All-Female Early Recovery Transitional Housing: A Study of a Rural Recovery Model and Identity Transformation

Laura Lewin
Class of 2020
Dartmouth College
Department of Sociology Honors Thesis
Advised By Professor Kimberly Rogers
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INTRODUCTION

The problem of addiction in the United States has profound consequences across every level of social structure. On an individual level, active use narrows the user's priorities in such a way that it takes their attention away from their quality of life in favor of their poison. Substance Use Disorders (SUDs) contribute to an individual's medical or psychiatric conditions, disability, and death. In order to succeed in recovery, an individual must set out to repair the damage they did to their physical health, personal relationships, and must learn to financially and emotionally support themselves. More broadly, for the families of addicted individuals, SUDs add an emotional and economic burden that can strain the stability of a family unit. For mothers especially, using can not only have extremely adverse effects on the physical health of their developing fetus, but can also have implications for their emotional availability and ability to support their existing children and the new arrivals once they are born.

In addition to their personal and interpersonal impact, there are a plethora of social problems associated with SUDs including housing instability, homelessness, criminal behaviors (victim or perpetrator) and incarceration, the transmission of HIV due to IV drug use or high-risk sexual behaviors, and unemployment or dependence on welfare (Daley, 2013). The costs associated with these social problems create an economic burden for governments and tax-payers who spend considerable sums of money on treatment for addiction, medical or psychiatric disorders, and other related problems such as those associated with welfare dependence, unemployment, or involvement in the criminal justice or social service systems (Daley, 2013).

As a college student, the misuse of illicit substances is something I'm exposed to with great regularity. My interest in addiction began with the substance dependence I recognized in

my peers, but expanded when my father started a company that provides outpatient opioid addiction treatment services to patients through 21 clinics across the Northeast and Mid-Atlantic regions of the United States. In conversations with him, I learned more about the science behind addiction and how the permanent alteration of neural pathways by substance abuse can make sustaining recovery and sobriety even more difficult. The more I learned about the difficulty of recovery, the more interested I became in effective treatment for women in particular. Previous research has found that women are more vulnerable to becoming addicted to certain substances after first use than males, and advance more rapidly from first use to regular use to first treatment episode than men (Cotto et. al, 2010). Rural women are of particular interest to me because the *lack* of gender differences in rural drug disorders suggests an increase in drug availability, access and use among rural women (Diala et. al, 2004).

My thesis research confirms that there is no universal treatment solution for everyone who struggles with addiction, but my qualitative in-depth interviews allowed me to gain insight into the unique vulnerabilities of rural women in the Upper Valley, and encourages me to seek out tailored solutions that will support their long term recovery goals. With an understanding of the strategies that can improve recovery prospects, I plan to apply this knowledge to broader populations and help combat this issue as a part of my future career as a social worker.

While prior work has examined the factors that influence drug use vulnerability and resiliency in rural areas, little research has examined the most effective treatment methods for women in rural environments. The primary objective of this study is to utilize detailed individual accounts to evaluate the elements of Amethyst House-- an all-female transitional housing program for women in recovery in early recovery-- that both support and challenge recovery

goals. The secondary objective is to examine the implications of identity transitions from "addict" to "individual in recovery."

The first chapter of this thesis defines addiction and provides a brief statistical overview of addiction in America, then reviews the existing literature on the relationship between gender, rurality, and addiction. In the second chapter, I delve more deeply into the sociological literature on recovery models and introduce identity theory as a framework through which to analyze identity transformations from "addict" to "individual in recovery." Chapter three will detail the methods I used to conduct my study, and chapter four will provide an in-depth analysis of the interview data. The fifth chapter will discuss the implications of my findings and lay out next steps for future research. After learning of the unique challenges posed by gender and rurality, and searching and being unable to find information that detailed how women in rural areas specifically could most effectively pursue recovery, I set out to devise a framework that lends itself best to their desired recovery outcomes.

CHAPTER 1: Understanding Substance Abuse Across Genders In Rural America

Despite the many definitions and theories about how and why addiction to drugs and alcohol develops in an individual, there is no consensus about which interventions lead to sustained recovery, and drug overdoses are currently the leading cause of death in America (Saloner, Levin, Chang, Jones, and Alexander 2018). Existing data reveals that the addiction crisis affects all demographic groups. The framing of the crisis this way makes this inquiry a sociological one, demanding consideration of the interaction of multiple determinants, including structural factors like poverty and racism, inadequate strategies of pain management, limited data collection and poor access to addiction treatment services (Saloner et al. 2018).

UNDERSTANDING ADDICTION AND RECOVERY

In order to begin to understand the complexity of this investigation, it is central to define terms which serve as its base.While noting the importance of numerous psychosocial factors, Nestler (2013) defines drug addiction as a biological process wherein the ability of repeated exposure to a drug of abuse induces changes in a vulnerable brain that drive the compulsive seeking and taking of drugs, and loss of control over drug use. Each individual is affected in different manners by each of these factors, making each person's addiction a unique struggle.

It was vital to understand what addiction was before being able to understand how it specifically affects the rural women I am seeking to understand. This clarifies that while addiction can be defined as an individual's behavior, it is not developed in a vacuum. Most behaviors are learned, so it is also important to state that behaviors and identities associated with them are also learned. One way in which they are perpetuated is through verbal communication. The power of the word to express our thoughts also can determine what our thoughts will be (Adrian, 2003). So, when someone labels you an addict, you may begin to see yourself as one.

While the negative salience of the words may begin to have people seeing themselves as addicts, we need to begin to look at the power of words as a path toward recovery.

Similar to the many competing definitions of drug and alcohol addiction, there are many different ways to conceptualize recovery. The most recent definition of recovery employed by SAMHSA states that it is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential (Watson, 2012). Recovery can also be defined as reaching a level of functioning determined to be ideal, reachable, or realistic in important domains of life such as employment, housing and relationships, as those in recovery identify quality of life as a central issue in recovery rather than total treatment adherence (Watson, 2012). For the purposes of this paper, I draw on Watson's definition of recovery with a focus on the first phase defined by the National Institute on Drug Abuse, which categorizes recovery into three stages: early abstinence, maintaining abstinence and advanced recovery.

UNITED STATES ADDICTION STATISTICS OVERVIEW

A brief summary of the available statistics on drug and alcohol addiction and treatment rates will aid in understanding the scope of the problem for Americans, particularly in rural areas. Each area of the country is completely different and because of my focus on the unique experiences of women in recovery in rural Vermont and New Hampshire, I turned to a variety of data sets and reports to help clarify the addiction treatment landscape in my region of interest.

The following overview is provided to grasp the prevalence of substance abuse disorders in the United States. I focused on numbers related to opioid and alcohol addiction that aligned most directly with the previous substance use behaviors of the population I am studying. The National Survey on Drug Use and Health (NSDUH) reported that 14.4 million adults (9.2 million

men and 5.3 million women) in the United States age 18 and older have an alcohol use disorder (AUD) (National Institute on Alcohol Abuse and Alcoholism 2020). Only 7.9% of these 14.4 million received treatment in the past year. While it is hard to tell what percentage of the untreated population may be seeking treatment, these statistics illuminate a potential need for the allocation of additional resources which increase the availability of treatment options. Further support for this conclusion comes from the fact that, according to a 2019 report prepared by the Rural Policy Research Institute, the overdose death rate in rural areas surpassed urban areas beginning in 2015. While the rural overdose rate had previously been similar to or lower than the urban rate, the overdose death rate in rural areas increased by 325 percent between 1999 and 2015 (Gale et al. 2019).

The aforementioned report was one of the few I could find that discussed the chronic shortages of specialty behavioral health treatment services. Overall, rural residents have more limited access to acute treatment facilities, and those who do have access must travel farther than urban residents to access care (Gale et al. 2019). In addition, they typically have fewer choices when selecting services and providers. A national shortage of psychiatric inpatient services pervades rural areas, most of which have none. Of the 595 psychiatric hospitals operating in the United States, only 73 (12%) are located in rural areas (Gale et al. 2019). The statistics are even more bleak when it comes to detoxification services and substance use treatment facilities: 82% of rural residents live in a county with no detoxification service provider and 80% of substance use treatment facilities are located in urban areas. In rural areas, the number of inpatient or residential treatment beds per capita was 27.9 per 100,000 population, compared to 42.8 per 100,000 in urban areas (Gale et al. 2019). While more comprehensive research needs to be done to directly connect rural substance use disorders with the lack of facilities, these statistics reveal

that many rural residents who need treatment don't receive it, in part because of structural inequities in the distribution of recovery resources. Rural communities have an increasing number of residents in need, and fewer treatment facilities exist in rural areas to handle the growing demand. These factors underscore the need for more accessible substance abuse services in rural areas.

In 2018, New Hampshire had the 3rd highest number of opioid involved overdose deaths in the United States at 33.1 people per 100,000 (National Institute on Drug Abuse 2019). In 2018 Vermont has the 11th highest number of opioid overdose deaths at 22.8 people per 100,000. Opioid overdose deaths are defined as deaths where Heroin, Methadone, and other natural and synthetic opioids and narcotics are a contributing cause (National Institute on Drug Abuse 2020). These statistics provide an overview of the states where the interview respondents currently reside, and explain the gravity of the problem of addiction in these places. These statistics also highlight the need for more widely available recovery resources and effective addiction management strategies.

Of the 1,991 women admitted for treatment in New Hampshire in 2016, 22% were admitted for alcohol or alcohol and secondary drug use while 60% were admitted for the treatment of heroin and other opiates (Treatment Episode Data Set 2017:544). In the state of Vermont, 29% of the 3,612 women admitted for treatment were admitted for alcohol or alcohol and secondary drug use while 54% were admitted for the treatment of heroin and other opiates (TEDS 2017:576). These data reveal that in New Hampshire and Vermont, over half of all women admitted for treatment were problems with heroin and other opiates. These numbers tell us that while alcohol and other drugs have contributed to the problem of addiction in the United States, the opioid epidemic is largely responsible for spikes in need for treatment, particularly in

New Hampshire and Vermont. This data does not lend itself to generalizable conclusions for all rural areas, but because my research is limited to the Upper Valley, these statistics provide an accurate picture of the landscape my respondents are a part of.

RURALITY AND ADDICTION

Recovery experiences are affected by many factors, one of the most important being the physical environment individuals live in. Data on demographic and regional variations in substance use prevalence and changes in prevalence are critical to improve efforts in resource allocation, targeting of prevention and treatment interventions, and timely identification of emerging problems (Gfroerer and Colliver, 2007). Because of their smaller community sizes, rural environments have greater communication between social service programs, medical officials and mental health systems. With smaller numbers of individuals in these existing organizations comes higher accountability and streamlining of services, especially among legal and treatment systems (Dew et al. 2007). For individuals in recovery, this can be a powerful asset, as those who need help have a higher level of connectedness, and the community has a greater understanding of the resources available. In addition to the physical environment, peer support plays a vital role in maintaining recovery. A great deal of the literature reveals that communal support in recovery is integral to one's ability to maintain sobriety long term.

Rural communities in the United States tend to be more cohesive and include extended and multigenerational family members, which can be helpful for sharing resources and interpersonal support. It can also be a source of stress when members of the family are dealing with addiction issues as well. Additionally, rural families traditionally engage in more frequent contact, which would explain why Dew et al. (2007) found that people in rural communities are more interdependent on family units than urban ones and being in a small town increases the

likelihood of shared experiences. This can also be a setback for those who need to separate themselves from family members, who perhaps have their own histories with addiction and could be a poor influence on an individual's decision to pursue or maintain recovery.

With the decimation of rural economies and increased poverty, rural families are now more vulnerable to unemployment, higher divorce rates, greater number of single parents, and increased proportions of mothers in the workforce leaving children unsupervised. Rural residents are less likely to have employer provided health care coverage or prescription drug coverage for themselves and their family and less likely to be covered by Medicaid benefits than non-rural residents (Dew et al., 2007). All of these stressors have resulted in dramatic increases in domestic abuse, depression, anxiety, and substance abuse.

Many of the characteristics of rural life that used to be seen as strengths have currently come to represent challenges. Winfree (1981) found that in rural areas there is likely to be a repudiation of conventional norms and values and adherence to drug cultures. The independence of those living in rural areas can turn them against “outsiders” only seeing value in their own ways. Peer attitudes, parental attitudes, and peer action can have considerable impact on individual delinquent actions within rural communities, as well (Winfree, 1981). These influences, positive or negative, are more powerful than in other communities. For individuals in rural areas who are struggling with addiction, the influence of peer and parental attitudes can have detrimental ramifications on their own behavior, and the addictive behavior or encouragement of substance use from their limited network can drive them deeper into their disease, rather than support them as they try to navigate away from it.

There are a plethora of other circumstances unique to rurality that have the potential to complicate an individual’s recovery. Rural communities are more likely to identify addiction

with social stigma, so much so that it becomes an impediment to mental health system access (Dew et al. 2007). Stigma, accompanied with values of self reliance cultivated in rural families, contributes to fostering reluctance to seek treatment or counseling. Increased utilization of the internet among rural inhabitants has also impacted drug distribution and use patterns. There have been recent surges in online purchasing of opiates, benzodiazepines, and prescription stimulants, made more accessible by the expansion of interstate highway systems (Dew et al. 2007). The newfound ease of distribution makes access to drugs easy even in areas where things used to be difficult to access.

Due to all of these challenges it is not surprising that drug abuse plagues rural areas. In spite of barriers to treatment caused by internalizing stigma, many rural public treatment facilities are overwhelmed with client demand for services. To make matters worse, only 10.7% of hospitals in rural areas offer substance abuse treatment services compared to 26.5% of metropolitan hospitals (Dew et al. 2007). These statistics alone illustrate the dire need for the mobilization of resources to create and expand treatment programs in rural communities.

WOMEN AND ADDICTION

Sex and gender are among the most prominent biological and social characteristics that influence human behavior, and recent research has explored whether it is a risk factor for substance abuse and addiction. In the assessment of gender differences across a variety of illicit substances, males appear to be at greater risk than females for substance abuse problems (Cotto et al. 2010). However, studies are revealing a greater sensitivity among females to various drug effects as well as to adverse medical consequences, including addiction (Cotto et al. 2010). For young adults in particular, the proportion of female users reporting dependence on cocaine or psychotherapeutics was significantly higher than for male users (Cotto et al. 2010).While

biological factors are beyond the scope of this thesis, it is important to understand that the root of many of the issues discussed are in fact connected to my participants' biology.

When females enter treatment they typically do so with fewer years and smaller quantities of substance use at entry than males. Females in treatment also self identify as having mental health and related problems at higher rates than males which may lead to their receiving greater numbers of prescriptions to treat mental disorders like anxiety and depression (Cotto et al. 2010), which may lead to an even higher potential for abuse. Overall, rates of substance abuse were significantly higher for males than females for all substances except sedatives and tranquilizers. Women, however, exceeded men in their "non-medical use of psychotherapeutic prescription pain relievers, stimulants, tranquilizers and sedatives" (Cotto et al. 2010: 402).

Among 18 to 25-year-olds more female users met dependence criteria for cocaine and non-medical use of psychotherapeutics. This particular finding suggests that female users have a particular vulnerability to these substances, which is consistent with previous research suggesting that females take less time to become addicted to certain substances after the first than males. This phenomenon of accelerated time periods between the markers of illness progression has come to be known as "telescoping" (Cotto et al. 2010: 406) with women advancing more rapidly from first use to regular use to first treatment episode than men. Because higher rates of dependence on certain substances amongst females may reflect differing motivations for abusing them, this begs the question of behavioral interventions for drug use to be more gender specific.

There are also a great many social factors which affect women. Stigma, or severe social disapproval, is the main psychosocial issue that distinguishes substance-abuse issues between women and men (Covington 2000). Women more often internalize stigma, and feel guilt, shame, despair, and fear. Covington (2000) found that when women avoid seeking treatment that denial

is often the reason. When a woman is in denial, a clinician must help her to break through her denial so that she can shift her perceptions. To facilitate the shift in perception, the clinician needs to understand how women grow and develop psychologically.

A Female-Conscious Model

The findings summarized above suggest that women face unique addiction experiences and challenges in recovery. Thus, adoption of a gender-conscious recovery model is paramount. Finkelstein (1993) suggests that designers of programs for addicted women need to take into account past and current family relationships, relationships with friends and partners, and relationships developed within the treatment context. Covington (2000) argues that women will seek and pursue treatment only when it is holistic. Treatment must address a broad range of needs, including sexuality, violence, and life management skills as well as be humanizing, long term, and child friendly. In short it must be tailored for women. Women additionally respond well to treatment when they develop a sense of self and self worth , which happens when their actions allow them to make connections with others (Covington 2000). Mutuality and empathy have been shown to empower women, foster growth, bestow empowerment to act, increase self-worth, and foster a desire for greater connection (Covington 2000).

Addiction is a relationship that constricts a woman's life; the task of helping a woman to recover is to help her transfer her need for relationships to drugs, to sources of growth fostering connections (Covington 2000). A history of trauma drastically increases the likelihood that women will abuse alcohol or other drugs. Trauma is not limited to suffering violence firsthand; it includes witnessing violence as well as being stigmatized because of race, poverty, incarceration, or sexual orientation. In treating addicted women, it is likely that they are also probably treating trauma survivors (Covington 2000). Because recovery from trauma is an integral part of

addiction recovery, it is integral to help women in recovery feel safe, to enable them to remember and mourn traumas, and to support their reconnection by building relationships.

Motherhood and Recovery

There are many kinds of predictable and unpredictable stressful situations that elevate the risk for relapse. These can span from negative mood states to interpersonal relationship conflict, cravings, financial strains, and needing support but being unable to find it (Carlson et al, 2006). Because being a mother in recovery is an intensely stressful situation unique to women, it requires gender-specific treatment programs that incorporate childcare and parenting training in addition to current treatment strategies (Cotto et al. 2010). For mothers, drug abuse is often accompanied by co-occurring mental health problems, poverty, domestic violence and child maltreatment (Carlson et al. 2006). From an identity perspective, the way in which a woman perceives her ability or inability to fulfill her role as a mother has the potential to impact her recovery process and must be considered as part of the recovery process.

One immediate threat that mothers with substance abuse disorders face is the removal of their children from their care. Of course, this results in intense emotional reactions that pose a threat to sobriety. Mothers in recovery are exposed to greater stigma as a caretaker than fathers. This stigma in combination with the looming threat of severe familial consequences often leads to denial of the problems of alcohol and other drugs (Covington 2000). Since the first step in 12 step programs is acceptance of your relationship to substances, this requirement often pushes women away from starting on a recovery journey.

Additionally, the way a woman conceptualizes the role of motherhood is dependent on the parental self concept she has developed over her lifetime with her children, as well as by her past history with her own parental figures, her working models of parenting, her self-concept,

and her existing relationship with her child. In their study of recovering the mother role after drug abuse treatment, Carlson et al. (2006) detailed what they call "the process of becoming." This process is complicated by conflicting roles of what is expected in motherhood and what is at the forefront of dealing with addiction and the competing demands for a woman who is trying to evolve from using to not using, as well as cognitively shifting from denying the ramifications of her addiction to accepting that she is an addict. This requires putting herself first which is in direct conflict with a mother role, which requires putting your children and their needs first. It is the very nature and dynamics of drug and alcohol addiction that are at odds with the parental responses and emotional availability that are necessary for a healthy parenting relationship (Nardi 1998). A mother's attachment to the substance in place of a primary interpersonal relationship with her child is recognized as a major characteristic of the disease which mothers alone are forced to overcome (Nardi 1998).

While looking after children can be a source of stress, mothers also find their presence serves as motivation when working at getting clean. Mothers in recovery reported that awareness of the impact of their substance abuse on their children intensified their own concerns, fear, and guilt strongly motivating them toward change (Carlson et al. 2006). Mothers also express ambivalence, particularly about the responsibilities for childcare and "being there," as they struggle with simultaneously working on their own recovery and re-assuming the role of mother (Nardi 1998).

Negative feelings about a child's temporary placement also serve as a motivator for working on recovery as a means to get their children back. An understanding of these findings is vital to developing treatment strategies that help mothers manage their emotional reactions to child separation. Their sadness or anger, self-blame or fear must be acknowledged in order to be

reframed as a temporary sense of relief knowing that their children are safe. They are then free to address the necessary issues which help them begin recovery. To varying degrees, women in psychotherapy developed awareness of their pattern of self-destructiveness, and this had some effect on the choices they made for themselves and their children. Their self-concept shifted positively as they began to see themselves as persons who were changing and who deserved help (Nardi 1998). Clearly when and how these shifts occur should be identified and codified so they can be sought after in treatment programs created for women.

Treatment facilities should also take note of the positive indicators that mothers are ready to take care of their children again. These indicators include, but are not limited to, the use of support services, life and self-care skills, self advocacy, self sufficiency, routines, distancing from unhealthy relationships and partners, reduced defensiveness, changes in hygiene and appearance, demonstrating skills to deal with anger and frustration, therapy, and parenting classes (Carlson et al. 2006). Currently, the literature does not offer a clear picture of which factors best support a mother's efforts in recovery and which factors serve as stressors. These women transitioning to abstinence and parenthood could be better supported by a treatment team if these factors were better understood, and this is one gap in the literature that my research intends to address.

CHAPTER II: Understanding Models and Processes of Addiction Recovery, A Review of the Literature

APPLYING IDENTITY THEORY

I will be examining the identity transformations of residents and former residents of Amethyst House through the lens of identity theory (IT). I chose to use IT as a framework to examine identity transformation because of its foundational idea that society shapes our self concept, which in turn shapes our behavior. For the purposes of this study, identifying as an addict or as an individual in recovery informs social behavior, while their social behavior also informs their identities.

Structural Emphasis of Identity Theory

The first of IT's two major emphases is a structural one, detailed by Stryker (1980) Stryker and Burke (2000). The structural emphasis of the theory conceptualizes the "self" through a comprehensive hierarchy of our identities, each with their own likelihood of influencing the social behavior that we enact in social situations (Stryker and Burke 2000). Understanding the way respondents redefine and reprioritize their identity set illuminates the progress they are making in their identity transformation process.

The concept of salience and a salience hierarchy is paramount to understanding the structural emphasis of the theory detailed by McCall and Simmons (1978). Salience refers to the probability that one of our many identities will be acted on in disparate social situations. The more salient an identity, the more likely it is to be acted on. A salience hierarchy reflects who we are in certain situations rather than the ideal self we hope to be. Salience is dependent both by the actors choice to participate in a situation as well as structural constraints in place, such as identities others cast upon us or the institutional or organizational settings we spend a great deal

of time in. The placement of an identity within a salience hierarchy is affected by factors including the need for support to maintain an identity, what proportion of one's interactions require you to choose that identity, and the identity's prominence. Prominence can be defined as the subjective value or worth of a person's given identity relative to that of other identities (Burke and Stets 2009). The development of a prominence hierarchy aids a person in defining the identities that make up their ideal self. In comparison, a salience hierarchy helps an individual rank the identities that comprise a situational self rather than the ideal self.

According to McCall and Simmons (1978), the prominence of an identity refers to the perceived importance of an identity from one's own point of view. An identity's prominence is higher when the identity is consistent with how people see themselves. Because individuals are not composed of a single identity, McCall and Simmons argue that individuals organize their identities into a prominence hierarchy that reflects how people see an "ideal self" given their ideals, desires, and values. The placement of the identities within the hierarchy is dependent on how much support individuals obtain from others.

Interactional Emphasis of Identity Theory

According to IT, individuals are motivated to act in ways that maintain consistency between meanings in one's identity (the identity standard) and meanings in the social situation (social comparisons and reflected appraisals), or an individual's perception of how others see and evaluate them (Cast and Welch 2015).

The second of IT's emphases is an interactional one, detailed by Stets and Burke (2009), based on the idea that in a social situation, each identity calls on a person to access the internal dynamics that govern perception and behavior. This means that behavior is a function of the relationship between perceived meanings of the self in a situation and identity standard

meanings. When meanings align, identity verification occurs. In the event that meanings do not match, an individual will change their behavior to correspond more closely with the identity standard. The women I interviewed sought to verify their recovery identity, which according to IT, can happen in three ways. The first is behaving in a way consistent with their identity, which for this population would mean attending AA meetings and maintaining their sobriety. The second way to verify an identity is by influencing the behaviors of others. In the context of this study's participants, examples of this could be serving as a role model for others in the house. The third way to verify an identity is by resisting the identities others seek to impose on them, like family members who behave in ways that made respondents feel as though they were still seen as an addict. The more resources individuals have at their disposal, the more their identity is verified.

IT states that verification is facilitated by three types of resources: Structural, interpersonal, and personal. Structural resources are processes that afford individuals greater influence in the social structure. In previous research they include activity that involves using one's education, occupation, and income to verify one's identity. When social actors use these resources, they demonstrate that they have the knowledge and skills to accomplish their goals (Stets and Cast 2007). Interpersonal resources are processes that arise out of relationships that help verify and support individuals. The women who participated in my research were in the early stages of learning the skills that would enable them to develop these processes in the future. In the context of Amethyst House, these skills arise out of relationships as they learn trust and conflict resolution. Personal resources arise from individual traits like self confidence that help people persist in verifying self meanings. Personal resources are also defined as beliefs about the

self along such dimensions as being authentic, worthwhile, and competent (Thoits 2003; Turner and Roszell 1994). Beliefs that contribute to fostering a positive self concept.

For my thesis it's important to mention that there is a relative resource deprecation, especially in the structural category, for these rural, low income women due to stratification systems that disadvantage women of lower socioeconomic status. Unequal access to these resources can affect an individual's ability to control or achieve identity verification (Stets and Burke 2014). Because of these pre-existing disadvantages that are difficult to change, my focus is primarily on interpersonal resources and personal resources that emerge from interactions that help verify the forming recovery identities.

IDENTITY TRANSFORMATION FOR WOMEN IN RECOVERY

Twelve Step recovery programs like Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) are a mechanism that actively facilitate social identity processes. When an individual with a salient identity of "addict" regularly participates in AA, literature has shown that membership in this group changes meanings contained in the individual's identity standard (Best et al. 2016). An individual who is seeking to recover from addiction experiences the change in identity offered through the program, and these changes in salience support the verification of the new identity standard meanings for being"in recovery." These changes depend on factors like the frequency of contact with the recovery oriented network. Frequency is vital in the early stages of recovery as it helps an individual clarify the new values of the network and helps to internalize them. As a person's social group changes, their socially derived sense of self shifts as well. This individual perception of how others view you can broaden the way in which recovery can occur. (Best et al. 2016). Rural women in particular, who may have limited options

for social interactions due to the small numbers of people in their community, may find help in these new networks.

While the choice to stop using drugs can happen over a short period of time, the new recovery oriented identity takes time to develop and become secure. The time it takes for a fundamental shift in group membership values and goals can vary as well, and it also might take the individual some time to recognize and accept the incompatibility of their new identity and values with the old drug using group. AA is an effective mechanism to facilitate these identity transitions because it not only offers individuals role models, but also offers implicit expectations that new members will conform to norms to achieve and maintain membership. This process of social control provides structure for new members, and the consistency of this new group provides social support which has been proven to buffer against stress-related psychological and physical health issues (Buckingham et al. 2013). Membership in support groups like AA also provide individuals with social mobility that was not previously accessible to them due to the intense stigma surrounding drug abuse. Identifying as an addict comes with restrictions on which groups one can be accepted into (Buckingham et al. 2013), but AA allows them to reframe their identity in a way that makes it less of a burden to navigate.

Hochschild (1979, 1983) was the first to argue that ideology is of crucial influence on the social construction of emotion. Ideology affects the way individuals define the events they experience. These definitions outline the rules of behavior whether that behavior is physical, rational or emotional (Francis 1997). For women in particular, when emotions do not conform to the norms, we attempt to amend the emotions at least superficially, in order to avoid sanctions. This effort is known as emotion work or emotion management. When women can no longer manage emotions, they seek professional help to fix the situation. In cases such as these “the best

informal support comes from those who have had similar experiences" (Francis 1997:154). This may be why the homogeneity of support groups is a strength. Support groups and counselors who specialize in particular problems have stock sets of healthy definitions (Francis 1997). Francis explains that leaders must allow participants to self label and then help them to redefine themselves. They also must be encouraged to acknowledge, express and purge negative emotions, which can affect a person's identity.

UNDERSTANDING RECOVERY MODELS

Prior research in sociology suggests that several factors shape the recovery process: 1) social stress, or a person's ability to cope with everyday life, 2) a person's access to social support, 3) a person's ability to achieve social integration (and its consequences for one's roles and community ties), 4) social inequalities that a person's identity set predisposes them to (i.e. socioeconomic status, race, gender) and 5) an individual's experience with stigma.

More than 1.5 million people are admitted to addiction treatment facilities in the United States each year (White and Kurtz 2006). Addiction treatment in the United States has a variety of different approaches that, at present, manifest as a network of service organizations with diverse philosophies that vary a great deal in effectiveness (White and Kurtz 2006). The historical intractability of alcohol and other drug (AOD) problems at a societal level has led to the questioning of the current intervention paradigms and a shift to resilience and recovery (White and Kurtz 2006). An examination of the solutions that those with AOD problems are living with should inform more effective social policies and professional interventions. Understanding how the primary three recovery paradigms-- abstinence based, moderation-based, and medication supported recovery processes--vary in approach and structure, along with how

Amethyst House utilizes elements of all of them is crucial to evaluating if there is more that they can do to help their residents.

All three recovery frameworks share a re-visioning of one's life context and a restructuring of their lifestyle. The three frameworks also share a three part story style in which those in recovery report in a general way they used to be, what happened re:addiction, and what we are like now (White and Kurtz 2006:25). The differences are found in the instrument of recovery, different metaphors and rituals that begin and sustain the recovery process as well as the different views of what role the community should play in the recovery process (White and Kurtz 2006)**.** Recovery styles also reflect different recovery identity patterns including; recovery neutral identities, recovery positive identities, and recovery negative identities those whose addiction/recovery status is self knowledge but not shared with others due to a sense of personal shame derived from this status (White and Kurtz 2006:28).

The intervention models assume that biopsychosocial interventions are the most effective in terms of prevention and intervention because of their ability to be matched to the needs of particular communities, demographic and clinical subpopulations, and individuals (White and Kurtz 2006). The fact that substance abuse problems exist across a continuum of severity has influenced the paths of resolution. Treatment assisted recovery of any kind involves the use of professional help in the initialization and stabilization of recovery (White and Kurtz 2006), and while abstinence based and medication assisted styles of recovery predominate when the patterns of addiction are most severe (White and Kurtz 2006).

Alcoholics Anonymous (AA) is one of the most widely known abstinence based strategies. According to White and Kurtz (2006), the probability of stable remission rises in tandem with the number of meetings attended in the first three years of recovery. Recovery

prospects also rise with "the intensity of mutual aid involvement, as measured by active application of program concepts, meeting participation, participation in pre-and post-meeting rituals, use of mutual aid network for fellowship and leisure, reading program literature, sponsorship, sponsoring others, and involvement in other service work" (White and Kurtz 2006:22). There are also religious based groups, which utilize some of the same principles but are still considered different in recovery style based on presence or absence of religion or spirituality as a central dimension of the recovery process. In these programs, religion is "the catalytic agent that initiates and sustains it" (White and Kurtz 2006:23). In comparison, secular recovery rests on the belief in the ability of each individual to rationally direct his or her own self change process. These groups view the roots of addiction in terms of irrational beliefs about oneself and and individuals ineffective coping strategies rather than in terms of biology, morality, character or sin. They operate change through a variety of cognitive and behavioral self change techniques rather than utilizing the concept of faith or God (White and Kurtz 2006).

In combing the literature, I found that moderation based treatment is rarely discussed. I posit that this is because of a lack of efficacy in long term stabilized recovery. Medication based recovery is the newest of strategies and the process of gaining acceptance in the recovery community is a slow one. White and Kurtz (2006) predict that medication based recovery models will gain greater acceptance, rather than seeing it as a new form of drug dependence, as some proponents of treatment currently do. I argue that maintenance drugs like methadone and suboxone are specific, healthy, doctor-monitored drug dependencies which can be medically weaned from over time, while abuse and dependence on illicit drugs is what addicted individuals cannot move away from.

White rightfully calls for the need of a paradigm shift in how we look at recovery. Abstinence models need to be seen as one method of achieving recovery rather than an ultimate goal. The focus should also shift to global health in addition to a non relationship with all psychoactive drugs. Finally, the programs which work on this disease should be held accountable for multiple recovery outcomes including changes in physical, emotional, family and occupational functioning (White and Kurtz 2006). No matter which recovery model individuals elect for their own journey, it is clear is that alcohol and other drug problems arise out of different personal, family, and cultural contexts that unfold in variable patterns and trajectories.

THE RECOVERY MODEL UNDER INVESTIGATION: AMETHYST HOUSE

Both inpatient and outpatient recovery models are guided by recovery paradigms. The three most popular paradigms detailed above are abstinence based, moderation based, and medication supported recovery. All three of these frameworks share the concept of re-envisioning one's life and restructuring their lifestyle. The differences are found in their use of medication, the metaphors and rituals used, and the role of community. Recovery styles also reflect different recovery identity patterns that frame the recovery identity as neutral, positive, or negative.

In my research, all three kinds of identities play a role in conceptualizing the identities of an addict or alcoholic, and an individual in recovery, and how they change over time. The use of role, social and person identities along with the concepts of salience and prominence hierarchies are most important to the examination of women in the early stages of recovery in rural areas. An understanding of the shift in identities illuminates the connections that exist between the social structure and the recovery process as it occurs at the individual level (Watson 2012).

Amethyst House, the subject of my research, does not strictly adhere to a singular treatment model. The house itself is not a treatment program, it is a transitional housing facility established to extend 24-hour support for women in early recovery that strives to strengthen the foundation of the resident's recovery as they move toward independent, productive lives. Neither an inpatient or outpatient facility, it supports women in developing their own abstinence based and medication supported recovery plans. Amethyst House affiliates itself with the AA and NA programs and requires residents to attend daily meetings. What I think sets Amethyst House apart is the close knit, supportive live-in community and positive recovery identity that it fosters. While they have the extended network of AA community members at their disposal, residents of Amethyst House also have a 24 hour support network in the bedroom next to their own.

I will attempt to address the issue with a similar holistic point of view, taking the perspective that each person is unique, that we must begin with an identification of the causes of addiction, frame the disease as one that needs to be constantly contended with, and in turn integrate community-based treatment so that individuals can integrate this extended treatment into their normal lives.

RESEARCH QUESTIONS

In seeking out an understanding of rural women and their experiences with addiction, I found Amethyst House. The more I learned about the challenges unique to rural women, the more I came to understand how important models like Amethyst House are. The Amethyst House model is not specifically a treatment model, but it serves as a combination of elements from the models mentioned above. An examination of this model helps to clarify that the recovery process needs to be multi-tiered and a transitional housing facility like Amethyst House is the last stage of institutional support before fully independent living is recommended. While

the literature examines inpatient treatment facilities for the earliest stages of treatment and outpatient communities like AA, little longitudinal data is available about transitioning from one to the other. For rural communities in particular where there are less treatment options are available, getting a bed at all can be a crucial first step in their recovery process. However, speaking with residents of Amethyst House has shed light on the strength of the receiving a gradual decrease in structural support from the initial high intensity in patient treatment to transitional housing and ultimately independent living which helps individuals gain confidence in their recovery identities in small steps, giving them time to solidify the identities before moving onto into a maintenance stage.

The small size of the Amethyst House facility allows for customization and adaptation in applying these ideas and in defining recovery norms. This can also facilitate smoother identity transformations from "addict" to "in recovery" by allowing for the relaxation of stringent definitions that exclude certain behaviors. I will explore these issues with the participants to understand their own identity shifts and the role Amethyst House played in helping them achieve them.

Using Amethyst House and all the information provided from the literature above in the creation of my interview guide (see Appendix B), I will seek to understand the specific ways in which Amethyst House facilitates an identity transformation from addict to in recovery by both teaching and encouraging its residents to tap into the available types of resources that will help them adapt new behaviors and encourage their developing identity to align with their recovery identity standard. Specifically, my first research question is how living at Amethyst House mitigates the lack of structural resources available to these low income rural women. My second question pertains to the interpersonal resources they foster during their time at Amethyst House,

and the third examines how the personal resources emergent from their time at the house verifies their recovery identity. My methods, detailed below, were devised to offer insight into these questions through the words of women for which Amethyst House was a part of their recovery. If we can understand the elements of recovery necessary for women in rural areas that struggle with addiction, perhaps we can find a way to codify it and make a roadmap to recovery for my population of interest (White and Kurtz 2006).

CHAPTER III: METHODS

In this chapter I will provide relevant background information about the organization and facility that is the subject of my research. First I will be presenting the rationale for using a female oriented qualitative research methodology, and then I will detail the methods used in conducting my study. Finally, I will review my justifications for conducting semi-structured qualitative interviews, my research goals and state my research questions. I will then discuss my data collection process including my sampling method and the interview process. I will also discuss an overview of my plan of analysis and identify theoretical concepts and patterns identified in transcriptions, as well as limitations of my research design. Lastly, I will consider the reliability and validity of my study.

BACKGROUND INFORMATION ON AMETHYST HOUSE

Amethyst House, a pseudonym for the organization that is the main subject of my research, was established in 2004 by its parent organization. The parent organization's mission is to advance recovery from addiction and addictive behavior. They offer a variety of recovery support services, as well as education and advocacy. The organization's main focus is on the effectiveness, affordability, and sustainability that is offered through peer support. In 2004, the parent organization established Amethyst House, a women's transitional housing facility, established to extend 24 hour support for women in early recovery, a particularly vulnerable group. The ultimate goal of transitional housing programs like Amethyst House is for individuals to remove themselves from a potentially triggering environment and live in one that provides support in ways that give them the time to begin to heal mentally and physiologically from their addiction, and to develop life skills that enable them to live a stable, healthy, productive lives once they leave of the house.

Amethyst House provides admission priorities to women who are pregnant or homeless. Residents are required to adhere to house rules pertaining to responsibility, sobriety and healthcare, their treatment plan, employment, and self conduct, and to pay a small rental fee. Amethyst House admission requirements include being 18 years of age or older, with at least 30 days of sobriety or successful completion of an inpatient treatment program and a willingness to actively participate. Most residents come directly from treatment or incarceration and their circumstances offer few choices for housing. Once accepted, residents are assigned a move-in date or waitlisted if all beds are occupied. Each resident is assigned a case manager who assists the resident in developing and executing a care plan including Twelve-Step programs, counseling, psychiatric services, vocational planning, domestic violence support, and parenting support, as well as medical, educational, and legal services.

FEMALE ORIENTED QUALITATIVE METHODOLOGY

Studying substance abuse disorders and recovery requires a certain personal and emotional element that quantitative analyses are not well suited for. The goal of this research was to gain an understanding of the experiential aspects of the recovery process, specifically for a small sample of women in a rural area. As such, I believe that a qualitative interview approach is the best method to acquire a nuanced understanding of many of the different psychological and social factors which encourage or impede respondent's recovery processes. Due to Amethyst House's small size (only 9 beds total), a quantitative approach would not yield a sample size suitable for statistical analysis. My previous experience with this population and the literature reviewed has led me to believe that the experiences and voices of this underserved population are often interpreted through a lens of stigma, and this approach allows respondents to offer their perspective in their own voice. This often shunned perspective offers insights that numbers alone would not produce.

There is very limited academic literature concerning the development of a woman's identity as she recovers from addiction. In carrying out this study, I follow a female oriented qualitative approach by illuminating women's experiences as they voice them. I am in agreement with Sandmaier (1980) that the best way to achieve a comprehensive understanding of experiences is to provide participants with an opportunity to talk freely and at length. Anderson and Jack (1991) argue that interviews are a critical tool for developing new frameworks and theories based on women's lives. This approach emphasizes to the participants that they are subjects of critical importance rather than objects of study (Grant 2014). As I strive to understand the impact of Amethyst House on the process of recovery for these women, their experiences, described in their own words offer crucial insights to the successes and opportunities for improvement of treatment protocols.

Qualitative researchers have helped us to understand and demystify drug taking, to dispel unhelpful myths and stereotypes about drugs, to build and develop theories of addiction, and formulate and evaluate drug policy and practice. They have also had particular advantages in and studying hidden and hard-to-reach groups identifying emerging trends in drug consumption and researching particularly sensitive drug issues (Grant 2004). A primary strength of the interview method is how it respects the individuality and autonomy of each participant, allowing them to share whatever information they consider most important, including information I did not have the foresight to ask about. This qualitative analysis allowed me to establish a level of trust between the respondents and myself that maximized the descriptions of their lives that they offered, and gives me the opportunity to utilize respondents' own words to express their thoughts. The freedom given to participants to expand on the questions I posed, grants them the liberty to articulate formative or relevant experiences. Lastly, semi-structured interviews also

allow for adjustment to my research questions throughout my data collection process, increasing its efficacy over time.

SAMPLING METHOD

The sources of my data are in-depth interviews with eight rural women in recovery, field observations at weekly house meetings and dinners at Amethyst House, and an analysis of pre-existing literature on topics regarding women in recovery. To be a part of my study, participants had to meet two specific eligibility criteria. Namely, they had to be self identifying women age 18 or older who currently reside or have previously resided at Amethyst House. Requirements to live in Amethyst House include being 18 years of age or older, a minimum of 30 days of sobriety or successful completion of an inpatient treatment program, and a general stated desire to be active in recovery. For Amethyst House, this includes acquiring employment and financial independence, addressing pertinent health issues, resolving legal entanglements, collaboratively formulating and executing a treatment plan, as well as basic cooperative group living skills and a positive attitude toward recovery.

In preparation for my data collection interview process, I first scheduled individual meetings with the head of case management to learn more about the Twelve Step Program and the expectations of the recovery program at Amethyst House. She then invited me to house meetings and dinners, which occur weekly on Monday nights, to begin the relationship building process with the current residents of Amethyst House, most of whom planned to participate in my study during the winter term. Prior to conducting my first interview I attended seven weekly house meetings and dinners with all of the current residents and the organization's two case managers. During these meetings, residents were encouraged to respond to a variety of queries and share their daily struggles in a more intimate format than AA meetings.

I used weekly meetings as a time to not only build relationships and rapport but recruit current residents for interviews about the program's impact on their recovery. I provided them with information on what my study entails and asked them to participate in person. I also used snowball sampling and encouraged them to share my contact information and research goals with women who have formerly resided in Amethyst House through a recruitment coupon. To sample former residents, I worked in collaboration with the head case manager at Amethyst House. I gave her a message that she disseminated to former residents that she knew were still active in Amethyst House's extended local recovery network. Once these former residents agreed to being contacted, the case manager provided me with their contact information. From there I reached out to those who expressed interest with more information about the interview's topic of their recovery process and the role Amethyst House played or continues to play in it. Once we coordinated a time that worked, we met at the local community center of Amethyst House's parent organization where Twelve Step meetings are hosted.

During the months I was away for winter break, a few residents relapsed and were consequently discharged. Because of this, I had to adapt my sampling method to include residents who had recently moved in, before they had ample time to acclimate to the house. I moved these interviews to the end of the interview cycle to allow them to have as much time as possible to experience life at Amethyst House and learn about its practices. I also expanded my sample to include more women who formerly resided at Amethyst House, regardless of whether they had completed the program, left early, or were prematurely discharged for violating house rules. This decision was supported by the fact that all of my interviews reinforced the idea that an individual's relationship to recovery and sobriety changes substantially over time.

Unsurprisingly, the early stages of recovery require constant support as addicts and alcoholics learn life skills in sobriety.

Interviews with former residents add a breadth and depth to my analysis, clarifying the longer term impact of this transitional housing program. Their retrospective reflections extended my analysis of the role Amethyst House played not only the early stages of their recovery, but the role they see Amethyst House playing on their entire recovery journey. As current residents are still in their first few months of sobriety, the challenges that they are facing are more immediate. They struggle with developing healthy sober living habits, while former residents have previously developed these skills and navigate different challenges to sobriety, such as dating and work related social engagements. Interviewing both current and former residents allowed me to stitch together an understanding of how recovery challenges and supports vary over time.

As my research questions focus on one specific transitional housing program, my target population is by definition limited to anyone who has lived at Amethyst House. This means I only have access to a small, relatively inaccessible pool of potential respondents, and this caters best to a purposive sampling method. Current and former residents of Amethyst House are the key informants who would most accurately represent the relative dimensions of my target population. While my findings are not generalizable to the experiences of all rural women in recovery from addiction, I hope to provide supportive evidence for the benefit of a multi-stage long-term approach to recovery that gradually enables individuals to resume a stable, healthy, and ideally productive lifestyle.

INTERVIEW PROCEDURE

Prior to the start of the interview, participants completed a verbal consent process and were given an opportunity to choose a pseudonym to preserve their anonymity. The interview began with a short section of opening questions to help the respondent get more comfortable responding to questions about their upbringing and life experiences. The second section of the interview guide (see Appendix B) transitioned into more open ended questions pertaining to coming to terms with their active use and how they conceptualize recovery. These questions are meant to prime respondents to think about their addiction and recovery experiences before I ask them about the role specifically played by Amethyst House. The subsequent questions inquire about the elements of Amethyst House that supported and challenged their recovery. The third section of the interview probed their perceptions of self and the implications of identifying as an "addict," "alcoholic," and individual "in recovery" for their sense of self.

This last part of the inquiry was directly related to my use of identity theory (IT) as a framework for understanding how patterns of behavior across individuals and over time can help me understand the impact of what they are going through on their sense of self. By questioning them about how they conceptualize their different identities, IT's framework of role, social and person identities aids my understanding in how they conceptualize and navigate their different identities, and the effect that has on their sense of self, thus how it impacts their recovery progress. Looking into their identity prominence and salience hierarchies offers insight into where in their recovery journey they currently are, how they feel about where they are in the process, and how that shapes the way they see themselves.

All interview sessions were recorded in an effort to ensure that my attention was entirely focused on the respondent. After the interview was finished, respondents completed a

demographic survey on age, gender, race, where they were born, educational attainment, employment status, and criminal record, then they were given a 20 dollar gift card in compensation, a list of local resources, and two additional recruitment flyers I encouraged them to pass along to other former residents they thought would be interested.

DATA ANALYSIS PLAN OVERVIEW

The length of interviews varied from 30 minutes to three hours. I spent a few minutes at the end of every interview jotting down field notes on the general comportment of the respondent as well as my reactions. Throughout the transcription process, I generated tentative categories for my coding scheme (See Appendix C) that aligned with the literature and my raw data.

The categories of the coding scheme were initially devised to align with patterns I saw in the theoretical concepts of previous literature. As interviews were conducted I adapted the coding scheme to encapsulate the patterns across respondents that were not represented in the literature. The final version of my coding scheme is detailed in Appendix C.

Identified Theoretical Concepts and Patterns

Women in recovery are constantly undergoing changes in their personal interactions, and the interplay of factors that threaten sobriety cannot be analyzed separate from the context in which women live. Facts and interpretations shape one another. I will be analyzing the identity changes the participants share with me through Stets and Burke's (2014) lens of identity theory. According to identity theory, behavior is a function of the relationship between an individual's perceived meanings of the self in the situation and identity standard meanings. When these meanings match, an identity is verified; when they do not, behavior is modified to restore meanings of the self in situations that correspond with the identity standard. Identity theory will

aid in my conceptualization of the internal dynamics that women in recovery are navigating, specifically when it comes to their identification with the labels of "addict" and "in recovery." Self-perception and an individual's perception of how others perceive them are important elements that can either work to eliminate or foster old addictive behaviors.

In my interview I ask questions related to the four components of the feedback loop that occurs when an identity is activated in a situation. The self meanings of an identity, known as the identity standard, the way you see yourself due to the feedback obtained from others known as reflected appraisals, the process of comparing reflected appraisals with identity standards, and the behavior that results from the dissonance between the two. In this way, addictive behavior can result from the relationship between an individual's self perception and the way she thinks others see her. A lack of identity verification has the potential to lead to negative emotions, which can themselves pose challenges to recovery.

Reliability and Validity

Reliability of data refers to the extent to which semi-structured interviewing can yield consistent results, while validity refers to the extent to which interviews can accurately measure the efficacy of Amethyst House's treatment paradigm and identify elements that challenge and support recovery. In qualitative work, reliability and validity can be conceptualized as trustworthiness, rigor, and quality (Grant, 2004). Because knowledge is by nature socially constructed and constantly evolving, the goal of qualitative research is to gain a deeper understanding of people's varying realities. The combination of preliminary field observations in conjunction with interviews and their transcripts result in data that is valid, reliable, and captures the varying realities of the study's participants.

A key concern in qualitative interviewing is the level of comfort between the interviewer and the respondent. As an interviewer, I constantly engaged in self-critical sympathetic introspection and self conscious analytical scrutiny of my positionality as a researcher. This practice of reflexivity is a process of testing one's interpretations and being accountable for the means by which one arrives at a particular reading of the data (Grant, 2004). I often acknowledged my positionality with respondents after the interview and asked if they felt comfortable throughout. Some of the most personally meaningful moments of the interview process occurred when respondents told me that my pure intentions came through in spite of differences in our positionality. I have included a more in depth assessment of my own positionality as it affected my understanding and research process in the Methodological Appendix included at the end of this thesis.

In terms of my study's validity, I believe my results allow for internal generalizability, meaning generalizing conclusions within the group studied, which in my case is eight women in the relatively early stages of recovery. I do not believe that this study lends itself to generalizability beyond the group and setting of interest, but this is not of concern to me because my goal was to provide an account of how this uniquely structured setting can impact a population of rural women in recovery. As a result, the findings of this study might not provide generalizable insight to all women who struggle with addiction, but can provide general insight into the most effective ways to pursue sustainable recovery for rural American women.

CHAPTER IV: RESULTS

As previously detailed in the theory part of the literature review, behaviors shape and are shaped by individual experiences. By listening to these women's narratives in their own voices, I set out to understand the role that Amethyst House played in supporting their early recovery process, ways in which the program hindered their recovery, and the identity work they experienced in reshaping their senses of self as they reconceptualized themselves during their time at the house. The interview data I collected aided in my understanding of the specific ways in which Amethyst House facilitates an identity transformation from "addict" to "in recovery" by both teaching and encouraging its residents to tap into available resources that help them adapt new behaviors that align with their recovery identity standard. My first research question looks into how living at Amethyst House mitigates the lack of structural resources available to these low-income rural women. My second research question sets out to understand the influence of interpersonal resources fostered during their time at Amethyst House on their recovery identity verification, and the third examines the ways in which personal resources (emergent from interactions) verify their recovery identity.

For all of the women in my sample, the identity meanings of being an addict were dishonest, stubborn individually who act erratically and as Josie put it "someone who struggles with the disease of more [of anything]." The identity standard across respondents for "in recovery" revolved around the ability to adopt the qualities of emotional flexibility, honesty, self awareness and perseverance while remaining grounded and an active part of your recovery community. I am looking at the tension between distancing themselves from the addict identity while verifying the recovery identity, and the resources that facilitate this identity transformation.

HOW AMETHYST HOUSE MITIGATES THE LACK OF STRUCTURAL RESOURCES AVAILABLE TO RURAL WOMEN

Structural resources are resources that arise out of an individual's level of educational attainment, occupational status, or income, of which these rural women have very little. Many of my respondents, prior to coming to Amethyst House, did not have a safe place to live. This fact elucidated the reality that a safe environment to develop healthy, recovery oriented habits is often not available because this population does not have the means to acquire them. Amethyst House is the primary resource that mitigates this by charging a low rent of only 100 dollars per month, allowing its residents to shift their focus from worrying about housing security to opening up the space for them to focus on the development of their recovery. This development happens through the acquisition and enactment of interpersonal and personal resources via going to AA/NA meetings or participating in other activities that support their recovery without worrying about housing security or their physical safety.

Dechen is the only respondent that, at one point in her life, was in a higher socioeconomic bracket and experienced the structural resources which accompany that position. She spoke candidly about how much easier it was to work on her recovery when her ex-husband was her family's main source of income. She is now learning to manage the challenges that come with the loss of those resources on her own.

> "I have to balance [my holistic approach to recovery] with a job this time. I wasn't working the last time I was sober, I was a rich housewife so I had time to go to meetings and to Bikram yoga. I didn't have the pressure of supporting myself like I do now. That's been really the problem the last four years, I'm exhausted. And going to rural Vermont, which is where I was living on top of a mountain, you know, off grid, you get home and you don't want to go back out to a meeting, like whether it's snowing or whatever. And so you just stop going. So this time I'm intentionally going to live in town." -Dechen

Dechen's ability to choose to live in location which makes tending to her sobriety easier is a privilege resulting from the resources she had at her disposal. Many of the women living at Amethyst House did not have any place to live at all, let alone a place that is conducive to sustaining recovery. The sole structural resource of having Amethyst House as a place to live affords them the space and time to develop the interpersonal and personal resources that will help them secure a new identity standard.

Having A Safe Place to Call Home: Fostering Autonomy and Community

In conversation about the elements of Amethyst House that sets it apart from other local transitional housing programs and treatment options, many of the respondents mentioned that the physical place feels like much more of a home. This feeling of home is crucial for the development of a sense of autonomy which is a personal resource that contributes to a foundational identity of personhood on which a positive self concept can be built. The atmosphere of home combined with the addition of others struggling with the same issues made it feel like a family. Many of the respondents mentioned how the physical space created an atmosphere of home, but it was up to them individually to take advantage of that. When I asked them about their fondest memories of their time at Amethyst House, most responses revolved around tender moments of community like "Secret Santa" gift swaps at Christmas, movie marathons, dying each other's hair, and throwing celebrations for sobriety dates and moving out into the real world. It is no coincidence that the fondest memories are linked to the feeling of being at home with family.

This atmosphere is fostered by the feelings of safety provided within the walls of Amethyst House. Typical transitional housing programs are merely austere temporary housing for individuals who are earning too little money to afford long-term housing. The ultimate goal

of the program is to equip residents with the skills and resources to transition into independent, permanent housing. While a home is more difficult to describe and inextricably linked to previous experiences with the concept, it is usually characterized by a person's sense of belonging, with some form of official or unofficial ownership over the space. An atmosphere that fosters a feeling of home and belonging provides community and security that provides residents with a sense of human autonomy that the stigma of addiction has previously taken from them.

While safety takes on many dimensions as shown below, all the women that agree that physical and emotional safety they felt at the house contributed to letting their guard down and embracing recovery and the accompanying identity. Brandi, a 30 year old straight white woman with no children and two and a half years of sobriety, spoke most directly to this feeling of personhood and autonomy:

> "It felt more like home than the apartment I'm living in right now. For me, it was an amazing place. It felt nice to come home and know that there's gonna be people there and they're going to be sober… You were left up to your own devices and you got to pick your own consequences for the choices you made and it just made you feel like a person and I think for a long time living on the streets, I didn't feel like a person." -Brandi

Blue, a 41 year old straight white woman with two children who relapsed the day before we spoke does not directly express why feeling at home impacts her identity or self concept, but the language both she and Josie use when comparing a facility to a home implies that Amethyst House allowed them to feel more like people with live-in support rather than patients receiving treatment. Without being explicit, both women detailed the value of the shifting of the normative framework from an institutionalized surveillance based structure of prisons and hospitals to that of a home where collectivity and belonging are one of the main focuses. Josie, a 43 year-old straight white mother of one who currently lives in Amethyst House with 43 days of sobriety at the time of our interview, comments about how Amethyst House's environment is less stark than

her previous inpatient treatment programs. Their testimonies imply that it is much easier to develop a positive self perception in an environment that encourages independence in a way that builds up rather than tears down feelings of autonomy and self worth.

> " I loved it. I felt safe. I felt like I had a new little family. I love the town, the house, the people that were in it. It feels like a home. I have a real room, a real bathroom. [Other treatment programs in the area] feel more like a facility with the same kind of chairs and the same kind of couches. You know what I mean? It doesn't have a real living room. It's not comfortable. This house is a home and that's a big deal when you're used to being in facilities." -Blue

> "It feels more like a home. I sleep the best I've ever slept in a long time at Amethyst House...I think [the most important aspect of living there is that] it feels safe. I don't have the unpredictability of my marriage and being in his house. I also don't have the starkness of being in a hospital setting. I can finally put my guard down." -Josie

> "I love Amethyst House. Amethyst House is a wonderful opportunity for people to be on their own, but be in a safe environment. It's not like a normal sober home where there's staff following you around. You have to be responsible for yourself and be responsible to care about those who live there also. I think that Amethyst House is another step up, you know, take responsibility, find your own way here and there. You start over in a safe place." -Blue

For Blue, the safety at Amethyst House stems from the ability to experiment with living life as you would normally, but with the safety net of accountability and support provided by the house. This freedom to take on new responsibilities harkens back to the concept of autonomy as a necessary element that transitional housing programs must have to successfully facilitate an identity transformation.

While feeling safe in an environment means different things to each resident, Amethyst House provides safety primarily by taking individuals out of their using environment, away from triggering or stressful places and relationships that encouraged or inspired drug use. Despite the varying levels of safety they experienced before they received a bed in the house, every single

respondent I spoke to mentioned the central importance of feeling safe as a first step in being able to focus on creating a strong recovery identity. Elizabeth, a 31 year old straight white woman with three children and seven years of sobriety, credits the sense of safety she felt in the house as a mechanism that allowed her to distance herself from dangerous relationships and focus on developing life skills that she never developed in adolescence because she was already in active use.

> "I was safe and the only person I had to worry about was me... [Amethyst House] was the first place that I was ever able to really call home and consider myself safe. In a game of tag, Amethyst House was safety. Nobody could touch me there… It taught me how to take care of things, do laundry consistently, clean without my mom…I learned life at Amethyst." -Elizabeth

> " It was really nice to have a home that felt safe. I love that it's all women. I have a lot of trauma involving men, so it was really nice to just be able to lower the guard a little bit." -Beatrice

Beatrice, a 31 year old straight white former resident with a year of sobriety and no children, explicitly expressed the importance of the all female environment. Like so many other women in recovery, Beatrice has to manage the comorbidity of abuse to contend with in the recovery process. This supports Covington's (2000) argument that having a safe place to recover is integral to helping women in recovery process trauma and move past it. The support offered by a safe haven encourages personal reconnection through building non-traumatic relationships. Whether stemming from the cause or effect of their substance abuse, residential treatment or transitional housing for people in recovery must primarily function as a safe haven.

In an effort to further mitigate the lack of structural resources available to their residents, the house recently installed Wifi to encourage both personal development and safe relaxation for residents. With around the clock internet access, the residents now have the ability to pursue

educational degrees online, search for jobs, receive outpatient medical and psychological treatment, or simply enjoy a movie after a stressful day.

One of the most beneficial elements of living at Amethyst House is that it takes residents out of their using environment and gives them the space, time, and resources to develop new behaviors that help them formulate a specific recovery identity standard that provides a helpful blueprint for what to strive toward. Residents learn to conceptualize this recovery identity standard through their own experiences as well as what they see working for fellow residents. Modeling behavior after one another is one skill individuals learn from each other in a group living environment. Below I will discuss the variety of skills and resources, as well as the challenges that Amethyst House helps its residents navigate.

INTERPERSONAL RESOURCES FOSTERED AT AMETHYST HOUSE THAT HELP VERIFY THE RECOVERY IDENTITY

The social environment of group-living at Amethyst House lends itself very naturally to the development of interpersonal resources. According to IT, interpersonal resources are skills or processes that individuals develop which arise out of relationships that can contribute to verifying an identity. In this context, Amethyst House allows residents to practice the interpersonal skills required to navigate social interactions that support sober living. My research elucidated three primary avenues through which interpersonal resources develop. These three avenues are 1) skills that arise as a result of navigating in house relationships (peers and case managers), 2) relationships emergent from observing and participating in house rules and requirements (the social network of AA), and 3) relationships independent of Amethyst House affiliation that residents learn to manage, seek out, or avoid.

Avenue 1: Skills Developed from In House Relationships That Verify Recovery Identities

While living at Amethyst House, residents have to learn how to navigate the relationship types at the house, namely general housemates, roommates, and case managers. Through these relationships, residents learn how to foster and value sober relationships, garner support from those with similar experiences, and construct healthy boundaries for the sake of their sobriety.

Pursuing recovery often results in a necessary reshuffling of relationships in order to replace a toxic network with a supportive one. Building these relationships are crucial to verifying the recovery identity and supporting their new self concept. While living together in the tumultuous early stages of recovery bonds the women together under common daily struggles, these relationships survive long after individuals leave the house, and continue to offer support. Respondents discussed how integral these relationships are to moving forward, as these are the women that have experience holding each other accountable through the hardest stage of recovery.

> "[My roommate] is hugely important to me. Me and her went to Amethyst together and now we live together. She's really a sounding board for me, because a lot of the time in addiction, your disease can kind of talk to you in your own voice. And so it's really important to bounce ideas off of another person and to kind of fix your perspective because you can oftentimes think that you've hit the nail right on the head and you know exactly what's going on and then you say it out loud and you sound crazy."-Beatrice

> "Two of [the residents in Amethyst House with me] were my bridesmaids in my wedding. Still to this day, my very, very best friends. Others helped me learn lessons about who I am as an individual. They taught me patience, they taught me love, they most definitely taught me tolerance. They also taught me that everybody's different." -Elizabeth

Verifying identity with help from those with similar experiences

All of my respondents are white women between the ages of 30 and 50, and the majority come from similarly low socioeconomic backgrounds. Because Amethyst House has only nine

beds, residents who live there at the same time bond as they are all enduring what Elizabeth calls the “white knuckling phase” of early sobriety, when the primary focus is to make it through the day sober. Managing these shared experiences creates a support unit that helps the women continually verify the new identities they are struggling to create. The women learn soft and hard skills from each other, but more importantly experience support as they make choices in their everyday life that support their own and each other’s recoveries. Francis (1997) discusses how the best informal support comes from those with similar experiences. My research supports her finding that the homogeneity of support groups is a strength.

Even more introverted respondents who preferred to keep to themselves expressed appreciation for having the community at their disposal for support when they needed it. While not specifically detailed, my time at house dinners showed me how the women took support from the simple act of being together and sharing what happened during their day. It gave residents a chance to celebrate little successes like getting a job interview or completing one of the 12 steps. Josie speaks to the benefit of solidarity and companionship: “Granted at night when I come home, I don't really want to talk to anybody, but at the end of the day, I’m grateful to have somebody to talk to.” Harper echoes Josie’s sentiments by acknowledging the difficulty of communal living while still appreciating its value: “[My first few weeks were] hard. It’s really hard to get along with several other women who are also in early recovery. But also great to be able to sit out and have coffee every morning and talk about what I was struggling with.”

One of the universally acknowledged benefits of live-in peer support is how the housemates' positive perceptions of an individual's progress can reinforce a resident’s recovery identity even when they are not feeling self efficacy. This dissonance between their self perception and the way others see them inspires them to continue to act in accordance with the

way others see them until they can see themselves in an equally positive light. Josie finds that the positive reinforcement she gets from others recognizing her progress in recovery encourages her to continue down that path and she mirrors the positive feedback she gets from others and inculcates it into her own behaviors. She explicitly acknowledges that external positive reinforcement plays a role in her identity change.

> "I think of late especially, I've become more tolerant of my own shortcomings and more patient with myself as [housemates] have become more patient with me. And I think it's because of the fact I'm doing the next right thing. As I'm doing better, people are seeing that. And by their words, it's helping me see the fact that I am a good person and I am doing the right thing and that I am on a good path. I don't just derive my strength from the external, but it certainly is an impetus for change." -Josie

The Strength of Identity Specific Peer Support for Identity Verification

Of the eight women I interviewed, four had children and there were also two more mothers living at Amethyst House during the time I conducted interviews whom I got to know during house dinners on Monday nights. All of them spoke of the unique support other mothers in the house provided. The identity standard of being a good mother requires putting one's child first, but being in recovery requires prioritizing oneself over another. This conflict can result in the pressure that Elizabeth talks about in regarding having her son move in with her after her first few months at Amethyst House:

> "It was hard for me to have to walk on eggshells when my kid was around. I felt like I had to be like the perfect mom. I had to put on this fake facade of like, not just being all right, like I have to be perfect. I have to be okay. I have to be happy, not even okay. Like I have to be happy and the best parent, that's a lot of pressure to put on yourself. Thank God I had another mom who lived there with me." -Elizabeth

Holding herself to a high identity standard for her role as mother puts a lot of pressure on Elizabeth. Coming up short of her own expectations can negatively impact her self perception,

which has the potential to invalidate both identities, however, a fellow mother in the house alleviated that issue by reminding her that living in the house and trying to stay sober is being a good mother.

While being a good mother is an important part of her recovery identity standard, in other moments in her interview, Elizabeth discusses the importance of starting her time at Amethyst House without her child. She said that before she was ready to fulfil her role as a mother, she had to learn how to take care of herself. She was fortunate that while she was at Amethyst House her mother took care of her child and provided her with the time she needed to begin her sober journey. Once she learned to take care of herself in sobriety, she had already secured the support of fellow mothers in the house so she was able to effectively apply how to integrate care for her child with care for herself.

I was not able to interview a current resident with a six month old baby living with her at the house due to my inability to return to the Upper Valley because of COVID-19, but in my own field observations during house dinners and meetings, the presence of her baby functioned to motivate all the mothers around the table. There were multiple conversations before dinners while his mother was cooking and I was playing with him about how the presence of a small child reinforces the positive motivations for other mothers in recovery, even if they do not at present have full custody of their own children. I feel it is important to not underestimate the importance of support from other mothers when an individual is struggling with developing a positive identity as a mother. These interactions confirm the literature on the impact of stigma on mothers in recovery (Covington 2000) and how recovery for mothers is complicated by the conflicting roles of what's expected in motherhood versus the realities of dealing with addiction (Carlson et al. 2006).

Constructing healthy boundaries for the sake of preserving sobriety

Growing both as individuals and as members of a community provides residents with practical experience in navigating sober relationships and integrates healthy behavioral habits into their lifestyles. One skill they learn is how to effectively preserve their sobriety by constructing healthy boundaries. Being able to process the fragility of recovery and having others struggling with the same concerns at their side taught Beatrice to construct healthy boundaries for the sake of her own sobriety. Choosing to construct boundaries is evidence that their recovery identity is increasing in salience.

> "The women had a lot to do with helping me navigate recovery and accepting the things that I needed to accept and then allowing myself to construct boundaries because coming in, I had no boundaries. If you wanted to use my toothbrush I would've let you." -Beatrice

> "Not everybody who makes it to recovery is ready for recovery. And so certainly there were really hard moments when you watch somebody's disease betray them right in front of your eyes. And that happened several times throughout my stay at Amethyst House and it was devastating every time...It's hard because you know you build these relationships with these women and it's like a sisterhood. And then when somebody relapses, you have to mourn that person. You know, you don't know if you're ever going to see them again. You don't know if they're gonna make it back to recovery. And so it's almost like a death. And I feel like seeing that on a really personal level and being able to deal with those emotions, to sit through the uncomfortability and realize that if you don't do everything that you need to be doing that could potentially be you. That's life changing....although you still love them, for your own safety, you can't be a part of their life anymore. And I tell my friends all the time, I love you and when you have your two feet solidly in the program of AA or NA, I will be here for you, but until then I can't ride this ride with you. I can't live in the chaos anymore." -Beatrice

Credible and Effective Guidance from Case Managers

The primary way that Amethyst House staff supports residents is through case management. Each resident of Amethyst House is assigned to one of two case managers (who themselves are women in recovery who have previously lived at Amethyst House) when they first arrive. Residents meet weekly with these case managers to define and achieve short and

long term recovery goals. These one on one sessions allow for individual attention for each resident so they can work through specific problems. Case managers provide many kinds of support and guidance, such as assisting in finding employment from places willing to consider candidates in recovery. Securing employment leads to an increase in structural resources, which gives residents a sense of stability that facilitates their transition away from their addict identity toward one in recovery. Additionally, the relationship between resident and case manager fosters the utilization of interpersonal resources that promote accountability and can ease friction with ideological disagreements. Below Leah mentions how her case manager stepped in to ease her friction with the religious element of AA so she could reap all of the identity reinforcement the group has to offer.

> "The case workers that were there when I was there were in recovery themselves and it's more helpful than when someone's trying to read it from a book... [The most helpful parts were] talking with my case manager and being held accountable. The fact that we were required to come to meetings every day, you know, whether you worked or not. Obviously every day you get out of work, you're tired. You don't always want to go to the meeting. But I'm glad that I had that push." -Harper

> "My counselor... I really love that she wasn't strict AA. She worked with me on a more spiritual level than the religious level, and she helped ease some of the friction I have with AA. I really got caught up in the words and it took a long time for me not to get caught up in the capital G the capital H. So she was my guide with that. She was a very calming presence." –Leah

For all the support a case manager can offer, Brandi experienced a moment of identity diversification as a result of an interaction with a case manager. For all the power reflected appraisals have to reinforce a positive identity, the perceived perceptions of others can also have a negative effect on the identity work of the residents. During one of Brandi's first days at

Amethyst House her recovery identity was called into question as a result of an attempt to establish a positive presence in the house.

> "I think it might've been my second day there and the new movie "It" came out and they were going to go watch it and they invited me and I said no, cause I don't like clowns. So I started cleaning cause it's one of my hobbies that helps relax me. So they come home, they see me cleaning, they all say thank you. I had my case manager up at my door asking for me to give her UA because I was cleaning so they thought I was on drugs. So that was my welcome to Amethyst House. I understand they don't know me and I know there are a lot of drugs that make people clean, but I was just cleaning because the floor was dirty and I was trying to let people know I'm here, I'm a clean person and you're not going to have to worry about me. So that didn't really set a good taste in my mouth and that's why I was glad I had my own room and I think because of that I alienated myself when I was there." -Brandi

While never explicitly stated, Brandi implied an exasperated disappointment in the way her status in recovery was invalidated. While making an effort to confirm a positive identity, her behavior was misperceived by a person of status and power in the house (a case manager). This took the power to define her own identity away from Brandi, causing a disappointing moment of invalidation. Cast (2003) supports the finding that in spite of the fact that she was behaving in a way consistent with her recovery identity, she was unable to resist the identity that another powerful actor sought to impose on her.

Avenue 2: Identity Verification as a Result of Amethyst House Requirements

Following house rules provides accountability through structure

Among residents, Amethyst House is known for having a notorious amount of rules and requirements including weekly urine testing, chores, firm curfews, and mandatory AA meetings. During my time at house dinners, I listened to extended conversations about the chore chart. While some expressed that this made them feel childish, getting in the routine of doing dishes,

laundry and cleaning the house, builds healthy lifestyle habits that they did not necessarily have complete control over in active use. These habit building requirements held them accountable and taught practical skills to look after themselves and the communal space. These very specific behaviors are minor but important behaviors that contribute to the maintenance of their recovery identity. While often laughed about over dinner, Leah and other residents clearly recognized the intentionality behind the enforcement of the house rules. She clarifies that in spite of her pride, external accountability in the early stages of recovery must be adopted so they can be maintained in sobriety.

> "Going into it, I knew that there would be some rules and I'm glad that they have the rules that they do cause I was not ready for full on freedom. But at the same time I was like I'm better, I'm fine, I'm fine. I'm an adult, I can do this. [They would tell me] Like, no you can't and you don't have to and it's good that you don't have to. Shut up and be home at 10." -Leah

Alcoholics Anonymous provides an entire network of interpersonal resources that reinforce recovery identities

A major source of identity verification for residents emerged from the requirement to attend at least one AA or NA meeting every day they reside in the house. From an IT standpoint, being a member of AA facilitates identity change by providing an entire extended network of interpersonal resources. Participation in meetings not only reinforce a positive recovery identity, but also cements social ties within that group. As a result of higher integration into the recovery community, the identity of in recovery becomes increasingly more salient. Beatrice strategizes ways to use her connectedness to the community as a tool to reinforce her recovery identity in the face of potentially triggering situations. Without AA, Beatrice would not have healthy alternatives that support rather than challenge her new identity.

> "I do the meetings and the little potlucks that they throw. On New Year's day, I spent seven hours at the [local recovery center] during the AA Alc-athon because that was the safest place for me to be. And for the Superbowl, I went to a sober

> party because that's a huge trigger for me. And so really just being a part of the community is huge. They say the opposite of addiction is connection so I really try to stay connected." -Beatrice

Most residents I spoke with appreciated the accountability of daily meetings for a wide variety of reasons. Although expressed in different ways, being a part of the AA recovery community resonates with each participant. Meetings offer Harper strength from the fellow women in the program, and Beatrice appreciates the opportunity to share her emotional burdens. Blue hasn't always found value in meetings, but Amethyst House's requirement has shown her that being a part of the community and hearing the stories of others provides a grounding perspective.

> "Going to meetings is really important. Especially when I don't want to go to a meeting. Working the steps, talking to women in the program really helps. The women in the program are great and provide a lot of strength. I'm glad to have that fellowship and camaraderie." -Harper

> "When I go to the meeting and I share something that I'm struggling with that day, every person in that meeting leaves with a little bit of my problems and they help me, so like what seemed like this insurmountable thing becomes just a grain of sand in the hourglass of time." -Beatrice

> "I think going to AA meetings and them being mandatory made me like going to the meetings. Nowhere I've been before actually made me like going to the meetings… Now It feels good to want to go, not just because I have to, but because I actually want to. It makes me feel better. The community, the stories. I feel so stressed out and I want to blow up and I go to a meeting and I actually feel better. Like I hear somebody else's story and life could be a lot worse." -Blue

For Both Harper and Elizabeth, participating in AA helped to strip their recovery identity of stigma and verify it as something positive and communal. For Elizabeth, the interpersonal resources provided by the AA community facilitated a change in both her self-perception and her perception of addicts in recovery. The community validated her belief that all kinds of people could share the same struggle, and that having a substance use disorder does not devalue anyone

as a person. This realization reframed the way she conceptualizes the identity of in recovery to a more positive one, making a positive impact on her self perception. While Harper initially struggled to accept the fact that recovery is a lifelong process, she felt the stigma lifted and was able to replace it with a sense of pride as she accessed her interpersonal resources and integrated herself into the AA community.

> "I started to really find my people and they had what I wanted. That's when I started to understand recovery, but also people who suffered from some substance use disorder, that's when I viewed them differently. These are people who work for banks. These are people who have integrity. These are people who don't steal from stores anymore. These are people who don't get arrested. And some of them have never even actually experienced anything like that. They just simply couldn't stop drinking." -Elizabeth

> "I thought before it was kind of like, Oh, you get to step 12 and you're like recovered or something. Now I've realized that it's more like a constant daily thing but I was in denial for a while. At first I think I felt the stigma more but I think it's lifting a little bit, which is good to see. In AA I see a lot more people coming forward and being honest which makes it easier for other people too. So I'm a little bit more proud, and not so "like poor me"...And right now I'm struggling, but I know where I'm supposed to be and I know that that's here now. " -Harper

AA is an environment in which residents spoke of receiving positive reflected appraisals that made a constructive impact on their self perception. Harper mentioned a moment of immense validation when someone who she didn't even have a good relationship with told her that they had gained inspiration from her in the way she had from others in AA: "[There was] another former resident who I hadn't always had a great relationship with. It was rocky in the beginning, but when she told me that I was an inspiration to her it was really awe inspiring to see that I had done for someone what so many people in meetings do for me." Brandi spoke to how validating it was that the Amethyst House and AA community see her in a way that is more like

who she really is than the way she often sees herself and is committed to take the steps to close this gap and view herself both more accurately and compassionately:

> "I think they see the real me and I see the version I painted in my head of what I am and I know they're not the same. I believe what everybody else sees is really who I am. But again, I have a lot to work on-- my mental health, my identity, and my self worth. So I'm still fixing that."-Brandi

Avenue 3: Applying Skills Learned at Amethyst House to Managing Pre-existing and Future Relationships

A large part of what Amethyst House does for residents on top of building a peer support network is teaching them how to carry learned skills over to both pre existing and new relationships. As residents learn to navigate the world in recovery, individuals must both accept relationships which support their new life and be willing to distance themselves from potentially toxic relationships that followed them into their recovery. If these relationships are not able to be terminated, individuals must use the skills they learned at Amethyst House to manage the relationship. These relationship types include friends, family members, or partners.

Seeking out relationships that reinforce their recovery identity

The support garnered from family members can be an incredibly valuable asset for verifying recovery identities, as they have known you throughout your life and as a result have a relatively comprehensive understanding of your identities. Positive reinforcement from family members as discussed by Harper, Josie, and Elizabeth helped them rebuild the self esteem and sense of integrity that they did not have while in active use. Especially when family members are some of the people that residents often hurt when they were in active use, it is complicated to learn to accept the identity validity they offer.

> "I still struggle a lot with self esteem. I think the people that are closest to me can see that. The difference is they have higher hopes for me, and more confidence than I do in myself. Like I'm not just a piece of shit alcoholic, I have so much to

> offer, you know? It's helpful to hear that people that from people that know me really well" -Harper

> "I think that people have known that I've tried for perfection and that I've been an overachiever. I think that I beat myself up all the time about whether it's bad behaviors or my past or this or that. And my family will say that's so stupid, you're such a wonderful person"-Josie

> "I'd been working and I went to get money from an ATM and all of the sudden it spit $60 out at me. I didn't think that I had $60 to my name. So I started freaking out. I was no more than like six months sober at the time, I barged into the bank and I said, this is not my money. And they're like looking it up on the computer. They're like, yes it is. It was an automatic deposit. I came back out, laughing at myself. My mom was like, Elizabeth, that was the most integrous thing I've ever seen you do. And I just looked at her and I was like, you just gave me a piece of myself back." -Elizabeth

Elizabeth's mother had an especially powerful impact when she validated Elizabeth's self perception. In these interactions we see the power that the ones who know you best can have on an individual. This is proof that reflected appraisals, or how we think others perceive us, has a direct affect on how we see ourselves. This implies that, to some extent, the recovery identities that the respondents discuss are at the mercy of social interactions they have. This fact solidifies the importance of being selective in your relationships as respondents work to continue in their identity transformation.

Positive reinforcement from friends offers similarly powerful moments of identity verification. Harper notes the benefit of activities she does with friends, and how they reinforce healthy behaviors while simultaneously integrating her into recovery oriented communities that bolster her recovery identity.

> "When the weather's nice I like to hike, kayak and be outside to get away with some friends. I watch way too much TV and movies alone. It's not the best thing, but not the worst one either. Winter time is definitely harder. There's less to do when I'm stuck inside…I read, and writing really helps… I also love going to sober festivals. There's so much fun, and it's weird at first to dance crazy when

> you're sober for the first time, but these events make sobriety fun. Like it's not all doom and gloom… and helping setting up these events makes recovery fun too. That's definitely reinforced my identity as a person in recovery. I love to cook for these things…But try doing karaoke when you're sober, my God. It takes a lot of nerve." - Harper

Avoiding or terminating relationships that invalidate their recovery identity

While family and friends can be a great source of positive reinforcement and support, they also have the power to invalidate the development of a recovery identity. In the most detrimental of cases, negative reflected appraisals from family members pushed respondents into behaviors that align with the way people believe they are being perceived. These challenges test the fragile recovery identity and can inspire relapse. Brandi had two years of sobriety under her belt, but her family's constant invalidation of her recovery identity drove her to act in ways that fulfilled their expectations:

> "I was having seizures cause the alcohol withdrawal was so bad and they basically told my dad to say goodbye to your daughter because they were happening really fast. After that happened, I got sober for two years and I moved from Maine to Vermont because my mother said she was sober too. I found out that she wasn't and it broke my heart. So I moved in with my aunt, who also said she was sober, but I had my doubts. And I continued to stay sober until my family kept accusing me of drinking. So I did. Might as well you know, if you're going to be called a drunk you might as well be one and I went really hard." -Brandi

Since reflecting on these experiences, with encouragement and support from the relationships she built at Amethyst House, Brandi decided to terminate her relationship with her mother in order to preserve her sobriety, avoiding the possibility of experiencing this identity invalidation again. "My mom, I can't have a relationship with her cause she still drinks. I can see other people drink but I can't handle her yet, I don't know if I ever will. It doesn't make me want to drink, but it still brings those negative thoughts that drinking brings."

Harper also learned from past experiences and chose to distance herself from triggering friendships, especially during early recovery.

> "I have some old friends from my partying days that I for some reason have kept in touch with and that's challenging…I can't be around those people when I'm trying to stay sober because I know myself and I know my triggers and I know that if I'm around someone smoking or drinking, I'm gonna have cravings and want to do the same. Especially right now, when I'm just getting back on my feet." -Harper

Managing relationships that challenge your recovery identity

While it would be most ideal to entirely terminate relationships that invalidate recovery identities, that is not always possible or desired. As a result, individuals must learn how to manage their relationships so they do not negatively affect self perception or behavior. Harper has struggled with relapse on a few different occasions, and as a result of her inconsistency her family questions both the efficacy of AA and her commitment to it. This disverifiation is difficult, but Harper loves her family and is willing to accept this questioning of her recovery identity and why she remains a part of the AA community. She acknowledges what her family cannot understand without allowing it to derail her belief in herself. "There's a certain level of mistrust I think with my family because I've gone back out and come back in. My mom doesn't understand it. At first she was like, you're still going to meetings? Why do you keep having to do this? Why do you keep doing this to yourself?"

Dechen struggles with her partner when it comes to reasserting her identity as someone in recovery. She too acknowledges his point of view but clarifies that her development of the resources of self efficacy is strong enough to help her past her partner's judgments. Although working hard on her sobriety, Dechen finds her old addict identity reinforced by her partner who

is invalidating her progress by repeatedly expressing concern about her relapse as contingent on his behavior.

> "My partner always takes my inventory. And he's older so he's like, well I don't know if something happens to me and you just pick up again, like you're going to be right back where you are. Or he's always nervous about me and it makes me feel like less than, like I'm not doing this for myself. Like I'm doing it for him...This time cause I'm doing it so for myself, it's annoying to me because I'm like, you're taking my inventory. I'm not doing this for you. Get your ego out of it. Go to Al Anon. So people do say things that remind you you're a loser. Even [people in my] family who are serious alcoholics, they'll say yeah you having a hard time? And I'm looking at them like, are you shitting me?" -Dechen

Despite the recovery status of the individual checking her own, constant questioning of her recovery or "taking her inventory," as she says is a source of identity disverification that is clearly very frustrating for Dechen. Because she is not willing to break up with her partner, she must take the skills she is learning at Amethyst House to provide enough distance between them so that his behavior does not negatively impact hers. She credits this as one of the reasons why she is committing to a job she does not want in order to have the means to rent an apartment on her own, rather than moving back in with him after she moves out of Amethyst House.

In order to maintain a recovery identity, individuals need to be able to resist the identities that others seek to impose on them (Cast 2003), which is increasingly difficult in the face of actors with more status and power. People in recovery must overcome not only the negative self perceptions but also navigate the challenge of others invalidating their identity work. This makes the successes of the women at Amethyst House that I have interviewed exceptional feats of emotional perseverance.

Personal Resources Fostered by Relationships and Experiences at Amethyst House that Verify Recovery Identities

Amassing personal resources, or beliefs about the self that contribute to verifying self meanings, play a crucial role in an individual's ability to persist in recovery. According to Carlson et al. (2006), the indicators that a mother in recovery is ready to regain custody of their children include but are not limited to life and self-care skills, self advocacy, self sufficiency, routines, distancing from unhealthy relationships and partners, reduced defensiveness, and demonstrating skills to deal with anger and frustration. While not explicitly stated in the literature, all of these indicators are marks of self sufficiency which I argue are prerequisites for any individual in recovery. Self sufficiency and efficacy are paramount to holding oneself accountable to individual recovery goals. Although not everyone who lives at Amethyst House is a mother, these indicators of self advocacy, self-awareness, patience, compassion, and forgiveness are discussed by respondents below as factors that contribute to their own self efficacy in recovery. My data suggests that these personal resources or individual beliefs are fostered via relationships at Amethyst House, meaning personal resources are emergent from interpersonal ones.

Amethyst House teaches the importance of the personal resource of self advocacy

In order to maintain recovery, actively claiming one's recovery identity and asking for help to accommodate your disease is fundamental to cementing that identity for the future. Beatrice claims:

> "I am a walking poster of recovery and that's important to me to keep myself accountable. That opens me up for people thinking that I'm untrustworthy and that I'm dirty, that I have a disease. I know that's a possibility of somebody's perception of me. But for me it means that I'm unrelenting, that I am a warrior. I am so able to shoulder hurt and harm and grief and all of those things long enough to accept it and I don't have to run from anything. That's what being an addict is like. I'm pretty fucking bad ass and everybody else is who's in recovery is too. I

> made it through the depths of hell to sit here, so my power is infinite. It's all about how I use it [and] it's all about loving and accepting yourself for who you are so that you can understand that you're not this way because you're a bad person, you're this way because something in your brain is fucking weird and it doesn't work right. But it also makes you just like a titan." - Beatrice

While those who can focus only on themselves have a somewhat easier time, the ability to self advocate can be especially difficult for those who have powerful competing identities, such as Josie who discusses that as a mother of a five-year old daughter, learning to advocate for her own needs for the sake of her recovery is something she was incapable of understanding until she came to Amethyst House. At the house she came to understand the importance of meeting her own needs first in order to maintain recovery long term: "I think the biggest thing [I learned at Amethyst House] is self confidence. I finally feel accepted for who I am. That's a huge piece and the fact that I can advocate for what I need for myself, which before it was just like, nah, I don't need it that bad. My needs used to come at the bottom."

Josie then shared an anecdote in which she activated this realization and advocated for herself, prioritizing her recovery over her relationship with her roommate by informing the case manager that her roommate left out prescription medication and tempted her to take it. From an identity standpoint, this experience put her in a situation where her addict identity momentarily reasserted itself. Josie was, however, able to catch herself thinking like an addict and immediately enacted the resources that Amethyst House equipped her with so that she could reassert her "in recovery" identity and remove the challenge through self advocacy.

> "There was a night when my roommate left all of her prescription medications sitting on her dresser and was completely careless of the fact that there were some controlled substances in there. I thought to myself, if anything goes missing, I'm going to be blamed because I'm the roommate. Second, would it really matter if I took something? Like would I be able to get away with it? And then I was like, nope. So I reached out to [a case manager]. I don't want to be the rat in the house, but I just want to tell you that these are sitting here and it doesn't feel good to me.

> And so she came over and locked them up. It got her in trouble, but again, it was like you're threatening my recovery right now and I'm not going to take that chance." -Josie

Because recovery is such a tumultuous journey, self awareness, patience, tolerance, compassion and forgiveness are crucial to being able to accept setbacks without letting them derail recovery progress, or invalidate a recovery identity to the point that it inspires potentially risky behavior. Amethyst House helped Brandi, Harper, and Elizabeth hone on the personal resource of compassion, which is a stark change of pace from the addictive mindset that causes residents to emotionally beat themselves up. Compassion buffers stress in such a way that encourages self acceptance, happiness, and overall psychological well being (Cosley, McCoy, Saslow, and Epel 2010), and living at Amethyst House clearly aids residents in developing these resources.

> "It's made me have forgiveness and understanding with myself and with other people... I have a disease and I struggle with it, so I have to acknowledge that other people are struggling too…It's given me more compassion. We're all just trying to get through this life." -Brandi

> "[I learned] so much. That I am an adult. I am capable of handling situations in reality. I hated reality. I didn't like it and that's why I used drugs… reality to me was overwhelming. It's really hard to deal with but I like reality now. I learned to live life on life's terms at Amethyst House and accept it and not be so damn pissed off." -Elizabeth

> "The house has opened my eyes to a lot of my own character defects, but it also taught me that I can change and work on things and I'm not stuck this way. I think I have a clearer view of myself as a person since living at Amethyst House and it reinforced my strength and helped my confidence and taught me to try not to compare myself with other people. I learned that I really have to work on my patience and tolerance and accept that it's a journey." -Harper.

Amethyst House provides a place for many of its residents to get to know their strengths and weaknesses which help them enact their recovery identity. A deep understanding of these

traits provides a clearer sense of self that lends itself to enacting the positive person identities more frequently, creating a fairly enduring and stable identity hierarchy (McCall and Simmons 1978).

> "I can't even quantify it, the life change that Amethyst House afforded me is like biblical...I think it afforded me the opportunity to not only get to know myself but also get to know my disease, because I was able to witness so many relapses and you don't really get that in a lot of other settings. It's a sink or swim kind of place, they can only do so much and they're not a treatment facility, they're not a rehab, they're not any of those things. They're just there to let you build your sobriety in a safe place....[Before moving into the house] I felt really guilty and shameful like I just couldn't live by society's guidelines or the way that other people operate. And I've realized over time that I have a disease and not necessarily my fault. In accepting what the disease is in general, I have been able to forgive myself for not being able to be that person I wanted to be...Most of all, [the house taught me] to trust my instincts. I may miss out on something, but at the end of the day I'm still clean and sober and that's really the only point." -Beatrice

CHALLENGES THAT COMPLICATE ACCESS TO STRUCTURAL, INTERPERSONAL, AND PERSONAL RESOURCES

Challenges that Complicate Access to Structural Resources

For all of the immediate support that stems from living with women going through the similar trials and tribulations of getting back on their feet, living in rural Vermont a house with eight other women can have moments that challenge the continued formation of their recovery identity standard. For rural women, scarce treatment options are the primary structural barrier to overcome.The women of Amethyst House expressed awareness of this privilege, while still elucidating other structural barriers resulting from rurality. Beatrice spoke to this issue of quantity, quality, and availability of treatment options in the area: "I wish there were more beds. It's hard to be such an integrated part of the community and know that there's such a need, and know it's not possible to meet it. I wish that there was a Amethyst House for men, you know, there's a severe need in the Upper Valley for men's transitional living too."

For my respondents, accessing structural resources in some cases are comprised of interactions that do not pose any risk to compromising their sobriety, such as working with case managers and social workers. However, the pursuit of acquiring structural resources through employment can pose significant risks that require access to a toolbox of resources individuals have learned to use to cope with difficult situations. In order for Beatrice to fully integrate herself into her work community, she had to take preemptive steps to ensure that her sobriety would not be compromised. By making the choices she discusses below, she is utilizing the tools she learned at Amethyst House to maintain her recovery identity while also being able to confirm her new identity as a present, engaged employee.

> "Anything that really is just like a run of the mill, like 'normal earth people stuff' is something that's challenging for me...So I got this permanent position at [a local warehouse], and we had an orientation and group dinner at a pub. So that's hugely uncomfortable. I wanted to go because I wanted to be able to network and I felt like it was important for my integration into the company. But there were a lot of questions that I had to ask first before I allowed myself to go. Things like, is it in a private room or are we going to be next to a bartender slinging drinks because I know that's not a safe place for me to be... There were a couple of people who were drinking like it was their job and that was the time I had to excuse myself and then I went to a meeting directly afterwards." -Beatrice

Because Beatrice has had a full year in recovery, she has developed a lot of skills that equip her for these challenges in social situations. One of the other "normal earth people things" that she likes to do that challenges her recovery is going to see live music. "I really like to go to concerts, but it's hard because everybody's drunk and you smell pot in the air. I have things I do to mentally prepare myself for those situations, …[like] mantras to repeat or breathe in for four, hold for four, breathe out for four." These adaptive behaviors are crucial for sustained recovery, as they allow Beatrice to participate in activities that could have been triggering.

Dechen had 11 years of sobriety at one point in her life while she was still married to her wealthy ex-husband. She acknowledged how much easier it was to maintain recovery when she

had access to a wide variety of monetary resources. Now that she is divorced and financially independent, she is realizing how important it is to make intentional decisions in favor of her recovery. Choosing to live in a rural area previously dissuaded her from participating in the necessary activities which maintain her sobriety. She addresses this issue and confirms her recovery has reached a positive new stage when she chooses to mitigate any excuse to miss a meeting by living in a less desirable location. These choices are evidence of the development of Dechen's personal resources of self awareness and self efficacy that contribute to long term sobriety and a salient recovery identity.

> "I have to balance [my holistic approach to recovery] with a job this time. I wasn't working the last time I was sober, I was a rich housewife so I had time to go to meetings and go to Bikram yoga. I didn't have the pressure of supporting myself like I do now. That's been really the problem the last four years, I'm exhausted. And going to rural Vermont, which is where I was living on top of a mountain, you know, off grid, you get home and you don't want to go back out to a meeting, like whether it's snowing or whatever. And so you just stop going. So this time I'm intentionally going to live in town." -Dechen

Challenges that Complicate Interpersonal and Personal Resource Acquisition

Accessing interpersonal and personal resources can require navigating relationships that have the potential to challenge recovery goals or their identity transformation. Above I discussed in depth how the resources that they gain through interactions in Amethyst House and AA can be a great source of support and identity verification, but living in the house is also challenging when it comes to issues of personal space and processing difficult emotions including watching someone relapse. Outside the house, residents mentioned that managing preexisting relationships and moving out were also significant challenges that forced residents to utilize the resources they have been developing. Despite the difficulty, learning to navigate these challenges can provide experience that strengthens a resident's ability to cope with future challenges.

One primary challenge of communal living is maintaining personal space or accepting the lack thereof. Brandi thinks her recovery outcome would have been drastically different if she would have had a roommate at Amethyst House. Communal living requires learning to compromise and Brandi felt as though she was not yet ready to deal with a total lack of personal space. “Luckily, which we don't do anymore, I got my own room. I don't know if I would be sober today if I had to have a roommate.”

Josie’s discussion above of the potentially triggering and tempting situation inspired by her roommate leaving out prescription medications is proof that for all the support a roommate could offer, they could also behave in ways that consciously or subconsciously threaten recovery. Josie saw this moment as a direct challenge to her sobriety and as an unnecessary impediment in her personal living space. Personal space in a shared environment can be hard to find, and with personal stability being paramount for success, even these small temptations can shake confidence. Luckily, Josie had access to the house staff and reached out to a case manager on call for support through this challenge. The practice of self advocacy and asking for help in the face of dealing with a roommate are clear enactments of the resources that Josie has learned in her time at Amethyst House. Self preservation during the early stages of recovery is extremely important. Understandably, it can create animosity among residents but is necessary for an individual's success in sobriety. During the house dinners I attended, there were many conversations about eradicating the word “snitch” or “rat.” While being the individual who reports house violations can be difficult, a breach in anyone’s sobriety in such close quarters can risk everyone’s sobriety so they all understand that reports must be made. No matter what the understanding is between residents, this issue creates a great deal of tension.

Due to the high rates of resident turnover due to relapse, many residents had to cope with the loss of a close relationship, as the individual who relapses is immediately discharged from the house. These emotional events caused residents to look inward and confront the fragility of their own recovery as well as deal with the newfound absence of a supporter. The experience of watching peers relapse led to a variety of emotional reactions that can shake an individual's personal resource of confidence and self efficacy.

In a previous section, Beatrice spoke to the grief and discomfort she felt in response to watching fellow residents relapse, but ultimately highlighted the importance of self prioritization over relationships that could compromise all of the hard work she has put in to stay sober. Leah arrived at Amethyst House after nearly two months of inpatient treatment to stabilize her recovery. As a result of this foundation, she discusses below how seeing others relapse did not instill fear in her so much as gratitude for her progress in sobriety, while Harper experienced two very different emotional reactions: "Sometimes I would just be pissed off because it would make me crave, and sometimes it would be a friend and then it would make me sad. It's scary not knowing if they're going to come back or not."

> "Some of the people who relapsed created gratitude for the fact that I had my life and I felt like the obsession had left me and that life was good. At the same time you feed on it as well. It's the drama of, okay, I don't have much else of a social life. And we're all on edge looking for someone to break trust and to prove us right." -Leah

None of the respondents mentioned cases where watching others relapsed inspired their own, presumably because those left in the house still had the support network available, and processed the fragility of recovery and their emotions together. Having the support to process powerful emotions are key to enduring them with sobriety intact. Developing the skills to confront, process and manage these emotions is necessary for sustaining recovery in the face of

similar challenges in the future.Very early on in her recovery while she was living at Amethyst House, Elizabeth was forced to deal with the overwhelming sadness brought on by a friend's unexpected death while she was simultaneously processing the incarceration of her husband. Elizabeth credits her ability to weather that particular storm with her intense emotional grit and support she received at the house. Choosing to stay sober and not numb her feelings with drugs or alcohol is one of the most poignant challenges an individual can face in recovery.

> "The day my husband went to prison for 18 months, our best friend had a brain aneurysm and died…It was the first time that I ever had to deal with death in sobriety. Not even 24 hours after I lost the man that I loved on an actual level with no drugs or alcohol involved....I also was told by [my husband's] family that I needed to lie to him because if I told him that our friend died the day that he went to prison, then his sobriety would be compromised." -Elizabeth

Much like Elizabeth's relationship to her husband, relationships that are established before Amethyst House can challenge, and in the most unfortunate cases, compromise their sobriety. This is what happened with Blue, who, while living at Amethyst House, went to visit her boyfriend of nine years who only recently started using because of his inability to cope with the emotions of losing his daughter to the Department of Child and Family Services.

> "I've been with my boyfriend for nine years, but he is using right now and he's one of the reasons why I relapsed. I am addicted to him. I can't stay away from him. He just started using six months ago. We lost our daughter and he is highly depressed like me. I'm trying to work my way out of covering up my feelings but I can't stay away from him. And that's why now I'm unfortunately leaving Amethyst House." -Blue

She said it only took her 20 minutes to relapse, and this resulted in her having to leave Amethyst House the next day. Blue had only been living at Amethyst House for three weeks, and had not yet built up a sufficient set of resources to enable her to cope with going to visit her boyfriend in a challenging environment where many individuals were using.

The irony of staying at Amethyst House is the inevitable risk that every resident faces when they have to move out, losing access to the structural resources that the house provided. The goal of living there and the reason women are allowed to stay for up to a year is so they have the time to develop skills so that they no longer need the structure and accountability of the house. The time in the house as well as the place, has instilled habits that will secure their sobriety. For many of the residents, moving out of communal living into independent, permanent housing is an exciting challenge, and they are painfully aware that leaving the house is a test of their own willpower. Without the readily accessible resource of live-in support, they lose the fellow residents that keep them accountable. This bittersweet progress was best articulated by Dechen and Harper as a double edged sword.

> "It's going to be really nice to have my own space and go, walk into it and not be scared of what it's gonna end up being…But I'm also worried that if I have my own space and if I'm not ready for it, I could drink again because nobody's watching me. So that's a double-edged sword and I'm really aware of that."
> -Dechen

> "It's definitely scary because everything's right there, you're not in this little comfort bubble anymore. It was exciting because it has been a long road and I was excited to have my freedom and my own place. A place for solitude, but at the same time I'm going to miss my coffee klatch. I miss my girls and coming home from work and being able to vent about my day to people." -Harper

The challenges confronted by past and present residents of Amethyst House are so numerous that each additional day of sobriety is an achievement worthy of acknowledgement. In the midst of all these challenges, the participants enact the resources that living at the house has equipped them with and strengthened through practice, their toolbox of resources that they are comfortable with and can access independently in the future. The journey of recovery is always in progress, and all of these challenges clarify how crucial it is for recovery outcomes to have

structural, interpersonal, and personal resources available that can ameliorate or at least minimize the impact of daily challenges.

CHAPTER V: DISCUSSION

In summary, I found that Amethyst House mitigates the lack of structural resources available to rural women by taking them out of their using environment and providing a safe place to build healthy habits and relationships that support their recovery, thus verifying that identity. The tight knit house forms a loving community that shifts the normative framework of the inpatient treatment programs or jail that residents have come from, from an institutionalized surveillance based structure to that of a home where collectivity and belonging are fostered. House requirements vary, but from the simple tasks of doing chores to the more complex collective processing of emotions over house dinners, Amethyst House is structured to create a social setting that assists in the shaping of recovery identities that makes residents feel like people rather than patients or criminals. This shift instills in the residents a sense of autonomy that is foundational for a positive identity construction.

Because residents are low-income rural women, they have very few structural resources at their disposal due to limited educational attainment that directly effects higher income prospects. In response to this, Amethyst House works to encourage identity verification through the acquisition of interpersonal and personal resources. Interpersonal resources are accessed primarily through the house's model of peer support, where women who are all going through the early stages of recovery can troubleshoot challenges and celebrate successes together, united under the individual and collective goal of maintaining sobriety. By fostering in house relationships, relationships built out of the requirement of going to AA, and through relationships they learn to manage, seek out, or avoid, Amethyst House teaches residents the importance of developing skills that arise out of the available interpersonal resources that verify their recovery identity, namely navigating sober relationships, constructing healthy boundaries, and fostering a

sense of internal accountability and structure.

These relationships also equip residents with personal resources, or beliefs about the self that further verify their identity in recovery. Specifically, residents' experiences in relationships with other women in recovery help them to develop patience, forgiveness, and compassion for others and themselves, practice self-advocacy, and increase the self-efficacy that enables them to persist in the face of challenges and continue on their recovery journey. Residents certainly do face challenges in their attempts to access structural, interpersonal, and personal resources, but in activating the resources they do have, they gain practical experience in managing challenges that they can take with them long after they move out of Amethyst House.

Identified Practical and Theoretical Gaps in the Literature

Existing literature illuminates the need for more treatment options in rural areas (Gale et al. 2019) and reveals important gender differences that may place women at higher risk in both addiction and addiction recovery (Covington 2000; Cotto et al. 2010). However, insufficient research has examined the addiction and recovery experiences of rural women, who face unique challenges in recovery as a function of gender discrepancies in risk, the lack of treatment options in rural areas, and other factors. To address this gap in the literature, I set out to define which elements of treatment programs were the most supportive for rural women in order to gain an understanding of how to direct limited resources with greatest efficacy. The women that participated in this study shed light on the many challenges that the extended population of rural women face in accessing the resources they need in recovery. The lack of geographic mobility in rural areas often impedes the abilities of women to remove themselves from an emotionally or physically toxic environment and or relationships. The stigma of being an addict follows these women into their professional lives and poses a barrier to employment, which would lead to

securing additional structural resources. While my respondents are a unique exception, the issue of treatment availability continues to pose a barrier to most rural women as the need grows and the infrastructure remains the same. My research elucidates the importance of a safe, tight knit community where women feel a sense of trust and support as they work to create a new life structure that improves their well-being. Especially important is the homogeneity of the support network so individuals can share without judgment and are met with solidarity and a depth of understanding. It is certain that Amethyst House has a positive effect on its residents' recovery progress, but it is crucial that transitional housing not the first step in a person's recovery journey. My research indicates that before the freedom of Amethyst House, individuals seeking to build a strong foundation for their recovery might want to begin with a more structured treatment program which includes around the clock support provided by inpatient facilities. Once they come to a better understanding of how to best manage their disease and explicity express confidence in their ability to resist temptation, they are then prepared for a transitional housing program. These programs are a crucial step before independent living, so that individuals can practice healthy habits in a goal oriented environment with external accountability. Only when transitional housing requirements become automatic, are residents ready to move to independent living with a strong sense of internal accountability.

My research also reinforced the findings of the existing literature that for women, recovery must be approached holistically, addressing trauma and life management skills in addition to being humanizing, long term, and child friendly (Covington 2000). My respondents detailed that a successful recovery model must be wholly female oriented and include elements of support which help them develop all the identities they must balance in order to have a multifaceted life in sobriety. The environment must also afford women a place to receive

positive reinforcement which helps to mitigate the fact that women internalize stigma more so than men. Dechen speaks most directly to this when claiming that the stigma of being an addict or an alcoholic is exacerbated for women:

> "For women it's so hard. There's so much judgment, there's a lot of shame attached to it... I think there's so much shame in alcoholism because you think of loose women. I certainly wouldn't want anybody in my professional realm to know that I was an alcoholic or addict. I think I used to wear it as a badge of honor when I wasn't such a bad one when it was like just a bottle of wine or two a day. Like I used to be like, yeah, recovery! But now that I've been institutionalized and in detox centers, I'll share it anonymously, but I'm not gonna I'm not going to put it out there." -Dechen

When creating sustainable and effective recovery programs for women in rural areas, the primary focus must revolve around constructing a positive identity standard in recovery that can outweigh the internalization of the negative implications of the addict identity.

Amethyst House: not the beginning nor the end of the recovery process

As discussed in Chapter 2, there are a variety of recovery models which vary in intensity. The programs range from heavy surveillance inpatient detoxification centers to programs with much more freedom that allow individuals to engage in real life, such as programs like Amethyst House or fully outpatient treatment options. My research suggests that when women pursue recovery, a gradual, stepped down, assisted process beginning with high intensity support during inpatient detox, transitioning to sober living, and then finally outpatient care, maximizes the potential for completing the identity transformation that contributes to sustained recovery. Beatrice articulates the importance of gradual independence better than I could:

> "As you get going in your recovery, you need less and less supervision so it was really, it was a good transition because I had some independence, but not enough to hang myself with. They kept a close watch on me until I was able to be

> trustworthy and accountable. And so once they kind of let the reigns up, I was ready for the next transition, which was Amethyst House. So it really worked out well for me. It was a good progression…[in treatment] you went to two meetings a day and had two groups a day, and I also did individual therapy and I went to [a domestic abuse nonprofit] for trauma counseling. I did all of these things so by the time that I got to Amethyst House, I was stable enough to be on my own without constant supervision and not mess everything up." -Beatrice

Dechen reinforces the need for gradual reintroduction as she reflects on the difficulty of the Amethyst House program for women who come directly from the intensely structured environment of jail. Moving too quickly from highly structured to self-structured requires a level of discipline and self direction that is difficult to foster in a prison environment. Because of this factor, I believe recovery outcomes would be improved for women who have been incarcerated if they transitioned to a more highly structured inpatient treatment facility before coming to Amethyst House or transitional housing programs like it.

> "My feeling is they shouldn't accept people from jail...I think there has to be a step in between because I think it's too much freedom for women coming from jail directly. You have to be really self directed and when you're used to being in a jail cell and having meals prepared for you and having a really structured day, it's really hard to just hit the ground running and do everything for yourself…I haven't ever been in there, so I have no personal experience. And so maybe I shouldn't be saying that, this might be their only chance, you know, so who am I to judge? So I'm not saying don't, but is the learning curve too big? I don't know." -Dechen

From an identity standpoint, it is helpful for the residents to have a preliminary familiarity with their new recovery identity. Amethyst House has a loose requirement for women to have 30 days of sobriety before moving in, but in order to maximize the efficacy of the program, they might consider recommending that residents seek additional support through counseling so that they can begin to understand the root of their disease. Brandi speaks to the necessity of understanding why they use in the first place, in order to prevent using in the

future.“There's a difference between being sober and being in recovery. You can put a drug addict or alcoholic in jail and they will sober up, but if you don't teach them anything, if they don't use their mind to understand what they're going through, they're just going to go right back out and use.” Because of the structure of inpatient models or jail, women must be able to have the time in a safe place to develop practical skills on their own, that may have been lost during active use, including life management skills including budgeting their time and completing menial tasks that contribute to a healthy lifestyle. This is why Amethyst House’s semi-structured program with accountability built in through case managers and peers is a necessary step between high intensity inpatient treatment and independent living.

The Theoretical Gap In Identity Theory

Using identity theory as a framework for this research highlighted the importance of understanding the recovery identity verification process as women work to shed the hindering identity of addict and replace it with a new productive and healthy one of “in recovery”. Success in the process is clearly achieved by learning how to create and enact the structural, interpersonal, and personal resources at one’s disposal. My research illuminated that, for this group of rural women, two identity processes are happening at the same time and they can interfere with each other. Respondents were simultaneously trying to affirm the new recovery identity that emerges the moment they detox and simultaneously disconfirm the addict identity that is declining in value for them. This tumultuous journey toward recovery may cause individuals to both succeed and fail to live up to their new identity standards at different points in time. These women are trying to conceptualize their recovery identity as it develops from simply being sober, to a full set of relationships and behaviors that contribute to their ability to maintain sobriety. Over time, their recovery identity becomes increasingly more specific (i.e., based on a

more detailed set of guidelines for successful identity performance), which, in accordance with Collett et al. (2015), generates a new self concept built around the in recovery identity that produces positive cognitive and affective outcomes which result from living up to this specific identity standard. Although specific standards, which are more challenging to successfully enact, may lead to more experiences of self-discrepancy and negative emotions, these feelings motivate individuals to invest more in the identity, increasing both competence in performing it and commitment to it (Collett et al. 2015). These outcomes should yield competence in performing the behaviors necessary to sustain recovery, as well as a sense of commitment to their recovery identity standard. This has positive consequences for greater self-efficacy for individuals with specific versus diffuse recovery identity standards. Amethyst House is responsible for the solidification of specific identity standards through the variety of resources they offer and how they encourage the development of them in their residents.

Respondents interviewed for this research differed in how far along they were on the continuum from addict to in recovery, especially because the recovery identity is constantly evolving. Each individual defines their recovery identity as not only evolving, but deals with processing a set of meanings at the moment of an interaction. In this way, the recovery identity is further complicated by the fact that it is simultaneously static and fluid, meaning individuals conceptualize the recovery identity in different ways at different points in the process (the identity standard changes), but the label of "person in recovery" remains unchanged. If recovery is not difficult enough biologically, these shifting emotional difficulties make success even more challenging. Most research in identity theory examines our motive and tendency toward identity verification, creating alignment between reflected appraisals of the situation and our identity standard. Relatively little research has addressed the complications that arise within the identity

verification process when actors are motivated to shed a set of self-relevant meanings that they know are not serving them well (as with the addict identity). Learning what it means to walk effectively in a new identity can challenge one's prior or extant self-perceptions (as with the "in recovery" identity) as well. These sorts of changes require social actors to be able to sit with and tolerate the discomfort of identity disverification for a time in the interest of serving a longer term goal, such as sustaining addiction recovery. Individual actors need to feel supported in and through this discomfort to ensure that they are not derailed in their recovery by what is a fundamentally natural, if challenging, aspect of the identity change process.

The recovery identity is a positive one, and as individuals are working to clearly define their recovery identity standard and to verify that identity, they are having interactions through Amethyst House that support it. Because the recovery identity evolves with more time in sobriety, residents aren't getting maximum self efficacy out of their recovery identity in the early stages of recovery, due to the vagueness of its meaning. As the identity standard becomes more specific and residents better able to enact it successfully, greater positive affect, commitment to the identity, and self-efficacy should result. Nevertheless, the very interactions that are helping residents work on defining and enacting the positive recovery identity are simultaneously violating their existing addict identity.

The early stages of this process are most challenging and critical, as residents have a diffuse recovery identity standard, some residual commitment to or self-relevant meanings for the addict identity standard, and are learning to navigate relationships that may verify (or fail to verify) both of these identities at once. As time progresses, the addict identity loses salience and becomes less central, while residents' recovery identity standards are simultaneously growing

more specific, and routinely verified by reflected appraisals through AA and interactions with other residents. This tightening of a specific identity standard has consequences. Although violations of the specific identity standard might inspire negative emotions, the specificity motivates them to maintain recovery, and contributes to more feelings of self efficacy when they maintain it. The incentive structure for identity verification evolves alongside the identity in the recovery process, and the scaffolding of resources provided by Amethyst House are the mechanisms by which the women of my study learned to tolerate the failures of living up to their constantly morphing recovery identity standards, accept these as a normal part of the recovery process, and move toward more specific recovery identity standards that were an asset in sustaining their recovery.

Recommendations for Amethyst House

I believe that this research provided helpful insights into the strengths and weaknesses of Amethyst House as a transitional housing program for women in the early stages of recovery. It was clear from the respondents that Amethyst House is different from the other facilities that they had previously lived in. The love and community that is fostered is unique to the program, and the element that residents most appreciate. Other similarly structured facilities deal with issues such as stealing and intense conflict that can get violent, Amethyst House and its staff help resolve conflicts that arise in collaboration with residents in a way unique to the facility.

Amethyst House's impact is limited by the number of beds it has. With more financial resources, the house could expand, but because of the strengths that emerge from its smaller size, it's hard to know if a larger facility would be as effective for tis residence. The intimacy of the size engenders trust and commitment to each other, but perhaps sober living on a bigger scale

would be sustainable as well. To Harper's point, however, even limited resources can be used to one's advantage when focus is given to the most essential elements of the program, and builds on its strengths as a communal, family atmosphere. An extended post residential network could broaden the community of support and maximize its impact even without the opportunity for physical expansion.

The in depth nature of my interviews with residents illuminated moments where the house could potentially provide additional support in the face of challenges residents encountered. For example, each respondent spoke of the devastating challenge of watching other residents relapse, so perhaps implementing some sort of protocol in the wake of an individual getting evicted from the house where those who remain can discuss their feelings and fears and process the potentially overwhelming emotions together. This emotional solidarity could potentially lessen the blow of the disruption to their own recovery journey and even facilitate closer bonding with the remaining residents. Together they can acknowledge and mourn the loss, but process and move on as a community. This kind of intervention could potentially be utilized to address any transgressions that affect the community as a whole.

Potential Limitations and Future Research

By nature, semi-structured, open-ended questions have the potential to lead to a discrepancy between the answers provided and the questions that are asked, even upon clarification. It is also important to note that many questions in the interview pertained to respondents' personal interpretation of past events that are relevant to their active use and recovery. They are subjective, retrospective reflections which reflect respondents' present circumstances and how things changed for them during their addiction and recovery journeys

(Grant 2004). There is always potential for individuals to redefine themselves and their experiences in an ongoing reinterpretation of the past, which is dependent on a particular time and place, like how far along they are in their recovery as well as surrounding life events. In essence, the other things going on in their life at the time of the interview could have a notable impact on their responses. While there is nothing I can do to change these facts, understanding its potential effect on the received responses helps to confirm the validity of this study.

Though my own bias and position as a researcher posed a potential threat to this study, I controlled for this in every way I could. While it is impossible to eliminate my bias in this project, I have actively taken note of it. My assumptions regarding women in addiction and recovery have been shaped by personal relationships with individuals who struggle with substance abuse disorders, a comprehensive review of academic literature on women and addiction, relevant coursework working with a similar population, and previous contact with the organization. My primary concern was that my status as a privileged Dartmouth student would make the women I spoke with unwilling to open up to me, so in response I took steps to mitigate this by investing time in building rapport with the women I interviewed prior to the interview process. By attending house dinners every Monday night, I got to know the current residents I interviewed before I asked them to share personal information. During this time, I had the privilege of forming meaningful relationships which encouraged me to continue working with the individual residents and Amethyst House as an organization next year, which I will discuss below. During the interviews I received a great deal of positive feedback about my role in their experience which confirmed that my positionality did not pose as large a barrier as I expected. The comments by Elizabeth, Blue, and Beatrice offered below provide insight into their perceptions of my role in the interview process.

> "Well I was able to talk with you a little bit more openly and honestly than I have in any other kind of format. Not just because it was me and you like one on one, but it's because of the person who you are and so you make it a little bit easier for people to be honest." -Elizabeth

> "I think it's great cause you know what, you have a big heart, and you're doing it because you care and that's the biggest thing. There's so many people that come into this field and they come in with this attitude of, oh my God they're criminals in there...Don't let nobody walk all over you. Keep those boundaries up. I care about you. I don't want anybody to take advantage of you." -Blue

> "This has been really cathartic and like kind of a really spiritual thing….I think it's really comprehensive and I think that a lot of people when they want to ask you about addiction, want to know like the grizzly, greasy details, a gossipy kind of thing, but I think you've really thought about it and you asked really meaningful questions that really get to the heart of the disease and not necessarily the byproduct of the disease. So kudos to you. I think that's really impressive." -Beatrice

Future research needs to seek out more voices of women with substance use disorders other than alcohol use disorder. Additionally the data I reviewed pertains to an abstinence based model, so there also needs to be an investigation into the impact of medication assisted treatment models that are currently in use for opioid and other drugs on identity transformations for individuals in recovery. While this research offers preliminary insights to the impact of intentional community building as the focus of a recovery strategy, more research needs to be done on the longitudinal efficacy of this strategy. If I had the opportunity to begin this research over again knowing what I know now, I would allow for extended research time to speak to a larger quantity of women at multiple points in time in their recovery process to gain a fuller understanding of the longitudinal trajectory of identity transformations and how their recovery identities develops over time. More research needs to investigate how the recovery identity evolves as individuals either maintain or experience relapses in their recovery process, and how that shapes the identity transformation process.

As the recipient of Dartmouth's Center for Social Impact's Olga Gruss Lewin Fellowship, I will be spending next year volunteering at Amethyst House, working however I can to make a favorable impact on the community and its residents. My primary focus informed by this research will be the construction of a post residential recovery support network in response to the widespread apprehension that resident's felt in the face of moving out. Though moving out is a natural step that signifies progress in their recovery journey, at present, maintaining contact with their Amethyst House support network is an individual responsibility. I believe that Amethyst House could ease this transition with the establishment of a post-residential support network for all former residents of Amethyst House. The addition of this kind of support network would continue the great work that Amethyst House has established.

Closing Remarks from the Voices That Matter

The whole reason I wanted to write this paper was to give a voice to my respondents as they represent this too often silenced population. In the spirit of uplifting their voices, I wanted to end with their own words about what they wish people knew about the process of recovery.

> "I wish that they knew that it's not the person's fault. Yes, like once they realize and are not in denial about their addiction and then they have some sort of responsibility to work on themselves. But I wish there was less of a negative stigma. I wish they knew what a struggle it can be and how much strength it takes to go through it and to keep bouncing back. I wish they would treat it as if the person had cancer, you know, it's a disease. They're going to meetings which is like their chemo, their treatment. If they're strong enough to be in recovery, whether they keep it private or make it known to other people. It takes a really strong person. We're not bad people." -Harper

> "I would say the same thing that they said about my son who is on the autism spectrum. Imagine that you have all your nerve cells on the outside of your body instead of the inside. That's how sensitive you are to the world. Or you're born with a broken heart, and somehow you have to still navigate the world. Like

you're born a way and that's not normal. You're not normal to the world and you self-medicate. You do these things to self soothe. And I think it's genetic, so I would just say to think of it that way…And by the way we're just as surprised as you are by it. I think that that's what it is. We're just as surprised, and we don't know what's going on either." -Dechen

"I wish that they knew how much willingness that it took. Because I think by time that we get to recovery, a lot of people have given up on us and just think that there's nothing that we have to offer and we're just these terrible, awful people....I wish that people knew that no matter how rigid they are with us, that we are even more rigid with ourselves and nothing that you can say to me is worse than what I say to myself every day. Most importantly, be kind, you know, just really to be kind to somebody who's in recovery because nobody grows up wishing that they're going to be a heroin addict or an alcoholic…We are as disappointed as you are, it takes a huge amount of honesty and willingness and honest self reflection to even reach that point. So please be kind, maybe keep your opinions to yourself 'cause I'm working on some real heavy shit right now." -Beatrice

"I just wish everybody wouldn't look down on us cause we already look down on ourselves. Nobody should look down on anybody unless they're picking them up." -Blue

APPENDIX A: VERBAL CONSENT FORM

RESEARCH PROJECT INFORMATION SHEET

Title of the Study: All-Female Early Stage Transitional Housing: Identity Transformation within a Rural Recovery Model

Principal Investigator: Laura Lewin phone: 301-922-6063 email: Laura.W.Lewin.20@dartmouth.edu

Faculty Advisor: Prof. Kimberly Rogers phone: 603-646-8212 email: krogers@dartmouth.edu

DESCRIPTION OF THE RESEARCH

I am interested in learning about your experience with recovery and how the structure and environment of Amethyst House has impacted and facilitated your recovery process. You have been asked to participate because you currently reside or formerly resided in Amethyst House. This study includes self-identifying women, age 18 and older.

WHO IS CONDUCTING THIS RESEARCH?

This study is being run as part of Laura Lewin's undergraduate thesis project. Laura is a student at Dartmouth College majoring in Sociology. She is running interviews like this one to write an academic paper and will present her results to a panel of faculty in the Sociology Department at Dartmouth in May of 2020. Laura is being advised by Dartmouth Professor of Sociology Kimberly Rogers.

WHAT WILL MY PARTICIPATION INVOLVE?

Your participation in this study is completely voluntary. If you decide to participate in this research, you will be asked to respond to interview questions about experiences related to your work. Completion of this interview will take approximately 2 hours. Please keep this information sheet for your records.

WILL I BENEFIT FROM TAKING PART IN THIS STUDY?

There is little chance you will personally benefit from taking part in this research study. I hope to gather information that can help the community understand the impact of Amethyst House on recovery and how it can inform the recovery process for women in the future.

WHAT ARE THE RISKS INVOLVED WITH TAKING PART IN THIS STUDY?

Some of the questions or discussion topics may make you feel uncomfortable. You may skip any questions you are not comfortable answering and stop participating in the study at any time if you wish. You will be given a list of public resources at the end of the study session that you may contact if you would like to further discuss any issues raised by the interview.

HOW WILL MY PRIVACY BE PROTECTED?

The information collected for this study will be kept secure and confidential. Your name will not be linked to your interview responses in any way, and the data you provide will be accessible only to the research team.

WHOM SHOULD I CONTACT IF I HAVE QUESTIONS?

You may ask any questions about the research at any time. If you have questions, you may contact Laura at +1 301-922-6063 or through email at Laura.W.Lewin.20@dartmouth.edu. You may also contact Laura's advisor Professor Kimberly Rogers at +1 603-646-8212 or krogers@dartmouth.edu. If you are not satisfied with the response of the research team, have more questions, or want to talk with someone about your rights as a research participant, you may contact the Dartmouth College Committee for Protection of Human Subjects (CPHS) at +1 603-646-9141.

APPENDIX B: INTERVIEW GUIDE

Opening Statement

Before we get started I wanted to thank you for participating in my project. My name is Laura, and I am studying Sociology at Dartmouth College. In this interview I will be asking you about your recovery process and the things that both support and challenge your recovery. The purpose of my research is to better understand the experiences of women in recovery in rural areas like the Upper Valley and to examine Amethyst House as a recovery model. My father works in addiction treatment and I have family and friends who have struggled with addiction so this is a very important topic for me personally, and for society as a whole. Your perspectives are very important and I am very grateful for your participation. Do you have any questions about the purpose of this study and why I have asked to speak with you?

In the course of the interview, I will ask you questions about your personal background and recovery experience. Some of these questions will address times before you began using, how you felt at the time you were using and how your experience in recovery has affected you. Your perspectives on these issues are very important and I would love to hear your answers. However, I understand that these topics can be sensitive and personal, so please let me know if you would like to skip or only partially respond to a question, take a break, or momentarily stop the recording. Part of my job here is to make sure that you feel free to share as much as you decide to and are comfortable with. I also want you to know that your safety and confidentiality are very important to me, so let's make up a name for you that I will use in my research instead of your real name. If you don't mind, I am going to record this conversation so that I can really focus on listening to you rather than taking notes. You can pause or stop the recording at anytime if you wish. Is that okay? Do you have any questions about how I plan to protect the information that you share with me today?

Section I: Opening Questions

1. Let's start by you telling me a little bit about yourself.
    a. How old are you?
    b. Where did you grow up?
    c. Where did you go to school/did you graduate high school?
    d. How have you spent your time since you left school?
    e. (If the respondent has FORMERLY resided at Amethyst House) Can you tell me a little bit about your current living situation? Who do you live with? Why did you pick that place?
    f. Do you have a job? If so, what do you do?
    g. Can you tell me about the people in your life that are important to you?

Section II: Using and Amethyst House.

So for the next part of our conversation I am going to ask you questions about your recovery experience and the role that Amethyst House has played. The first few questions ask a little bit about your addiction, but the majority of the questions will focus on the role Amethyst House has played in your recovery.

2. Can you tell me a little bit about how you got into using/drinking?
3. Did you have a moment when you realized you had a problem? Can you describe it?
4. When did you realize that you wanted to stop? Can you walk me through that thought process and series of events?
5. What did you do next after you decided you wanted to stop? How did you first pursue recovery?
6. How do you define recovery? What does sustaining recovery mean to you?
7. What does sustained recovery look like for you?
8. Are there certain activities you can participate in that support your recovery?
9. Are there certain activities you participate in that challenge your recovery?
10. Have you been in recovery at other points in time prior to WG? Can you tell me a little bit about those times?
11. Have you tried other treatment programs before Amethyst House?
    a. What were those like?
    b. How did they help your recovery?
    c. How did they challenge your recovery?
12. How did you hear about Amethyst House?
13. What did you know about Amethyst House before you got here/there?
14. Can you tell me a little bit about your process of getting a bed?
15. What were your first impressions of Amethyst House when you moved in?
16. How long have you been at Amethyst House?
    a. (For those who are former residents, how long were you there?)
17. What were the first few weeks/months like for you?
18. Does it feel like a transitional housing program or a home?
    a. (if the latter) What makes it feel like a home? If the former, what would help to make it feel more like a home?
19. What role did other residents of Amethyst House play in your recovery?
20. What aspects of Amethyst House have supported your recovery the most?
    a. In what ways have they helped?
21. Can you tell me about some of your favorite Amethyst House moments/memories?
    a. Why was that moment/were those moments important to you?
22. What parts of Amethyst House have been the most difficult for you as a person?
23. Have any aspects of Amethyst House challenged your recovery? If so, how?
24. Have there ever been times when you want(ed) to move out?
25. Is there anything about Amethyst House that you would like to change? If so, how would you change it?

26. What have you learned about yourself since coming to Amethyst House?
27. For past residents: What did you like most and least about moving out?
28. For current residents, what are you most excited or worried about when leaving Amethyst House?

Section III: Identity Theory and Transitions. *This next section is going to ask you about your identity as an addict and as an individual in recovery, as well as how you see yourself and how you perceive others see you.*

29. What does being an addict/alcoholic mean for you?
    a. If you could use some traits or characteristics to describe an addict/alcoholic, what would they be?
        Which of these traits do you feel apply to you?
        Which traits do you feel like other important people in your life apply to you?
    b. If you could use some traits or characteristics to describe a person in recovery, what would they be?
        Which of these traits do you feel apply to you?
        Which traits do you feel like other important people in your life apply to you?
30. Has the way you viewed being an addict/alcoholic changed over time? If so, how?
31. Has the way you viewed your recovery changed over time? If so, how?
32. What sorts of things do you do that reinforces your identity as an addict/alcoholic?
33. What do others do that reinforces your identity as an addict/alcoholic?
34. What sorts of things do you do that reinforces your identity as in recovery?
35. What do others do that reinforces your identity as in recovery?
36. Do you feel as though the way people see you is similar to how you see yourself?
    a. If so, how? If not, why not?
    b. How does that make you feel?
37. Has working the steps changed how you see yourself? If so, how?
38. Has living in Amethyst House affected how you see yourself?

III: Closing Questions. *We are reaching the end of the interview and I would like to thank you for your openness, patience, and honesty answering all these questions. I only have a few more questions that I'd like to ask you if that's okay.*

39. What is something you wish you knew before moving into Amethyst House?
40. What is something that you learned that you will/ take or did take with you once you leave (left)?
41. What do you wish people not going through recovery knew about the process?
42. Was there anything that I asked you that was hard for you to talk about?
43. Was there anything you were hoping that I would ask you that I did not?

44. Is there anything else that you would like to share that would help me better understand your experience?

45. Do you know any other women who live or have lived in Amethyst House that might be interested in talking to me about their experience? If you do, I would really appreciate if you could hand them these coupons with my contact information in case they would like to participate in the study.

Debriefing Statement

Thank you so much for taking the time to participate in this study. This is a truly humbling experience for me and I want you to know how much I appreciate your willingness to share. The main goal of this study is to learn about the experiences of women in the process of recovery in rural areas and how your experiences at Amethyst House have helped or hindered your recovery. I am also grateful for your information about how you see yourself and the definitions of who you are that matter to you. These are incredibly important matters for us to understand, but I recognize that it takes a lot of courage to speak openly about these topics and that doing so can sometimes be stressful.

I want to reassure you that everything you shared with me today will be handled with the utmost care. Let me explain a bit about what the research process looks like for interviews like the one you took part in today. I will use the recording of our conversation today to create a written transcript for analysis. Both the transcript and the recording of our conversation will be stored securely on a drive to which only the research team and I have access to. All written and audio records of our conversation will be marked only with the nickname you chose today, not your real name. Any summary of what we discussed or direct quotations from the interview that appear in academic publications will be made anonymous so that you cannot be identified, and care will be taken to make sure that other information in the interview that could potentially identify you is not revealed (like the name of your employers or other people and the neighborhood where you live and work). I will not make any exceptions to these conditions without reaching out to you to obtain further direct approval.

Do you have any questions or concerns about how I plan to use your data? You are welcome to contact me at any point if you have any remaining questions or concerns about the study. And because the topics we discussed today might have brought new issues to your awareness or caused some distress, I wanted to provide you with a list of public resources that can provide support of various kinds, in case you'd like to reach out to them. Thanks again for your time and your openness and willingness to participate. Do you have any other questions?

APPENDIX C: CODING SCHEME

CATEGORY	DESCRIPTION
Defining Recovery	Participant explained their own subjective definition of what recovery looks like for them
Recovery Motivator	Participant explained the impetus for wanting to get clean/stop using
General AH Recovery Supports	Participant explained elements that specifically pertain to the Amethyst House program that supported their recovery
AH peer support	Participant expressed that people who lived with them at Amethyst House supported them in their recovery
Moms in recovery	Participant discussed how being a mother impacted her recovery
Faith	Participant expressed that faith played a role in their recovery
Rurality support	Participant expressed how rurality supported to their recovery
Rurality challenge	Participant expressed how rurality challenged their recovery
AH facility safety	Participant expressed how the house contributed to a sense of safety and security in their early stages of recovery
AH teaches skills	Participant expressed how living in Amethyst House taught them hard and soft life skills that they did not previously have
AH rules and requirements	Participant expressed how the house's rules and requirements contributed to accountability and helped their recovery
AH different from other programs	Participant expressed how AH

	compares to other local recovery treatment and transitional housing options
AH personal growth	Participant expressed how AH contributed to their personal growth as an individual in sobreity
Non-AH supportive relationships	Participant expressed people that support their recovery that are not affiliated with AH
Non-AH supportive activities	Participant expressed doing activities that support their recovery that are not affiliated with AH
AH co-resident challenge	Participant expressed how fellow residents can pose a challenge to their recovery (often via relapse)
Mental health comorbidity	Participant expressed how their mental illnesses further challenge their recovery
Moving out	Participant expressed both pros and cons of moving out of Amethyst house
Non-AH social challenge	Participant expressed that people outside of the AH community challenge their recovery

Addict/alcoholic identity self perception	Participant describes their own perception of what it means to identify as an addict or an alcoholic
addict/alcoholic identity others perception	Participant describes their perception of what others think it means to identify as an addict or an alcoholic
Recovery identity self perception	Participant describes their perception of it means to identify as an individual in recovery
Recovery identity others perception	Participant describes their perception of what others think it means to identify as an individual in recovery

Identity alignment	When others see them the way they see themselves
Identity dissonance	When others see them differently from how they see themselves
Identity development over time	The way the participant perceives their identities as an addict/alcoholic/in recovery changes over time
Reflexivity	Participant expressed positive experience in interview process
AH do better	Participants expressed what elements of AH they think could be improved
AH takeaway	Participants express what they will take with them from the experience of living in AH
Recovery PSA	Participants expressed what they wish people not going through addiction/recovery knew about the process

APPENDIX D: RECRUITMENT FLYER

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