HOW DOES THERAPEUTIC RECREATION APPLY IN THE TREATMENT OF ADDICTIONS?

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Introduction

"Alcohol/drug addiction is a leisure disease and a disease of leisure! People pay for the feeling because they don't know how to get it free. That is, they don't know how to play in a manner that produces the desired feeling." (Faulkner, 1991, p.7). Addicts spend each day thinking about when, where and what they will use to achieve their next "high". Substance abuse and other addictive behaviors penetrate every facet of their lives and eventually their leisure time is totally consumed by addictive behavior. So what happens when they stop using chemicals and have free time on their hands? This article will help answer this question and examine the relationship between addiction and leisure, emphasize the importance of leisure in a healthy recovery, and make recommendations for treatment.

The Addiction - Leisure Relationship

There is little written work about the connection between therapeutic recreation and recovery from an addiction. Therefore, it may benefit the reader to gain a basic understanding of the meaning of addiction. There are many different definitions of addiction but for the purpose of this article it is defined as "...a physical and/or psychological dependence on a chemical agent or behavioral process. This disorder is characterized by the inability to resist using a substance and increasing one's use which eventually leads to compulsive use in terms of dosage and/or frequency." (Csiernik, 1993). This definition acknowledges that addiction is not restricted to chemicals such as alcohol or drugs but that it is also possible to have what is known as a process addiction. Schae (1987) describes a process addiction as an addiction to relationships or to certain patterns of behavior such as gambling or sex. These people are "hooked" on a process rather than a chemical substance. It is important to recognize that this behavior is not simply compulsive in nature, but that it is accompanied by an adrenaline "rush" as well as other physiological changes. The experience produces a "natural high" that the addict will seek out in future experiences with the same activity.

When clients enter treatment, they abstain from all chemical substances and/or addictive behaviors and begin their journey in recovery. "Recovery is viewed as a long-term process of abstinence and change in physical, psychological, family, social, and/or spiritual areas" (Daley, 1989, p. 106). It requires that a person shift their focus from alcohol or drugs to other healthier areas of interest, learn healthy coping mechanisms, and emphasize increased valuing of self, others and life concerns (Brown, 1985). These are all new skills and behaviors for the recovering addict to learn, practice and incorporate into a balanced lifestyle. It can, therefore, be said that abstinence is only a small part of recovery compared to changes in lifestyle. This is where therapeutic recreation interventions play a key role to aid in the development of new skills so that healthy changes can be implemented successfully into a recovery oriented lifestyle.

It is widely accepted that most people take their first drink or drug during their leisure time. Society has created a link between substance use and leisure time in the sense that social drinking or experimentation with drugs is socially appropriate behavior and often an expectation in various settings. Addiction, as a result, has been described as a leisure disease and dysfunctional leisure is a symptom of addiction (Faulkner,
1991). Faulkner (1991) states that once the addiction takes hold, people often abandon leisure pursuits that do not permit substance use because they would rather stay home and satisfy their craving. This is how dysfunctional leisure becomes a symptom of addiction.

The sacrifice of healthy leisure for addictive behavior illustrates the reciprocal relationship between addiction and leisure. As the addiction increases in severity, the amount of healthy leisure decreases. This process of deterioration is described by Kinney and Leaton (1991) as they outline four stages in the development of alcoholism as it relates to leisure. This process can be applied to the development of addiction in general. The first stage is Social Use in which most people take their first drink or drug as a part of their leisure activity. As a result of this use they experience a positive mood change which enhances their leisure experience. The second stage is called Goal-Oriented Social Use. At this stage the unhealthy behavior is propelled by the individual's desire to achieve the goal of euphoria that was reached once before. Addictive behavior impacts upon the individual's leisure time without directly effecting work or family life. The third stage is called Harmful Dependence. This is when dependency becomes an issue and the things that were once enjoyed as leisure activities no longer matter. The individual recognizes that their using has negative consequences but decides that the positive effects outweigh the emotional, physical and social cost. In addition, activities that do not allow the use of substances are abandoned as the addict begins to lose sight of what is important. The final stage is Addiction. At this point, an individual uses to feel normal and avoid emotional pain and physical withdrawl. There is no more experience of euphoria and chemicals are used solely to cope with the issues of the past and problems of the present. There may be no healthy activities at this point because using has become the main focus. Therefore, using is no longer the choice, but the need. When the addiction takes hold, there is an overall decrease in all areas related to quality of life.

Leisure In Recovery

Two of the main goals of recovery are rebuilding relationships and learning how to enjoy life again (Mooney, Eisenberg & Eisenberg, 1992). Leisure is an ideal context for the redevelopment of family bonds and relationships (Hood, 1995) while having fun at the same time. Many people in early recovery find it difficult to imagine having fun without using drugs or alcohol. Yet most people, for the first time in many years, experience tear-producing, hysterical laughter during leisure time with their friends in treatment as they begin to enjoy living sober.

Austin and Crawford (1991) state that therapeutic recreation plays an important role in addiction treatment because of the emphasis on treating the whole person. It is the therapist's job to help recovering clients develop functional leisure activities and behaviors that are in tune and in balance with other lifestyle needs, and discover the good things in life that were missing in an intoxicated state (Faulkner, 1991). Restoring this balance requires a person to assess the routine duties and obligations of life ("shoulds") and the self-indulgent, enjoyable activities ("wants") and make sure that the former does not outweigh the latter (George, 1989). When there are more obligations than enjoyable activities, feelings of deprivation tend to surface and cause an overwhelming need for self-satisfaction which can result in addictive behavior as a "quick fix". Therefore, participation in regularly scheduled constructive indulgences can maintain wellness and remove the imbalance that threatens sobriety (George, 1989).

It is important for recovering persons to adopt leisure as a way of living in order to make the necessary lifestyle changes and create a healthy balance. Godbey (1985) defines leisure as "living in relative freedom from the external compulsive forces of one's culture and physical environment so as to be able to act from internally compelling love in ways which are personally pleasing, intuitively worthwhile, and provide a basis for faith" (p. 9). Essentially, this means living one's life to its fullest from a leisure perspective. In recovery, this requires moving from a life described as hectic, restless, depressed, anxious,
withdrawn, and bored to a life that is relaxed, easygoing, playful, at peace, and having the ability to get lost in the moment (Rifkin, 1994). To this end, leisure involves a sense of intrinsic satisfaction (Kelly, 1982) that cannot be bought, ingested or forced on a person.

Recreation and leisure in recovery involves taking risks by trying new activities for the first time or engaging in past leisure interests for the first time in many years. It is often the case that clients refrain from trying anything new because they are afraid of failing or appearing foolish. A little encouragement goes a long way when clients are unsure of themselves and when they succeed, they experience a sense of pride, self-confidence and increased self-esteem.

Participation in recreation and leisure in early recovery aids in the development of many skills that are used on a daily basis. Because isolation is such a common behavior in people who are addicted, social skills development is emphasized and these skills are practiced and improved through interactions with other recovering individuals. The meetings of Alcoholics Anonymous encourage people to "come early and stay late" in order to connect with other people in recovery and create a sense of belonging that has been absent for so long.

Other skills include decision-making, problem solving, relaxation training, assertiveness training, stress management and organizational skills. Learning and practicing these new, healthy coping skills helps clients deal positively with emotions such as anxiety, disappointment, confusion, and frustration which often occur during leisure activities.

Support for the inclusion of a fitness program in the treatment of addiction can be found in the literature. It is often the case that clients led a very sedentary lifestyle before entering treatment which resulted in a deteriorated state of physical health. These people require time to rebuild their physical strength and achieve a basic level of fitness. Sinyor, Brown, Rostant and Seraganian (1982), in a study of the role of recreation in an addiction treatment facility, found that those who took part in a fitness program during treatment had greater abstinence rates and experienced healthy changes in their fitness levels. Although not being able to provide a definitive reason for the results, Sinyor et al. (1982) put forward a number of possible explanations. It was suggested that an improvement in fitness levels allows a person to cope better with stress and can help in alleviating depression and anxiety. They said that enhanced fitness levels may allow people to deal more effectively with emotional upset without resorting to substance use. Finally, the authors speculated that the individual may become more receptive to change, that the program may assist in the reorganization of leisure time and that new activity patterns may make the transition back to the work environment less traumatic.

A combination of a physical fitness program, healthy recreation activities and fulfilling leisure time will aid in the development of a healthy recovery by addressing the individual's physical, social, emotional and spiritual needs - by addressing the whole person.

**Treatment Recommendations**

Addiction treatment programs are very intense and often overwhelming for the client who is trying to gain insight into themselves and their behaviors while experiencing withdrawal symptoms. This process often consumes clients physically, emotionally and cognitively, leaving them with an overwhelming amount of information to digest and practice. The recreation therapist's role is to create a balance in their program to increase the overall effectiveness of treatment (Hood, 1995).

There are a number of issues regarding a client's leisure lifestyle that must be addressed during treatment. One of the first things the therapist needs to address is the client's perceptions of leisure. What are the core values and beliefs regarding leisure? Was leisure valued by the family of origin? Most clients will have little motivation towards healthy leisure because they had no use for it when
they were active in their addiction. In their eyes, leisure activities are of little value because they don't provide the immediate gratification that was met through addictive behavior. It is the therapist's duty to challenge these perceptions and help clients in their journey to discover meaningful leisure.

"Finding leisure" is an experiential process that involves experimenting with a number of different recreational activities to determine which ones meet a client's needs. The therapist must introduce clients to healthy leisure choices in a structured, non-threatening environment. Clients should be encouraged to take risks and try something they have never done before. The result is almost always positive. After all, success, failure, likes and dislikes are all a part of personal growth and discovery.

An activity inventory is a useful tool to compare current levels of participation (upon entering treatment) to past levels of participation (before addiction). Normally there is a significant decline in leisure interest and participation when the addiction increases in severity. The activity inventory can reveal important treatment issues regarding balance and variety of activities, and the number of interests that were abandoned during active addiction.

In order to facilitate the client's understanding of why healthy leisure decreased during their addiction, it is beneficial for them to look at their motivation for engaging in addictive behavior. In my experience, when clients are asked why they engaged in this behavior, the most common responses are:

1. To relieve tension and pain (emotional & physical).
2. To escape from reality.
3. To be more sociable and outgoing.
4. To increase sense of power and control - feel stronger and more confident.
5. To increase ability to cope with the problems and stresses of everyday life.
6. To create a positive mood - get happy, have fun.
7. To gain a sense of belonging.
8. To relieve boredom.

If you look closely at this list you will see that these are all needs that can be met and benefits that can be derived from healthy leisure. This process helps clients realize that the benefits of using are the same benefits of leisure so that they can begin to see how healthy activities can help them cope with these issues. It is easier for addicts to give up the rewards from their addiction when they know they can get gratification from healthy activities.

The next step is to give clients the opportunity to experience these benefits first hand. The addict must now replace using with a balance of healthy activities which may involve learning a whole new set of skills and behaviors. Clients often surprise themselves by succeeding at something they did not think they could do. When this happens they experience an increase in pride, self-esteem, and self-worth while doing an activity that creates a positive mood, relieves boredom and provides a sense of belonging to a group.

Experimenting with different leisure activities in treatment provides an opportunity for clients to feel at ease with others and feel comfortable with themselves. For an addict who was never allowed to laugh and be silly as a child, it is important to emphasize that this kind of behavior is appropriate during leisure time. In fact it is necessary in order to get in touch with the inner child.

The therapist must be aware that solitary activities are not recommended for addicts in treatment. Addicts spent a great deal of time in isolation during addiction and for many clients, isolation is an unhealthy way of escaping from the problems of life. There are more benefits to group activities which provide clients with an opportunity to connect with others. For example, a scheduled fitness walk that is incorporated into treatment on a daily basis as a group activity acts as a deterrent for isolation.

In addition to recreation activities, clients must also be introduced to coping skills like stress...
management and relaxation training. These are skills that can be used in conjunction with leisure or on their own. Addicts need to be taught how to achieve a state of relaxation and deal with stress appropriately because these needs were previously met in unhealthy ways with a "quick fix".

It is also important to explore barriers to healthy leisure. Two of the most common barriers that addicts identify include feeling guilty about doing something for themselves and an activity's affiliation with using. The first barrier is very common because addicts in early recovery often experience extreme guilt over the time they lost with their loved ones when they were actively using. The therapist must help clients understand that they cannot take care of anyone else until they take care of themselves. Positive self-talk and healthy self-rewards can assist in the growth process toward feeling worthy of time to themselves.

The second barrier must be addressed for "safety" reasons. If an activity, such as golf, had a strong affiliation with drinking, then it may be "unsafe" to return to that activity in early recovery. Safety refers to the risk of exposure to old behaviors. The recovering addict needs to take precautions when returning to activities in which addictive behaviors took place by changing the people and the place that surround the activity. Different groups within Alcoholics Anonymous have organized sober events such as dances, hockey teams, camp-outs and even cruises. Making the choice to socialize and engage in activities with sober people will create a safe environment that promotes recovery.

Prior to discharge from treatment, clients should be planning for leisure and setting goals that they can work towards after being discharged. Planning for leisure is an important step because it helps the clients follow through with their intentions. Kelly (1982) describes leisure as free time - time outside the obligations of life such as work and maintenance activities. For the addict this was always a time to use. Therefore, in recovery the addict needs to structure their free time and use that time to engage in healthy activities. In addition, clients need to look at the time of day when they routinely engaged in addictive behavior and implement these healthy activities as a replacement during that time. Setting specific goals and determining the steps that must be taken to reach those goals can help clients move from the contemplation stage to the action stage and create a motivation to succeed.

Most importantly, the therapist must act as a role model for healthy behavior. Therapists must practice what they preach and live a leisure lifestyle using healthy coping skills or else they will lose credibility in the client's eyes.

Conclusion

There is clearly a difference between living and existing, and leisure is the part of recovery that allows a person to live. In treatment, therapeutic recreation is an essential service that models lifestyle change, balance and healthy coping skills. For the addict, it answers the question "What am I going to do for fun now that I'm not using?" and it is the piece of the recovery puzzle that makes it complete. The client's overall goal should be sobriety (beyond abstinence) and in order to achieve this goal, the therapist must assist the client in reshaping lifestyles and values and eliminating the dependence on addiction (Kunstler, 1991). In other words, the therapist must help the client find healthy means to satisfy the needs previously met through using.

Leisure is an ideal context for trying new identities in sobriety and to determine the results of these new identities on self and others; therefore, re-creating oneself (Hood, 1995). Finally, leisure may be the ideal context for self-discovery in which clients will realize that it is possible to have fun without the use of chemicals.
References


