Place and recovery from alcohol dependence

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Place and Recovery from alcohol dependence: A journey through photovoice

Abstract
It has been suggested that place, and interaction with the environment, may play a role in recovery from alcohol dependence. In this paper we report findings from a project that used an adapted photovoice methodology to better understand individuals’ experience and perceptions of the role of place in recovery from alcohol dependence. Individuals attending a recovery café in central Scotland documented their environment and, in focus group settings, the individuals discussed and analysed their photographs. Here we report aspects of the environment, both therapeutic and risky, experienced by individuals negotiating the journey of dependence recovery. Elements of the natural environment were largely referred to as supportive and therapeutic, as were other more quotidian spaces, such as the home and café. The largest place-based risk faced by participants was the persistent availability and marketing of alcohol. The results demonstrate that the journey of recovery from alcohol dependence is contextually shaped, with place both supporting and hindering this journey.

Key words: Alcohol dependence; retail environment; natural environment; photovoice; recovery.

Background
The role that place plays in recovery from alcohol dependence may be both risky and therapeutic. Places can be restorative in that they can moderate the negative effects of dependence, facilitate social reconnection and minimise exposure to risk. At the same time places can also be risky, can trigger relapse and be barriers to effective change. Those who negotiate the journey of recovery move through everyday spaces that may both challenge their recovery and support it. Despite this, within the geographies of alcohol and drinking few have explored the role that the environment may play in dependence recovery and the lived experience of place, both positive and negative. In this paper we use an adapted photovoice methodology to better understand individuals’ experience and perceptions of the role of place in recovery.

The role of place has been a focus in the broader exploration of the geographies of alcohol consumption; ranging from more social and cultural understandings of alcohol consumption and gender (Nayak 2003), identity (Peace 2002) and ethnicity (Cochrane & Bal 1990), to that exploring the association between alcohol outlet density and health related harm (Richardson et al. 2015), consumption (Author, under review reference removed for reviewing) and crime (Livingston 2008). Further research has explored cross-national drinking habits (Smart & Ogborne 2000) and the night-time economy has served as a focus for research exploring youth transitions (Engineer et al. 2003), consumer culture (Hollands 2002) and alcohol fuelled violence (Hobbs et al. 2005). Wilton and DeVerteuil have suggested that although there has been much focus on spatial variations in alcohol consumption and related harm ‘similar attention has not
been given to geographies of alcohol treatment and recovery’ (Wilton & DeVerteuil 2006, p.649), despite the clear public health burden it places on society and dependent individuals.

It has been estimated that globally, in 2010, alcohol dependence and the harmful use of alcohol affected an estimated 7.2% of men and 1.3% of all women (WHO 2014). Alcohol dependence, often referred to as alcoholism, has been defined as “a cluster of behavioural, cognitive, and physiological phenomena that develop after repeated alcohol use and that typically include a strong desire to consume alcohol, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to alcohol use than to other activities and obligations, increased tolerance, and sometimes a physiological withdrawal state” (WHO 1992). Up until the late 1970s the narrower, medical term alcoholism was used, referring to a disease, or sickness believed to be caused by a pre-existing biological abnormality. In 1979 a WHO expert group replaced the term, instead referring to alcohol dependence syndrome as one problem within a wide range of alcohol related problems arising from heritable, genetic and environmental risk factors (Crabbe 2002).

There are many different approaches to recovery from alcohol dependence, ranging from mutual aid groups, such as Alcoholics Anonymous (AA), to peer based recovery groups, such as recovery cafes, through to professional addiction treatment centres, including residential rehabilitation. What these approaches have in common is the aim to maximise ‘recovery capital’, referring to the resources needed to both initiate and sustain recovery, including social, physical, human and cultural (Cloud & Granfield 2001). Whilst research has explored each of these four components of recovery, few have recognised that recovery is ‘contextually shaped’ (Best et al. 2015). The notion of treatment ecology however supports an exploration of the ‘physical’ environment, specifically Davis and Tunks’ taxonomy of environmental effects on drug use and relapse, that emphasises the importance of various settings including living place and neighbourhood (Davis & Tunks 1991). Jacobson (2004) argues that such places bear directly or indirectly on progress during and after treatment. Indeed Wilkinson et al. (2008) note that addiction treatment centres, particularly residential centres, do not fully address ‘what happens before and after residential rehabilitation’ (p.404) with the solution lying ‘not merely in pharmacotherapy and counselling but in engagement with the lived community’ (Best et al. 2015, p.200).

The idea that place shapes health outcomes is embedded within the geographies of health where place and space are viewed in relational terms (Cummins et al. 2007). Such a concept recognises that individuals are embedded in multiple health damaging and health-promoting environments at the same time and recognises the mutually reinforcing and reciprocal relationship between people and place. Places may therefore be made and remade and for those on the journey of recovery the connection with place can evolve. The role of place in recovery has been conceptualised using the frameworks of therapeutic environments (Gesler 2005) and landscapes of risk (Heslin et al. 2013). Each
acknowledging the role of the everyday built, natural, social and cultural environments.

In his seminal paper on therapeutic landscapes Gesler referred to the role of place in recovery from alcohol dependence stating that ‘most alcoholics have low self-esteem, in part because they feel no identity with particular places. Often places represent failure, threats, or feelings of not being wanted. Therapy for alcoholics might usefully include establishment of refuges, places with positive images, where identity could be established’ (Gesler 1992, p.738). Geographical research on therapeutic landscapes has evolved since Gesler’s (1992) paper called for a cultural turn, and an expanded meaning of the concept of landscape in the then termed ‘medical geography’. Gesler called on geographers to ‘explore why certain places or situations are perceived to be therapeutic’ (p.735). The earliest explorations of therapeutic landscapes were restricted to traditional healing sites, for example Gesler’s focus on sites such as the Marian Shrine at Lourdes, France (Gesler 1996) and the Roman Baths at Bath, England (Gesler 1998). The focus has since shifted away from these traditional sites of religiosity, healing and spiritual renewal to more natural landscapes and health promoting sites, such as forestry (Park et al. 2010) community gardens (Milligan et al. 2004), health care institutions (Kearns & Barnett 2000) and respite centre (Conradson 2005). Such sites of exploration however highlight the need for ‘temporary movement away from an everyday, domestic location’ (Conradson, 2005, p. 341). Whilst the sites of therapeutic landscapes have evolved, Duff has continued to argue that the focus has remained on ‘favourite’ places, such as natural landscapes, meaning that ‘quotidian’ places, or everyday ‘third’ places, such as cafes and streets or even the home have been sidelined (Duff 2011). Such critiques have extended the breadth of the therapeutic landscapes framework to one that now acknowledges that ‘healing can take place in everyday, ordinary places, whether a residential backyard, a hospital room, or an imagined landscape’ (Williams 2007, p.2).

Whilst risk is a fundamental feature of everyday life (Beck 1992), within the literature of therapeutic landscapes it is rarely acknowledged (Williams 2007). Therapeutic landscapes are seen as natural and, for many, risk free. At the same time risk environments are generally associated with built environments that are viewed as more dangerous and hostile. A relational view of place however would recognise a more complex framing. Duff (2011) suggests that therapeutic landscapes, particularly enabling places, are made rather than merely discovered and as such what may be risky for one may be therapeutic for another. Viewing place as relational enables us to recognise the influence of ‘the physical environment, the human mind and material circumstances’ (Milligan & Bingley 2007, p.800) and the interactions that occur between each. The frameworks of risk environments and therapeutic landscapes are therefore ‘two sides of the same coin’ (Duff 2009, p.203) with place comprising elements that can be both risky and more supportive of health. Furthermore, our connections with place can change through time. During recovery from drug or alcohol dependence, individuals can connect with the environment in ways that are different from when they were substance dependent, reflecting a temporal shift in the meaning of place.
Research exploring the role of risk and place in recovery has included close proximity to liquor and/or beer stores and reduced likelihood of attending outpatient treatment (Stahler et al. 2007), neighbourhood level disadvantage and increased drug activity during recovery (Jacobson 2006) and auditory or visual stimuli and relapse (Rohsenow et al. 2001). In a review of relapse models Tucker et al. found that ‘environmental triggers’ are common in accounts of relapse, bound up in what he refers to as ‘daily hassles’ (Tucker et al. 1991). Such triggers may include advertising and marketing of alcohol products that can cue the desire for alcohol and be most problematic for vulnerable groups, such as those in recovery (Hovland 2015). On the other hand aspects of place can also enable recovery with research emphasising the role of material resources, AA meeting locations and treatment attendance (Friedmann et al. 2001; Stahler et al. 2007), the presence of alternative activities (Cloud & Granfield 2001), social capital and supportive communities (Whiteford et al. 2016). Focussing on three treatment programmes in Winnipeg, Canada, DeVerteuil et al. (2007) examined the impact of differential neighbourhood settings on the therapeutic potential of the programmes. They conclude that both social and built environments matter with environmental risks presented including ready access to drugs and alcohol and the strong links between social network and former spaces of drug and alcohol consumption. The public health literature on harm reduction and/or treatment has explored certain aspects of the environment, but provides little account of the lived experiences of these environments in recovery. DeVerteuil & Wilton (2009) however summarise how recent research, including that in health geography, demonstrates a shift towards a more embodied account of dependence, including explorations of stigma (Rhodes et al. 2007) and gendered experiences (Robertson 2007), and a deeper understanding of place-sensitive experiences.

This paper employs a novel approach to explore the role that the environment plays in recovery for a group of individuals recovering from alcohol dependence. In this project we use photovoice, a participatory research method ‘by which people can identify, represent, and enhance their community through a specific photographic technique’ (Wang & Burris 1997, p.369). The method allows all those involved to be full stakeholders in the research process and enable reflexive discussion and co-produced knowledge. The express purpose of employing this method was empowerment, giving the participants a voice through which they could be ‘fully involved in the public health conversation’ (Strack et al. 2004, p.49). Visual methods, such as photovoice, are recognised as being particularly useful for engaging vulnerable groups (Haines-Saah et al. 2013), in this case those recovering from alcohol dependence. The method allowed the participants to document the features of the environment that enable and/or hinder their journey of recovery, to reflect upon these features in a focus group setting and to bring their results to policy makers in the Scottish Parliament and other settings. Haines et al have argued that there is a particular need for such visual methods in addiction research in order to provide ‘compelling findings about the social contexts in which substance use occurs’ (Haines et al. 2010, p.207). Our focus in this article is with a group of individuals attending a ‘Recovery Café’ in central Scotland. The Café is one of many sober
meeting spaces that have recently emerged in the UK as examples of ‘grassroots (user-led) activism’ (Parkin 2016, p.25).

**Methods**

**Study setting**

This project was carried out in a recovery café in an urban centre in central Scotland between October 2014 and January 2015. The café describes itself as one run by people in recovery, for people in recovery. It provides a space for those in recovery to come together, take part in alternative activities and, for some, ‘first step’ employment through volunteering. Activities include yoga, gym sessions, club nights as well as therapeutic groups such as Cocaine Anonymous. The café therefore provides a ‘safe’ environment, ‘safe in respect of being with others who shared the recovery experience and safe in respect of being “dry” and drug free’ (Campbell et al. 2011, p.134). In addition the café offers support outside of the traditional public service hours of 9am through to 5pm.

The project team spent a significant amount of time getting to know the people at the café, our philosophy was that we were doing research ‘with’ this group, rather than ‘on’ them. A support worker and volunteer, who was himself in recovery, became the gatekeepers and were instrumental in facilitating the project. This required a number of meetings to be had over a period of several months to build relationships and trust whilst also discussing the project and what it would mean for the café and how it would work. The gatekeepers were keen that we became involved in the café and that, through our presence, we could begin to understand the philosophy of the community.

Recruitment posters were distributed by the gatekeepers and interested parties were invited to attend an information evening where members of the project team came and discussed the nature of the project and what would be involved. Participant information leaflets were provided along with consent forms. As we wanted to explore the role of the environment in supporting or threatening recovery, we asked that volunteers were at least 1 year free from drugs and/or alcohol. Those who agreed to participate were then invited to attend the first of 3 workshops to be held in the community café.

**Participants**

The study participants were male (n=5) and female (n=4). They were all over 18 years and were at various stages in their recovery journey (see Table 1 for details and pseudonyms). All however were at least 1 year free from drugs and or alcohol. Participants had various roles within the community café, including café supervisor, café volunteer and peer support.
Table 1 Details of the study participants

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Age</th>
<th>Years Sober</th>
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<tbody>
<tr>
<td>Mary</td>
<td>41</td>
<td>1</td>
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<tr>
<td>Jane</td>
<td>39</td>
<td>1</td>
</tr>
<tr>
<td>Lisa</td>
<td>38</td>
<td>1</td>
</tr>
<tr>
<td>Eve</td>
<td>39</td>
<td>2</td>
</tr>
<tr>
<td>Sean</td>
<td>31</td>
<td>1</td>
</tr>
<tr>
<td>Tom</td>
<td>41</td>
<td>3</td>
</tr>
<tr>
<td>James</td>
<td>42</td>
<td>2</td>
</tr>
<tr>
<td>Conor</td>
<td>49</td>
<td>2</td>
</tr>
<tr>
<td>Fraser</td>
<td>52</td>
<td>7</td>
</tr>
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Workshops 1-3
Following recruitment participants attended 3 workshops at a date and time that was convenient for them. The workshops were facilitated by a photographic artist. Workshop 1 consisted of a re-cap of the project itself and an introduction to the digital cameras. Participants were shown examples of photographs that could be considered to represent the environment. The aim of the workshop was also linked to the ability of the participants to develop confidence in taking photographs (test shots). Part of the workshop involved the participants pairing up with another participant and going out into the locale of the community café for approximately 30 minutes to take some of these ‘test shots’. These were then uploaded on their return and shown to the group whilst they discussed amongst themselves the reasons for taking them.

A digital camera was given to ‘pairs’ of participants, which they then took away for 2 weeks and brought back for uploading ahead of Workshop 2. In the spirit of the community café the participants expressed a preference for working together in pairs in order to share the experience. Using one camera each member of a pair took individual photographs over the two-week period. Workshop 2 was about keeping in touch with the participants, checking progress, sharing experiences and images, uploading photos to mitigate the risk of major loss if a camera was lost or broken later in the project. In addition this workshop provided the opportunity for the photographs taken to be viewed amongst the group and shared collectively. It also provided an opportunity for participants to consider what they had taken photographs of (selecting) and whether these reflected their story and the messages they wanted to tell. This discussion provided the framework for the interview schedule to be used in the focus group interview. The focus group took place during Workshop 3 where the selected photographs from Workshop 2 were discussed and the narrative data recorded by the research assistant by way of a digital recorder.

Consent & Ethics
Informed consent was obtained by the research assistant at Workshop 1 and was verbally reaffirmed at each subsequent workshop. Ethical approval for the study was obtained from the School of Health in Social Science Ethics committee at The University of Edinburgh.
**Data analysis**

The focus group recording was transcribed. We conducted thematic content analysis of the focus group and photographs. After Bukowski & Buetow (2011) the analysis followed a general inductive approach with the authors reviewing the transcripts checking for consistency of interpretation and then line-by-line coding used to code segments and identify emerging themes. Relationships between the themes and the participants were also explored. In particular, as we were employing a relational approach, we were mindful of the need to consider places as fluid, rather than static or discrete phenomena. The relational approach was reflected in our analytical strategy as we paid particular attention to *stage of recovery*. This allowed us to emphasise the temporality of places as every changing, both physically but also emotionally for the participants. Themes not related to the environment were identified and will be discussed in a future paper. Following our analysis, the analytic themes were presented to the participants and discussion ensued. Participants accepted all of the findings presented in this paper. Two overarching themes were identified for this paper, with subcategories of each theme.

**Findings**

Our analysis of both the focus group and photographs identified various themes, including those related to the role of the environment in recovery. This paper will focus on two themes; the role of both therapeutic and risky environments in alcohol dependence recovery. Subcategories of the former included the natural environment and the non-natural and sub-categories of the latter were retail environments (coping and avoidance) and time. In total the participants took 468 photographs (ranging from 9 for Sean to 209 for James and Jane combined). Each participant selected six final photographs for discussion at the focus groups and for our display boards at the Scottish Parliament. In addition each participant chose three photographs to have printed on large canvas boards as a memento of the research.

**Therapeutic environments in alcohol dependence recovery**

All of the participants make frequent reference to various elements of the environment that supported their recovery. For the most part this was represented by features of the natural environment, reinforcing the more traditional notions of healing in the natural. Using this lens, the environment was seen as a form of recovery capital, an external resource that could be drawn upon to help sustain recovery (White & Cloud 2008). Such natural places, with aesthetic values, have been shown to facilitate escape from the pressures of domestic life and provide opportunities for reflection (Cattell et al. 2008). Describing a photograph of the natural environment (Figure 1) Tom noted:

*I've took a, a picture at the top of the Braids. Eh, one that looks onto Arthur’s seat. Really green Arthur’s seat. And to the right a bit looks as far doon, I think you can see Bass Rock. Eh, and all that beauty and scenery and it’s on our doorstep. And I*
use it for a bit of my meditation and clearing my mind and that’, Tom (3 years sober).

Reflecting the above description other participants mentioned the calming and meditative aspects of natural environments; hills, seaside and green spaces. The sense of calm facilitated through such environments cleared what participants referred to as ‘overactive minds’.

‘I took pictures of Portobello I like the seaside. It’s my place of calmness. I love it there. Em, that’s Arthur’s seat. I like being out in the fresh air and thinking. Cos I ‘ve got a really really really active mind. Cos I don’t sleep much either. I wake up like every hour. Head’s going constant’, Jane (1 year sober).

Such reflections support the empirical evidence that demonstrates a link between the natural environment and psychological well-being (Kaplan & Kaplan 1989) and imply that contact with nature may support recovery from alcohol dependence.

The participants discussed how, when drinking, they felt excluded from society with little contact with their local community. They discussed feelings of shame, loneliness and detachment. During recovery however the natural environment helped them to reconnect with ‘something outside myself’. Discussion centred around ‘seeing things I never noticed before’ and ‘connecting with the environment’ with participants talking about ‘looking up’ when previously they
would negotiate the city ‘without lifting my head up’. For Mary this was summarised in the following quote:

‘I do a lot more now, more looking up, not always having your head down in shame’, Mary (1 year sober).

Mary moved on to discuss photographs of cloud formations (Figure 2) and how they related to a reconnection with the environment that allowed her to raise her head without those feelings of shame:

‘I wouldn’t look at people at all I would just be just focussing on where I was going and that was it. But yeah, lifting your eyes up and looking. I love cloud formations’.

![Figure 2: ‘Lifting your eyes and looking up’ by Mary.](image)

This connection with the environment also facilitated a reconnection with family members. Participants chose to meet family members outside, in open spaces. Jane photographed benches, which for her were places to sit with her daughter and talk about recovery and addiction. The outdoor environment, a neutral space, enabled her to reconnect with her family.

Not all places of recovery were those that required travel and removal from quotidian spaces. Indeed, the natural landscape was also explored in the micro, smaller scale environments. The theme of caring for garden plants and more domestic natural environments, including garden space, was shared by three of
the participants who discussed how recovery has enabled them to care for something other than themselves and to pay attention to growth.

‘I took pictures of em of what was part of my recovery it was quite big em plants that I’ve grown. Keep them in my flat. Done an orchid. Well, kept it alive [laughter]. I had to cut it recently and I’m hoping it’s gonna come back again, eh? Em, I’m growing another plant at the moment. A spider plant, a little tiny thing and now it’s just overtaken my window. So and I grew, in the back garden I’ve grown peppers, potatoes, tomatoes. I’ve grown a sunflower which went to about a foot or something’, Jane (1 year sober).

Figure 3: ‘I kept it alive’ by Jane.

Not all respondents however agreed that the natural environment was therapeutic; indeed Fraser described such environments as ‘painful’.

‘A walk in the countryside for me is like, it’s painful. I don’t like grass, and especially no trees’, Fraser (7 years sober)

For Fraser it was the urban, built environment in which he found beauty that supported his recovery. Instead of photographing hills, beaches or green spaces this individual photographed streets, houses, railings and the castle noting that it is not the countryside ‘but its the same thing’. Furthermore he commented that ‘I get a buzz out of that feeling because it’s a beautiful place’.
For more than one participant the natural environment was both therapeutic and risky. Lisa noted how a walk in the woods was positive, but stumbling over a can of beer meant that the negative was also experienced during this time. She named the brand and reflected on how this intruded her positive space. The clouds mentioned earlier were also both comforting and related to bad memories, reminding the participant of hallucinogenic states.

‘I’ve taken quite a lot of clouds. And em one of my favourite ones is eh the cloud formation that eh and that’s negative though as well because I used to have hallucinations to do with clouds when I was drinking and wasn’t well and to do with being picked up on a cloud and carried away. So it’s got a kind of negative connotation as well but there’s something also magical about cloud formations as well which I do like to look at them’, Mary (1 year sober).

Other, non-natural features of place that supported recovery included the café. The participants all felt that the café plays a large role in supporting their recovery. Tom, who volunteers at the café, spoke of his pride the day he got the keys for the building:

‘that’s a huge part of my recovery, eh you know it’s massive to me’ Tom (3 years sober).

In particular participants noted how they find comfort and support in the café space. It allows them to see that they are ‘not the only one’, other café users understand their behaviour and the café itself was seen as a place of refuge following difficult moments. Lisa included a photograph of a tree and discussed how the branches of the tree represent the support that she receives from those in the café community, and in return support that she hopes to give. Each branch in the photograph represents a person in the café reaching out to support someone else. A photograph of the coffee machine in the café taken by Fraser was included (Figure 4):

‘I took the coffee machine here where you’re going to a social hub where you know there’s no booze really and it’s coffee and tea is a big part of being able to network. Because I am pretty gregarious and it is so good to have other places to go other than the pub’, Fraser (7 years sober).
Whilst not physical features of place, two participants took photographs that represent the broader structural support received from the Scottish Government. Both photographs, one of a bus pass (Lisa) and the other of the Scottish Parliament (Fraser), were discussed. The bus pass allowed people to move throughout the city, to experience the environment and to travel to and from meetings. Participants discussed how a large part of their day can be spent travelling, moving between meetings at treatment centres and the café, attending interviews and seeing family. The bus however was not just seen as a form of transport but also because ‘simply getting on a bus with company feels good about doing something in the day’ (Lisa, 1 year sober). Previous research has shown how such material resources take on an enabling function and mediate the therapeutic utility of specific sites (in this case the café) or health promoting activities (Duff, 2001). The photograph of the Parliament was also connected to the bus pass and how this, and support for recovery programmes, demonstrates that ‘someone in the Government there does boot for us quite a bit’ but ‘I just wish it could be expanded more and I wish they could see that these things are economical’ (Fraser, 7 years sober).

**Risky Environments**

All of the participants highlighted places of risk within their everyday environments, for most the single biggest element of risk was the retail environment, including both the sale and marketing of alcohol. During the focus groups the theme of the retail environment was raised by each of the
participants. Various types of retail environments were mentioned including the supermarket, corner shops, chip shops that also sell alcohol, restaurants without an alcohol license but who allow ‘bring your own beer’, golf club bars, wedding venues and pubs. For Tom it was summed up with a photograph of the view from his window that included the local shop; ‘it’s just there right on my doorstep and the first sign is beers and ciders’ (Tom, 3 years sober) (Figure 5). Tom felt unable to escape in his home; instead he found refuge in wide-open spaces perhaps reflecting the lack of advertising and availability in such environments.

Figure 5 ‘It’s just there right on my doorstep and the first sign is beers and cider’ by Tom.

Time was a theme raised by participants, particularly regarding the laws on alcohol sales. Fraser included a photograph of a clock, stopped at nine minutes to ten signifying that, in line with Scottish law, alcohol to be consumed off the premises could not be sold in shops and supermarkets until ten am. Despite this Lisa noted the challenge of visiting the shops at any time of day, stating that her local shop would sell her alcohol regardless of the time:

‘because they would serve me alcohol at any time of day. You know, and it was actually not that long ago I did have to go in for something and he looked at me and says “do you want vodka?” I had been sober 6 months. I hadn’t been anywhere near a shop and I was like ‘no’. So these are reasons why I have to stay away from that because that’s where I lived my life’ (Lisa, 1 year sober).
Indeed participants discussed how they could move around the city to find alcohol 24 hours a day; moving from the casino to pubs licensed to open at 6am (a historical legacy of opening for shift workers) (Figure 6).

Figure 6 ‘The casino shuts at 6am and there are pubs that open at 6am, I have one at the end of my street. Outside my window there is also an off-license and a pub that opens at 9am. I’ve travelled them all’ by Tom

This practice of either avoiding or coping with the presence of alcohol outlets, reflects research by Heslin et al. (2013) who explored practices of ‘approach coping’ and ‘avoidance coping’ by residents of sober living homes in California. Our participants who avoided alcohol outlets spoke not only of avoiding premises themselves, but also of the need to avoid the alcohol aisles due to both the presence of alcohol and in-store marketing and price promotions. Both Tom and Lisa noted that such advertising made trips to shops particularly challenging:

‘Like walking past the drinks aisle and something catching your eye, you know buy 4 for 6 or whatever deal it’s got on, eh bottles of wine or vodka or something, thinking ‘that’s a great deal’” (Tom, 3 years sober)

‘It’s still a challenge to avoid it because and like even challenging to walk down the aisles cause, like, you were seeing about the offers and stuff. I still look at things like that as well” (Lisa, 1 year sober).

Lisa made the distinction between smaller local shops and larger supermarkets noting that for her the need to avoid smaller shops was greater as it was impossible to avoid alcohol in such stores, ‘its right at the counter, it is right there’. In contrast this was made easier in larger supermarkets by choosing to avoid the alcohol aisles.

‘Wherever I have to go I have to go past these shops but I don’t go in for milk or paper or anything like that anymore because I didn’t use it for that. I used it because the alcohol is right at the counter, it is right there. I’d go first thing in the morning and you know, it’s a trigger for me, so I have to avoid it. I don’t go there. If I haven’t got milk I have to wait til I go to the shops, the other shops that. And I choose not to go down the alcohol aisles in Asda or wherever’ (Lisa, 1 year sober).

Participants noted these retail triggers can be particularly difficult on days when they are dealing with other stresses. Jane spoke of how her housing situation was
precarious, having been told that she would have to wait another four weeks to move into her new home. Such days, coupled with the presence of alcohol in the environment, make avoiding alcohol consumption particularly challenging. Those in the early stages of recovery cited the everyday difficulties of negotiating the city space whilst avoiding the alcohol triggers.

Whilst most participants discussed the need to avoid such environments Fraser, who was further along in his recovery journey, spoke of his ability to now cope with these retail triggers. For Fraser the first eighteen months were spent avoiding alcohol, to do so he would meet friends in a coffee shop and avoided what he called ‘wet places’:

‘I never went near a wet pub, a wet place. And, but, gradually you know, it doesn’t bother me now to go to a pub. It doesn’t bother me to go to a wedding reception, it doesn’t bother me to go to a christening or wake or anything. Em, but that’s because I constantly go to fellowships and I’ve got here for support, I’ve got friends I can phone up’ (Fraser, 7 years sober).

The support this participant received in the café and from other friends has meant that he is now able to cope better with such everyday environments, but this took time:

‘But it’s taken, it takes a while and you know em, and also, I live in a world where alcohol is there all the time at your throat. Now I’ve either got to get used to it or I’ve got to go and live in the wilds of Alaska. So I have to get used to that. And cut them out as triggers’ (Fraser, 7 years sober).

Discussion

This paper has explored the role of the environment in alcohol dependence recovery. The findings reflect previous arguments made in the geographies of health that suggest that place is both simultaneously therapeutic and risky, with this association changing through time (Cummins et al 2007). The paper extends the geographies of alcohol research by providing a nuanced description of the everyday spaces of alcohol dependence recovery and adds to the growing body of knowledge regarding the relationship between place and alcohol. From a starting point, acknowledging that recovery is contextually shaped, the paper was approached using a participatory research method that gave voice to participants. The results demonstrate that the journey of recovery from alcohol dependence is embedded in place, with place both supporting and hindering recovery amongst this group of individuals.

For most the natural environment provided a place of refuge and calm during a difficult time. This reflects the notion of therapeutic landscapes were Gesler has argued that places evolve to become sites of refuge, rather than those that represent failure or struggles (Gesler, 1992). It should be noted that such open landscapes may provide a form of escape from the omnipresence of alcohol, as reported by the participants through availability and marketing. Whilst a large
body of literature has emphasised the therapeutic nature of the natural environment, and in particular vast open spaces, we have found that the natural can also be represented on a much smaller scale. Participants found comfort in tending to house and garden plants, not just in the large open views of hills or the sea. Whilst the role of the natural environment was emphasised by the participants, not all sites of support were natural with participants also emphasising the role of more quotidian spaces, such as the café, the bus and home. The café itself was seen as a space to escape to, a space of recovery where participants could feel part of a recovery community and thus increase the human aspect of their recovery capital (Cloud & Granfield 2001). It was also a space in which alcohol was invisible, there were no visual cues related to alcohol advertising or promotion. It was clear that for the participants recovery could take place in all spaces and it was notable that for one participant in particular the natural was more ‘painful’ than supportive. Of particular note was the role of time and the effects of the environment changing during the recovery journey, such a shift in the temporal importance of place has been emphasised elsewhere (Milligan & Bingley 2007). These findings highlight the need to improve our understanding of the various physical, social, human and cultural aspects of recovery capital and how each is embedded in place.

Often those dependent on alcohol, or other substances, experience feelings of stigma and shame. Previous research has argued that such stigma and exclusion are formidable barriers to recovery, with recovery reliant upon community and social networks (Best et al. 2015). The photovoice approach allowed the participants to discuss such feelings and provided a mechanism through which the participants could reflect on their recovery. By photographing their everyday lived experience, participants were able to share important insights into how the environment is experienced through the eyes of those in recovery. The stigma and shame experienced by participants when dependent upon alcohol shaped the ways in which they interacted with the environment in the past. Many of the respondents spoke of always having their head down, not making eye contact or indeed, being able to go to the local shops to purchase alcohol without ever having to raise their heads. In recovery however they felt able to raise their heads, to see the environment and experience it in a new way. In doing so they were able to find places of beauty and calm, as one participant noted ‘we’re seeing for the first time…it represents a thirst for experience’ (James, 2 years sober). This reengagement with the physical environment appeared also to mirror that of the social as participants spoke of reconnecting with family and friends.

The findings also confirm that people in recovery experience a particular set of challenges within the risk environment on a day-to-day basis. Of particular note here was the ubiquitous sale of alcohol and presence of alcohol marketing and promotions as noted by the participants. Previous quantitative research has provided evidence of an association between the number of alcohol outlets in an area and alcohol related harm and behaviours. However, to date little has been known about the lived experience of such an association, this paper addresses that gap. The challenge of alcohol outlet density, when explored through a lens of substance abuse, is one that requires further unpacking. Furthermore
evidence suggests that we should also be concerned about exposure to alcohol advertising and alcohol-branded promotions (Babor et al. 2003). In this paper we have seen how advertising and promotion in everyday places can shape place-identity and act as triggers that may force those in recovery to forge new relationships with certain environments. The theory of classical conditioning argues that when people are exposed to cues in the environment (e.g. presence of alcohol, alcohol advertising or offers) they will experience craving which may lead to relapse (Heslin et al. 2013). Important here was the participant’s distinction between smaller and larger stores, their ability to avoid alcohol and alcohol advertising was easier in the larger stores. This avoidance was however made more difficult in the smaller stores that they often frequented when drinking, due to familiarity with the staff and the visible marketing related cues that were impossible to avoid. With this however came the notion of time, both in terms of the sale of alcohol, but also regarding the stage of recovery. Such challenges may never disappear but support networks and other social spaces mean that they become less of a trigger with those in recovery better able to cope as they move further along on their journey. Law (1997) acknowledging the significant body of public health research on alcohol advertising also argues that thus far geographers have contributed little to furthering our understanding of the role of place in advertising. Future research could explore this and the role of advertising in shaping our connections with place.

This project had several strengths and weaknesses that can be used to improve further work. In this project participant involvement extended beyond image making, the participants used the photographs as a basis to promote reflection and within group communication. In addition the participants remained involved after the focus groups. They came to the Parliament with the researchers to deliver the results of the project, attended conferences as panel members, are co-applicants on a further project and fully embraced the dissemination of the project results. In doing so the participants themselves emerged as ‘experts’ in the drivers of their recovery (Haines et al. 2010) and were empowered to tell their stories, with the balance of power shifting between researchers and researched. The number of participants however was small as we were reliant on volunteers who were sober for at least one year. We did this in order to capture recovery that was steady and at a lower risk of relapse. Future studies could explore the role of the environment in the very early stages of recovery. The use of photovoice as a visual methodology can only capture images in physical places, thus excluding imagined landscapes or place related memories. Such landscapes have been termed ‘therapeutic landscapes of the mind’ (Gastaldo et al. 2004). Further research could widen the scope of this literature to capture personalised spaces in recovery. In addition the participants were a reasonably engaged group of people, relatively able and healthy. This may not be the case for many people struggling with recovery from alcohol dependence and the self-selecting nature of this group may introduce a ‘healthy’ bias. Finally, as this was a participatory research method the participants led much of the discussion in the focus group, we felt unable to challenge participants’ understandings of the café environment for fear of undermining the perception of safety felt in that particular space.
**Conclusion**
This paper addressed the role of the environment in recovery from alcohol dependence. It did so through a participatory approach analysing the lived experiences of persons in recovery. The paper responds to calls in the literature to further explore the role of place in the process of treatment from substance dependence (DeVerteuil & Wilton 2009). We add to the evidence base of both risky and therapeutic environments and in particular provide evidence of the challenges faced by these individuals on a day-to-day basis. Through a clear understanding of the recovery process we can better inform policy makers whose role it is to consider the broader contextual structures affecting both addiction and recovery. The support highlighted by the participants, including the bus pass, the café and recovery programmes emphasises the need to continue with such programmes. The issue of the retail environment, both in terms of availability and marketing, however leads us to question the ubiquity of alcohol in the environment and the specific challenges of alcohol when treated as an everyday commodity (Babor et al. 2010). By viewing recovery as a journey we can begin to frame alcohol dependence as a process of change; change in both the individual and in the way in which the individual sees and interacts with the environment. According to Banonis ‘recovering from addiction is a daily choice’ (Banonis 1989, p.37), however such choices are not made in a vacuum and can be made more or less difficult by the environment in which one lives. This paper renew discussion and merits further debate regarding the visibility and omnipresence of alcohol in the environment.

**Conflict of Interest Statement**
Conflicts of interest – none.

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