

The Role of Social Ties in Recovery in a Population of Homeless Substance Abusers

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Abstract

Objectives:

Strong social ties are protective of substance abuse and predict greater odds of recovery among those affected. However, social ties are often disrupted among homeless men. The objective of this study was to determine the effects of social ties on the decision among homeless men to enter and continue treatment for substance use disorders.

Methods:

Ten participants in a residential therapeutic community treatment program were interviewed using a semi-structured format. Interview notes were divided into discrete "data units"; common themes, concepts, words, and phrases were identified; and, finally, relationships between categories were delineated.

Results:

Qualitative analysis showed that, through confrontation and ongoing emotional support, family members, specifically mothers, played the most significant role in the participants' decision to enter treatment. Members of the recovery network provided empathic emotional support; coworkers, outside friends, health professionals, and romantic relationships were also mentioned, each possessing a characteristic role. Several themes emerged suggesting mechanisms by which relationships may affect the recovery process: effects on attitude, focus, and motivation; emotional and instrumental support; knowledge; and preentry support.

Conclusions:

Social ties among homeless substance abusers are complex and play an important role in recovery. Understanding these relationships and their perceived importance may help to leverage underutilized resources in the treatment of substance abuse among homeless individuals.

Key Words: homelessness, substance abuse, social ties

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Substance abuse is commonly recognized as one of the central problems facing homeless people. Data on the lifetime prevalence of alcohol use disorders vary greatly, but a meta-analysis of prevalence studies among homeless

males found rates ranging from 58% to 68%.¹ One study showed that homeless men have been found to drink excessively (>20 drinks a day) at a rate 13 times greater than that of the general population.¹ Recurrence rates after detoxification are high in this population.²

Substance abuse has implications as a risk factor for disease and seriously hinders the effort to exit homelessness.³ Earlier studies have shown that substance abuse plays a critical role in the breakdown of social affiliations required for living in human community.³ Substance abuse plays an indirect, albeit a major role in loss of domicile, through its negative effects on social and institutional affiliations.³

Earlier studies of substance abuse have largely been carried out in the general population. Their findings have shown that recovering addicts attribute much of their improvement to negative social consequences of alcohol abuse, social pressure to stop drinking, and family and peer pressure.^{4,5} One study showed that maintenance of abstinence could be predicted by the size of the social network before the initiation of substance abuse.⁶

This study explores the important intermediary role that social ties play between substance abuse and homelessness. We proposed to explore the roles of social ties in the process of recovery as they are perceived by homeless substance abusers—a patient population not studied earlier. We anticipated that, owing to the unique circumstances of their addiction—disrupted social networks, poor social capital, and the different treatment options available to homeless men—social

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ties may play a somewhat different role in recovery in a homeless population.

MATERIALS AND METHODS

To investigate the role of social ties in recovery, it was necessary to select a research design that would allow for discovery of new themes and patterns. This aim was best suited for qualitative research methods, rather than traditional quantitative methods that are better suited for proving or disproving preexisting hypotheses. In addition, an open-ended, narrative approach would allow those interviewed to suggest which relationships they consider important in their recovery, and in what manner. Lincoln and Guba⁷ proposed the use of a qualitative emergent research design, involving simultaneous data collection and analysis. Their design permits the exploration of emergent hypotheses by allowing early findings to inform later research questions. In this iterative model, an initial focus of inquiry is explored in a purposive sample through qualitative data collection.⁸ Initial qualitative interviews yield data that is explored in early (and ongoing) analysis that indicates the need to refine the focus of inquiry.

The study was carried out at the South Baltimore Station (SBS), a therapeutic community-based shelter for homeless men with substance use disorders (SUDs), chosen for its reputation for excellent service. SBS houses approximately 50 male residents at a given time, approximately 90% of whom are African-American. Those who successfully complete the program average a 6 to 12 month stay with a maximum duration of 2 years.

Following Lincoln and Guba's model, we began with a general focus of inquiry: the perceived roles of social ties in recovery from SUDs. We subsequently employed ethnographic research methods to explore our focus of inquiry with study participants at SBS. After observing group meetings and conducting multiple informal interviews with the program director, participants, and substance abuse counselors, we refined the focus of inquiry.

TABLE 1. Refined Foci of Inquiry (Research Questions)

Which relationships are considered the most important in facilitating entry into the treatment program?
Which relationships are considered the most important in helping to maintain recovery?
Which relationships are perceived to have hindered entry and maintenance?
Which qualities have lent individuals credibility in relationships and what is the importance of "credibility"?
In what ways have the participants received support as a result of the relationships perceived as important?
How have these relationships affected motivation, focus, and attitude toward recovery?

The research questions we pursued are presented in Table 1.

After defining these research questions, we returned to SBS to conduct in-depth interviews with the participants. A convenience sample of 10 consenting residents was interviewed on the premises of SBS by one of the investigators. Oral consent was obtained using a script approved by the Johns Hopkins University Medical School IRB, who also approved the overall research protocol. A semistructured format using an interview guide was selected for this study (available upon request from the investigators). All of the 10 men approached agreed to participate. Each interview lasted between 1 and 3 hours and was documented by comprehensive notes taken by the interviewer (M.B. and Y.K.). Of the men interviewed, 100% were African-American and the average age was 43 (range 28 to 55). Their preferred substances included crack/cocaine (50%), heroin (40%), and alcohol (10%). These rates reflected the population at SBS, according to the program director.

Upon completion of the interviews, qualitative data analysis was carried out according to the methods outlined by Miles and Huberman.⁹ We began by dividing interview notes into discrete data units. We sorted these blocks of information into provisional categories that highlighted themes, concepts,

words, and phrases that emerged from the interview process. We proceeded to write propositional statements that expressed the meaning of information blocks as a general statement of fact grounded in the data. These statements are presented in the results section. For the final analysis, we explored the relationships between categories of data, including the participants' interpretations of the data, and presented these relationships in the discussion section.

RESULTS

As a means of organizing the data, we divided the subject matter into 3 general categories, each of which received a similar emphasis in the interviews: family, recovery network, and what we came to term "outside relationships." Outside relationships were defined as significant nonfamilial relationships that fell outside of the formal system of recovery programs, for example, romantic involvements and neighborhood friends.

Role of Family

During the early stages of addiction the families of many of those interviewed began to dissociate from the addict, while still providing support from afar. Other families finally cut ties completely with the men. Those interviewed expressed hope that these relationships could be restored upon their successful recovery. For example, speaking of his mother and family, one of the men noted that you "might have to distance yourself for awhile (from close relationships)," showing his belief that this was a temporary change.

Some of the men reported that family members made attempts to confront them about their addiction. William (the names used are pseudonyms) recalls how his concerned family approached him one day almost 20 years ago, saying "We know you like to drink and that you can't control your drinking." Norman's mother also played an active role in attempting to help her son out of addiction, at one time paying for him to enter a recovery program in another city.

Several participants took a more active role in seeking help from their families as they struggled with addiction. In these cases, families were noted as the only support remaining. Sean reported that at his lowest point he believed his family had cut all ties with him. He said, "I knew there was nowhere to go." However, Sean turned to his younger sister for help. She coordinated plans for Sean's brother to pick him up and deliver him to a recovery program. (Of note, Sean reports that his brother came "once I had admitted I was a sorry individual".)

While in treatment, many of the men were making efforts to repair relationships with family members, but these relationships were superseded in importance by their recovery. Thus, contrary to what we have described above, several men reported having taken steps to put distance between themselves and family during their recovery period. While reporting that their families were generally supportive and provided motivation for recovery, they also noted that the ultimate responsibility for their recovery rested within themselves.

Among family members, the men most often cited their mothers as playing important roles in their recovery, providing emotional and instrumental support. When asked to name their 5 closest companions, 4 of 8 men questioned mentioned their mothers first. Reggie commented: "A mother's love is next to God's." He later noted that he entered treatment after his mother had told him that she couldn't stand the sight of him. He stated that he hopes to get his life back together before his mother dies, indicating that the possibility of restoring their relationship supplies him with a great deal of motivation to recover.

Mothers consistently encouraged the recovery process from a distance. This posture was acceptable to the participants who expressed their desire to become more independent as they recover. Throughout recovery, the men pursued closer, but more independent, relationships with their mothers. A common theme in the interviews involved new approaches the men were taking to restore relationships with their mothers.

Reggie and Jamal both said they have exhausted the value of words, and that they now must use actions to show their mothers that they have changed.

Fathers and siblings, in contrast, played a relatively minor role in the men's recovery. The siblings who were mentioned played a significant role by offering instrumental support at the lowest points of addiction. Some siblings introduced SBS's treatment program to the participants. Sisters, more often than brothers or fathers, served as a last-ditch source of emotional support and only remaining social tie. A recent visit by Wade's sister exemplified the ongoing nature of this support. He spoke sincerely of her love and the faith she has in him. In contrast, several men said that their siblings had cut off support during their addiction. One man included his brother among the relationships that he felt the need to sever.

For some of the participants, financial responsibility for their children has served as a motivation to recover. Reggie cited the inability to fulfill his monetary obligations to his son and daughter as a key turning point in realizing that he was not a "functional addict." Reggie and Sean both anticipated better relationships with their children as they progress in recovery. In contrast, children were also viewed as placing additional demands on the participants during recovery. For example, Sean's daughter has repeatedly called him to demand his prompt return home. Sean and the SBS staff agreed that such an exit would be premature. Several of the men felt strongly about such demands, insisting that their own recovery must be their highest priority at this time—even children must come second.

Role of Recovery Network

The importance of relationships with treatment peers, 12-step program sponsors, and counselors was based on their willingness to share their own narratives of recovery. The men emphasized that they could identify with the members of their recovery network, and that they derived strength and understanding from these interactions. The recovery network served as a drawing

pool for new friendships to fill the void of those left behind.

These relationships are notable for the emotional support they provided, which participants attributed to qualities of openness and identification. Frank said of his peers, "I found out I wasn't alone in this thing." He went on to discuss the mutual support among his peers: "It's about one guy helping out another guy." Within the community of peers, older, and more experienced members were valued for the knowledge and useful information they shared during the recovery process.

In addition to understanding, peers provided a source of positive and negative motivation during recovery. Randall repeatedly referred to a man who had recently returned to collect his belongings after relapsing and leaving the program. He shuddered as he spoke of how worn down the man looked from drug use and only a few days of living on the street. He referred to street life as "animalistic" and insisted that he doesn't want to go back to living that way. Others who had also watched peers relapse noted that they occasionally had to distance themselves from others in treatment to avoid dependency and disappointment. William recalled the advice of an older peer to be yourself and just worry about yourself, since "you came into the program alone and you'll leave alone."

Successful program graduates regularly return to SBS to speak at 12-step meetings, serve as 12-step program sponsors, and interact informally to encourage the men in treatment. These men serve as a source of motivation by being an example of what they can become. Pointing to the street at the new SUV owned by an alumnus, Norman summarized the optimism prevalent in this group: "If I walk the path they walked, I can do the same thing."

Twelve-step program sponsors were often noted as the individuals participants would be most likely to turn to for help when tempted to use. The sponsors' credibility was rooted in their experience having gone through drug abuse, recovery, and associated life experiences. The men also appreciated that their sponsor confronted them, as needed. Wade recalled the way his

sponsor would challenge him to think about the “what ifs” of recovery, encouraging him to plan multiple strategies for support in case one failed. He summed up the important emotional support often offered by sponsors when he said, “He believes in me.”

The counselors at SBS are prominent members of the treatment community. There were mixed opinions about the individual counselors: many were disliked, but even some of those were highly respected and had credibility owing to their experience with recovery. An illustrative example of the client-counselor relationship is the one between Norman (a participant) and Ronald (a counselor). Initially, the 2 did not get along. Ronald would “get in my face,” seemingly trying to provoke him, Norman recalled. Since that time, Norman grew to appreciate Ronald, noting that he is grateful for the times that Ronald corrects him. “Once upon a time, I’d be like ‘What?’ if he tells me ‘look Norman, you don’t do this this way.’ But now, I gotta listen to him, he’s got 12 years clean. I’d gotta be a jerk or a dummy to not listen to him. Sometimes I may not agree, but it may add up (later)...he know what he’s talkin’ about.”

The men expressed their appreciation for the way the counselors help them to accept responsibility for the events in their lives. Frank says of the counselors: “They turned my life around ...by showing me I’m my own person and helping me realize for once in my life I have choices and decisions.” The counselors remind the addicts of their own responsibility for their lives and give them frequent “reality checks.” Randall summed up the importance of identification between clients and counselors when he said of the counselors, “it takes one to know one.”

The program director at SBS won the respect of the program participants largely owing to the past experiences he shares with them, including his status as a Vietnam veteran. Wade, who also served in Vietnam, says, “(He) is like my personal psychiatrist...he can read me like a book. He’s done everything that I’ve done.” Jamal expressed a unique appreciation for the program director: “That man’s wise... (He) has more wisdom and knowledge of an addict than

anyone I know. My dream is to become a counselor... I feel like I’m here to learn from him.” When asked to mention 5 of their closest associates, 2 men mentioned the program director first, noting has offered insight, guidance, a listening ear, constructive feedback, and attention to outside areas of life (eg, connecting the men with jobs).

Role of Outside Relationships

Among nonfamily relationships outside of the recovery network, romantic relationships and health professionals received the most weight in our interviews. Romantic relationships were consistently cited as the most significant source of negative influence and distraction. Jamal explained that clients at SBS are encouraged to “sacrifice and delay” romantic relationships during treatment. Many of the men reported that they were adhering to this policy, and expressed their belief in it. “I need to take care of myself first before loving anybody and that’s why I haven’t messed around with any girls,” William said.

The attitude toward romance is similar among the large number of men who arrived with preexisting relationships. Frank, now separated from his wife, said of their relationship, “I don’t want to go back to the same situation I just got out of.” He indicated that their relationship is a distraction from the demanding recovery process. James said that he tries to find excuses to avoid spending time with his girlfriend, pointing to the single-minded focus demanded during recovery. Gary said that he came to SBS the first time to comply with the ultimatum set up by his wife, but “I gotta get real with myself (this time).”

Health professionals often came in contact with the men at low points in their addiction—after an overdose or a drug-related auto accident, for example. A physician and multiple nurses warned William of the dangers of continuing to abuse alcohol after he emerged from an alcohol-induced coma. He recalled with seriousness how the doctor referred to alcohol as a “toxic poison,” and pointed to his hospital stay as a turning point in his recovery. Wade stated that his

healing process began when he “fully surrendered” during a session with a psychiatrist at the VA.

tion back into life outside of the program, before their actual departure.

Mechanisms of Support

In the data analysis, several themes emerged suggesting mechanisms by which relationships affect the recovery process, including: effects on attitude, focus and motivation; emotional and instrumental support; knowledge; and preentry support. Therapists and counselors played an important role in changing addicts’ attitudes by helping them to realize their own responsibility for their life situations and to exert greater control over their behaviors. The men interviewed perceived outside attachments as distractions from the recovery process, whereas the opportunity to mend broken relationships with mothers and children provided an important incentive to recover.

The participants derived emotional support from treatment peers and counselors, 12-step group members and sponsors, sisters, mothers, close outside friends, and aunts and uncles. Openness, loyalty, open discussion, straightforwardness, and attentiveness were noted as important characteristics in supportive relationships. The participants clearly recalled when family members and health professionals pointed out the consequences of addiction. The participants often emphasized these interactions when narrating the events leading to their decision to enter treatment.

Instrumental support was exhibited in 1 of 3 forms: facilitating entrance to treatment programs, guidance in navigating 12-steps programs, and facilitating the transition back into life “outside.” Outside friends, mothers, health professionals, and other family members provided support that facilitated entrance to treatment programs. (Two of these individuals were SBS alums, suggesting the importance of the program’s presence in the community.) Counselors and support groups helped the men navigate the 12 Steps of recovery. Finally, the program director and one participant’s mother helped to facilitate the participants’ early transi-

DISCUSSION

Importance of Social Network

The interview participants realized their own limitations and the necessity of involving others in their recovery. For most of the men interviewed, family members confronted the addict and later played a role in connecting him to the recovery program. Upon entry, the men seemed to allow family relationships to diminish, suggesting a less significant role for families during treatment. Still, hopes for improved relationships with mothers, children, and sometimes siblings provided motivation to recover. The men often put family, romantic relationships, and friendships on hold during treatment, an attitude encouraged by the counselors at SBS. The relationships that were important in the decision to seek treatment (eg, family) were often distinct from those which provided support and motivation during recovery (eg, treatment network).

In considering the mechanisms by which relationships affect recovery, both emotional and instrumental support were important. Relationships conferring emotional support—such as mothers, friends, and counselors—provided an essential foundation for successful recovery. Counselors, NA sponsors, and senior members of the treatment community provided instrumental support in the form of education regarding addiction and recovery.

Limitations

The qualitative emergent research design employed in this paper was well-suited for the purposes of elucidating the roles of social ties in recovery within this population. While our findings were consistent across the men sampled within this population, conclusions regarding the generalizability of our findings to other settings await larger, multisite studies incorporating quantitative research methods. Furthermore, the

in-treatment relationships described in this paper are largely a reflection of the specific program under study. Thus, further studies examining the relationships of homeless substance abusers should be conducted across several treatment facilities. It will also be of great interest and important to explore the roles of family and social support in women who are in recovery.

Implications

Relationships among homeless substance abusers are complex and play a central role in recovery. Understanding these relationships and the patient's perceptions of their importance should provide greater insight in tailoring the treatment of an individual's substance abuse problem. It is important that health care providers understand which relationships are generally positive and serve as resources in the recovery, and which are generally negative and serve to deter the patient from treatment goals. In this way, social ties will be better leveraged in the treatment of addiction. Thus a residential treatment program, like the one studied here, with its supportive environment and its availability of like-minded peers may help

provide the emotional support necessary for successful recovery for one whose former network of close friends does not include abstainers.

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