me, would be you have the full thing. So you go through, you know, obviously detoxing, or whatever. Then you go through that time in the house, or whatever. But I wanted to go to a place that basically, sort of, did after-care. Like, almost the after-care...like helping you get back into the real world.

So for Paula, addicts tend to remove themselves from their own communities. This means that they become reclusive and live in their own world and are not part of the rest

of society. The rehab then needs to be involved in reintegrating the recovering addict back into the community, and therefore, back into the real world.

For the reason that drugs and alcohol are used for things like escapism or as a coping mechanism, it is interesting to note that whether the participants are using drugs, alcohol, or are entering into a sober-house, all these things seems to accomplish the same thing: they remove the individual from the real world. However, the sober-house does actually differ from drugs and alcohol by actually attempting to give the individuals the skills they need to deal with their “real world” issues that they are wanting to escape from.

Peripheral issues. When residents enter a sober-community they are doing so in order to leave a physical or social environment behind that they believe is in some way obstructing their efforts to recover from an addiction. From the participants interviewed, it became apparent that each one was not only dealing with a substance problem, but was also dealing with peripheral issues, which may have contributed towards their substance abuse in the first place, or may have resulted from their substance abuse, or may just be complicating their addiction and attempts at recovery. This section will discuss these outlying issues, and consider these in respect to the individual participant cases.

Bradley. A number of times in Bradley’s interview he spoke about using drugs to deal with stress. Bradley never overtly expresses exactly what his stressors might be, but there are accounts within his interview which may reveal just what kind of stressors he is dealing with.

To begin with, this is what Bradley says about dealing with stress: “But I’m so used to like, from 15, 16 I started off drinking to deal with stressors and everything like that, then I found the opiates even better to deal with things like that, stressors and stuff.” Later in the interview, Bradley talks about how he used to talk whenever he became nervous. He says,

For me...but just at the moment it seems...which I’ve tried to break...I used to talk to talk when I was nervous, I think. You know, just talk for the sake of talking, you know. But now this time I’m so much quieter. You know, I think this is the real me

coming out now. And to a certain level I'm on medication and stuff. Where I used to talk because I felt uncomfortable because there was silence or something. You know, I would get up and I would talk. Whether it's a nervous talk, or I just didn't like the silence, or things like that.

Bradley says that he is much quieter now and that this is the "real me coming out." Also observe that Bradley says that he is on "medication and stuff." The medication that Bradley refers to here parallels the medication he speaks of when he says: "Look, I'm on venlafaxine for anxiety and things like that." In the previous extract, Bradley is speaking in the context of being nervous, and here he mentions a medication he's on for anxiety. It seems reasonable to link these two extracts with each other. Further on in the interview, Bradley brings all these ideas together (the stress, nervousness, drugs and medication), helping to form a picture of what is going on for him:

...I know I need it...a bit of life-skill, how-to cope with stressors and stuff without doing drugs, because I've never done it before. I've always found a stress relief in a bottle, a pill jar, up my arm, or with some sort of drug really... It's getting easier. It's not like the first day in the house where I was so nervous about being around other people, which I haven't done for a while, talking to people...

Bradley is speaking about learning life-skills to cope with his stressors. He specifically says that the life-skills are to deal with the stressors so that he does not have to rely on a bottle (alcohol), a pill jar (medication), or up his arm (illicit drugs). And then Bradley gives the key to what his stressors are when he says that "it's getting easier." Bradley goes on to explain what exactly is getting easier when he says, "I was so nervous about being around other people...talking to people..." Given all these things that Bradley has said, one might conclude that Bradley suffers from some form of social anxiety and that he is currently on medication to treat this. It also helps to understand what Bradley means when he says things like, "...when you're in there it feels like you can't escape from people..."

Considering that Bradley mentions that from the age of 15 he started drinking to deal with his stressors, it may be reasonable to conclude that Bradley has been self-medicating to deal with his anxiety since his teenage years. Now Bradley is in the sober-house and is open to learning the skills that he needs to be able to deal with his

anxiety without the use of medication, alcohol or illicit drugs. This appears, then, to be a positive outcome from the time Bradley has spent in the sober-house environment.

Nigel. Unlike Bradley, the problems that Nigel is facing outside of his drug addiction are openly expressed by him. Nigel has spent a lot of time in prison. He says, "...You know I've probably spent the last eight out of 10 years in gaol, so I've probably maybe become a little bit recluse..." Nigel is also having trouble adjusting to life in the sober-house and considers he's options for leaving. He talks about this when he says,

... But, being stuck there and knowing that if I don't do this, prison is my other option. And to be quite honest, the other day I was ringing up my probation officer and going, "How much prison am I going to get?" you know.

Considering statements like this, Nigel's motives for entering the house are called into question. Nigel mentions the process of entering the house when he says,

I was self-referred. I'm not appointed by the courts. But I was in the middle of a court process; I committed a crime. I've been done for growing a large amount of cannabis indoors and receiving stolen property. And whilst I was on those charges, yeah, it sort of dawned on me, or come to me, that I need to change things in my life, you know. And through that I self-appointed myself to Vantage here. My probation officer in seeing what I had done and looked at my history and, sort of, commended me on these steps, so didn't refer me, didn't propose a gaol sentence, but proposed that maybe a community based sentence because I'm still wearing a bracelet.

From this it may be reasonable to conclude that Nigel has entered the sober-house merely to appease his parole officer and thereby avoiding imprisonment. However, even if this were the case, it does not necessary follow that Nigel is not sincere about ending his addiction to drugs. He has mentioned that he wants to "establish a relationship" with his children, and that he's "here to change."

What is discouraging about Nigel's effort at abstinence is that he has an enormous incentive to keep dealing in drugs. Nigel says, "I always tried to justify my drug use by any means whatsoever. Especially being a drug dealer, the financial side of things was incredible." And also, Nigel says that drug dealing is, "Better than any job. Yeah, better

than any job.” With regards to Nigel’s addiction, being a drug dealer has supported his habit. Here he says,

...considering I was a drug dealer, so my consumption was real, real high. Real high. People like, “Aagh, I had a habit of a thousand dollars a week.” Well I probably, roughly, realistically, had a habit of, you know, a retail habit of about a thousand dollars a day.

Nigel admitted that his time in prison did not curtail his addiction. He says that, “...obviously gaol didn’t curb any of my, you know, drug offences or my drug addiction...” Therefore, imprisonment for his most recent offences won’t help with his addiction on this occasion either. If Nigel is going to lead a clean and sober life, he will need to end his criminal life too.

Cindy. Cindy makes it plain that she has side issues when she says, “...I’m dealing with a lot more than just addiction as well...” Cindy has recently left her husband because, as she says, “my husband’s actually an enabler of my drinking.” Cindy, breaking her relationship with her husband has put her in a position where she has to begin a new life somewhere else. Cindy explains,

In our case, we’re actually separated from November last year. And so I’m actually relocating...well, I have relocated here, basically. I won’t go back up there to live, because if I go back I won’t go back to my husband. And even if I went back to live in Auckland, or out of Auckland where we were, I could guarantee that I would be drinking within a month. Yeah, so I won’t go back there because I have the determination not to, and I don’t want to blow 10 weeks of hard work. So he’s not part of the equation...Nothing...

Cindy is convinced of her husband’s contribution to her drinking problem and has severed ties with him. So she will not be returning to her former life, but will be recreating a new one. Cindy feels that this is only way she will be able to maintain her sobriety. However, relocating has given Cindy other challenges to face:

So what’s more scary for me is getting employment again and accommodation. So...and staying sober through all that. So I’m leaving, kind of...The house is like my safety. But, with this rehab that is 10 out of 10 for me is there’s so much support for me afterwards...I’ve got it through the next few months while I’ve got some

issues to deal with. And, you know, I've got a lot out there: the NAs and...or AAs and everything like that, and help through here through employment...

Staying sober while Cindy tries to land on her feet is what Cindy is focused on here. Having a place to stay and a job to pay the bills will resolve many of Cindy's anxieties, and she would then be able to focus on recovering from her addiction.

Emily. The first thing to note about Emily regarding side-issues that she is dealing with is that Emily suffers from depression: "...We get up nice and early. It's great. It feels good to get out of bed, because I suffer from depression as well..." There is no evidence from the interview to suggest which came first, whether Emily is depressed because of the drugs, or whether the drugs led to Emily's depression. There is evidence to suggest, however, that the depression may contribute towards her functioning and her willingness or motivation to change. Emily says here that, "...for eight years I made myself a recluse. You know, I cut myself off from the world and I wouldn't leave the house if I didn't have to..."

Isolating herself from the world would have exacerbated her depression. Emily speaks here about her social life: "...I haven't had friends since I was at college..." And, "I was a recluse. No friends. I wouldn't socialise. I don't think I knew how to socialise." Social relationships or the lack of quality relationships could easily contribute towards a depression.

It is difficult to know where the depressive behaviour and the drug-related behaviour begin and end. They probably resemble each other because they are related in some ways. Here Emily speaks of a drug world without optimism or hope:

Because when you're stuck deep in that drug world, there's no optimism or hope there, and you don't think it can be done, so you just resign yourself to the fact that you do drugs and that's what you do, and you're weak if you go to rehab. It's a hard world to get out of.

Emily also says about recovery from drug addiction that, "You need to think you're worthy of it. Yeah. And low self-esteem comes with doing drugs, unfortunately." Low self-esteem comes with depression too. The parallels between addiction and depression continue. Here Emily speaks about her experiences on drugs:

...I hate myself when I'm on drugs and I hate the fact that I have an addiction to drugs. I hate it. I don't get a high, I just start going into my own head and telling myself I'm dumb and a waste of time, you know. I even got to the point of suicide. Never tried it, because I'm not that brave, but that's where it was for me. So, for me, there are no positives to doing drugs. There are only negatives.

Emily's description resembles depression with evidence of self-hatred, feelings of worthlessness, hopelessness and thoughts of ending her life.

At the time of the interview, Emily's mood seemed rather elevated. She spoke very fast and had a great deal to say. She was filled with optimism, and the transcript of her interview testifies to this. Emily's affect did not, in any way, come across as being low. A manic episode was considered as an explanation for her mood. However there is no other evidence to support this conjecture. It is equally plausible to consider that Emily is overcoming her depression through the progress she has made in her recovery from her addiction to drugs. The present study is not attempting to make a diagnosis, but it raises this point of contrasting Emily's mood as this may demonstrate major gains as a result from staying in the sober-house.

Paula. The first thing to note about Paula outside of her addiction is that she is dealing with depression: "...I'd suffer from depression as well. I'd spent five days in my bedroom and wouldn't come out..." Again the lines blur between depression and addiction. Paula says,

I mean, I wouldn't go out. I became a real recluse. I'd sit round at the house...all day long, wouldn't go out socially. The only time I would socialise is when my two good friends came to see me, or I would go to their house. I didn't want to go out in public. I had no interest. Just didn't want to do anything.

Paula explains further how becoming reclusive affects an addiction. She says,

... But I think a lot of things, if you've had an addiction too, is that you've been, you know, not in contact with the community as such. You've taken yourself out of it for quite a while. If you've got a, you know...well, particular for me, because I lived in two places so I wasn't working for a while...so I wasn't working...or people who've got serious addictions, they aren't working, so they're not...they're out of the community.

So for Paula, some of the problems experienced around her depression and her addiction has led to a loss of work as well as isolation from the community. However, putting the depression aside, Paula has a number of other issues she is dealing with.

There is no evidence in the interview as to what lead to Paula's addiction to alcohol, but she does reveal that after her first attempt at recovery, Paula experienced some relationship problems. Here Paula talks about what happened:

...I found out that my partner, through the whole time I was in rehab, had some hooker, or some madam living in our Auckland house. And, you know, like, there was a whole lot of stuff going on. So I thought, I know, I'll have one drink, I'll be fine, because I never... You know, I was fine during rehab. But then, slowly, and slowly, but surely, it started going down-hill...

Paula reveals here that she uses alcohol to help her to cope with the problems she is facing. Unfortunately for Paula, her relationship problems appear to be complex and difficult to deal with. Paula says about them,

The thing is I've just got so much crap going...other crap...Like there's a lot of legal stuff with an ex-partner that's been going on for two years, and that, sort of, branches out into a whole lot of other messy stuff, because it is a really messy case. And the problem is, if I have a drink I just don't stop.

Further in her interview, Paula discloses just how complicated things have become for her, and therefore, so much more difficult to deal with. She explains,

I mean, my CV reads really well and...That's the thing, I've never had a problem getting a job, but I'd be too scared just to even try and apply, because with the drinking...well, with this ex-partner, when we broke up two years ago...like, we're still going through property issues now and he's difficult...I got an assault and wilful damage conviction, and they're minor, so the police say. But to me, you know, whenever you apply for a job these days they're going to ask you if you've got a conviction. And to me that plays on me. Even though to anybody else, they'll go, "No, it's minor. It doesn't matter. Yes you won't be able to work with children," or whatever, but that's not what I do anyway. So it shouldn't matter, but it does to me. So that was the really hard thing... And I think that's why I went and finished my bachelors last year, just to kill time. Because I was just too scared to go and

apply for a job. Because I really...I don't want someone asking me if I've got a conviction, because, you know, having to say, "Yes."

Paula makes it clear that she entered the sober-house as she was not able to deal with her drinking problem while faced directly with her other problems. She says, "...because of what's going on in my life, like with all of these other things...to be able to go to a place where you're just totally focused on recovery." And she also says, "...you know you're there to concentrate on you. Do you know what I mean? Whereas, if I was back home, or whatever, I'd be busy concentrating on trouble, trying to, you know, think about everything else, you know, as well as trying to juggle..."

Similar to Cindy, Paula needs a few things to go her way in her personal life. Since Paula has a propensity for finding solace in alcohol, getting through her relationship, legal and employment issues will go a long way in helping her to avoid drinking again.

It appears, then, that each one of the participants has some pretty serious issues to contend with beside their substance addiction. From the evidence in the interviews, it is not clear whether these issues caused their substance abuse, or whether these issues resulted from their substance abuse. However, what is suggested is that these issues seem to have an enormous impact on their lives and appear to be linked to their substance use in some way. Therefore, successful treatment of their addiction will also need to find strategies for dealing with these other issues too. There was also evidence to suggest that the time spent in the sober-environment may even be helping the participants to deal with these other issues like anxiety, depression, relationship problems, and even avoiding incarceration.

Learning. All through the interviews there exists a noticeable thread around the topic of learning. This is evident most strongly with Bradley's and Emily's cases, and it is also manifest in Cindy's case too. Even within Nigel's case, whose responses are so contrary to everybody else's, examples of learning are there, even if they are subtle or implied. Paula also never overtly speaks about learning, but rather speaks of other gains where learning is inferred.

Leaning life-skills. One basic need that the sober-house seems to respond to is the need for some of the residents to learn how to function in their daily lives. Each resident

may have differences in what they need to learn and their reasons for this, but it's plain that some very rudimentary skills are required by some of the residents.

Emily speaks a bit about how merely living with others and getting on with others is something that needs to be learnt: She says,

... And it's life skills for me....getting on with other people. Because for eight years I made myself a recluse. You know, I cut myself off from the world and I wouldn't leave the house if I didn't have to. So being, almost, forced to live with other people, it's given me skills I would never... You know I could've...I might've been able to give up drugs at home on my own, but this is giving me skills I never thought I could have. Yeah, it's fantastic. I would say that I would do it again, but I don't want to do it again. Just once is enough.

When running through her routine at the sober-house, Emily says that,

...And then, usually the gym, which is good for clearing my head. I love it. I've never been to a gym, so. And then we come home, someone cooks dinner, and anyone who wants to help, helps them cook dinner. We each have different nights...really good, because I don't know how to cook. I'm 25 and I don't know how to cook. So I'm learning a lot...

Emily mentions here that she's never been to a gym before, and now she's learning what benefits come from this. She is also learning to cook, something that she feels that she should already know how to do at this stage in her life. Emily also speaks about other everyday life-skills she's learning to do: "I just like having structure. I love it. I like going...even going grocery shopping. Everyone hates it; I love going because I don't know how to do that." Emily is really looking at the time spent in the sober-house as an opportunity to learn the basic life-skills that she has not yet learnt.

Bradley, too, is challenged by having to share the house with others, but this is also teaching him things. Regarding this, he says,

It is actually teaching you stuff. You've got to...People aren't mind readers. So I do like that. I am actually learning something, to communicate, and it's good when you can see other people doing it as well... When I see people (it's taken me long to break that mould of asking people for help), but when I see other people in the

house doing it, it's showing me, you know, it can be done, and it is helping. You know I'm learning now that if I don't say anything, people don't know.

So in the sober-house environment Bradley is now learning about the importance of good communication. He is also picking up different life-skills just from watching how other residents deal with their own problems:

Because I mean, with the different age groups too, the older people in the house, you're learning how people, with maturity levels, how people deal with things differently as well. You know, you can see. You might not learn it straight away, but some of it is rubbing off on you without you even noticing it; how people aren't always complaining and seeing the ways that work for them, you know you can put them into action for yourself.

Similar to Emily, Bradley also feels that because he is placed in the sober-community, with nowhere to escape, he is "forced" to learn how to cope with other people. He says,

...Or just learning those life skills, talking to people, and when you are, sort of, feeling uncomfortable there's nowhere really to go that you can get away from it all. Do you know what I mean? So you've got to learn ways to deal with...deal with things. You can't just escape like I used to: go to my room and get, sort of, out of it, or stay in the room all day, or watch TV all day.

He says also that,

...I need to learn life skills and things like that. Where that is great in the house with other people, because you've got to learn how to converse. You can't just escape and go home into your cave.

So for Bradley, even the informal life of the sober-house, the day-to-day routine, are learning opportunities. And learning takes place whether he is aware of it or not. Speaking of his constructive schedule, he says, "...You're making use of your time. You're not sleeping it away. You're not watching TV away. You are learning things, without you sometimes knowing it, sometimes."

Self-understanding. For some of the participants the support services they receive while staying in the sober-house provide an opportunity to become more self-aware by understanding better why they are addicted in the first place, and by understanding

better how their addiction is affecting them. Emily's attitude towards the Intensive Outpatient Programme (IOP) is obvious as being viewed as an agent for learning. She says that,

...three days a week we go to what I call 'school', which is education on our addictions and that's really good.

So Emily sees that it is good that she's learning to understand herself better. Bradley also sees IOP as a way of understanding himself better:

Then depending on different days we'd go to IOP for a bit of education and things like that, on what the drugs, say, have done to us, or why we do what we do.

It sounds as though Bradley is still coming to an understanding as to why he takes drugs. He explains further,

...So that's really helpful to know what you have actually done to yourself and why you do it. Or actually, the IOP's made me go onto read a bit more into what I have done and why I do do it. You know, so that's very interesting. So we have that three days a week: Monday, Wednesday and Thursday. So I really sort of enjoy that, even doing it a second time around, because I think it's finally hitting home to me in a lot of respects...

For Cindy, IOP is teaching her about her addiction. She says,

...We do have group discussions as well. But from them...just things that I, you know, that I've learnt that, oh, this is actually quite not normal what was happening ...as an example, my husband's actually an enabler of my drinking. But to actually hear someone and have a thing on that, and then go, "Whoa!" you know, and then discuss it with them...

Cindy has learnt from group discussions that either her behaviour or her social situation was "not normal." Through discussing hers and other similar situations, she's been able to learn what aspects are damaging and how they can be corrected.

Cindy also talks about how she's come to a better understanding of her situation. She says, "I think I'm listening more this time...and I'm...situations that I've been in...to why they happened. I don't know, my mind's probably more open." Cindy

explains that she is opening to listening more. The listening implies that she is learning from other people's experiences and is able to draw on these to understand her situation better.

Environments that foster learning. Listening to Emily, one gets the impression that the sober-house is designed to be more than just a substance-free environment, but rather an environment that teaches the residents how to go out and practice a substance-free life-style. As Emily says, "Every day I learn something...Something I can take with me. Every day." Residents like Emily seem to be acutely aware of what they are lacking and where they need to make up, but even when others aren't as open to learning, the environment seems to be arranged to enable learning to begin. In the following example, Nigel is speaking about his short temper and feelings of anger that he considers to be stemming from coming off the drugs. Regarding this, he says,

Aah, yeah. Of course, it's from the withdrawals, you know. And then... I don't know, I just... Internally I hold a lot of it in, I bottle it up, you know, because if I was to explode, you know, I'd probably get kicked out. I've exploded once, verbally... I read a lot now. I think and just sit there and... Internally I'm a little bit angry, but I've self-reflected, not through any help of Vantage or Refuge Aotearoa, but just through myself. Reflecting upon myself, thinking, I can see that it's the drugs: why I'm angry, or why I'm frowning, or whatever, so. As long as I'm aware of that and mindful of it, I can help myself more than anybody else can help me, I think.

It's interesting to see how Nigel rejects the notion that he has received any help from the structures of support around him and places any advances in self-awareness as being solely his own achievement. Well, the first thing to observe is that Nigel has become more self-aware to come to the understanding that the withdrawals are making him angry. In this account he states that he has been able to read (a lot), think and just sit there and reflect. The fact that he has done all these things demonstrates that he is in an environment that has afforded him the opportunity to do so. Also, the fact that Nigel attributes these things all to himself is, perhaps, also a credit to the sober-house for keeping him independent in his thoughts by not telling him that his withdrawals are making him angry, but by letting him come to that conclusion himself. In the end, there

is evidence of Nigel reflecting and becoming more self-aware, therefore, Nigel can be said to be learning.

There is also some evidence to suggest that Nigel may be either closed to learning from others or that he has heard it all before and understands his situation well enough:

I think that people can talk to me until they're black and blue in the face, but ultimately, at the end of the day, it's my decision. And it's what...deep down, I guess, it's what you want...or what I want. And only I can change. Nobody else can change me.

Nigel's reference to others talking until they're black and blue in the face expresses exasperation from others who are trying to get through to him. It is encouraging, for Nigel's effort to quit drugs, that he does appear to be in control. It is his "decision" to end his habit. When he expresses this, one feels that once he is ready to stop, then he will stop.

Paula never speaks overtly about learning, but she does mention something that she has learnt since her previous stay in the house: She's learnt that she cannot have just one drink. Speaking about her progress, she says,

So maybe this time, yes I've got progress in the fact that I actually sit there and I reflect. You know, I'll write, which last time I never did. And I know for a fact, I'm not going to try and kid myself, I can't have one drink. Because one becomes two, then becomes two bottles of wine.

Paula implies here that there exists in the sober-house an environment that is conducive for the residents to be able to write and reflect upon themselves, and this is an aspect that appears to help the residents to learn how to deal with their problems.

In conclusion, the structure and support that the residents receive during their stay at the sober-house appears to be conducive to teaching the residents certain life-skills that they may be lacking in, or coming to a better understanding of themselves, their addiction and the things they need to be focusing on. In general, there is an attitude from the participants towards learning from their experiences in the sober-house, and taking what they have learnt with them when they leave. Emily says this about leaving, "Right now I'm scared but I know in the coming weeks, I'm going to learn more. And

I'm going to get skills I need to be equipped for when I leave the house, and I'll be fine...I hope." Cindy conveys the same spirit, "...so I've got a lot of determination and skills that I have learnt while I've been there."

Structure. Life in the sober-house is scheduled into a structured routine that spans the length of each day and is set for each day of the week. All residents of the sober-house are expected to operate within the routine provided, which include attending outpatient addiction treatment, attendance of 12-step support groups, helping out with general chores and maintenance of the property, gardening, household chores, cooking meals, grocery shopping, as well as participation in group activities, outings, recreation and exercise activities . For this discussion, structure is taken to mean all the rules, activities and events that make-up the daily life of the residents of the sober-house. This discussion will focus on the role that structure plays in the lives of the residents and how it contributes towards their relative functioning.

Levels of functioning. For the various individuals in the sober-house, their levels of functioning will differ. And for those who are functioning at very low levels, structure can be very important in imparting even basic daily tasks. For example, Bradley, while listing the resident's daily routine, says the following:

... You wake up, shower and everything like that, and try and get back into that habit of functioning. You know, not sleeping all day or whatever, whatever you are. So that's a good habit...You have a breakfast, which is good as well, you know, eating properly...

The daily routine serves the very basic function of getting Bradley out of bed and also helping him to eat properly. Bradley also says,

Like we all do our own shopping list and everything like that, but it needs to be done on the Tuesday. You can't say, "Aah, I don't feel like it today, I'll do it tomorrow." That sort of thing's taken out of my hands.

Working within this structure helps Bradley to function and get things done. It appears, then, that certain individuals recovering from addiction require help through every moment of the day, from waking up, eating, to doing the groceries.

For higher function individuals, though, the volume of items structured into their daily routines appear to be too constraining. For individuals like Cindy, who's a mature woman accustomed to running her own life, the structures are acknowledged as being necessary for others but may not be appropriate for themselves. For example, Cindy says, "... The structures and...or anything like that, because I'm used to...you know...I manage everything." Cindy also says about the packed routine that, "... Even though I worked full-time and, you know, and have my home and everything, it just...yeah...and just...yeah... You do get tired..."

The packed schedules seem to appeal to some individuals. As Cindy explains, "They filled the schedule because other people complained there was too much down-time..." However, the emphasis on always having to be actively doing something appears to work against others. Paula is another one who feels this way. Here Paula describes how she would prefer to spend her Saturday afternoons. She says,

I don't particularly like Saturdays...But in the afternoon it's, sort of, like a joint... You've got to come up with something that you might want to do... I don't want to go. You know, and I prefer, actually, that time to do some reading or just...I just want quiet time. I don't feel the need to have to... You know, you're with these people 24/7 basically. I actually...I don't have a problem being on my own. And I think a lot of people, they just need to be doing something, and so they want to go out... You know, I'd rather have the time just chilling out.

In this example, Paula clearly sees herself in opposition to those in the house who always "need to be doing something." Paula also notes that her views on having less structured into their days are in the minority. She says,

So you've got this thing where you all have to go together, so you don't really have a choice because it's basically the majority...what the majority wants to do, you have to go along with. Which, I mean, I appreciate; that's obviously how it has to work, but doesn't mean I like it, so.

Paula goes on to explain how some of the residents always need to be entertained and how she's not like that. She says,

...I think...like a lot of the guys that came out were having trouble, because sitting still... You know, they always had to be entertained. You know, there had to be

something going on, and hence why I think they put more...structure in, so that there's something always going on. Whereas, I'm probably the opposite. Like, yes I like the structure, but I think you need to have some...

Paula doesn't finish her sentence here, but she does imply that she'd prefer to have more time to slow down from the hectic schedule.

Nigel makes a comparison between the times when the group are undergoing structured activities and when they are not. He says,

I think when it's structured at Refuge Aotearoa, when we're actually doing it, I think we all gel really well. We all come together and we're all respectful of each other and their emotions and needs when we're in that room. And I like that part of it, you know. Because we're all there on the same level, all trying to help each other. But once there is not that structure and we're back in the house... Yeah... everybody gets a little bit crazy and then it doesn't feel like a, you know like...just feels like a hostel or a boarding-house then...

Nigel is comparing a formal group activity to down-time at the house. His description reveals that many of the residents do not seem to handle their free-time very well and who need to be guided into becoming more constructive.

From another point of view, individuals like Emily are at a stage in their addiction where they feel the need to continually keep busy. Emily tells a story that helps to explain why:

... The only other time I had a bad experience was we were in Wellington doing a Saturday afternoon outing, which we usually do, and we drove past my dealer's house, and it triggered the hell out of me. I didn't want to go there, but I couldn't stop thinking about it until we started doing something, and then it occupied me...

This event that Emily speaks of adds credence to theories for removing addicts from their physical environment to avoid cues in the environment that might trigger cravings. Merely driving past her dealer's house was enough to set her off. Once Emily had been triggered she was not able to stop thinking about taking drugs. She was only able to end her excessive ruminations by occupying her mind with something else. Keeping the

mind busy, then, seems to be important in order to avert temptation to use a substance. Boredom, for them, is something to be avoided.

Keeping busy and fighting boredom. Emily reveals plainly what she thinks of boredom when she speaks about times where she has nothing scheduled. She says, "... And it gets boring. And boredom is a killer, mate. Boredom is our worst enemy." When asked why, Emily responds, "For me, if I get bored I lose motivation. I'm harder to get going after that..." Emily says here that she loses motivation when she is bored. However, surely boredom works the other way: When someone gets bored, they will soon be motivated to do something to lift that boredom. In fact, this might be the very problem: Boredom for someone who is addicted to a substance leads to a motivation to use again. Therefore, Emily does not lose motivation in general, but rather more specifically, she loses motivation to end her habit. Later in her interview, Emily explains more about why she doesn't like to be bored. She says,

For me, I start thinking about home. My head just starts...I like to keep busy. Like, I love to go the gym because it clears my head. You know, like, I start thinking about old times, the demons jump in.

Emily really recognises her need to keep occupied, and looking forward to when she leaves the sober-house, she sees this as being imperative: "...I mean, my doctors told me that because of my depression I shouldn't be looking at full-time work when I finish rehab. I'm ready for work. I want to be in full-time work, because, hell..."

Bradley also recognises the need to occupy his time constructively. He says this about routine,

...Not the same old, same old, same old. Because I think, you know, that a lot of people get bored of the same old, same old. And sometimes, yeah, when you do get stuck in that...I don't want to be escaping with drugs...

Boredom is bound to creep into all factors of life. The everyday hum-drum needs to somehow be made attractive or given purpose, otherwise excitement may be sought after in dangerous places. Bradley expresses this when he says, "... Really I've got to find...now I know I've got to find other ways of entertaining myself. And, you know, I've just got to shift that whole mind thing of needing a drug to feel alright, or to have fun..." The structure and support in Bradley's life needs to focus more on increasing his

saliency towards natural and healthy rewards while, at the same time, lowering the reward value of substances.

Nigel recounts a story about an occasion when he felt bored. This story demonstrates very nicely the dangers that boredom can lead to among drug addicts:

I guess there's a little bit of structure there, so it keeps you a little bit busy. So... I don't know... It's breaking away from that boredom. Or there's a routine or structure, so it just, sort of, keeps your mind a little bit occupied. Which I guess is better than... What I found was when I got released from prison I was sitting on Home-D with a 24 hour curfew. I wasn't allowed to leave the house, which a bit of boredom come up. Within that first week of being on my bracelet I was that bored I learnt how to make hashish... In my home, you know. So, that wasn't very helpful at all. [Laughs]. Suddenly I'm smoking hash and I never knew how to do that before. Because, what else was there to do, you know?

This story really does demonstrate the proverb that idle hands become the devil's workshop. It is also ironic that Nigel was placed under home-detention in an effort to keep him out of trouble and it was this situation that instigated further rule-breaking. Take note that Nigel believes that it was specifically boredom that motivated him to discover how to produce hashish, rather than being driven by his addiction. It wasn't a craving, but rather, he had nothing better to do. It is boredom coupled with an openness to intoxicating substances that appears to be a harmful combination.

For many of the residents, especially those who are lower functioning or who are dealing with severe addictions, structuring their daily routine in the sober-house appears to be necessary in helping them to avoid boredom and excessive ruminations that may lead to situations that could potentially be destructive. However, structure should not merely serve as a way to occupy the individual's time with activities that are incompatible with using a substance, but structure should focus more on stimulating natural rewards from healthy sources, thereby reinforcing behaviours that promote a healthy way of living.

Thoughts on leaving. This section will discuss a theme that emerged from the interviews about how the participants felt about finally leaving the sanctuary of the sober-house. The reactions from the participants were wide and varied that also seemed to reflect their progress in their recovery. This discussion will begin with Bradley's account of what went wrong when he left the sober-house after his first stay there.

Misplaced self-assurance. Bradley, speaking here about a change in his progress between his attempts at recovery, says:

I did learn some great things the first time, but I think I held onto a feeling the first time that I could just have one. You know what I mean? That was my...where I came unstuck, sort of thing. From the first time I thought I could...I had learnt so much that I could just handle having the one and just leaving it at that. One, say maybe, once a month maybe. But it just showed me how quickly...because I didn't use everything the house had offered me, like with the supports and things like that. I thought I was pretty much fixed.

Bradley gives a very interesting look into what can happen when an addict does experience some success in their recovery, but not enough. Clearly, because Bradley wasn't even able to remain sober for a week, he was far from a position where he could handle any temptation. However, the things that he did learn, in a way, backfired on him, because they boosted his confidence to such a level that he believed that he was in control. Bradley, however, is learning from these experiences.

Can't do it out there. Here, Bradley discerns his necessity for the sober-house: "I think it's the best place to be in this position. I couldn't do it out there. With my family, they might have been part of the reason for me using." Later, he says that, "...it's just so hard to do out there." Bradley makes it clear: he needs to be out of his physical and social environment in order to have any hope for recovery.

Even Nigel, who so often has contrary opinions to the rest of the participants, admits that he needs to be in a place like the sober-house. He says, "But deep down I knew that if I walked I would probably, you know, would just carry on with my drug use. So, I'm here to change." Leaving prematurely would lessen his chances at recovery.

Frightened about leaving. Bradley, speaking about returning home, says, “I am worried. I am really worried. Yeah, I’m scared actually. Because that’s where it came unstuck last time.” Bradley, having relapsed soon after his last stay, is filled with anxiety about doing it again.

Cindy’s concerns about leaving seem to be more about picking her life back up, but a close look reveals that she too is worried about being able to stay sober. When Cindy was asked how she felt about leaving, she answered,

I’m not so nervous about leaving because I’m going to stay with my brother and his family. Which I’m giving myself three months because I don’t really want to live with them; I’m too old to be living with my family. So what’s more scary for me is getting employment again and accommodation. So...and staying sober through all that. So I’m leaving, kind of...The house is like my safety. But, with this rehab that is 10 out of 10 for me is there’s so much support for me afterwards. There’s support with Refuge Aotearoa, to see Murray...you know, just...you know, not on for 10 months later, but you know, I know I’ve got it through the next few months while I’ve got some issues to deal with. And, you know, I’ve got a lot out there: the NAs and...or AAs and everything like that, and help through here through employment. But, yeah...In some ways I’m ready to leave, but I also feel a bit nervous...

Cindy feels as if she’s making progress, but says that she’s dealing with other issues besides addiction. That is probably the whole point: It’s the other things in life that make addiction and quitting so hard. We know that she’s left her husband. This means that she has to begin making a new life for herself. So her main concern for when she leaves is for landing on her feet again, with a job and a place to stay. She says that she’s too old to stay with her family, so it’s probably important for her to be independent, and not to have to rely on anybody.

Although Emily is really positive about the gains she has made, she recognises the safety of the sober-house and isn’t really confident about leaving just yet. She says this about her experiences there: “Because it is, it’s life changing and...I don’t know if I want to leave, you know. It’s awesome.” When probed further about not wanting to leave, she admits,

I'm shit scared, yeah. Yip. Because I'm scared I'll relapse. But I know in the next five weeks I'm really focusing on being stronger, finding out what my triggers are, and facing them. Because at the moment, if I start to feel a trigger, I just avoid it.

So, here again it can be seen that Emily is both frightened and positive about her future. She is frightened because she is not yet ready to leave, but confident too that when her term is up that she will be ready. Emily confirms this when she says, "Well, over five weeks I've learnt a crap load. Give another five weeks, I'm hopefully going to have learnt double what I know now. And I feel that that's going to be enough."

Emily speaks about a certain resident whom she feels has not been serious about wanting to end his habit. About him she says,

The guy that wanted to go and score, he's still in the house now, he's just about finished, but I can probably tell you for a fact, he'll be using drugs within a week of being out of the house. But, Simon has explained to me, this guy is...he called him the Rolls Royce of drug addicts. You know, he's the worst of the worst... And I think the fact that he is leaving soon is freaking him out. And I can understand that, because I feel that I'm stronger than him now, half way, than he is at eight weeks.

About this resident whom Emily is referring to, although he's not ready to give up drugs yet, the thought of leaving the sober-house is freaking him out. This suggests that, really, he does want to quit, because he probably realises too that his addiction will be too overwhelming to deal with on the outside. Many of the participants have placed a lot of importance on receiving some after-stay support.

Plans for after stay. Bradley is starting to think about what is next for him after his stay. He is clear that he's not yet ready to return home. Speaking about leaving, he says,

Yes, but I know now from my experience in the house I've got to keep on making myself better. Like, going to...one of the ladies at Refuge Aotearoa has got a friend in Auckland where I'm looking to go for a bit of clean-time with my father, up there. She's got a medical doctor friend that she said will be willing...I don't mind paying for it because I know I need it...a bit of life-skill, how-to cope with stressors and stuff without doing drugs, because I've never done it before. I've always found a stress relief in a bottle, a pill jar, up my arm, or with some sort of drug really. So my time in the house has given me enough, like, coaching, or whatever, to know

what I do need from here on. I need to be working on myself. I know that one drug...I can't just have one, it will lead me back to where I've started. This time I've learnt that. And I'll probably be working on myself for my rest of my [inaudible] life, but it's getting easier. It's getting easier. It's not like the first day in the house where I was so nervous about being around other people, which I haven't done for a while, talking to people. So whatever happens I am better for it. I'm better for it, because I'm doing it.

Bradley says that the stay at the house has in the very least, given him a plan for what to do next. He's identified the things he needs to be working on, and now he needs to put in some hard work to get better. So this time there are no illusions about how simple it's going to be. He has a long road ahead of him and he knows it, but happy that he has at least made a start.

When Cindy was asked whether she'll be receiving support from her family outside, she answered,

No. That's why I need to do the meetings. I need to make sure I do at least four a week, or three if I'm doing...you know, seeing Murray and Refuge Aotearoa once a week, and I'm doing relationship counselling, and I'm also doing self-esteem, and I'm going to do another thing through the Woman's Centre. So I'm trying...you know...Because I've got all this support from the house, leaving the house I need to make sure I've got loads of support and everything to keep me strong. Yeah, that's very import. And that's another thing with the house, it gives you opportunities to...to give you the...you know, there's so much help out there and they can advise you on how you can get it and where to get it. And it's, like, grab it...just grab it.

It is great that Cindy is making the most of the all the support that is offered to her from her stay at the sober-house. Cindy expresses the need to stand on her own two feet, and really wants to get this right. She also seems to be aware of her weaknesses too, so is making the most of the support to keep her strong.

Cindy also says, about leaving, that, "You don't feel like you're put out there and, 'Go sort it out yourself. We've given you a little bit,' and here I feel like I'm, you know, just given a lot of...lot of help...a lot of options." Although Cindy has expressed her

nervousness about leaving, she feels as if she's been given enough support to help her along.

Emily recognises that she is going to need on-going support. Speaking of her parents, she says: "I know they're there for me, but in a different way. I mean, to understand an addict you really have to have had an addiction, to be honest...I've learnt. Which is why I'm going to get a sponsor through Narcotics Anonymous, and I'm going to continue with the counselling from Refuge Aotearoa. I'm going to carry that on for a while because I think I'm going to need it."

Emily also talks about how her time and money will need to be put towards more constructive ends, or else they will be used destructively. She says,

...I want to start, you know, go do indoor netball with some of the girls from my work on a Tuesday night, and that's Tuesday night covered. You know? Saturday mornings, I'll be going to NA every morning. You know, like, I feel that's why I fell into my drug addiction, because I had nothing better to do. And I get home from work, pay-day for example, and I've got nothing to do, got a lot of money in my bank, let's go spend it, let's get high. Whereas, if I've got things like netball fees to pay, you know. Because I've now had a taste of the clean life I will put that first. So yeah, it's going to be hard. But I hope to start setting those sorts of things up in weeks nine and 10, basically. And that's what they give us the opportunity to do.

Emily feels that she took drugs in the first place because she had nothing better to do; there were no better alternatives. Now, however, she is planning to fill her life with clean and healthy options.

Emily will also be taking with her some of the things she has learned during her stay. Here Emily, while speaking about a particular issue she has around restrictions in the house, talks about making her life more structured:

I mean, like, the fact they won't take all of us in the mall at once annoys the hell out of me... But it just annoys me personally because I've always had the freedom to do what the hell I want. Even though I haven't done much. Yeah. But at the same time it's good because it's forming structure, and I hope to take that back with me, home, and get some structure in my life and develop that myself. Rather than go to work to earn some money to do drugs. Or, go to work to steal money to do drugs. That's all

I did for eight years. That was my purpose in life. Having goals. I have goals. It's so great. Yeah. I sat down with my case worker, Sue, and we set goals. I've never had goals in my life. And it's really cool. It gives me a reason to keep clean.

Emily seems a little frustrated with the lack of freedoms in the house, although she does recognise why these restrictions are there. She says it is tough because she's always had the freedom to do whatever she wanted. Could having too much freedom have led to the drug problem in the first place? She may think so, as she wants to take home some of the structure that she's picked up in the house. Emily has also found that having goals are really important, and she seems pretty excited because she's now developed goals and she's never had goals before. Emily seems to recognise that she needs to strive towards a future end; otherwise she might be left adrift, without purpose, making her vulnerable to taking drugs?

Paula is feeling positive about her progress and about leaving. She's says this about leaving:

...Well, I'm optimistic. I'm looking forward to it because I've got a purpose now. I actually...Do you know... When I was finishing last year, like, I honestly couldn't think...Oh my goodness...I couldn't see, like, what am I going to do after this... I want to get back to having a job and having all that sort of stuff...

Paula's reason for feeling optimistic, she says, is that she has found some purpose now. The implication is that she did not have purpose before, or didn't know what her purpose was. Without purpose, why not drink? There can be no reason why not.

Long road ahead. Bradley has reached an understanding that there are no easy solutions to his problem and that learning to deal with his severe habit is going to take time. Speaking about ending his habit, Bradley says,

It's not just a case of stopping it. I'd love to just leave it, but that's the way I've dealt with life for the last twenty years. I'm not going to break it in 12 weeks the first time. No, it doesn't work like that.

Talking about how things are different from this attempt to his previous attempt, Bradley says,

Really I've got to find...now I know I've got to find other ways of entertaining myself. And, you know, I've just got to shift that whole mind thing of a needing a drug to feel alright, or to have fun. Because, I mean, it's only early days from the twenty years, you know. I do think... Yeah, it could be a bit longer ... Yeah, I've just got to change my whole mind-set. Which, I'm doing slowly but surely. But it does take time from twenty years. Looking at 12 weeks the first time and 10 weeks this next time, twenty-whatever weeks, that's not very long at all, you know.

Paula really puts this life-long struggle into perspective when she speaks about there being no cure for addiction:

...it will always be there. It's never going to go away. Like I'm not kidding myself to say that, oh yeah, I'm going to be cured, because I never will be. But the fact is that I know that. When I say cured, do you know what I mean? I know that I can't have a drink. That's what I'm saying. So I'm not going to kid myself and go, oh yeah, in 10 years' time, I think I'll be fine having one drink, because the reality is no. And I don't want to take that risk. Does that make sense? I don't want to go down that path.

For Paula and Bradley the struggle to remain sober will always be there.

Hard to go back. For Emily, the sober-house has become a second home: "...it feels like home. It does. That's why it's going to be hard to leave." Residents like Emily seem to take a lot of comfort from being in the sober-house. This may make leaving all the more frightening.

Emily gives her understanding about what happens when a person returns back to their home environment after rehabilitation. She says,

... So it's not going to be such...as much of a shock to go home, because I've stayed within the same area. Whereas, I guess, people who have come from further away, you almost have to face your old life somewhere completely different. It would be more of a, what would you call it, a shock to the system. Whereas we're walking through here... We're going through [the mall] and I used to work in there. At first it was daunting, and I'm totally comfortable with it now.

Emily uses the term “shock to the system” to describe the experience of, after learning how to lead a sober life away from home, the person returns home to the environment where they learnt to be an addict. Emily believes that this experience is easier for her because the sober-house is in the vicinity of her own neighbourhood. Therefore, Emily sees that she has been dealing with her problems without being totally removed from her larger environment, and this for her is a benefit. For others though, who come from different regions, returning home can be shocking. Since she uses the word “system” a system will be used as a model to help understand what Emily means by “shock to the system”: A system is the total sum of all of its parts. Each part in the system is affected by the whole system, and the whole system is affected by its individual parts. A change in one part will see a change in the whole system. When a part of the system (the addicted individual) leaves the system (home environment), and enters another system (sober-living community), the other system will influence that part to change. After a change has occurred, that part will return back to its home system, and that home system would have undergone its own change, due to the part’s absence. When the part re-enters into the home system, this system will resist the influence from the returning part and place pressure on that part to behave in the system the way it had before. If the home system cannot get that individual part to change, the whole system will then also have to undergo a change. Therefore, perhaps the “shock to the system” describes the experience of the individual who has now learnt to be sober, but on his return home, finds that, because of his personal growth, things at home aren’t the way they used to be. He is no longer the same person her used to be. The shock comes in with trying to reassert, or merely to identify, his position at home, and a lot counts on his family’s willingness to change and to accept his change.

The participants expressed a lot of different thoughts about what things are going to be like when they leave. Some are more optimistic than others about their state of recovery. Most of the participants appear to be grateful for where they find themselves now, within the haven of the sober-house. There are some concerns that the time in the house is not time enough.

Reasons for sober environment. The following discussion will address the emerging theme that expressed the effects of living in an environment that fosters healthy ways of being. To begin this discussion, an alternative point of view will be considered from Nigel who calls into question the basic philosophy of a sober-community.

Case against sober-house philosophy. Nigel raises an argument around a fundamental sober-house rule, that being: sober-houses only permit their residents to lodge on the condition that they remain clean. Nigel has the following to say about this:

Because I ask these people, I say, “What happens if I relapse?”...if I was to smoke a joint they’d kick me out. That’s when I’m at my most vulnerable. I’m at my most weakest, and here they are willing to beat me up. That’s not helpful. I don’t find that’s very helpful at all. That’s when I need these people the most and they’re, like, turning their backs on me. So, if that’s what this is all about, well I feel I’ll have better support on the outside. At least my friends and my partner wouldn’t turn their back on me.

Nigel makes a great argument about how the philosophies of the sober-living communities aren’t very helpful towards addicts, especially when a relapse occurs. A point to note regarding Nigel’s argument is that he raises it within the context that he is feeling hard done by for not being permitted to go onto a detox programme, while others in the sober-house have been. Nigel’s point about being abandoned by the sober-community when he’s at his most vulnerable is a very strong one because it points out that those who relapse have fallen and need help to get back up; it also suggests that those who do relapse are perhaps weaker than the stronger ones who are able to remain sober, and are, therefore, in need of more care than those who are able to remain sober. However, it is clear that the residents are supported in so many ways, and even at their most vulnerable. Support is, however, only given to those vulnerable who endeavour to stay sober, and the support ends when the vulnerable seek to become intoxicated. This is the point up to which the sober-community feels qualified to provide a service, and beyond that, where people are still using a substance, is outside of their capabilities.

Also, Nigel’s statement about his friends supporting him in his recovery is a little bit insincere, because he admitted only a few sentences before the above extract that his friends will, in fact, be a temptation for him. He says, “There’ll be some people that,

you know, will take drugs or some of my friends may take drugs around me, or whatever, and so then that temptation's there." Therefore, while the sober-communities do reject those who relapse, doing so ensures that, for those who are at a point of turning their life around, that they can be in surroundings that build on healthy and sober ways of being, rather than being enticed into using again.

Case for sober-houses. The sober-house initiative can be seen as alternative to other treatment initiatives, like clinical interventions or medication. It serves as a way of shifting the behavioural responses of the individual from seeking reward in substances to seeking out natural and healthy rewards. It also means that individuals do not come into contact with external drug cues that trigger cravings. Emily could become the spokesperson for sober-communities everywhere. She was reluctant to come in and stay at the sober-house after an eight year drug habit, only to experience a life-changing event. Here, Emily shares some of her thoughts on her stay:

Because it is, it's amazing. And it's got like a stereotype of a rehab – I don't like that. I mean, as much as...I don't know. It sounds stupid because you don't want to advertise the fact that you're in rehab, but it's not rehab... Because you think you're going to be locked up and you're just not allowed drugs and that's all there is to it. But it's not. You live normally, and you develop some huge friendships, and learn more than you ever thought you'd learn, and do more than you thought you'd ever do.

What's profound about what Emily says here is that "you live normally" in a sober-community. Life in a sober-community can hardly be said to be normal, but compared to Emily's experiences in her own home environment, the sober-house is a step towards leading a more stable and functional life. This also might express what Emily's feelings are towards other interventions, like in-patient treatment. During her time at the sober-house, Emily has also learnt and done more things than she imagined that she would. This serves as testimony to the structures set up to educate the residents on how their addiction works and how to deal with it, as well as the exposure to healthier life choices that the residents are being exposed to.

The sober-house provides an opportunity for its residents to focus solely on recovery without having to worry about everyday concerns. Bradley speaks here about this:

This is where the house is great: You're not having to worry about rent, or getting money for your drugs and stuff like that. Those stressors are taken off you in the house so you can concentrate on your addiction. And that's so helpful. Out there, when you're having to worry about every little single thing, it's just so much easier to use...to put yourself on auto-pilot, you know, and just cruise through. And when you're out of it out there, if something doesn't work, it doesn't really matter because you're out of it.

Bradley explains that his time in the house has given him the knowledge he needs to be able to deal with the circumstances he finds so stressful and are contributing towards his drug use:

I've always found a stress relief in a bottle, a pill jar, up my arm, or with some sort of drug really. So my time in the house has given me enough, like, coaching, or whatever, to know what I do need from here on. I need to be working on myself. I know that one drug...I can't just have one, it will lead me back to where I've started... So I don't think there's anything to complain about in the house. You get to keep your own money; it's paid-for for you; great staff; not always the best clients, but hey, that's life.

For Cindy, the house has served as a refuge where she has been able to escape a troubled marriage and she has been able to focus on staying sober while setting up her new life. This is a stressful time for Cindy, so the after-stay support is important to her:

... The house is like my safety. But, with this rehab that is 10 out of 10 for me is there's so much support for me afterwards. There's support with Refuge Aotearoa, to see Murray...you know, just...you know, not on for 10 months later, but you know, I know I've got it through the next few months while I've got some issues to deal with. And, you know, I've got a lot out there: the NAs and...or AAs and everything like that, and help through here through employment...

While the sober-house is giving Cindy an opportunity to reinvent herself, Paula is rediscovering who she really is:

... Because, before I went in, I'd lost all my confidence and self-esteem, and what-have-you. And it's really nice, ever since being in the house, getting it back. And I am getting it back. And I'm starting to feel like the old me... But I can feel... Yeah

ever since I've been in the house, it's really weird, this time I can feel it. It's nice to get that feeling back again.

The sober-house then affords individuals the opportunity to get down to the fundamentals of who they are and what they want. However, the sober-house can also prove to be transformative for those residents who perhaps entered the house without real intent of sobering up. Paula comments on how even these individuals have benefited from their stay:

... And the people that are in the house... You know, a lot of people go in there and they really don't want to be in there. But to see that they've actually, you know... It's quite amazing when you see people who have... not angry... but, you know, they really don't want to be there, and you actually see that they are becoming more open about talking about...

It is reasonable to conceive, then, that individuals like Nigel who have been confronted to enter the house are not immune to the effects of a sober environment. There is no suggestion here that these individuals will stay for one term and then recover, but they may just experience enough to want to return on another occasion when they are in a better position to challenge their addiction.

The super-ordinate theme section will finally conclude here with memorable quotes from the unelected-representative for sober-communities, Emily:

... Because it is, it's life changing and... I don't know if I want to leave, you know. It's awesome.

Emily clearly recognises what the house has given her. Her not wanting to leave is a sign of hunger for sobriety and belief that she can maintain it in that environment. It is no wonder then that Emily feels the need to preserve the memories she has of her stay:

No, it's cool. Everything's cool. I wish I had a camera earlier though. My dad lent me his digital camera last Sunday, we got like three-thousand photos already. I wish I had a camera earlier. I'd recommend bringing in a camera to anyone that comes in, because you get some great memories from this place.

This is a very strong testimony about her stay. Emily actually wants to be able to remember her time in the house. It's as if she is already planning on, one day, looking

back through her memories and proclaiming that this is the moment in her life when everything changed for her.

Recommendations for Models of Sober-Communities

The results from the present study have drawn together the following recommendations for operators of sober-houses for their consideration when designing future, or modifying existing models of sober-communities. These recommendations will be discussed under the following sections: Policies for detoxing; Different addictions and different stages; Longer stay; After-stay care maintenance, outpatient treatment and support groups; and Associative learning processes.

Policies for detoxing. As reviewed in the introduction, sober-communities operate within a broad spectrum, and this particular sober-house is probably on the extreme end of the range that limits the length of the stay and provides many interventions to help the addicted individual to recover. Included in their policies there exists the liberty to help qualified residents manage their detox treatment. This policy gives Vantage the added benefit of being able to reach out to a greater number of people in need. For example, Bradley would have few other alternatives if it weren't for the house run by Vantage:

But, I'm glad that it is a house that does take people on the methadone, because a lot of them don't. I tried to get into Rising Sun, but they won't look at you... So I am glad that there is somewhere for me to go.

For others like Nigel however, due to the type of substance he is addicted to, detoxing is not permitted. While this is appropriate for a sober-house, there does seem to be an element of conflict when those who are going cold-turkey are expected to be in the same company as those who are on a detox programme while they are receiving their detox medication. Nigel explains how he feels about this:

What's got my nose out of joint is when I thought of a rehab I didn't think that, you know, people could take drugs in a rehab. And we seem to be, like, taking a couple of people to the chemist so that they can pick up their methadone, which I'm struggling with, you know, to be quite honest, you know. I'm a drug addict myself, so I've got my nose out of joint thinking, why can they take their drugs when I can't

take my drugs? “Aagh, but we’re weaning off, we’re weaning off”. I don’t see their dosages slipping down, you know. I don’t see them trying to minimize it, you know. And when I’m on a probationary period where I have to go with the staff everywhere, I have to take these critters to the chemist and watch them take their drugs and then be out of it for the day. And they’re going, “Aagh, but we don’t get out of it.” And I’m like, “Bull shit, I can see the change. You’re wondering round like a zombie, you know, I can see it in your eyes, you’re out of it.” Which sort of makes me hang out a little bit, and makes me feel I’m a little bit hard done by, you know. I thought: well, if I can put my methamphetamine in some water and I could drink that too, am I allowed it? No. So, I feel that in that instance it’s not really a rehab because people are still on drugs.

Nigel suspects that those who are on detox medication are still attaining a psychoactive high from the methadone. However, methadone is a synthetic opioid used to reduce cravings and to prevent the biological withdrawal symptoms experienced by long-time heroin and morphine users. Importantly, methadone also prevents the euphoric effects of opiates like heroin (Anderson & Kearney, 2000). Therefore, while methadone does certainly have an effect on its user, those effects do not produce a high in the way that Nigel is suggesting. Vantage’s policy to receive residents who are on a detox programme is probably more justified when one considers that with many individuals with an addiction to heroin, treatment requires a lifelong duration (Anderson & Kearney, 2000). Also, it has been shown that receiving both behavioural and pharmacological treatment does reduce attentional bias towards drug related stimuli (Gardini et al., 2009). It stands to reason, then, that residents, like Bradley, who are attempting to recover from a severe addiction to heroin are better served by both reducing the impact of their withdrawal through medication, and by creating an environment that is fertile with healthy rewards and where external drug cues have been removed.

It is worth mentioning here again that, at the time of his interview, Nigel had only been in the house for one week, had only been clean for one week, and was experiencing severe withdrawals from a severe habit to methamphetamine. It’s probably fair to say then that Nigel’s negative feelings can be attributed to the withdrawals he is experiencing and this anger is directed towards areas in which he feels “hard done by.” Nigel expresses this further:

I've looked at the States and the rest of it...and America and that, and methamphetamine they reckon is probably the most evil drug out there and probably one of the hardest to come off of, but there's no... An alcoholic will be given diazepam or some form of anti-depressants to come off the alcohol and wean themselves off of and come down; heroin, whatever; morphine, whatever. They get given methadone to come down. And it seems here in New Zealand, you're on methamphetamine, you're expected to go cold-turkey and that's it, you know. Which is a struggle...

Despite the sober-house's justification for permitting detox programmes, Nigel still makes a valid point about being witness to others receiving medication while he is attempting to end his drug usage abruptly. Nigel goes on speaking about those who are detoxing:

...because I'm hanging out, I might want some drugs and I see other people on drugs...and I don't even get that in my own home, you know. I have a partner and I'm the only one who takes drugs. So if there's any drugs in the house, I've brought it in. You know, it's not brought in or influenced by anybody else. So yeah, to actually walk into a house where there's other influences, it is a bit tricky.

It is understandable that when Nigel observes others receiving respite from their withdrawal symptoms that he would want that for himself too. This has a definite negative influence on him. Nigel tells us how:

... Because now I want drugs. Maybe not methamphetamine, just a joint would be fine, you know. But, yeah. And I see that as weaning myself – a less harsher drug. But apparently not.

Nigel concludes here that witnessing others detox makes him want to use. It's a little disingenuous of Nigel to suggest that this is the reason that he *now* wants to use drugs, when, in fact, he has been wanting to use drugs for the past 25 years. However, the situation does allow Nigel to rationalise his desire for drugs and is, therefore, not promoting sobriety. It stands to reason then, that, in the very least, those residents who are not on a detox programme should not be in a position to witness those who are detoxing taking their medication.

Different addictions and different stages. Many sober-houses welcome into their communities individuals who vary in the substance that they are addicted to. As Bradley says, “addiction’s addiction,” and as noted under the section on “The impact of residents with different addictions,” different addictions have many commonalities. These similarities between addictions probably drive policies on admitting to the houses individuals addicted to varying substances, believing that all can benefit from the sober environment.

However, it is worth considering whether or not sober-houses would perform better if they were to discriminate between the types of addictions they allow in. For example, a house for heroin addicts, a house for alcoholics, and a house for methamphetamine addicts only. This would eliminate situations like Nigel’s who feels hard done by for not being permitted onto a detox programme. In a sober-house for heroin addicts, all residents would be permitted to detox. In a sober-house for methamphetamine addicts, none of the residents would be permitted to detox. Discriminate sober-houses would also eliminate problems that arise due to a lack of understanding between addiction types. For example, how Paula is unhappy with Bradley who “sneaks off up to his room” every night because of his withdrawals.

It was also suggested by Bradley that residents be taken in at the same time rather than staggering admittance as this results in different residents at different stages of recovery. Bradley says about this,

I was trying really hard to get clean and stuff, and when you sort of see people, maybe not the same drug but that same addiction, not taking it too seriously... With the house, I would quite like everyone (I know it probably wouldn’t work out this way), but everyone be taken in at the same time.

This proposal, however, may actually be undesirable as there is evidence in this study to suggest that having residents at different stages in their recovery as being beneficial.

Emily touches on this when speaking about her meeting a fellow resident, Bella:

... when I first arrived there was me and one other person, this girl about my age who had the same addiction and she was just about to finish (That was Bella), and, wow. It was like looking in a mirror...

Emily continues,

... And for me it was inspiring. Like Bella was on her ninth week when I got there. She says, like, "It goes fast. Look at me, I've done it." And I'm going, "Well, I'm the same age as you. I haven't got as bad a drug problem. If you can do it, I can do it." It's motivating...

Residents in advanced stages of recovery can help teach and inspire new arrivals. Therefore, because the sober-community can become self-supportive, it is recommended that sober-houses stagger the admittance of incoming residents.

Longer stay. The residents of Vantage's sober-house are permitted to stay for 10 weeks, for the milder forms of addiction, and up to 12 weeks, for the more severe addictions. However, addiction is regarded as a chronic disease. The implication then is that in order to achieve lasting abstinence residents may require longer-term stays or repeated visits (Thobaben, 2010). The evidence from Bradley's interview suggests that Vantage are sensitive towards those in need of more time in the house:

... I graduated. I did leave. I don't think that I had dealt with some of the things I probably needed to deal with, and within a week I had used. Because, they had asked me stay on longer, but... I thought it would have done more harm than good...

Bradley says here that the operators of Vantage did suggest that he stay for longer than the 12 weeks. Staying on longer would have been preferential because Bradley relapsed within the first week of leaving the sober-house. Despite Bradley having relapsed after his first stay, progress is being made:

... I can say that this one has really been the god-send one for me. I've learnt so many...last time and this time. I just think it could be longer. You know, because the first time was the first time I had been off pills and stuff for ages, so the first time I was just waking up in the 10th week and I had two more weeks to go. And it was sort of like, ooh, welcome to the real world, Brad. And by then I had only two weeks left, hence why I think they asked me if I wanted to stay on...

Even though Bradley is in his second stay, he still desires that his stay be longer:

... I mean, it's only early days from the twenty years, you know. I do think... Yeah, it could be a bit longer... But it does take time from twenty years. Looking at 12 weeks the first time and 10 weeks this next time, twenty-whatever weeks, that's not very long at all, you know.

It is clear that there are no quick fixes for Bradley's addiction, and from the five interviews, four participants expressed some level of concern about leaving the sober-house. It has been recommended that a stay of a minimum of 90 days (three months) is necessary to get the most out of the effects of treatment (Polcin, 2009a). Vantage's programme of 12 weeks (84 days) is probably in line with this, however the 10 week stay falls significantly short. The best outcomes have been demonstrated to come from stays of a duration of five months, while longer durations beyond five months have not shown to hold any significant advantage (Polcin, Korcha, Bond, et al., 2010a). The findings in the present study suggest that for some addictions 12 weeks is too short a stay and is, therefore, in agreement with Polcin (2009a). It is suggested here that sober-houses should look at offering residency for no less than three months and up to five months. In the more severe cases like Bradley's, repeat visits may be necessary.

After-stay care maintenance, outpatient treatment and support groups. Many of the support services that Vantage encourages its residents to make use of have been presented in this study by the participants as contributing towards gains made in their recovery process. Examples of these mentioned by the participants are: IOP, AA/NA, Self-esteem Workshop, Woman's Group, and employment services. It has been found in previous studies of sober-living communities that participation in 12-step groups like AA and NA was the single biggest predictor of outcome (Polcin, Korcha, Bond, et al., 2010b). It has also been demonstrated by the same group of studies that sober-communities operating with modified models of sober-house that make use of outpatient programmes to treat its residents have better outcomes in recovery from addiction than those traditional models that merely provide a sober environment. Although both models do work, those that include outpatient services are perhaps better suited towards more severe habits (Polcin, Korcha, Bond, et al., 2010b). Other findings also suggest that addiction patients who receive supplemental social services do better at recovery than those who do not (McLellan et al., 1998). These findings have been

affirmed by the participants in this study, and, therefore, it is recommended that sober-communities undertake these support services as part of their model.

Associative learning processes. According to Bradizza and Stasiewkz (2009), treatment models falling around either classical or operant conditioning would involve the creation of new relationships between environmental stimulus and responding behaviours. Besides driving for abstinence itself, behaviours that are incompatible with the use of substances should be reinforced. Treatments could also include exposure therapy as well as response prevention treatments to desensitise the individual to environmental drug cues.

Gardini et al. (2009) are of the opinion that maladaptive behaviours developed through substance abuse need to be extinguished and gratification responses accompanying natural rewards need to be amplified. Gardini et al. (2009) list sex, food and socialising as examples of natural rewards. Exercise, work, education and spirituality are secondary rewards that can offer healthy advantages. The sober-communities reduce saliency towards substance-related stimuli by removing contacts with external substance cues, plus the daily routines provide the residents with opportunities to be exposed to functional everyday life and to experience natural rewards.

According to *cognitive processing model* of addiction, treatment should focus on helping the addict to successfully avoid or unlearn habitual drinking and drug related behaviour. This can be achieved by targeting the stimuli that induce this behaviour, as well as enhancing behaviour that obstructs the automatized behaviour (Tiffany & Conklin, 2000). It appears, then, that sober-houses should provide their residents with opportunities to learn how their addiction is affecting them; help their resident to understand what environmental agents are contributing to their substance use; remove the residents from the stimuli that triggers substance related behaviour; equip the residents with tool to handle bad situations; be an ideal environment in which to establish, reinforce and cement normal living patterns. From the evidence in the present study, the sober-house run by Vantage are responsive to all of these.

Limitations of the Study and Suggestions for Future Research

As with all qualitative research, the findings of the present study can only be said to apply to these participants and cannot be generalised to greater populations. All qualitative research also admits that biases are unavoidable, but does attempt to address this problem by making these biases explicit, as described under the section Reflexive Note.

One of the limits to the present study was that the sample only comprised of individuals who were still in the process of recovering. Although Bradley, Cindy and Paula had all been through previous terms in the house, their previous efforts were unsuccessful. It may prove insightful to attain the perspective of individuals who has stayed a full term among a sober-community and can claim that to have never relapsed since they returned home. Clearer descriptions of the environment at home while abusing a substance, the sober-house, and the environment at home after the stay can be discerning as to what modifications need to be made in order to remain sober.

Another limitation was that the substances that the participants of the sample were addicted to varied quite widely. Bradley, Emily and Nigel were all poly-substance users, yet neither matched each other as to be able to make direct comparisons. Cindy and Paula with their alcoholism were the only ones who could be compared with each other. Having such a wide variety of addictions may be limiting in terms of comparisons, however this can also be an advantage by illustrating just how different addictions have various similarities. Therefore, many commonalities can be determined from sample like these. However, focusing a study on one type of substance can help to see through the haze.

Conclusion

The aim of the present study was to investigate the impacts the environment has on individual attempts at recovering from substance addiction while residing in a sober-house. The personal worlds of the participants were explored to understand how they see their physical, biological and social environments impacting on their lives. The biological environment materialised through the experiences of physical cravings and how these complicated efforts to remain sober. The most significant results revealed, however, that the social and physical environments contained the most important factors that would seem to be influencing the participants in their efforts for remaining sober.

It was found that these participants were comforted by, and understood better by, people who had been through an addiction themselves, rather than by close friends or family who had no knowledge of what it is like to be an addict. Residing with others of differing substance habits seemed to create areas of conflict where different withdrawals experiences were not understood among each other. However, residing with others of more advanced stages of recovery could inspire and influence residents to become more self-supportive. There was also evidence that group dynamics played a principal role in the overall mood of the group residing in the house. Residents were happy when the group worked well together, and there was concern for new arrivals into that house as to how they were going to influence the group.

There was a common understanding among the participants that by staying in a sober-house they were removing themselves from the pressures of their lives, and that their lives outside the sober-community were somehow suspended while they took the time and space that they needed to be able to focus and deal effectively with their substance dependency. Every one of the participant's interviewed had social influences, whether family or friends, who were contributing negatively, to some extent, towards substance usage or hindering recovery. Therefore, one of the major advantages for these participants staying in the sober-house was for them to be able to physically distance themselves from these damaging interferences that were either aiding their substance abuse or hindering their recovery.

The structure and support that the residents received during their stay at the sober-house appeared to be conducive for teaching the residents certain life-skills that some were lacking in, or for arriving at a better understanding of themselves, for

understanding the nature of their addiction, and for understanding the things they needed to be focusing on. There was evidence to suggest that the structure and support that the residents received served a number of other functions besides learning: first, it helped those residents who were low in functional capabilities to function properly; second, it served as a way for preventing boredom that may have led towards substance-seeking behaviour; and third, it allowed the residents to focus more on increasing their saliency towards natural and other healthy rewards, like exercise, social activities, cooking, eating, and developing new skills. There was also evidence to suggest that the time spent in the sober-environment may have been helping certain participants to deal with key issues like anxiety, depression, relationship problems, and even avoiding incarceration.

The sober-house initiative can be seen as alternative to other treatment initiatives, like clinical interventions or medication. It serves as a way for shifting the behavioural responses of the individual from seeking rewards in substances to seeking out natural and healthy rewards. It also allows its residents the opportunity to focus exclusively on the substance addiction issues while by being able to avoid the social and physical environments that promote their substance use. For some of the residents, like Emily, the sober-house has come as a complete surprise and serves as a symbol for what a home ought to be like:

...And it feels like home. It does. That's why it's going to be hard to leave. But, no...It's more than I could ever imagine it was going to be.

Reflexive Note

According to Langdrige (2007), Reflexivity is a crucial component of conducting qualitative research, and he defines reflexivity as the “process in which researchers are conscious of and reflective about the ways in which their questions, methods and very own subjective position...might impact on the psychological knowledge produced in a research study” (p. 58). For this reason, I will discuss my own personal perspectives on addiction, persons who suffer from addiction and the participants interviewed for the present study.

I have never before experienced a personal dependency towards any illicit drugs or alcohol. My only point of reference for what the participants are going through is an addiction to cigarettes, from which I have now successfully quit. I don't mean to be flippant by making a comparison between cigarettes and an addiction to hard drugs or alcohol, but I only want to point out that this is my only experience of what it is like to be addicted to something. Although cigarettes can be bad for one's health, the effects on one's life aren't usually debilitating and most people can function quite well with this addiction. However, the experience of an addiction to a foreign substance is valid. After all, cigarettes are said to be highly addictive, linking components that involve physiological, psychological and sociocultural factors, making cigarettes exceptionally resistant to long-term extinction (Christen & Christen, 1994).

I began smoking cigarettes in my teens and smoked them for eight years. During that time I attempted on numerous occasions to quit smoking, and each attempt only lasted, at most, for a few days and was met with dismal failure. Through all these attempts at quitting, I could never imagine ever having the strength or will power to be able to stop. However, there came a point in my life which I believe is the cause for my being able to quit, and which does suggest that I am inclined to believe that environmental circumstances do indeed have an influence on a person's behaviour. My point of change came when I had just begun my first job as a computer programmer. For five years previous to this, I had been working as a blue-collar labourer in a factory. I don't mean to imply that individuals from certain social classes are more likely to smoke cigarettes, but I do mean to say that, for me, when I got my first “white-collar” job, I felt that I had achieved something better for myself and that this situation suited me better. Once I began working as a computer programmer I wanted different things

for myself. I developed different expectations for myself and the people around me. Not long after I started my first programming job, despite every one of my colleagues being a smoker, I decided that I was a non-smoker. I no longer saw myself as a smoker who was quitting smoking; rather for me, smoking became something that I used to do in the past, and not something that I did anymore. I was not “trying” to quit; it was over. From that moment on I never craved for another cigarette. When Nigel uses the language of “it’s my decision,” this really resonates with me. That is how I felt. I finally made a *real decision* to stop, and I did. It was like all my previous attempts to quit, when I said I wanted to stop, I actually, deep down, did not want to. If I’m really honest with myself, I will admit that this experience has led me to believe that everyone who is dependent on something has it within themselves to be able to turn around and let go of it. However, just as I was unable to quit on so many occasions before, there appears to be other things that get in the way and cause us to not *really* want to change, even though we may say and feel that we do.

Having my own personal experience with an addiction to cigarettes does not permit me to presume that I have an insider’s perspective for what suffering from an addiction to a hard drug or alcohol may be like. During my visits to the sober-house and during my meetings with the participants I always felt that I was an outsider looking in, trying to understand the participant’s experiences from their perspectives. As I reflect on my first meetings with the residents of the sober-house, I remember being surprised by the diversity of people residing in the house. I expected to find a house full of young men, “drop-outs” from lower social and economic sectors without much hope for the future. I was surprised to find the house made up of both sexes, different ethnicities, and different cultural backgrounds too. The five participants for the present study are evidence of this, for I cannot put one next to another and say that they have either a similar story or a similar background.

When I consider what my sentiments towards addicted individuals are, I recognise that I have a lot of sympathy for what they are going through. There is a part of me that accepts that people are fallible and that they make mistakes. Some people will make bigger mistakes than others, with greater consequences, and that may potentially harm others around them. I think that for the most part however, that when people make mistakes, they genuinely do not mean to make them; they wish they hadn’t, and if they could, they would go back in time and do things differently. When I consider

individuals who are addicted, I recognise people who have, at some point in their life, chosen to use a substance when they should not have, or engaged in an exciting, yet dangerous behaviour, when they should not have, but now that they have realised the errors of their ways, are made to pay dearly for them. Now that they want to change, to right the wrongs, find that they are under the spell of a much greater power and are unable to take control of their own lives. It seems as if the punishment does not fit the crime.

These views surmise what biases I bring to the present study with regards to addictions and the people who suffer from them. At every moment in the analysis, the phenomenological role was emphasised, exploring the personal experience of the participants and allowing their voices to be heard. The phases of IPA analysis involving the development of the *interview transcription*, *meaning units*, *exploratory comments* and *emergent themes* all testify to this. The above reflexive description represents the starting point for interpreting the meanings of the participants.

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Appendix A

Sober Houses: The role of the environment in aiding recovery from addiction

INTERVIEW SCHEDULE

Objective questions:

- Could you describe for me a typical day at the house?
What do you do from the time you wake up till the time you go to bed? ... Then what?
Are all the days in the week pretty similar or do you do different things on different days?
What about weekends?
- Is there any part of your daily routine that you particularly enjoy, or look forward to?
“Could you walk me through that...?”
Is there any part of your daily routine that you hate or don't like doing?
“Could you tell me more about that...?”
- Tell me what it's like living in the same house with other people in a similar situation to you?
Is it supportive having others with you who are in the same boat?
- Tell me about the first night you stayed in the house?
How did you feel about what you are trying to achieve, recover from addiction?
- Does anything worry you about staying at the house?
Are you concerned about things back home?

- Are you ever in touch with any family or friends while you stay at the house?
Do you feel isolated or lonely being at the house?
Do you feel that you could use their support?
Is it better to be away, and take the time to get to where you want to be?
- Has there been a change or progress since coming to the house in overcoming your addiction?

How have things changed for you in your efforts to recover from your addiction since you've been staying at the house?

Have things been better for you since you've arrived at the house?

Do you have any thoughts as to why things have been better for you?

Have things been worse for you since you've arrived at the house?

Do you have any thoughts as to why your situation has not improved?

- Is your stay at the house helping you to recover from your addiction?
Yes. Could you tell me more about which aspects are helping you?
No. Could you, perhaps, try to describe for me your difficulties and how your stay at the house just isn't what you need right now?
Not sure. You sound a bit uncertain or undecided. It sounds like there could be good things going on, but still recovery may seem out of reach. Could you tell me a bit about that?
- Have any of your experiences in the house, during your time there, been of any help to you, which you think may be helping you to recover from addiction?
Are there any aspects of your stay at the recovery house that are helping you to keep away from substances?
- How do you feel about returning home after your stay at the recovery house?
What do you expect it will be like once you return back home?
Is there anything that worries you about returning home?
Will things be better for you, or worse?

- What things are better for you in the recovery house than they are at home?
- What things are worse for you in the recovery house than they are at home?
- Are you winning in your effort to stay sober?
What is it that is helping you in your recovery?
What is keeping you away from staying sober?
What barriers are there to overcoming your addiction?
Are there any aspects of your stay at the recovery house that are unhelpful?
How do you feel about your stay here at the recovery house?
- If there was one thing that you could change about your stay at the recovery house what would that be?
- Magic Question: Let's pretend we live in a magic world and a wizard walks through that door and says he'll grant you anything and everything you wish for and it will be given to you, except to have your addiction to be taken away. What things will you wish for?

Once you've received all of these things, do you think it would be in any way easier to stop using permanently? Or do you think that abstaining from your substance would still be just as difficult?

Getting down to detailed descriptions...

- Maybe ask about a specific day's schedule, say yesterday, or day of note in the last week. Being specific - Asking for concrete details elicits more meaningful data.
- Could you describe for me a typical day at the house?
"Walk me through a typical day at the house." Attempting to extract concrete, specific information.
- Could you describe for me *a particular day* at the house?

- “Could you walk me through the last time you...turn to cook, weekly meeting, conversation at dinner, etc.?”
- Other ways of asking:
 - “Could you tell me about a time that’s clearest?”
 - “Is there a specific incident that you have in mind?”
 - “Could you tell me what happened starting from the beginning?”
 - “What is it like..?”
- Try to establish what things in their environment are working for them and which are not, and then try to get concrete, detailed examples of these.
- Could you tell me how you were first welcomed into the house?

Closed questions:

(Purpose is to get the respondent thinking about life at the house)

Closed questions around structure of day, daily routine, etc. To help keep the conversation moving, to encourage the respondent to talk, or to find a topic the respondent is willing to engage in.

- How long have you stayed at the house?
- How long have you been trying to stop using...?
- Is this the first time you’ve been in a rehabilitation service?
- What does your schedule look like during the week?
Are your days filled? Do you have time for yourself?
- Do they expect you to wake up at a certain time, or do you wake up when you want?

How did you come to stay at the recovery house? Did you look for their services yourself? Were you recommended these services? Were you asked to come by family, employer or friends?

Appendix B

Sober Houses: The role of the environment in aiding recovery from addiction

INFORMATION SHEET

Researcher(s) Introduction

My name is Michael van Es and I am a post-graduate student at Massey University. The operators of Vantage have kindly given me permission to conduct a research study to investigate the work done through the running of their sober house and its inhabitants who are concerned in the recovery from addiction to alcohol and drugs. This project forms part of my learning experience at Massey and is necessary to complete as part of my requirements in order to obtain a Master of Arts degree in Psychology.

Project Description and Invitation

The purpose of this project is to learn from the residents of sober houses how all their experiences (the places where they live and work, the people that are part of their lives, and especially their encounters at the sober house) are helping them, or are preventing them from recovering from their addiction to alcohol and/or drugs.

Residents of a sober house will be involved in a single one-on-one discussion with an interviewer, where questions will be asked concerning their experiences in drug and alcohol rehabilitation. All residents of the sober house managed by Vantage, both past and present, are invited to participate in the interviews that will be conducted as part of the research procedures.

Participant Identification and Recruitment

Only those persons who are currently residing in the sober house managed by Vantage, or those persons who have previously resided in this house, will be eligible to participate in the study. This study would like to bring in between 5 to 15 residents to participate. Please note that we are hoping to talk to any resident of the house, regardless of their personal successes or failures in ending their use of drugs and/or alcohol. Residents who choose to participate and agree to be interviewed in this study will, on completion of their interview, receive a movie voucher to show our appreciation for giving up their time and sharing with us their thoughts.

Project Procedures

The interviews conducted will be conducted on a one-to-one and face-to-face basis, and are expected to last anywhere between 1 and 2 hours. The interviews will be held in a private setting, either at the sober house or at the head-offices of Vantage. During the interview, the participant and the interviewer will enter into a discussion regarding the resident's experiences of living at the sober house. Because the interviews will be conducted privately does not mean that the participant will be expected to discuss anything that they are not willing to discuss. All those who choose to participate in the interview will have the right to decline to answer any question that they feel uncomfortable with, and they will also have the right to withdraw from the interview at any time that they may wish to.

Data Management

The discussions between the participants and the interviewer will be recorded using a digital voice recorder. These sound recordings will be kept safely on a computer and will be password protected, so that no one without the authority to access these files will be able to do so. The purpose for recording the interview is so that the discussions held can be recorded and analysed by the researcher as accurately as possible at a later date. On completion of the study, all electronic and voice recorded files will be deleted and all paper recordings will be shredded.

The privacy of those who participate in the interviews will be protected through the use of anonymity – no participant's real name will be used, but fictitious names will be invented. Also, any information revealed in the interview that may lead to the identification of the participant will be excluded from the report.

All participants will be given a summary of the thesis on completion of the project.

Participant's Rights

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- *decline to answer any particular question;*
- *withdraw from the study up until the analysis is complete;*
- *ask any questions about the study at any time during participation;*
- *provide information on the understanding that your name will not be used unless you give permission to the researcher;*
- *be given access to a summary of the project findings when it is concluded;*
- *ask for the recorder to be turned off at any time during the interview.*

Project Contacts

Principle Investigator:

Michael van Es
284 Dowse Drive
Maungaraki
Lower Hutt
5010
Phone: 022 646 3911
Email: vanesmj@yahoo.com

Project Supervisor:

Dr. Linda Jones
Wellington School of Psychology
Massey University
Wallace Street, Wellington
Phone: 04 801 5799 Ext. 6530
Email: l.m.jones@massey.ac.nz

Please feel free to contact us with any queries you may have during or after the research.

This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researcher(s) named above are responsible for the ethical conduct of this research.

If you have any concerns about the conduct of this research that you wish to raise with someone other than the researcher(s), please contact Professor John O'Neill, Director, Research Ethics, telephone 06 350 5249, email humanethics@massey.ac.nz.

Appendix C***Sober Houses: The role of the environment in aiding recovery from addiction*****PARTICIPANT CONSENT FORM**

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree to the interview being sound recorded.

I agree to participate in this study under the conditions set out in the Information Sheet.

Signature:

Date:

.....

Full Name - printed

.....

Appendix D



MASSEY UNIVERSITY
TE KUNENGA KI PŪREHUROA

26 March 2013

Michael van Es
284 Dowse Drive
Maungaraki
LOWER HUTT 5010

Dear Michael

Re: Sober Houses: The Role of the Environment in Aiding the Recovery from Addiction

Thank you for your Low Risk Notification which was received on 22 February 2013.

Your project has been recorded on the Low Risk Database which is reported in the Annual Report of the Massey University Human Ethics Committees.

The low risk notification for this project is valid for a maximum of three years.

Please notify me if situations subsequently occur which cause you to reconsider your initial ethical analysis that it is safe to proceed without approval by one of the University's Human Ethics Committees.

Please note that travel undertaken by students must be approved by the supervisor and the relevant Pro Vice-Chancellor and be in accordance with the Policy and Procedures for Course-Related Student Travel Overseas. In addition, the supervisor must advise the University's Insurance Officer.

A reminder to include the following statement on all public documents:

"This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researcher(s) named above are responsible for the ethical conduct of this research.

If you have any concerns about the conduct of this research that you wish to raise with someone other than the researcher(s), please contact Professor John O'Neill, Director (Research Ethics), telephone 06 350 5249, e-mail humanethics@massey.ac.nz".

Please note that if a sponsoring organisation, funding authority or a journal in which you wish to publish requires evidence of committee approval (with an approval number), you will have to provide a full application to one of the University's Human Ethics Committees. You should also note that such an approval can only be provided prior to the commencement of the research.

Yours sincerely

John G O'Neill (Professor)
**Chair, Human Ethics Chairs' Committee and
Director (Research Ethics)**

cc Dr Linda Jones
School of Psychology
Wellington

Assoc Prof Mandy Morgan, HoS
School of Psychology
PN320

Massey University Human Ethics Committee
Accredited by the Health Research Council

Research Ethics Office

Massey University, Private Bag 11222, Palmerston North 4442, New Zealand T +64 6 350 5573 +64 6 350 5575 F +64 6 350 5622
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Appendix E



Disability Support Services
Mental Health and Alcohol & Other Drug Services
Community and Supported Employment Services

Dr Linda Jones
Senior Lecturer
School of Psychology
Te Kura Hinengaro Tangata
Massey University
PO Box 756
WELLINGTON

11 Jan. 13

Dear Dr Jones

Re Michael van Es

I met with Michael van Es in October 2012 and again yesterday regarding a research proposal which Michael wishes to pursue with respect to the [redacted] AOD Residential Programme.

I am able to confirm that [redacted] is agreeable for Michael doing his Masters Research thesis at [redacted] on the general lines that he has discussed with me. I have informed [redacted] CE at [redacted]

Conditions that [redacted] require include

- The research has ethical approval and is conducted under the auspices of the Massey University School of Psychology.
- There is no financial cost to [redacted]
- Michael makes a copy of his research findings (either full thesis or a summary with any recommendations) available to the participants and to me to table at the [redacted] Quality Advisory Committee.
- That Michael is under my direction whilst on [redacted] property.

Michael has made provisional arrangements with me to visit the residential service next week to have a general induction to the programme. I have asked him to sign a statement confirming confidentiality of client information before we make the visit.

Please contact me for any further information.

Yours sincerely,

[redacted signature box]

[redacted]
Manager MH-AOD Services

[redacted]

c.c. Michael van Es

Appendix F

Meaning units	Text	Exploratory comments	Emergent Themes	Time
	I: So Debbie said that you've been in the house for a week now. Is that right?			
	P: Yip.			
	I: How long have you tried to stop using?			2:25
First attempt at recovery	P: <u>Naa</u> , this is my first time ever. For about a week. That's how long I've been trying to stop using.			
	I: Okay. And you've been using what? For how long?			
	P: I've been using methamphetamine for approximately 17 years. I've been using cannabis for about 25 years.			
	I: Okay. You came to the house a week ago. Did you find out about Vantage's services by yourself, or did somebody, a family member, refer you?			
It's time for a change. Nothing else is working. Not many options. Willing to try something else. Wants to be a better father. Thinking of future. Not even gaol has stopped addiction. Addiction is affecting all aspects of life. Things are worse for addiction. Time to deal with the problem.	P: I've done a fair bit of imprisonment because of my drug offences, and I, sort of, first heard about Vantage whilst I was in prison. And then I knew a couple of people who have been through. And this is the first time in my life that I thought well maybe, you know, I'm sick of gaol, you know, and obviously gaol didn't curb any of my, you know, drug offences or my drug addiction, so I thought, well maybe I'll give the rehab a go. I sort of... Another incentive is my kids. I've got a couple of kids that I haven't seen for a few years now because of my life-style choices. So I thought I'm not getting any younger, you know. Nothing seems to be improving or getting any better through my drug addiction. Time to, maybe, knock it on the head and be part of society, you know, become a member of the community...instead of destroying the community, because I was a drug dealer as well.	How does gaol not curb drug usage? One would think that a prisoner is forced to go cold turkey. I've heard that prisoners still manage to get drugs into prisons. But I didn't realise it could be to the extent that a prisoner could still maintain regular usage that would maintain a habit. Something seems to have happened recently that has made him consider rehab. He's been using drugs for a long time. He's been in prison for drug offences. Not even gaol has made him want to stop using. He's got children – no indication of how old they are, but they are at least a few years old, because he hasn't seen them for that long. Has being a father affected how he wants to live his life? He seems to be aware that time is marching on and he needs to deal with his problems sooner rather than later. Perhaps there are feelings of regret: that he wishes he had been a more stable figure in his children's lives. He wants to make restoration by becoming a member of the community, which he had damaged through drug dealing.	Time to change Family is important Gaol hasn't stopped habit Habit affects all of life	
	I: Can you tell me what it was like the first night you stayed at the house?			4:31
Hated first night.	P: I hated it.		Hated first night	

	I: Could you describe for me a typical day at the house, from the time you wake up, 'till the time you go to bed? Just walk me through...			18:35
	P: Okay. Everyone up at 7:30...[cuts in]			
	I: Everyone up at 7:30?			
Try to get into the habit of functioning.	P: Yeah, yeah. Awake, not out of their rooms and stuff. You wake up, shower and everything like that, and try and get back into that habit of functioning. You know, not sleeping all day or whatever, whatever you are. So that's a good habit. You have a daily reading sort of thing in the morning. You have a breakfast, which is good as well, you know, eating properly. Well, when you can eat that is. You have a thing called a morning reading in the morning from either the NA book, which is an addictions book that does AA and NA sort of thing. It's just a nice reading in the morning to start your day and make you reflect or think about things. You know, so that sort of motivates you for the day. Then depending on different days we'd go IOP for a bit of education and things like that, on what the drugs, say, have done to us, or why we do what we do.	A functional person is someone who wakes up and does things and doesn't sleep all day. Interesting in light of him feeling like he is only waking up for the first time in 20 years. Sleep is something you do when you're tired. You wake when you're refreshed. Un-refreshed people don't want to get out of bed. Could addicts be tired of life, and are trying to dream it away? IOP is education. He needs to be taught why he takes drugs. He doesn't know himself.	Structure helps to function IOP is education	
	I: IOP is?			20:05
	P: Intensive Outpatient Programme.			
	I: Right, yes. Okay... [motions for the participant to continue]			
IOP is finally hitting home after 2 nd time round.	P: Yeah, so that's really helpful to know what you have actually done to yourself and why you do it. Or actually, the IOP's made me go onto read a bit more into what I have done and why I do it. You know, so that's very interesting. So we have that 3 days a week: Monday, Wednesday and Thursday. So I really sort of enjoy that, even doing it a second time around, 'cause I think it's finally hitting home to me in a lot of respects... [Pauses to think of next part of daily routine]. Sometimes we have, sort of like, shopping, but for necessities and things like that. So we still go out and do things. We do have go... yes, like every day's different, but it's just set out in a different way.	Reading and learning more about himself, things he didn't know.	Finally understand from what's learnt at IOP Ready for change	
	I: Okay, choose one day.			21:15
NA works for me NA has like-minded people, can speak your part, and feel uplifted.	P: Okay. I like Saturdays, because we do all that in the morning. Sorry. We have the reading and stuff in the morning then we go into NA. Which works for me, doesn't work for everyone, but it's good to be in with like-minded people where you can speak your part and always feel, like, uplifted for the day. After that, as well, we might go to the beach or go swimming or something like that.	He points out that there are things about NA that not everyone is going to like. He finds NA uplifting. He is with like-minded people, that is, people that understand him. If he can speak his part that means that others are listening to what he is saying.	NA has like-minded people who understand NA is uplifting	
	I: So you get time to yourself to relax?			
Very aware of addiction. Do not need to be reminded of it. Having time to reflect works. Don't want to be controlled 24/7	P: Yeah, and when you're back at the house, you know you can go upstairs for a bit of time-out and write in your journal as people, some people do, and...it's called reflection. You know, you have a bit of reflection time. I quite like it that it's not shoved down your throat sort of thing: 'You're an addict, you need to change, so read this', or 'do this.' You know, it gets to a point where you know you are. Everyone might be different, but what works for me, as to other rehabs...it's not.... You have time to think about things. You're not, sort of, controlled 24/7. Yeah, that's what works for me.	He does not like being reminded of his addiction. First, because he's very much aware of it. He probably thinks about it all the time. Does not like the aspect of himself being brought up again and again. It's important to take some breaks from it. Perhaps being reminded of what you can be is better than being reminded of who you are or were. He doesn't like to be controlled, like other rehabs do. Doesn't like the control drugs have over him either.	Made very well aware he has a problem Gaining insight Does not want to be controlled	

	I: Tell me what it's like living in the same house with other people that are in a similar position, but not the same position? Is it supportive or are there other aspects to it? What's it like?			10:40
<p>Living with other addicts is supportive because not always talking about addiction – takes mind off it.</p> <p>No matter what addiction you have, there is common understanding what it's like to be addicted.</p> <p>It can be challenging. You can't choose who you live with.</p> <p>Even being a tolerant person there have been times when she felt pushed.</p> <p>Considered leaving because of others in the house.</p>	P: I think it's supportive because we don't, sort of, talk about drugs or alcohol all the time. But it's kind of supportive because no matter what background you come from you've all got the addiction. So there's...We all know, you know, whether you're a white collar worker or a bike , you at the end of the day, the same addiction. So there's that support. Living in the house can be hard, especially if I haven't flatted for a long time. I don't choose to live with those people, they don't choose to live with me. If you want to give up, you can and walk out, but you're not doing yourself any good. But I have a lot of patience and tolerance, so...It's just a couple of times, it's really pushed me. But in general, yeah, I find it...I think...yeah	<p>In general, she finds that recovering alongside other addicts can be supportive. There is a commonality to be found in all addicts. "We all know...the same addiction."</p> <p>Problems arise over issues that come from sharing the same space with other people, especially people whom she hasn't chosen to live with. She has obviously thought about leaving but decided that it would do no good to leave. She says that she has a lot of patience and is tolerant of others. Does this mean that if she wasn't so patient or tolerant that she might have left the house by now?</p>	<p>Receives support from other addicts</p> <p>There are commonalities between addicts</p> <p>Challenge to live with strangers</p> <p>Considered leaving because of house-mates</p>	
	I: So you said it can be hard and it's pushed you a couple of times. Could you perhaps talk about an incident that you have in mind?			12:15
<p>Was glad to see certain resident leave because she was annoying.</p> <p>Unrealistic to expect 7 different personalities to get on.</p> <p>House-mate tried her patience, but not to the extent that she felt it affected her attempt at recovery.</p>	P: Yeah. There was...it didn't...There was one particular girl that was sort of very, very, very loud...very out there...very out there when a particular staff member was there, it was obvious. You know, I could tolerate it to a certain extent, but then it just got really where it just grated you. And I have to be honest, I was...as much as I liked her as a person and I had to, sort of, think, "Okay, this is the way she is, you know. Turn it around," I was glad to see the back of her. You know, and I don't like feeling like that, but that's...You've got 7 different personalities, you know. Some rehabs are bigger, so not everyone is going to get on. Yeah. And that, kind of did...You know, that didn't push me to want alcohol, it didn't push me to want to leave, but it pushed my patience. [laughs]	<p>She speaks of a certain house-mate who was very, very, very loud. It reminds me of what she said about wanting to get away from the group.</p> <p>She doesn't like feeling negatively towards people, but there seems to be some house-mates who are really difficult to live with. But in the end, she says it's not affecting her efforts to recover.</p>	<p>Glad to see certain resident leave</p> <p>Different personalities = friction</p>	
	I: But that made it difficult, being in those moments.			
<p>Felt that she has the maturity to deal with such trying people, but others may not.</p> <p>She did consider leaving the house.</p> <p>Had she been in the situation longer, she might not have</p>	P: Mmm, it did actually. Yeah, yeah. But, you know, I guess 'cause I'm, kind of, the oldest one there (or like Sue' says, sometimes the older ones are worse), but I could deal with it. But if it...you know if...someone else may not. Or, you know, if I had another 6 weeks with her I might not have dealt with it, I might have left. You know I did actually think of that and I actually thought maybe I could leave and come back, but then I thought, "no, I'm going to keep going."	<p>Her previous comment on this incident she states that she did not feel pushed to want to leave, but here she says that she had actually considered leaving and coming back. If someone actually does leave because of other house-mates, then surely this would indeed interfere with recovery.</p>	<p>Could handle friction / not everyone can</p>	

Meaning units	Text	Exploratory comments	Emergent Themes	Time
	I: Could you described for me a typical day at the house?			2:09
<p>Getting up early is good.</p> <p>Good mood in the morning.</p> <p>Enjoys expressing feelings.</p> <p>Enjoys routine.</p> <p>Wants to learn to spend time by herself.</p>	P: Yeah, sure. We get up nice and early. It's great. It feels good to get out of bed, because I suffer from depression as well. Everyone's always chirpy in the morning, "Morning, how'd you sleep?" And everyone's interested in how everyone is. And then, after breakfast we have a debrief of how we're feeling that day, if we're meant to be mindful of how someone else is feeling, which is really cool, so we're really honest with each other. Then, generally, 3 days a week we go to what I call 'school', which is education on our addictions and that's really good. We sit at home and have a bit of shared-lunch; we make our own lunch but we all sit together. You know, no one goes off on their own. It's really nice. And then, usually the gym, which is good for clearing my head. I love it. I've never been to a gym, so. And then we come home, someone cooks dinner, and anyone who wants to help, helps them cook dinner. We each have different nights...really good, because I don't know how to cook. I'm 25 and I don't know how to cook. So I'm learning a lot. And then we relax, watch our favourite soaps, nice relaxed environment. Me personally, I go off to my room each night, 'cause one of my goals is to spend time with myself each day which I'm not very good at.	<p>The participant comes across as being very positive about things. She sounds enthusiastic and willing to offer information. She also speaks very fast; not pressured, but off the top of her head.</p> <p>She suffers from depression. Not sure which came first: the addiction or the depression? From her mood, she doesn't seem depressed (not suggesting that she isn't). She makes the point that it feels good to get out of bed. Manic might also be a possibility, but there is no other evidence of this.</p> <p>She refers to IOP in terms of school and education. This term crops up in interview 1. She feels she is learning a lot. She feels that she should be capable of doing and knowing more things than she does at this point in her life – she's eager to learn.</p> <p>Every item listed in the routine is described in a very positive manner: good, nice, helps, cool, love it.</p>	<p>Comorbid depression</p> <p>IOP = education</p> <p>Routine is important</p>	
	I: So you do get time to relax and time to yourself?			3:20
<p>You can be social, or not. Prefers to be social.</p> <p>Likes sharing stories with others.</p>	P: Yeah, yeah, you can. Whenever you want, you can. Whenever we're at the house and we're not planning to do anything, we can go off. Usually someone who you're a little bit close to will come in and say, "Hey, are you okay?" And you'll say, "Yeah, I'm just relaxing in my room," and that's it...left. So it's not looked down on or anything like that. You can be social, be anti-social, be whatever you want to be. But it's way more easy to be social, because everyone's just so...you know? It's fun to be social there. And we're sharing our different stories, you know. It's really great. I love it.	<p>She finds it easy to be social in the house. This supports her previous comment about having a goal to spend more time on her own, and that she's not very good at being by herself. Is it easy to be social there because of the other house-mates or is it all about avoiding being alone? Why is being alone hard?</p>	<p>Need social support from house-mates</p>	
	I: Is there any day that you find better than other days? According to the schedule that set up?			4:00
<p>Likes variety / novelty.</p>	P: No, I like every day because it's different.		<p>Likes variety / novelty</p>	
	I: You like every day because it's different?			
<p>Likes structure.</p>	P: Yeah. I just like having structure. I love it. I like going...even going	<p>The weekly routine is allowing her to learn new skills. She</p>	<p>Likes structure</p>	

<p>together.</p>	<p>the other 6 out. Do you know what I mean? Like you can sense... So that's the only difficult time. But I've got to say, like I said, one person's better than like last time when we had 6 misfits. Of course I wasn't a misfit. No, yeah. No, but, do you know what I mean? You've got 7 different...very different personalities and what-have-you. Where, this time, it's pretty good.</p>	<p>only one and not going through it alone. The fact that there are 7 different people with different addictions and at different stages can cause problems. It makes it difficult. She's doesn't really say how it makes things difficult.</p>	<p>each other</p>	
<p>House-mates are supportive and mindful of each other. Expressing how house dynamics is affecting her is important.</p>	<p>I: Okay. It's pretty good, why? P: It's just that everybody is really supportive. Everybody's mindful of...well, generally, except for this one person, but...I think now it's...Put it this way, you realise that they're like that and you've just got to let it go. Does that make sense? And we voice it now as opposed to bottling it up.</p>	<p>This one difficult person does not seem to be supportive or mindful as everyone else is in the house. She's learning to accept it and let go of the issues she has against him. Why? Is it because of the different addiction and different recovery that he is like this? This is why different addictions have an effect on the house dynamics.</p>	<p>House-mates are supportive and mindful of each other Effect of different addictions</p>	<p>18:36</p>
<p>Everyone in the house is going through some form of withdrawals no matter what the addiction. Does not feel that some people should be given preferential treatment because of their type of addiction. It's hard for everyone. Some personalities can kill a good harmony in the house. Just one person can make a good environment unpleasant.</p>	<p>I: Can you give me an example where this person is like that? P: Okay. We'll be...We're meant to have this meeting at 8:30, debrief, right. Generally, the hand-over in the house is at 8 o'clock, so the person that stays overnight comes in at 8 o'clock, but they do...they do a debrief with the person prior. So they say that we have the house debrief at 8:30 at night, but generally it might go on longer if they've been talking about a lot of stuff. So it might go on...you know, we might not end up having the meeting 'till 20 to 9, quarter to 9, whatever, depending what's been going on. And everybody is expected to go to this meeting at 8:30. And this one particular person pisses off at 7 o'clock. He doesn't say anything. He just sneaks off up, to his room and goes to bed. And he uses the excuse that he's just not dealing with the withdrawals, or whatever. And he never said anything to anybody for, you know, quite a few times. Then finally it came to a head, because, obviously, somebody mentioned it, that they were pissed off that he was going to bed, and why should we have to stay, 'cause a lot of us are really tired, and we'd like to go to bed at 8 o'clock or quarter past 8. But we stay there, so why does he get to go off? And then he said, "Ahh, look, I'm having trouble with withdrawals and that." And it's, sort of, like, well, we still have...we're going through withdr...you know...Like we're all here, so why do...? What's so special about you? And then, like last Sunday, one of the girls got a ukulele and we're sitting in the lounge and we're all laughing...and, you know, like, that's what I'm saying is that the house is generally happy and like there's silly jokes or whatever, and he'll turn around and he goes, "I'm really sick and tired of all this happiness." And it's like, "Oh, sorry. What do we need to do?" And he goes, "And can you stop playing that ukulele? I'm warning you, da, da, da, da..." And it's like, "If you're not liking it, go to your room."</p>	<p>Is it reasonable to think that some addictions are worse than others, and that some will go through much greater physical and emotional craving than will others? I don't think that she sees it this way. She seems to think that because they are all recovering from addiction, they are all going through the same experience. She isn't consistent in her reasoning, because earlier she spoke of then need to be flexible with the rules to fit the group. Now she is proposing that all house-mates need to go through the same regime regardless of the effects of their addiction.</p>	<p>Trouble understanding behaviour of resident with severe addiction One resident can make it unpleasant</p>	<p>21:00</p>
	<p>I: So you're enjoying yourself listening to the ukulele...</p>			

Appendix G

Sober Houses: The role of the environment in aiding recovery from addiction

Analysis – Super-Ordinate Themes

Thoughts on leaving	Resident group dynamics	Ready to change	Why a setback?	Learning	Identity and world view	Different addiction	Prognosis/issue	Social influence	Structure	Altering sober house	Misc.
Not ready to leave	Self dynamics = harmful	Need to want to stop	Sober house best for recovery	Learning from others	Waking up to the real world	Stages of addiction	Self-healing	Family as influence	Structure helps to function	Resident house	Not in control of staff
May see shed	Self dynamics = anger	Ready to change	SAFE to deal with issues	Learn from ready of people	Notice up after 22 years	Addictions are different	Confronted what others think	Family needs to be admitted	Need was to understand	Body reaction	Without insight/reasons for use
Some believe can't be helped in short-term of time	Communication is important	Ready to change	Where different ways of being	Can learn from other addicts	Getting used to own body	Different stages, different addictions	Learn to cope to deal with stress	Family may be part of the problem	Resistant and structure can be helpful	Body... expectations	Not in control of staff
Need of progress	Numbers matter	Pushed with habit	Environment matters	Teach yourself, learn from mistakes	Notice house like medicines, bubbles	Addictions of different addictions don't understand	Can't deal with life pressure	Not a willing	Need to accept loneliness	Self-actual	Some not want to be controlled
Can't let failure	Hidden with housemates	Pushed ready to change	Was there when in the house	CP's education	Didn't build a separate world	Some addictions are worse	Struggle too much on the outside	Not given hope	Open + positive	Need first night	One is not enough
Wants to stay longer	Housemate's hidden	Wants to change	Can focus on the problem	Finally understand from what's learnt at CP	Separate and different identities	Other addicts understand, family doesn't	Uselessness dealt with through drugs	Family is important	Structure good for group	Used the day before only	Stigma often
Too hard to quit/cubic	Hidden amongst housemates	Ready to change	Facing issues	Gaining insight	Real world and the separation of worlds	Resistant support from other addicts	Resistant	Family + support	Each of structure is used for group	Based on only	What's very well aware he has a problem
Have returning items	Stigma resident not succeeding in recovery	Often not ready to change	Has to face issues in sober house	Learning to accept ones self	Real world like over	Notice to staff member	Not responsible to keep using	Not blamed at home	Structure important	First day was unsure of day	Clamped me
Needs support	Wants to come from housemates	Wants to change	Wants to face issue in insight into problem	Much to learn	It's not like that in the real world	Some staff are able to relate - others not	Not other issues but basic addition to deal with	Protein support of family and friends	Loneliness throughout	Fear on entering the house	Wants, which all of life
Have of interest	Housemates + changes	Can't get on using things have to change	Has made progress	Insight into self	Sober house have from real world	Resistant support from other addicts	Addiction + lowest abstinence	Have housemate	Some days are busy	Resident high	Need for control
Long road to recovery	Difficulty fitting in with others	Time to be serious	Sober house is safe	Learning to deal with issues	Working through just existing, not living	Family are supportive but can't relate	Dealing with other issues, not just addiction	Wants to stay for partner and children	Too much activity	When on own for well	Staff have 1000000 habits
Group recovery of physical malaise	Hidden with other housemates	Wants to progress	Active participation is necessary	Learn to much, thought could handle it	Can't take an empty life behind	Having someone who understands is important	Committed depression	Friends will use around him	One are long and long	Difficult to enter established group	Resistant anger
Just one more	Need living with changes	Ready for change	Daily making meaningful	Learn from mistakes	Learning real life behind	Addicts understand each other	Committed stress	Resistant will influence	Resistant independent	Wants other formal groups & recovery	Need recovery by himself
Working habits	Resistant to be social	Wants of life	Daily making help understandable others	Learning without making it	Separated from - real life vs now	Housemates provide a lot of support that can't be found with friends and family	Used to be a routine	Can't what others think of him	When ready / ready	Need recovery by himself	Need recovery by himself
Sober house + fast recovery	Needs time alone	Quitting is a choice	Before CP	Learn what needs to be done	Self-identity hidden by drugs	Addiction affects all others	No motivation to stop	Wants to end habit to live fast with friends	When structure	Need from structure may be important	Need from structure may be important
Can do it alone	Needs quiet	Has self-control	CP is all good	Wants to understand himself better	Drugs + not just person	Can't identify problem, for them making the most of recovery	Committed crime	Not a good	Structure, an addict want enemy	Fear of turning into people you know	
Making progress	Group needs will together	Time to change	Effect of different environments	Has insight into progress	Drug world vs real world	Addicts at different stage, can't agree	Some situations fighting	Resistant over drinking	Need to keep occupied	Acceptance of addiction	
Struggle about leaving	Need to live with housemates	Don't change	Sober house not what was expected	Sober understanding of the situation	Gaining identity	Addicts provide comfort for each other	Self-control vital	Resistant in case of drinking	Too much time allows for reminding on old times	Second time in same sober house	
Altogether successful	Needs to be alone more	Needs incentive to quit	Sober house more than rehab	Learning from CP	Owns identity	Effect of different addictions	Addiction idea away from	Resistant family support	Mind goes back to thinking just like before entering	Order sober new last time chaotic	
Ongoing support important	Group needs for much time together	Review of life	Life changing	Has insight into problem	Separation of worlds	Thinkable understanding behaviour of resident with same addiction	Need to believe you're worth it	Resistant relationship with husband	Structure is all about leaving occupied	Can't live just one drink	
Needs just has the resources to help her	Group dynamics very important	Selfish, most important	Living for the first time	Has learnt many skills	Real world	Realise of effects of different addictions	Drugs + low self-esteem	Resistant family support	Wants to work full-time to keep house	Opportunity to vent issues in a controlled way	
Worries about leaving	Challenge to live with changes	Release would be a waste of everybody's time	Wants to remember time in house	CP's education	Altogether care to get back to real world	No physical craving	Drugs + self-identifying	Resistant to stop all time with husband	Plan to reduce all habits	Having often been understood behaviour	
May be able to move on own	Considered leaving because of housemates	Release is unnecessary	Makes sober house her home	Learn learning new skills	Stigma are visible even though addictions are different and backgrounds	Stigma are visible even though addictions are different and backgrounds	Stigma	Resistant notice progress	Drugs were when because of no better alternative	Stigma made a good job	

Appendix H

Super-Ordinate Theme

Peripheral Issues

But I'm so used to like, from 15, 16 I started off drinking to deal with stresses and everything like that, then I found the opiates even better to deal with things like that, stresses and stuff.

...I know I need it...a bit of life-skill, how-to cope with stressors and stuff without doing drugs, because I've never done it before. I've always found a stress relief in a bottle, a pill jar, up my arm, or with some sort of drug really... It's getting easier. It's not like the first day in the house where I was so nervous about being around other people, which I haven't done for a while, talking to people...

Look I'm on venlafaxine for anxiety and things like that.

Just getting along with people. You know I've probably spent the last 8 out of 10 years in gaol, so I've probably maybe become a little bit recluse. And so having to be in this community environment and having to share my emotions, or how I'm feeling, or my experiences with a group of strangers... and some of them I may not particularly like, you know. Or even the staff that I, you know, may have come to heads with, you know, so... But, being stuck there and knowing that if I don't do this, prison is my other option. And to be quite honest, the other day I was ringing up my probation officer and going, 'How much prison am I going to get?', you know.

No. I always tried to justify my drug use by any means whatsoever. Especially being a drug dealer, the financial side of things was incredible.

Definitely. I can't see the cha...well, I can feel the change. I can feel health-wise, and my mind, and how I'm thinking. And I'm dealing with a lot more than just addiction as well. But it's also very nice to hear staff members tell me I'm doing really well, and to get the feedback. And they...to do the half-way mark of your 10 or your 12 weeks...the meeting and to say, "Well, we're watching"...well, were not watching you...but, "We can see," and then you're like, "Am I really?" You know, because you don't...You know, you never pat yourself on the back when you're an addict and you've really, really ran yourself down to be like shit. So, it's kind of nice and that's what I like. They can see it. My family can see it. And, yeah...And from when I came in...or even before that, to when my life was getting really bad, there's a major big shift. Yeah.

I'm not so nervous about leaving because I'm going to stay with my brother and his family. Which I'm giving myself 3 months because I don't really want to live with them; I'm too old to be living with my family. So what's more scary for me is getting employment again and accommodation. So...and staying sober through all that. So I'm leaving, kind of...The house is like my safety. But, with this rehab that is 10 out of 10 for me is there's so much support for me afterwards. There's support with Care New Zealand, to see Patty...you know, just...you know, not on for 10 months later, but you know, I know I've got it through the next few months while I've got some issues to deal with. And, you know, I've got a lot out there: the NAs and...or AAs and everything like that, and help through here through employment. But, yeah...In some ways I'm ready to leave, but I also feel a bit nervous, 'cause...

...We get up nice and early. It's great. It feels good to get out of bed, because I suffer from depression as well... Me personally, I go off to my room each night, because one of my goals is to spend time with myself each day which I'm not very good at.

Yeah. Very. And then for me...because, I mean, I don't...I have a drug problem but it's... Some of those guys in there have got it way worse than me. Not to minimise my problem, but it made...ooh, I don't know if it makes me feel better... but it makes you see things from a different point of view. I'm pretty lucky to have gotten help when I got help...So far. But, yeah. It really puts things into perspective for yourself, really.

Yeah. Yeah, I mean...yeah. And it's life skills for me...getting on with other people. 'Cause for 8 years I made myself a recluse. You know, I cut myself off from the world and I wouldn't leave the house if I didn't have to. So being, almost, forced to live with other people, it's given me skills I would never...You know I could've...I might've been able to give up drugs at home on my own, but this is giving me skills I never thought I could have. Yeah, it's fantastic. I would say that I would do it again, but I don't want to do it again. Just once is enough.

I wasn't that motivated to give it up by myself because I was quite deep in that world, and it's...like I used to dream about getting clean. That was my dream: to be clean. And I wanted it, but not bad enough to actually give up drugs. So I self-referred to this rehab, and I...I've had some doubts because a lot of people in there, this is their second or third time, and it almost...like I was talking to Patty about it...I feel like I need to relapse in order to be clean forever. But, I don't. I can do it once and do it right, because I want it that bad. I don't have any good memories of doing drugs. A lot of people in there, their best memories are doing drugs. For me, every day was a nightmare. I only see good things from being clean. I love it.

Uh-uh. No, it took me to commit a criminal offence to go, "hold on. Look what I've just done. I need some more serious help." That was like my slap in the face. Yeah.

tell that I was on drugs...all the time. So when I say, "getting high," I never didn't get high.

Yeah. It helps, anyway. Because when you're stuck deep in that drug world, there's no optimism or hope there, and you don't think it can be done, so you just resign yourself to the fact that you do drugs and that's what you do, and you're weak if you go to rehab. It's a hard world to get out of.

Yeah. You need to think you're worthy of it. Yeah. And low self-esteem comes with doing drugs, unfortunately.

No. Nah. No. I hate myself when I'm on drugs and I hate the fact that I have an addiction to drugs. I hate it. I don't get a high, I just start going into my own head and telling myself I'm dumb and a waste of time, you know. I even got to the point of suicide. Never tried it, because I'm not that brave, but that's where it was for me. So, for me, there are no positives to doing drugs. There are only negatives.

Pretty awesome. Yeah. It'll be sad coming to the end because I made some pretty good friends in here, and I haven't had friends since I was at college. And it's just nice to know that someone's got your back. You know, someone to talk to about things you think are not important, but they sit there and listen to you. That's nice. So, I'm going to miss that, 'cause they don't like us socialising with other clients once we finish. But yeah. I find that a bit, you know... 'cause...

I was a recluse. No friends. I wouldn't socialise. I don't think I knew how to socialise.

Yeah. You are worth it. You're worth giving up drugs. You're worth, you know, living. There is more to life than drugs, but we don't see that before. Yeah. My life was drugs. My purpose in life was to either get money to buy drugs, or find a way to get drugs. And then, after that, it was either take out drugs and find a way to pay my cheque bills every week. That was my life consistently for 8 years, including blowing 120,000 dollars inheritance in 3 months. And it sucks. And after doing that, I was, like, "Shit, there's no coming back from this one." But there is. You've got to want it. You've got to want it though. Like I've seen a couple of people in the house, I know they don't want to be there, because of how often they talk about the good times they've had on drugs. And it concerns me, but every now and then I've got to stop and go, "This is about me, not them. This is my time in the house. My chance to get clean."

This is a hard question, because like the last time I was there, I never found it... The problem is I've never found it a prob... Look, I don't crave to have a wine. The thing is I've just got so much crap going...other crap...Like there's a lot of legal stuff with an ex-partner that's been going on for 2 years, and that, sort of, branches out into a whole lot of other messy stuff, because it is a really messy case. And the problem is, if I have a drink I just don't stop. But I can be in the house and I won't...It's not like I'm wanting to have one. It's just the fact is if I have one...So maybe this time, yes I've got progress in the fact that I actually sit there and I reflect. You know, I'll write, which last time I never did. And I know for a fact, I'm not going to try and kid myself, I can't have one drink. Because one becomes two, then becomes two bottles of wine. So, yeah, if you look at it in that respect. I mean, yeah, I guess that's progress.

It is. Oh, yeah. Yes, absolutely. Because in my case too, I had to, sort of...because of what's going on in my life, like with all of these other things...to be able to go to a place where you're just totally focused on recovery.

And you know you're there to concentrate on you. Do you know what I mean? Whereas, if I was back home, or whatever, I'd be busy concentrating on trouble, trying to, you know, think about everything else, you know, as well as trying to juggle. And then it would be too easy to, sort of like...

Yeah. Oh, absolutely. And they'll be there when you get out. But I think it's been official when you're actually living there in the house with other people from different backgrounds, different addictions, but the stories are all similar. You know what I mean? So you...not bounce off each other...but you support each other in a way that you wouldn't get the support out there. Because even though you have family and friends who are amazing, if they haven't been through an addiction like that, as much as they are there for you, they don't understand it per se. So, you know. I think it's really been beneficial. For some people, it might not be. But for me, I think it is. And the people that are in the house...You know, a lot of people go in there and they really don't want to be in there. But to see that they've actually, you know...it's quite amazing when you see people who have...not angry...but, you know, they really don't want to be there, and you actually see that they are becoming more open about talking about...

Yeah. And hey, it will always be there. It's never going to go away. Like I'm not kidding myself to say that, oh yeah, I'm going to be cured, 'cause I never will be. But the fact is that I know that. When I say cured, do you know what I mean? I know that I can't have a drink. That's what I'm saying. So I'm not going to kid myself and go, oh yeah, in ten years' time, I think I'll be fine having one drink, because the reality is no. And I don't want to take that risk. Does that make sense? I don't want to go down that path. I was getting to a stage, you know, when I was studying, you know, I managed to finish my Bachelor of Hospitality and Management and I was hardly even there. I'd suffer from depression as well. I'd spent five days in my bedroom and wouldn't come out...and managed to do that, and with As and stuff. So it's like, you know, I'm sick of living like that. You don't live like that. It's not normal. And I had really good, you know, great career and that before. I don't want to... 'Cause, seriously, for the last couple of years it's just been a nightmare. It's been a bloody mess. Honestly, and the things that you do is just...I could see it was just...You know, like before, where you might have drunk whatever and you might have abused whoever, your friends