

**COACHING AND RECOVERY:
AN EXPLORATION OF COACHING EMPLOYED PROFESSIONALS
IN RECOVERY FROM ALCOHOL MISUSE**

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Research assignment presented in partial fulfilment
of the requirements for the degree of
Master of Philosophy in Management Coaching
at Stellenbosch University



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Declaration

By submitting this research assignment I, Thobias Solheim, declare that the entirety of the work contained therein is my own, original work, that I am the owner of the copyright thereof (unless to the extent explicitly otherwise stated) and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

T. Solheim

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Abstract

Recovery coaching is described as one service within a group known as non-clinical recovery support services. Its purpose is the pursuit of recovery from substance dependency, and takes a developmental, individualistic view on what recovery means. However, little is known about the perspectives and processes employed by recovery coaches in pursuit of that goal. The aim of the research was to address the following question: What can we learn about coaching through exploring the experiences of coaches working with employed professionals in recovery from alcohol misuse?

This research was a qualitative study. A narrative inquiry research methodology was chosen to explore the experiences of recovery coaches. A purposive sampling approach was used to select seven credentialed recovery coaches with at least a year's experience of coaching employed professionals in recovery from alcohol misuse. Data was collected using seven narrative interviews that were digitally recorded and transcribed, and the data was analysed using a specific narrative analysis model in order to generate the findings.

The key findings revealed that recovery coaches worked in the field of recovery, not addiction. They were primarily credentialed by their skills as a coach, coupled with an understanding of recovery. An understanding of recovery might have come through their own recovery journey, or from working in the recovery support services industry. All coaches agreed that recovery was a developmental journey grounded in the assets, resources and choices of the individual who sought coaching for recovery. However, it was found that the deployment of coaching models, and the effective use of coaching skills and techniques were the foundation of a recovery coaching service. These core coaching competencies, suggestive of the need for professional training, were concerned with relationship building between coach and client, managing relationships with clients and interested parties, and adopting a forward-focused client-centric approach in which the client sets the agenda. It was found that this approach was well received by professionals who came from an organisational background and who identified with its forward-focused and goal-centred approach. In this respect, the purpose of recovery coaching was recovery by any means through the effective use of an appropriate coaching process. Recovery coaches identified their work as only one of a multi-disciplinary set of recovery support services.

These findings were limited by the lack of a prolonged engagement with each coach, and the fact that the author was the researcher, the interviewer, a credentialed recovery coach, and himself a professional in recovery. The results might be useful to other coaches, to other recovery support services, and to business leaders and managers. The findings position recovery coaching as a valuable service within non-clinical recovery support services, and may be of particular interest to employed professionals who seek recovery.

List of acronyms and abbreviations

AA	Alcoholics Anonymous
FRC	Foundation for Recovery and Wellness Coaching
P-BRSS	Peer-based Recovery Support Services
NA	Narcotics Anonymous
ROSC	Recovery-Oriented Systems of Care
RSS	Recovery Support Services
SUD	Substance Use Disorder
UACT	Ubuntu Addiction Community Trust

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CHAPTER 1: ORIENTATION

1.1 INTRODUCTION

When I entered treatment for alcohol dependency on 17 December 2009, my sobriety date, I was a senior director at an international investment bank. I arrived at the facility with the full support of my employers, and with an immaculate employment record. Completing the programme eight weeks later, I was relieved of my command in a business that I had helped to set up. We parted company. Reflecting on that time, I clearly understand that both parties suffered from a lack of knowledge as to what recovery meant. For my employers, the risk of relapse was too high. I felt that if I had been a successful investment banker in spite of my alcohol misuse, I could perform much better in recovery. The truth was that both parties were uninformed on the realities of sustained recovery in a professional context, and hence were both likely to be misguided.

I am convinced of the value of executive coaching as a support service to business and to its people. Furthermore, I remain fascinated about the idea of recovery coaching within the context of executive coaching. Sustaining this interest, and driving the purpose of this research assignment, has been my own journey in recovery, my experiences in business, and my academic studies over the last two years in Management Coaching.

There have been two dominant approaches to recovery from substance dependency for the past 150 years: clinical addiction treatment services and recovery mutual aid societies (White, 2010). These are systemic applications of what is known as professional and experiential knowledge (Borkman, 1976), and have created the predominant philosophy of what is known as the disease model of addiction. Traditionally, researchers have explored abstinence and recovery as successful outcomes or effects of acute clinical interventions and mutual self-support groups.

Repositioning substance dependence as a chronic condition requiring long-term care strategies (McLellan, Lewis, O'Brien & Kleber, 2000) calls for a new approach to research on recovery in order to implement better service delivery. Such an approach involves distinguishing abstinence – a state – from recovery – a process (Laudet, 2007). This distinction represents a watershed for the direction of research on both subjects. Research could be repositioned sociologically as opposed to medically, and be aligned with the experiences of people who have felt the pain of substance dependency, and the liberation of recovery. This change of direction in research challenges the disease model, and was a response to the evidence that while substance use disorder (SUD) affected all levels of society, the degree, consequences and the ability to overcome SUD were widely divergent within society (Cloud & Granfield, 2008). Grounded in the varieties of recovery experience are the calls to define recovery clearly, in order to provide a platform for more effective research, in order to deliver better services to those affected (Betty Ford Institute Consensus Panel, 2007).

Recovery is redefined as a voluntary process, of which sobriety is one factor amongst health and citizenship (Betty Ford Institute Consensus Panel, 2007). The research literature that follows seizes on such a definition and the distinction between abstinence and recovery is complete: recovery research is repositioned to explore the experiences of those who have experienced recovery. Abstinence is no longer the goal of recovery, but a facet of recovery. Recovery becomes the overarching goal of research. The definitions of researchers are discarded in order to research the community of individuals self-identified as being in recovery. It is clear that more work needs to be done: there is consistent theme throughout the more recent literature on the need for more research, particularly on recovery experience (Laudet, 2007; Betty Ford Institute Consensus Panel, 2007; White, 2010; Duffy & Baldwin, 2013).

Distinct from abstinence, recovery is experienced as the work of change (Laudet, 2007). The social-models philosophy of recovery management (Room, 1998), described as an alternative to the clinical model and mutual-self support groups (White, 2010), seeks to position the individual seeking recovery at the centre of the recovery universe. In this respect, SUD management is following the lead of the mental health industry (Andresen, Oades, & Caputi, 2011). The focus has moved from competing definitions and prescribed dogmas to the varied needs, resources and environments of the individual concerned. The deployment of a recovery management philosophy is termed recovery-oriented systems of care (ROSC), also following the arena of mental health (Deane et al., 2014). ROSC comprise all recovery services available to the individual concerned. These services are united in the goal of seeking recovery by any means, and through the many paths that are the realities of people who are in recovery (Kaskutas et al., 2014). These services might be treatment centres, the rooms of Alcoholics Anonymous (AA), faith groups, communities and family. At their centre is the consumer: emerging not simply as the focus of services, but with choices and a say in their own recovery. In an attempt to create the role of an individual who is capable of guiding such a consumer through this complex system, emerges the recovery coach: also described as a mentor, guide, and a peer in recovery (White, 2010). However, the literature, touching on the benefits of recovery coaching (Reif et al., 2014), positions a coach in this role specifically in the context of this developmental view of recovery, for example how the non-clinical support role differs from sponsorship or addictions counselling. What is absent is the contribution that coaching itself, as a standalone practice, makes to the work of recovery.

Coaching is a fast-growing profession, and is concerned with developing the potential in people (Whitmore, 2009). This may be through a process of building self-belief through awareness and responsibility (Whitmore, 2009), and a form of experiential learning and experiential education (Stout Rostron, 2009). Coaches are trained and credentialed through a myriad of professional bodies worldwide, but at the heart of coaching lies the idea that, secure in the relationship between coach and client, a client is able to explore and direct his or her desired steps towards a better future. Coaching is concerned with transformation (Stone Zander & Zander, 2002) and recovery is

experienced as transformation (Laudet, 2007; Kaskutas et al., 2014). It is clear that if changing philosophies on recovery derive the role of a recovery coach, the next step that may be required is to research the coaching aspect of that role in the context of recovery.

Recovery coaching is growing as a professional service, complementing the work of treatment centres and mutual aid societies. The importance of paid employment weaves its way through much of the research on recovery and emerges as one of the most important factors sustaining recovery (Cloud & Granfield, 2008; McIntosh, Bloor, & Robertson, 2008; Room, 1998; Weisner et al., 2009). Recovery coaching is, in one context, described as a role to address the need of the workforce within the new paradigm of recovery management (el-Guebaly, 2012). Coaching in the world of business is a well-established industry (Stout Rostron, 2014). Recovery coaching could be a valuable service in the world of business coaching.

The overarching purpose of this research assignment was to contribute to research literature on coaching for recovery and on coaching. Coaching employed professionals in recovery from alcohol provided the lens through which this exploration could be viewed. By focusing on the experiences of coaches working with recovering professionals, I explored particular sociological, developmental and experiential components of recovery management, and of coaching as a profession. There may be lessons to be learned from these experiences, which may be of interest to other coaches in this arena, to coaching as a profession, to business professionals and business leaders, and to the understanding of recovery.

1.2 PROBLEM STATEMENT

This research assignment is a response to the literature calling for more research on sociological, developmental and experiential components of recovery management, and in particular, on one of its support services known as recovery coaching. Recovery coaching is largely defined in the literature as a role that differs from existing clinical and sponsorship roles, despite sharing their goals of recovery, rather than a service defined by purpose, perspectives and processes typical of coaching. The problem was addressed by exploring the experiences of recovery coaches in a particular sociological context: that of working with employed professionals in recovery from alcohol misuse.

The research sought to address the following question: “What can we learn about coaching through exploring the experiences of coaches working with employed professionals in recovery from alcohol misuse?”

1.3 RESEARCH AIM AND OBJECTIVES

The aim of the research was to identify ways in which coaching supports employed professionals in recovery from alcohol misuse in order to provide guidelines for more effective coaching.

The objectives of the research were the following:

- To describe the coaching goals of employed professionals in recovery.
- To explore the coaching processes used with employed professionals in recovery.
- To identify the challenges faced when coaching employed professionals in recovery.
- To investigate the reported outcomes of coaching employed professionals in recovery.

1.4 IMPORTANCE OF THE RESEARCH ASSIGNMENT

The findings could be relevant for people who work in the field of recovery management by presenting an evidence base for recovery coaching as a complementary support service for those in need. The coaching fraternity might be interested in the findings given that coaching is not typically associated with supporting individuals in recovery from alcohol misuse, encouraging coaches to seek further training to expand their skill set. Employers might be interested in deploying recovery coaching as a form of performance management support concerning the welfare of their employees. Finally these findings may present another path to those people who seek to initiate or maintain their recovery from alcohol misuse.

1.5 RESEARCH DESIGN AND METHODOLOGY

The research design was a qualitative, inductive study. The research methodology followed that of narrative inquiry. This meant using specific narrative techniques in the field to generate stories and texts, and adopting a thematic narrative approach to the analysis of those texts. Narrative inquiry was selected as it is concerned with human experience (Clandinin, 2006), and the structural analysis of coding of narrative texts is designed to uncover their meaning (Reissman, 2008). My purpose was to research the experiences of recovery coaches; hence, this design methodology was aligned with my aim and objectives.

1.5.1 Sampling

A purposive sampling method (Babbie & Mouton, 2009) was used to select seven coaches that fitted the criteria required to fulfil the aim of the project. These inclusion criteria required that coaches had received recovery coach training from a reputable organisation, and had experience in coaching employed professionals in recovery from alcohol for at least a year. In this way, the sample was aligned with the purpose of the research project.

1.5.2 Data collection

Each recovery coach was interviewed once for a period of between 50 and 110 minutes either face-to-face or on Skype, having signed an informed consent form. Each interview was a dialogical process that started with a similar question. Meanings and connections between stories were explored, and general evaluations discarded in favour of searching for turning points (Reissman, 2008). Given the narrative inquiry tradition and the sensitivity of the matter under discussion, efforts were made during the interview to create an empathetic, supportive and creative environment that was conducive to storytelling. Interviews were digitally recorded, and a

structured, written process of reflective practice followed each interview. The interviews were transcribed word for word by the researcher, creating the data for analysis.

1.5.3 Data analysis

A narrative inquiry is concerned with the meaning contained in a story, and theory is generated from each case rather than across cases. A thematic narrative analysis model was used that provided for a clear sequence of steps for data analysis, to ensure analytical rigour and make sense of the data (Blom & Nygren, 2010). Each text was summarised by the researcher creating a naïve understanding of each story. Next, all of these summaries were combined into one naïve understanding of all of the material and each story was then structurally analysed creating codes, or building blocks of data, and totalities, or new interpreted entities. Lastly, all the codes and totalities from all of the stories were put together into a code totality, and merged with the one naïve understanding of all of the material. This last step created the basis for comprehension of all of the material, presented as the findings and conclusion. This process was completed by aligning the case-centred data with the aim and objectives of the assignment, which involved using extensive quotations from the texts themselves.

1.6 CHAPTER OUTLINE

A summary of the chapters:

Chapter 2 – Literature review

This chapter reviews the theory that underpins the research and contextualises the research problem that this assignment sought to address. The theories, beliefs, experiences and evidence for the governing paradigm that is recovery from substance dependency are presented from the past 17 years, in order to establish what is known and what is not known about coaching individuals in recovery. The key concepts explored are defining recovery; abstinence and recovery; professional and experiential knowledge and recovery; recovery approaches in society; recovery management and recovery-oriented systems of care; and peer-based recovery support services such as recovery coaching.

Chapter 3 – Research design and methodology

This chapter focuses on the rationale for selecting a qualitative, inductive research design such as narrative inquiry. The purpose of using this methodology was to uncover the meaning in the stories told by the recovery coaches. The chapter describes the professional body within which the recovery coaches operate; sampling procedures; detail about the interviewees; methodology of narrative interview techniques; transcription of data; how the data was coded; how the data was analysed in the thematic narrative tradition; limitations of the assignment; ethics; and ensuring quality.

Chapter 4 – Findings

This chapter presents the findings, or comprehension, drawn from the data analysis. Using a case-centred approach, the core themes of each interview are described and presented in relation to the specific objectives of this research assignment. Where pertinent, references are made to the research literature discussed in Chapter 2.

Chapter 5 – Conclusion

This chapter draws the conclusions that have arisen from this research assignment completing the comprehension stage of the data, and asks if the assignment has answered the original research question. Limitations of the research project are discussed along with recommendations for future research into the emerging support service that is recovery coaching for employed professionals.

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

Two themes dominate the research literature on recovery from SUD over the past 20 years. The first is outcomes-based: it focuses on differing treatment methods to initiate recovery, where abstinence is the defined goal. The second focuses on the methods of mutual self-support groups for substance misuse recovery, for example, Alcoholics Anonymous (AA) or Narcotics Anonymous (NA). A third force has emerged in the last 20 years (White, 2010), which explores recovery as a process, not a method. This approach argues for new definitions of recovery, explores the relationship between recovery (a process) and abstinence (a state), and stresses the need for alternative research methodologies to provide an evidence base. This third force has been named recovery management: a social models philosophy that focuses on both the individual and his or her environment (Room, 1998). Both quantitative and qualitative research on recovery have gathered momentum since 2007, as the cost of acute care for SUD grows, treatment periods shorten and its long-term results are questionable (White, 2010). It is clear that this task is not complete.

The reviewed research literature is consistent on one point: there is a need for more research on the process of recovery, specifically on the recovery experience (Laudet, 2007; McKay et al., 2009; White, 2010; Laudet & Humphreys, 2013; Kaskutas et al., 2014; White & Evans, 2014). The purpose of such research is to address the core problem that emerges from the evidence that whilst SUD cuts across all levels of society, the ability to overcome it varies widely (Cloud & Granfield, 2008).

Recovery coaching is one support service of a system known as peer-based recovery support services (P-BRSS). P-BRSS are specific services within a broader continuum of care, known as recovery support services (RSS), or recovery-oriented systems of care (ROSC), themselves subsets of the organising philosophy of recovery management (White, 2010; Laudet & Humphreys, 2013). Recovery coaching embraces the idea that recovery is the “work of change” (Laudet, 2007, p.52). Seen as the work of change, recovery from SUD may be classified as self-directed and self-determined (Center for Substance Abuse Treatment, 2007). Recovery coaches are peers and guides, credentialed by virtue of their own experiences in recovery, and may be the subject of specialised training (White, 2004; White, 2010; White, 2011; White & Evans, 2014). Recovery coaches support people who are seeking or maintaining recovery, acknowledging that there are many paths to recovery, and that individual choice is paramount. The most recent literature on meta-research of recovery coaching finds a moderate level of success in recovery coaching, in terms of recovery outcomes, but is clear on the need for more research (Reif et al., 2014). In particular, there is a need for more specific research on recovery coaching as a service, within the

larger, complex system of recovery management (Reif et al., 2014). That conclusion forms the platform for this research assignment.

The literature reviewed focuses on peer-reviewed primary sources from the past 17 years, whilst incorporating secondary sources from selected authors in the fields of recovery and coaching. The two main aspects covered are recovery as a concept and recovery approaches in society.

2.2 RECOVERY AS A CONCEPT

2.2.1 Introduction

In a research assignment on recovery coaching, it seems sensible to start with a summary of what is known about the term 'recovery' in the context of SUD. The literature is clear: recovery is subject to many interpretations and definitions. Recovery is fast becoming the goal of managing SUD, yet paradoxically consensus as to what it means is absent (Betty Ford Institute Consensus Panel, 2007).

2.2.2 Defining recovery

Recovery is described as pervasive at a systemic and individual level, but poorly understood (Laudet, 2007, p.243). Failure to achieve consensus on what recovery means hinders research, which in turn hinders policy-making (Kaskutas et al., 2014, p.999). This clearly has an impact on service delivery to those in need. Public understanding of recovery is compromised (Betty Ford Institute Consensus Panel, 2007, p.221), and is focused more on substance abuse as a highly publicised and stigmatised condition (Laudet, 2007, p.243). The media delights in the travails of public figures working through multiple rehabilitation episodes, and multiple relapses (Laudet, 2007, p.244). Recovery is portrayed as elusive and the subject of multiple interventions from experts in the field. Yet a life in recovery is the reality of many who are liberated from SUD. If recovery is the aim of policy makers, the goal of individuals in need, and the palpable experiences of those self-described as being 'in recovery', then consensus as to what it means is critical to furthering our knowledge.

Two independent, interested communities have largely defined what recovery means. On the one hand, there is the scientific community and its clinical setting that subscribes to a treatment and outcomes-focused medical model (Kaskutas et al., 2014, p.999). On the other hand, there is a recovery community, immersed in the language of AA. This is the language of renewal, following a "program of recovery" (Alcoholics Anonymous, 1939, p.71). It is one that embraces a spiritual life, and is built or re-built on the foundations of abstinence (Kaskutas et al., 2014, p.999). The former is based on the idea of professional knowledge, the latter on experiential knowledge (Borkman, 1976). It is evident from the literature that these parallel universes are converging, bridged by a third force known as non-clinical recovery support services (White, 2010, p.256). This evolution, a hybrid of professional and experiential knowledge, intensifies the need to achieve consensus on a definition of recovery. Like any union of differing philosophies, the process is fraught with difficulty.

The need to define recovery should not be driven by semantics: competing epistemological debates will not lead to better care for those affected by SUD. Scientific evidence, leading to the development and implementation of more effective policies, might. If stakeholders in the realm of substance misuse could come to an agreement on an accepted and defined measure of recovery, they would have a starting point for improved research and understanding (Betty Ford Institute Consensus Panel, 2007, p.221). Better research and understanding may also lead to a better-informed public. The research literature is clear on this point: there is need for more research on the recovery process. Research is plentiful on the methods and outcomes of addiction treatment, and the philosophies of mutual self-support groups such as AA; however, there does not seem to be much knowledge regarding those self-identified as being in 'natural recovery', a term used to describe recovery outside of any addiction treatment model or the rooms of AA. Such individuals are described as an "under researched population" (Duffy & Baldwin, 2013, p.3). The knowledge around SUD is dominated by research on addiction but far less is known about its corollary, recovery.

What is needed is research on the diversities of the recovery experience (Laudet, 2007; McKay et al., 2009; White, 2010; Laudet & Humphreys, 2013; Kaskutas et al., 2014; White & Evans, 2014). The purpose of such research is a challenge to a disease model of addiction: the evidence suggests that whilst substance misuse cuts across all levels of society, the ability to overcome it varies widely (Cloud & Granfield, 2008). This suggests that environmental factors are involved in addiction and recovery. Such a research approach is a systemic response to the evidence of there being multiple paths to recovery: placing the individual in his or her unique environment as a priority for investigation.

The shift in our understanding of recovery, and the emergence of White's (2010) third force in SUD approaches, is evident when one analyses changing definitions of recovery over the years. Ideas around recovery arise most succinctly in the mutual self-support movement of AA, itself the culmination of other sobriety movements in North America (White, 2005), and later added to by the scientific community. The publication of the 'Big Book' in 1939 (Alcoholics Anonymous, 1939) marks a shift in recovery thinking: stopping drinking (recovery initiation) is portrayed as the starting point in a journey towards "emotional sobriety" (Wilson, 1958, p.2). Emotional sobriety is achieved by taking a prescribed path towards a spiritual life. Recovery is portrayed as developmental, a journey, a process, and is maintained through the rooms of AA and its support structures. This idea is later referred to in more clinical terms as chemical sobriety, which is the first step of many towards emotional sobriety (el-Guebaly, 2012, p.1).

The AA Big Book, specifically written for alcoholics in 1939, suggests a series of steps, grounded in the truth of the collective experiential knowledge of this organisation (Borkman, 1976). These are the 12 steps that are recommended as a programme of recovery (Alcoholics Anonymous, 1939, p.59). It is well known to the AA community that the word 'alcohol' is mentioned just once, in step

one, where the alcoholic admits that powerlessness over alcohol is rendering one's life unmanageable. Step one accepts complete abstinence as the only way forward. Steps two to twelve are concerned with a spiritual reconstruction as the bedrock of emotional sobriety. In modern parlance, chemical sobriety (abstinence) precedes the work required for emotional sobriety (recovery). The results of following these twelve steps are tangible, desirable and beneficial. These are the realms of the promises, committed to heart by members of AA, that describe a new life of serenity in recovery (Alcoholics Anonymous, 1939, pp.83-84). The promises also make no mention of the word 'alcohol'. The collective truth of experiential knowledge within AA understands that the state of abstinence is a stepping-stone towards the process of creating a better life. The developmental, spiritual path to a better life is through the rooms of AA and its suggested, prescribed programme of recovery. Recovery is built on abstinence.

In 1982, recovery is defined in more clinical, acute terms. The idea of abstinence dominates a more scientific language. The American Society of Addiction Medicine defines recovery as reaching "a state of physical and psychological health such that abstinence from dependency-producing drugs is complete and comfortable" (American Society of Addiction Medicine, 1982). The Center for Substance Abuse Treatment in 2005 took a more balanced approach between the acute nature of abstinence and the developmental state of recovery: "Recovery from alcohol and drug problems is a process of change through which an individual achieves abstinence and improved health, wellness and quality of life" (Center for Substance Abuse Treatment, 2007, p.9). The Betty Ford Institute issued its own definition of recovery in 2007, specifically to create a departure point for research: "Recovery is a voluntarily maintained lifestyle characterized by sobriety, personal health, and citizenship" (Betty Ford Institute Consensus Panel, 2007, p.222). It is important to note that in this definition the word 'abstinence' does not appear.

A paradox governs our understanding of recovery: if we embrace ideas that recovery may be self-directed and self-determined (Center for Substance Abuse Treatment, 2007), then key stakeholders are those who identify themselves as being in recovery (Kaskutas et al., 2014, p.1000). Those in recovery are a heterogeneous group (Kaskutas et al., 2014, p.1000), including those in recovery from pathways other than treatment. Kaskutas et al. (2014) confirm the work of earlier researchers: less than 40% of those affected by alcohol abuse receive formal treatment (Compton, Thomas, Stinson, & Grant, 2007; Hasin, Stinson, Ogburn, & Grant, 2007). Pathways other than treatment include mutual self-support groups such as AA, faith groups, and those who recover through no formal or institutional help, an approach termed natural recovery (Kaskutas et al., 2014).

What is required is a definition of recovery that reflects the varied pathways and experiences of those who are in recovery (Kaskutas et al., 2014, p.1000). For this to happen we must move beyond the debate of the acute or chronic nature of abstinence and recovery. We must look for commonality between the two spheres of knowledge: the body of professional knowledge that

assesses substance use and diagnoses treatment using a medical model, and the body of experiential knowledge of those self-identified as being in recovery.

The consumer, the sufferer from SUD, emerges as the focal point of the debate. In this respect, the world of addiction is following in the steps of mental health policies where concepts of recovery are being shaped by consumer experience (el-Guebaly, 2012, p.2). A shift in service towards the consumer means asking questions about the environment of those in recovery; for example, the role of family, community and peer support (el-Guebaly, 2012, p.1). This author notes that a shift in service towards the consumer means asking questions about the experiences of those self-identified as being in recovery in order to better understand and define recovery.

Reconciling competing ideas on abstinence and recovery, and focusing on the individual, has yet to follow through into practice and service provision. Researchers Kelly and White (2011) ask in their essay on recovery management: "What If We *Really* Believed That Addiction Was a Chronic Disorder?" This is because at the heart of this debate, so it would appear, are two spheres of competing knowledge: professional knowledge and experiential knowledge. In reality, in this debate there are competing truths about abstinence and recovery. These truths should not be in direct competition. The questions being asked are what recovery means in non-clinical terms, and what the recovery community has to share about its experiences of recovery.

2.2.3 The battle for the soul of recovery: Abstinence versus recovery

In comparing SUD with other chronic conditions such as hypertension and type II diabetes, McLellan et al. (2000) conclude that drug dependence is a chronic medical condition. They recommend that the type of care and monitoring strategies of other chronic illnesses be adopted as a matter of policy towards the management of SUD. They also reaffirm that substance dependence is generally treated as though it is an acute illness – acute in the sense that it requires abstinence, a definable state, and such is the goal of policy makers working in the addictions arena. At the heart of the battle to define recovery is the dialectic between abstinence and recovery: between the acute nature of stopping using, and the chronic nature of staying stopped. At the centre of much of the research on recovery is this core question: Is recovery the same as abstinence? Moreover, if recovery differs from abstinence, how does it differ and what are the implications?

An informal review of five years of research that contains the term 'recovery' concludes that most researchers define recovery in terms of substance use, specifically abstinence, and regularly interchange the term 'recovery' with 'remission', 'resolution' and 'abstinence' (Laudet, 2007, p.245). On analysing the research methods section of five years of literature, Laudet (2007, p.245) found that the term 'abstinence' replaces the term 'recovery' entirely. Laudet (2007) admits his own past guilt in this case: of substituting one word (recovery) to mean another (abstinence). It is not carelessness, nor bad science; it reflects the pathologically focused paradigm of the times: Laudet (2007) simply reaffirms what McLellan et al. (2000) found seven years earlier. Hence, Kelly and

White (2011) ask why the paradigm has not changed, and if it did change, what service delivery would look like.

It has become clear that one of the two major constituencies interested in recovery from SUD, the scientific medical community, sees abstinence and recovery as being synonymous. It has also become clear that substance use disorder should be treated as a chronic condition, yet is still managed as an acute illness. The question is: What are the experiences of people that are in recovery, that have resolved their SUD?

This brings us to the second constituency interested in recovery: the recovery community itself, often described as under-researched. The Betty Ford Institute Consensus Panel (2007), a team of experts, indirectly asks the question: If there are many paths to recovery, what do the experiences of those in recovery tell us about these many paths? Moreover, how can these experiences be researched with the goal of knowing more about the chronic nature of SUD? Embracing the fact that there are many pathways to recovery, the debate is opened up beyond the borders of the experiential group knowledge of mutual self-support groups (who have followed the suggested programme of recovery), and expert medical opinion. What do the stories of individuals in recovery, regardless of their pathway to recovery, tell us about recovery? Hence, we have the paradox: by redefining recovery in developmental terms, how can we better research the phenomenon of recovery, in order to better define recovery?

Returning to the literature, Laudet (2007) asks what recovery means to 289 inner city residents described as having resolved dependence from SUD (Laudet, 2007, p.243). The stated purpose is to answer whether recovery to them means total abstinence, and whether recovery extended to other parts of their lives apart from substance use (Laudet, 2007, p.251). The sample was interviewed yearly three times. Laudet (2007, pp.251-52) found that 85% of respondents' answers to the both questions yes, and that whilst abstinence was embraced in their definitions, recovery went far beyond substance use. Summarising the findings, it can be said that recovery is repositioned as regaining and reclaiming one's life, and finding a new life: the language is developmental, a chosen path of improvement, making up for what has been lost to addiction (Laudet, 2007, p.252). Critically, recovery is experienced as a process rather than a destination. Abstinence is experienced as a state: "[it is] viewed as a requirement of the on-going process of recovery" (Laudet, 2007, p.252). What is critical is that these definitions are derived from the experience of recovery.

Laudet and Humphreys (2013, p.127) summarise the research that has gone before, describing abstinence as a means to an end, that end being sustained recovery (defined as greater than three years). They find evidence that "reducing or eliminating substance use is necessary, but not sufficient, for recovery" (Laudet & Humphreys, 2013, p.128). They summarise their findings, building on the research of their peers: that challenges remain long after abstinence. These challenges might be employment, education, family and social relations, and housing (Laudet &

Humphreys, 2013, p.127). Notably employment consistently appears in the research as a core component of long-term recovery and a desirable outcome of successful treatment, binding the interests of both (Room, 1998; McIntosh et al., 2008; Weisner et al., 2009; Laudet & Humphreys, 2013). The goal of recovery is repositioned as “improvement in key areas of life that were impaired by chronic SUD, emphasizing the need for coordinated and comprehensive services” (Laudet & Humphreys, 2013, p.128). The literature has moved far beyond the ideas of cessation of substance use: we have entered the developmental realm of recovery management, embracing recovery as a process, not a state, a process that is experienced as a better quality of life.

Researching the experiential knowledge of recovery acknowledges evidence that SUD is a chronic medical condition that requires a strategy of a continuum of care. It also acknowledges the evidence that there are multiple pathways to recovery and that recovery (a process), though likely built on the foundations of abstinence (a state), is far more than abstinence. The struggle to define recovery calls for a reappraisal of the two forms of knowledge around recovery: professional and experiential, and suggests a merged knowledge base around a common definition. It is a definition that embraces recovery as the goal of a client-centred service industry, rather than being centred on definitions of researchers, one that acknowledges that abstinence and recovery are two different phenomena, and one that combines clinical and experiential knowledge.

2.2.4 Recovery re-imagined: Experiential knowledge and recovery

Associating the scientific idea of experiential knowledge with self-help groups is attributed to Borkman (1976). Defining experiential knowledge as “truth based on personal experience with a phenomenon” (Borkman, 1976, p.445), she seeks to present what was then a new analytical distinction, termed experiential knowledge, as a primary source of truth within self-help groups that appeared at odds with professional knowledge. Distinguishing between the two was important to relate and differentiate self-help groups (focused on social, emotional, psychological needs) from professional therapies (Borkman, 1976, p.446). Her research includes, but is not confined to, recovery groups (Borkman, 1976, p.446).

Experiential knowledge is distinguished from professional knowledge in that the former is truth learned from personal experience and the latter is acquired by observation, reason, and reflection on the information presented by others (Borkman, 1976, p.446). However, experiential knowledge requires further clarification: the type of information gained (creating shared wisdom), and the certitude of that knowledge as truth (conviction of experience) (Borkman, 1976, p.447). Both factors are enhanced in a group situation where like-minded people share their wisdom to create collective truth. Herein lies the power, for example, of AA: resolving the problems of alcohol misuse through collective, experiential knowledge and expertise (Borkman, 1976, p.447). There are implications of equality between its members; they are bound by the experience of the former members who created the programme of recovery, and are bound by conviction.

By contrast, professional knowledge is garnered through formal training, specialist education, and credentialing. Potential clients have to believe in the competence of the professional: he or she is an expert (Borkman, 1976, p.447). There is hierarchy here: expert and non-expert. Of course, the two areas overlap: newly trained professionals become seasoned professionals through experience; trained psychologists may attend mutual self-help groups; and many addiction treatment centres with their clinical grounding (professional knowledge) embrace 12-step programmes (the steps to recovery of AA) as integral to a rehabilitation programme.

Just as religious and scientific truth do indeed coexist in our society, so can experiential and professional knowledge (Borkman, 1976, p.448). However, when experiential and professional knowledge are in competition about the same phenomena (Borkman, 1976, p.448), one understands why this work of Borkman (1976) is so often used in contemporary research on recovery. If one analyses competing ideas on clinical strategies to enforce abstinence (a state, a reality, static and acute), with the diverse experiences of recovery (a process, developmental, moving and chronic), such might be viewed as professional knowledge competing with experiential knowledge. However, they are not competing, because they are truths applied to different phenomena. It seems clear now that the desire to define recovery (Betty Ford Institute Consensus Panel, 2007), or the emergence of recovery management as a guiding policy, are all responses to the truth that abstinence is not recovery. Researchers have long since used the terms interchangeably (Laudet, 2007, p.245). A service delivery industry has been built on this confusion of terms leading to unclear goals. The literature suggests that this approach must change.

The research calls for a distinction between the two terms. Recovery does not necessarily follow on from abstinence, though abstinence is likely the departure point for recovery. Abstinence is described as necessary, but not sufficient, for recovery (Laudet, 2007; Laudet & Humphreys, 2013; Kaskutas et al., 2014). Recovery is experienced as a process; developmental, individual and varied. The SUD service industry must address the “need to effect paradigmatic shifts from pathology to wellness and from acute to continuing models” (Laudet, 2007, p.243). In a survey of 9 341 individuals self-identified in recovery, there is more evidence of what wellness may mean in relation to recovery. These are the four domains of “abstinence in recovery; essentials of recovery; enriched recovery; and spirituality of recovery” (Kaskutas et al., 2014, p.999). These recovery domains and their 35 recovery elements represent the diversity of the people that have experienced recovery by heterogeneous pathways, and critically, many of these domains are about individual choice and wellness. Recovery, according to the literature, is a new life, free from bondage of SUD; it is achieved by heterogeneous pathways, and built on the sum of professional and experiential knowledge. The individual, faced with a multitude of paths towards the experience that is recovery, is faced with choices, and is now seen as part of the dialogue rather than the object of the dialogue.

2.3 RECOVERY APPROACHES IN SOCIETY

2.3.1 Introduction

The application of the two competing spheres of knowledge about abstinence and recovery in society are evident in the two dominant approaches to recovery on the ground. There is the clinical approach, also known as the medical model, treatment or rehabilitation, which focuses on recovery initiation through abstinence. The second are the rooms of mutual self-support groups, voluntary organisations that exist worldwide in order to support sufferers of substance dependence. What distinguishes both is that they happen in a setting separated from society. They may also be interdependent. For example, many clinical treatment models incorporate 12-step programmes. The application in society of developmental concepts of recovery is known as recovery management, which focuses on settings within society. These three systems are examined in turn.

2.3.2 Treatment

Rehabilitation is defined as “professionally directed addiction treatment aimed at bio-psychosocial stabilization and recovery initiation” (White, 2010, p.256). It takes place within a treatment institution, as a bureaucratised and commercialised operation, managed by clinically trained addiction specialists (White, 2010, p.259). This is referred to as the medical model, which is characterised by a series of activities that include screening, assessment, diagnosis, treatment, discharge, and termination of service (White, 2010, p.259). Its knowledge base is professional in origin: grounded in the study of addiction-related pathologies, and clinical and social interventions. The success of such institutions is quantifiable and statistics abound. The view is that abstinence constitutes success, relapse means failure and likely readmission, and multiple episodes of treatment are statistically likely. It is not within the scope of this project to discuss in detail the important work of the treatment industry, save to say that recent literature draws our attention to the escalating cost pressures within the health service industry which lead to shorter treatment episodes and debateable success rates (White, 2010). Question marks remain over its acute focus towards what is better understood as a chronic medical condition (McLellan et al., 2000).

Treatment is an institutional system created by professional knowledge and clinical expertise. It represents one of the two major constituencies that have developed a methodology, rationale and language related to abstinence and recovery. This is the scientific community: physicians, SUD researchers and treatment organisations (Kaskutas et al., 2014, p.999). Treatment takes place apart from the community, and service is terminated at the end of the prescribed treatment period. Abstinence is the goal. Relapse is an indicator of failure.

2.3.3 Mutual self-support groups

The second major constituency that has shaped its own methodology, rationale and language related to recovery is the mutual self-support movement, which was inspired by the AA and its programme of recovery. White (2010, p.256) defines mutual self-support groups as “recovery

mutual aid that has served as a medium of recovery initiation/stabilization and long-term recovery maintenance". AA is a global movement, and in my own experience, is a fellowship of complete compassion.

In the survey of 9 341 individuals self-identified in recovery, 85% of the participants reported having attended AA 50% of these having attended in excess of 500 meetings (Kaskutas et al., 2014, p.1003). The self-help movement as it relates to recovery from alcohol is the product of experiential knowledge; it is the confluence of those who have experienced alcohol-related problems and seek change, into a form of organised, experiential knowledge. Its truth lies in the collective knowledge of the group (Borkman, 1976, p.450). However, its power remains behind closed doors within the group, and the path to recovery is clearly laid out in the text of the Big Book. Meetings and other discreet activities take place among members of AA, at a distance from the community, according to a defined framework, and separate from the ordinary environment of the individual.

2.3.4 Recovery management

2.3.4.1 Introduction

Recovery management is described as a third force in the literature, and is an ideology behind non-clinical recovery support services (White, 2010, p.256). It is a response to the bipolar ideologies of clinical treatment and mutual self-support groups, and embraces the varieties of recovery experiences prevalent in society (Kaskutas et al., 2014). Distinguished by its embrace of the state of abstinence and the process of recovery, treatment and mutual-self support groups, and any systems of care that support recovery as a goal by any means, recovery management focuses on the application of its principles within society. Recovery management is concerned with the environment of the individual. This focus of its application is on the individual.

2.3.4.2 The emergence of recovery management

Non-clinical recovery support services are a loose affiliation of ideas within the social models philosophy known as recovery management that focuses on both the individual and his or her environment (Room, 1998). The individual, in order to overcome substance misuse, must address the varied aspects of his or her life, including family, social networks, health and employment (Room, 1998, p.68). In changing one's environment, the onus of responsibility is shifted to the individual, but support services exist to facilitate this work of change (Room, 1998, p.68; Laudet, 2007, p.52).

In this respect, recovery management involves following policy changes in the mental health arena, which is moving towards ROSC, and having to train staff accordingly (Deane et al., 2014, p.660). There is some concern that recovery management, as policy, has moved ahead of its evidence base; thus more qualitative research of the recovery experience is needed (Duffy & Baldwin, 2013, p.2). There is a call for research on the experiential aspects of recovery. However, what is often

missed is the locus of such research: experiences are the phenomena of people. This is a fundamental change of focus for recovery towards the consumer in his or her quest for a better quality of life, following similar trends in the mental health arena (Andresen et al., 2011). These needs are in contrast to the setting of goals by clinically trained professionals or researchers of SUD, where the definitions of researchers are the starting point (Duffy & Baldwin, 2013).

The key is the change of focus to the consumer of services as the target of policy: the one who seeks recovery from SUD. The implication of this change, and the focus of this research, is that recovery does not simply happen to people. It is actively sought. It is chosen; hence, Laudet and White (2010) ask: "What are your priorities right now?" The individual, the sufferer from SUD, is the metaphorical glue between clinical practice and long-term recovery. Neither professional knowledge nor experiential knowledge lies at the centre of such a model – the individual who seeks recovery does.

Recovery management is concerned with the long-term maintenance of recovery from alcohol, namely accepting that factors that may initiate recovery and behaviour change towards alcohol may both differ from person to person, but may also differ in a person's stage of recovery (Laudet, 2007, p.254). This matter is at the core of the research on the varieties of recovery experience: the four recovery domains with 35 elements (Kaskutas et al., 2014, p.999). Recovery management is a complex, evolving system best viewed thematically across the available literature. Themes of recovery management include quantitative models, systems and sub-systems, recovery coaching as a sub-system, and evidence for the success of recovery coaching in the field.

2.3.4.3 Recovery management quantified: Recovery capital

The quantitative interpretation of the varieties of recovery is a theoretical construct known as recovery capital. Cloud and Granfield (2008) chose to investigate natural recovery (defined as without treatment or mutual self-support groups). They found that SUD recovery is not unitary and non-discriminating, challenging the disease model of affliction and recovery (Cloud & Granfield, 2008, p.1981). They concluded that the variables determining recovery lie within one's individual environment and personal characteristics, defined as perceptible and imperceptible resources. Recovery capital is the sum of these resources, and is accumulated and exhausted over time. Defining recovery capital into four forms is helpful in determining long-term recovery outcomes. These four forms are social, physical, human and cultural (Cloud & Granfield, 2008). Examples of these forms would be social networks, education, paid employment, financial stability, health, beliefs, values, mental illness and incarceration (Duffy & Baldwin, 2013, p.2). Taking a quantitative approach enables further comparative research, and has predictive power.

It is interesting that financial stability (in the form of paid employment), defined as physical capital, emerges as the quantifiable cornerstone of recovery capital (Cloud & Granfield, 2008; Burns & Marks, 2013). Immediately, taking a systemic approach, one might ask what constitutes the role of the employer in the recovery of an employed professional in recovery. Room (1998) asks a similar

question long before the emergence of this new recovery paradigm: What if researchers were to examine employment as a core component of successful recovery rather than a (desirable) goal of successful treatment? By this, Room (1998) is effectively asking: What if we placed the individual who seeks recovery at the centre of our research, and what is the role of his or her environment in that outcome?

By making the individual the focus of attention and attempting to quantify factors that might be classified as resources for recovery, the construct of recovery capital allows the individual to relate to his or her environment, and determine paths into sustained recovery. "Much of a person's ability to extract himself/herself from substance misuse is related to the environmental context in which that person is situated, the personal characteristics s/he possesses, and a range of perceptible and imperceptible resources available to that individual" (Cloud & Granfield, 2008, p.1972).

However, the research continues to portray the individual as a passive voice in this environment. Taking a step forward, within recovery management, the individual is surrounded by a bewildering array of choices: an amalgamation of professional and experiential knowledge of addiction and recovery. It is clear that the management of that system may be a next step forward in recovery. Recovery capital points the way forward to understanding the spectrum of the recovery management philosophy. Recovery management assesses symptoms or deficits, but also seeks to build recovery on the existing assets and strengths of an individual (Burns & Marks, 2013, p.304). Burns and Marks (2013), in further developing the quantifiable construct of recovery capital, move from the idea of the passive individual at the centre of a recovery model, to an individual with varying strengths and assets on which to choose to build their recovery capital. This is the introduction of choice and the idea of movement. Recovery does not just happen to people; they have choices, they can seek it, and they have resources already at their disposal. They may simply need guidance to see a way forward, and to build on existing foundations. This is a notable departure from a clinical, acute model of care, and from the dogma of mutual self-support groups.

2.3.4.4 Recovery management as a system: Recovery-oriented systems of care

It is guidance and choice that recovery management seeks to offer to the SUD sufferer. Individuals must be provided with, and informed about, the broad array of opportunities to enable them to live a life free from SUD. Critically this must happen at their own pace (Duffy & Baldwin, 2013, p.10). Once again, the locus of attention is on the individual and his or her possible choices. This approach is reflected in the application of the organisational principles and philosophy of recovery management.

ROSC is a model that seeks to organise service delivery within the philosophy of recovery management. The goals are varied as they embrace a spectrum of services. Goals, in the context of SUD, are early intervention, support of sustained recovery, an improvement in health and wellness of the system (for example individuals, family, employer and friends). This model is person-centred, and is described as a "multi-system", tailored to the recovery needs of the

individual (Laudet & Humphreys, 2013, p.127). This system seeks to encompass the four recovery domains and 35 elements cited as fundamental to the recovery experience (Kaskutas et al., 2014), and the four constructs of quantifiable recovery capital (Cloud & Granfield, 2008; Burns & Marks, 2013). The system must tailor its services in a comprehensive and coordinated fashion, according to the needs of the people seeking or maintaining recovery (Laudet & Humphreys, 2013, pp.128-30).

ROSC seeks to transform the addiction treatment and recovery landscape by offering a continuum of care that requires the coordination of services across systems that have traditionally functioned independent of each other (Laudet & Humphreys, 2013, p.130). It is clear that the overarching goal of this service is aligned with new definitions of recovery, and might be interpreted as a systemic response to recovery advocacy. Recovery is the goal, and the client is at the centre of that system, with choices to make. What is required is integration of ideologies and applications into one system servicing the singular goal of recovery.

2.3.4.5 Recovery management as an evolving philosophy

Recovery management and ROSC may be a response to unmet needs, or the emergence of new systems to deal with the failure of old systems (White, 2004; White, 2005). They may also constitute a countermeasure to the professionalisation, bureaucratisation, and commercialisation of addiction treatment, or a response to escalating healthcare costs and shortened treatment periods (White, 2010). There certainly seem to be economic pressures shifting government policies to embrace recovery as a governing paradigm in SUD management (Laudet, 2007, p.243; Laudet & Humphreys, 2013, p.126; Duffy & Baldwin, 2013, p.2; Kaskutas et al., 2014, p.999).

Recovery management may also be the confluence of professional and experiential knowledge: less a bridge between the two worlds (White, 2010), and more a coming together of two rivers of knowledge. However, the change in focus is the individual at the centre of that process. Multiple pathways exist to recovery because the individual has unique needs, experiences and resources. One fundamental shift proposed by recovery management is the idea that recovery may start prior to the cessation of the drug of choice, as well as being characterised by manifest ambivalence after the initiation of abstinence and establishment of sobriety (White & Kurtz, 2006). This is critical: recovery may start prior to abstinence. For some individuals, recovery may start with harm reduction or moderation management of alcohol, for example. Recovery might also stop in spite of sustained abstinence. At this watershed, recovery management embraces the contemporary ideas of abstinence and recovery, clinical treatment and mutual self-help groups, and goes one step further. ROSC works with individuals prior to cessation of using their drug of choice, prior to treatment and prior to joining, for example, AA. Furthermore, it embraces all these systems as possibly useful in the establishment of sustained recovery. Recovery management is transforming the current system of addiction management in its relentless pursuit of sustainable, long-term recovery (el-Guebaly, 2012, p.7).

In this system, to aid the individual through its complexity, what is possibly needed is not professional or experiential instruction, or more instructions about what to do. What may be required is a personal guide, a role model and mentor, a resource broker, an ally and confidant: in short, a 'recovery coach' (White, 2010). This is the arena of P-BRSS, services within recovery management.

2.3.4.6 Peer-based recovery support services

P-BRSS are a part of ROSC, delivered by people with extensive experience of recovery, and they bridge the worlds of addiction treatment and recovery mutual aid (White, 2010, p.256). They also go beyond that: they embrace what it is currently known about recovery (indeed peer support for recovery is rooted in the history of recovery mutual aid societies (White, 2010, p.257)), and open up the debate on the role of the individual seeking or maintaining recovery. One may ask: Does recovery happen to people or is it volitional? If so, would a guide, a peer him- or herself in recovery, or having extensive experience of recovery, be a useful support service to an SUD sufferer faced with a myriad of choices?

Peers in recovery, through mutual identification with the client seeking recovery, strive to integrate and provide linkages across the systems of care available to those seeking or maintaining recovery, in an effort to correct the flaws within the acute care model of treatment (White, 2010, p.259). Key to this idea is that P-BRSS operate within the natural environment, not behind closed doors. Embracing the idea of a continuum of care, P-BRSS processes focus on pre-treatment engagement, in-treatment retention, post-treatment monitoring, building links to recovery assets within one's natural environment (medical, communal, recovery mutual aid groups), possible re-intervention if required, and possibly through the use of a recovery coach (White, 2010, p.260). Sober residences and the Collegiate Recovery Model in universities, managed by peers in recovery, are examples of P-BRSS (Laudet & Humphreys, 2013, p.129). The purposes of P-BRSS are to increase the number of people attending treatment; enhance treatment retention and completion; shorten the number, intensity and duration of relapses; decrease readmission rates to treatment; introduce individuals in recovery to support systems that exist in their natural environments; reduce attrition rates from sobriety-based support groups; and help manage the growth of recovery capital (White, 2010, p.266).

Peers, in the case of P-BRSS, are "people in addiction recovery hired to serve as guides for others seeking recovery" (White, 2010, p.258). White and Evans (2014, p.3) point out that the modern addiction treatment model was originally 70% staffed by people in recovery from active addiction, but after four decades of professionalisation this number was closer to 30%. Though peer-based models of recovery support were not the subject of rigorous research, the idea of such models rests in the power of people who have themselves overcome adversity, to help others in adversity, sometimes referred to as 'the wounded healer', a form of experiential knowledge, and the foundation of modern mutual aid movements (Jackson, 2001). Disclosure of recovery status may

be important (White, 2010, p.263). In the context of recovery management, such a peer might be described as a personal guide, a role model and mentor, a resource broker, an ally and confidant: a recovery coach (White, 2010, p.262). What distinguishes such a peer is his or her unity of purpose with the client: recovery by any means available, from the options available. This peer is seen as an empathetic team manager who helps to coordinate the needs of his or her clients amidst all the services available. This peer is envisaged as a coach.

2.3.4.7 Recovery coaching: What is known?

Recovery coaching, the subject of this assignment, emerges from the literature as an independent for-profit agent, as a peer in recovery, as a guide and manager within the complex system of support services. However, the research almost stops there, acknowledging that there is little to no research about recovery coaching itself: “[T]he near invisibility of these organizations and the lack of any scientific studies of such private services make further description of this model impossible” (White, 2010, p.264). Clearly, there is a need for more research on recovery coaching.

What does the literature tell us about the recovery coach? The recovery coach is a peer in recovery by virtue of his or her personal or family recovery experiences (White, 2011, p.3). What is known about the training? Recovery coaches have some form of specialised training, and unspecified training programmes are being offered. No actual detail on training emerges. What the literature is clear on is how the recovery coaching role differs from that of a sponsor or addictions counsellor (White, 2011, p.3). More becomes known about recovery coaching through defining how it differs from sponsorship (in the sense of AA), and how it differs from addictions counselling (clinical), than the purpose, perspectives and processes of coaching (for recovery). These differences define the philosophies of recovery management, rather than any perspectives of coaching. The literature brings us through the recovery management movement by combining professional and experiential knowledge about SUD into a client-centred model of variable services, in which peers in recovery may act as coaches and clients have a voice. Coaching is offered in the context of recovery, but the literature has yet to explore the coaching itself in any detail.

The verbs used to portray the enterprises of the recovery coach are “engage, elicit, validate, share, express, enhance, orient, help, identify, link, consult, monitor, transport, praise, enlist, encourage and support” (White, 2010, p.262). These enterprises are legitimised by experiential knowledge and experiential expertise. Some form of unspecified training may enhance recovery coaching. Such verbs translate into roles that include motivator and cheerleader; ally and confidant; truth-teller (as in providing honest feedback); role model and mentor; problem solver; resource broker; advocate; community organiser; lifestyle consultant; and friend (White, 2010, p.262). The singular goal is recovery, by any and all methods, requiring tolerance, respect, wisdom and maturity (White, 2010, p.263). Critically, there is a strong emphasis on the value of the relationship between recovery coach and the individual seeking or maintaining recovery. In summary, the recovery

coach helps build recovery capital by working with the individual, linking the presented strengths and resources to his or her natural environment over the lifespan of their relationship, and using all the appropriate resources to hand, including the assets of the client. A recovery coach is the “connecting tissue” (White, 2006, p.13) between individual, environment, resources and all forms of recovery and treatment institutions.

The term ‘recovery coach’ is, in this context, synonymous with ‘recovery manager’, ‘recovery mentor’, ‘recovery support specialist’, ‘recovery guide’, ‘personal recovery assistant’ and ‘helping healer’ (White, 2006, p.1). The recovery coach is positioned between the sponsor (allied to a particular mutual-aid group) and the addictions counsellor (professionally credentialed), but is neither. There are many differences between a sponsor, an addictions counsellor and a recovery coach (White, 2006, p.15). They lie within the domains of professional and experiential knowledge and expertise that govern both institutions. The recovery coach operates within the environment of the client across all recovery modalities with the singular goal of long-term recovery. There is no mention of the professional knowledge of the coach, just that there may be some unspecified, specialised training.

However, the critical, distinguishing factor that defines the role of the recovery coach is in the service delivery framework. The sponsor works within the framework of the guidelines and traditions of, for example, AA such as meetings, sharing, service and a 12-step programme. The addictions counsellor develops a professionally directed treatment plan using a problem generated from the assessment data. The recovery coach by contrast “facilitates the development of a client-generated master plan” (White, 2006, p.23). Finally, principles of coaching emerge. The client is at the centre of this process – not the diagnosis, nor the philosophy of a particular mutual aid group. The recovery coach asks: “What are your priorities right now?” echoing the research of Laudet and White (2010). This is a tailor-made plan between peers: a motivational plan of change. Recovery coaching becomes the work of change (Laudet, 2007, p.52).

There is evidence of the importance of a motivation for change at an individual level, for dealing with chronic illnesses, including serious addiction, possibly through the advice of physicians (McLellan et al., 2000, p.1692). The implications of this are clear: responsibility for change is shifted from the expert to the patient. Recovery coaching works with a client-generated recovery plan. The client appears as empowered, motivated, aware and responsible. This is a marked shift from seeing an addict as the object of dialogue, to positioning the client as a participant, a driver even, of that dialogue. Seeking recovery, the client drives the process aided by a coach, armed with his or her experience and knowledge, and supported by an array of recovery services. Recovery coaching is delving into the principles of coaching.

2.3.4.8 Principles of coaching

What are the principles of coaching? How does coaching relate to what is known about recovery coaching? It is beyond the scope of this project to delve deep into the literature on coaching. A

broad description of coaching will suffice. Whitmore (2009, p.10) describes coaching as “unlocking people’s potential to maximise their own performance. It is helping them to learn rather than teaching them.” Coaching is a conversation between two peers, bound in a relationship to serve the goals of the client. The skills of the coach are “active listening; empathy; self-awareness; process observation; giving and getting feedback; assertive communication; conflict resolution; cognitive restructuring; systems theory; and learned optimism” (Stout Rostron, 2009, p.41). The power of coaching lies in the supportive relationship (Stout Rostron, 2009, p.49). The primacy of relationship originates from the client-centred approach of Carl Rogers who identified three aspects of an effective therapist/patient relationship that have become the hallmarks of a successful coaching intervention: unconditional positive regard, genuineness, and accurate empathy (Rogers, 1961, pp.47-49). Coaching is client-centred service: a coach considers the potential of his or her client, rather than the client’s performance. The coach also has a greater optimism than usual for the client’s dormant capabilities, and understands that the single largest block to change for the better is a lack of self-belief and that the underlying purpose of all coaching interventions is to build self-belief, through awareness and responsibility (Whitmore, 2009, pp.14-18).

Coaching models are the processes by which coaches conduct interventions. At their heart are coaching conversations, often a series of open questions and considered answers between coach and client, to encourage learning from one’s life experience. This is an undirected process. Experiential learning sits at the centre of a coaching conversation: through a facilitated process of feeling, reflecting, thinking and experimentation, experience is grasped and transformed into knowledge (Kolb, 1984). A coaching conversation is not simply experiential learning but also experiential education (Stout Rostron, 2009, pp.39-54). Goals are set, plans laid, and action celebrated. Coaching is a process of developing movement from a less desired present to a desirable future. The client holds the agenda and goals must be aligned to the values of the individual (Stout Rostron, 2009, p.52). The one differentiating factor in coaching is that the client directs the learning process and the coach orchestrates the process, having been trained in coaching purposes, perspectives and processes. Coaching is the confluence of professional and experiential knowledge and expertise of the coaching profession.

The business coaching environment adds a layer of complexity to a coaching interaction. The purpose of such a coaching conversation is to develop the learning processes of the client, through a solutions-focused and results-oriented approach, and is a systemic process. (Stout Rostron, 2009, p.53). Stout Rostron (2009, p.53) reveals the added layer of complexity in a systemic, business coaching context: “[T]he coaching conversation is an alliance between coach, client and organisation designed to maximise and transform thinking, behaviour and performance.” The keyword here is the organisation: there is a third, interested party in the intervention. This environment has parallels with the recovery coaching environment. There is the coach, the person seeking recovery, and interested third parties. Business coaching and recovery coaching have

systemic similarities, rooted in the complexities of competing relationships. An exploration of the complexities of relationships in a business coaching context may yield valuable information for the world of recovery coaching.

Recovery is described the work of change: “a bountiful ‘new life’, an on-going process of growth, self-change, and reclaiming the self” (Laudet, 2007, p.243). Consider the coaching purpose of Stone Zander & Zander (2002, p.4): “So the practices presented in this book are not about making incremental changes that lead to new ways of doing things based on old beliefs, and they are not about self-improvement. They are geared instead toward causing a total shift of posture, perceptions, beliefs, and thought processes. They are about transforming your entire world.” Coaching and recovery share the same ambitious and transformative goals.

The literature on individual recovery and its support services, in developing a customer-centric focus has stumbled upon the coaching aspect of recovery coaching: the facilitation of transformation towards a new life in alliance with a peer. Yet the literature remains immersed in the recovery side of recovery coaching and the philosophy of recovery management. Recovery coaches are described in terms of how they differ from sponsors or counsellors rather than how they are credentialed by their coaching skills. This is not a failing: what is required is the merging of new definitions of recovery with the processes of coaching, in order to better understand recovery coaching and the service it offers.

2.3.4.9 Evidence for recovery coaching

There is a scattering of research as to the effects of recovery coaching. McKay et al. (2009, p.128) point to organisational factors that were believed to contribute to better results in continuing care, including recovery coaching and case management. They also ask “what combination of personal characteristics, experience and training” would be required of a potent recovery coach, and which coaching processes would be most effective (McKay et al., 2009, p.129). A recovery coach is also referred to as a “stakeholder” in the individual’s recovery (McKay et al., 2009, p.128). These questions remain unanswered in the literature.

Having reviewed the literature from 1995 to 2012, and isolating 11 outcome studies of peer recovery support services, Reif et al. (2014) assessed the evidence for peer recovery support services. They found that the core activities of these services involved education and coaching (Reif et al., 2014, p.3), and were non-clinical in nature, in their support of individuals making the life changes necessary for their recovery. Such support is typically in four areas: “emotional, informational, instrumental, and affiliational” (Reif et al., 2014, p.2). Recovery coaches are described as “recovery and empowerment catalysts, guiding the recovery process and supporting the individual’s goals and decisions” (Reif et al., 2014, p.2). Target populations are adults with alcohol-related and drug-related substance use disorders, and the setting is varied (Reif et al., 2014, p.2). Reif et al. (2014, p.3) find in the literature the idea of dealing with the individual as they present themselves, focusing on the strengths and assets of the individual and, critically, not being

directive, but rather being supportive. The individual is aided in the setting of recovery goals and a recovery plan, and services to support that plan are selected together (Reif et al., 2014, p.3). Other attributes of the recovery coach are the singular goal of recovery and the combination of ethics and training with experiential knowledge of recovery (Reif et al., 2014, p.3).

Critical to the development of recovery coaching in the literature are the ideas of supporting the individual's goals and decisions; co-construction of a recovery plan and recovery goals; focusing on strengths and assets; and being supportive rather than directive. The role of the recovery coach has been carved out of a need to address systemically the needs of people seeking recovery. The recovery coach is simply a guide within this system – the client is at the centre, and is faced with a myriad of choices. Finally, the literature focuses on the coaching aspect of recovery coaching: a client-centred, developmental model that is aligned with the principles of coaching and recovery. The recovery coach appears to be a partner in this process, not an expert, another hallmark of coaching. By being undirected and asset-centred, recovery coaching is positioned discreetly as an agent of experiential learning and education.

Returning to the research, Reif et al. (2014) rate each research piece on a strength of evidence scale, from low to moderate to high, and conclude that only three were of sufficient quality to rate the level of evidence as moderate. The results included reduced relapse rates; better treatment retention rates; better consumer satisfaction; and an improvement in relationships across all service providers (Reif et al., 2014, p.8). The conclusion is that peer recovery support, in particular recovery coaching, in the SUD field meets the minimum criteria for a moderate level of evidence; that such services constitute a “valuable approach” in helping individuals seek and maintain recovery; and that the services dovetail with current ideas around self-direction and practice-based evidence (Reif et al., 2014, p.8).

However, the complexities of the recovery management system are revealed in the limitations of the study: “to better demonstrate the effectiveness of peer recovery support, researchers should isolate its effects from other peer-based services” (Reif et al., 2014, p.1). Recovery management, ROSC, and P-BRSS are all part of a system that has not yet been precisely defined, though recovery remains its goal. The researchers, understanding the complexities of this system, call for more research on smaller, agreed units of that system, in order to better understand what has yet to be clearly defined.

A research assignment that seeks to examine recovery coaching as a support service would add to the body of knowledge concerning recovery, a need unanimously supported by the literature reviewed for this study. It will also contribute to the body of knowledge on coaching, for while the literature is clear on the need for a recovery coach, it is clearer on the peer-based qualities of the recovery coach rather than their training, skills and experiences as a coach. The literature is very clear on this point: Reif et al. (2014) bring together 17 years of literature and, in passing, sketch the core coaching competencies within recovery coaching, and discuss briefly its effects. This leads to

a question for researchers: Given the little that is known about recovery coaching, what would be a useful starting point for exploration?

2.4 SUMMARY

The literature reviewed is focused on competing spheres of knowledge. A closer inspection of the research reveals recovery management as a confluence of professional and experiential knowledge. Debates about acute and chronic care, clinical treatment and mutual self-support groups, and abstinence and recovery are all relegated into a broad system, yet to be clearly defined, that encompasses all that is known about the journey from substance misuse to stable recovery. These recovery-oriented systems of care are available to the individual who needs the support: what may be required is a desire to change and to choose to pursue a bountiful new life. Recovery management introduces the idea of choice into the debate about recovery, placing the individual that seeks recovery as the object of attention, as part of the dialogue and is presented with many paths to recovery. The individual is no longer seen as passive in this process: recovery does not simply happen to people, it is chosen, empowered by a myriad of support services. A guide, an equal, such as a recovery coach, credentialed by her experience in recovery and training in coaching is identified as part of such a system. A recovery coach is simply another complementary service to the addictions arena, part of a continuum of care. Recovery support services, in particular recovery coaching, are found to create positive outcomes in SUD management, but the evidence suggests the need for the discipline to be researched as a standalone entity, if only to understand parts of this complex system better. The literature has yet to focus on the goals and models, challenges and outcomes employed and experienced by recovery coaches.

A champion of the singular role of recovery, and carving a role between the AA sponsor and addictions counsellor, the recovery coach emerges in the literature in order to co-create a better future with SUD sufferers through the processes of coaching. These processes have yet to be explored. Given the paucity of research on recovery coaching as a discipline, a starting point for such research might be the experiences of coaches working with individuals in a recovery context. They might be working with a particular subset of the population, such as employed professionals, given the evidence that employment plays a core role in recovery. A research question that emanates naturally from the literature reviewed, and that seeks to examine one part of the complex system that is recovery, might be: “What can we learn about coaching through exploring the experiences of coaches working with employed professionals in recovery from alcohol misuse?”

CHAPTER 3: RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

This chapter covers the research design and methodology, the approach to sampling, data collection, and data analysis employed in this research assignment. The limitations of the assignment and ethical considerations are discussed. The focus of this research assignment was to explore the experiences of coaches working with employed professionals in recovery from alcohol misuse, in order to add to our knowledge about coaching. The research question posed was: “What can we learn about coaching through exploring the experiences of coaches working with employed professionals in recovery from alcohol misuse?”

3.2 RESEARCH DESIGN AND METHODOLOGY

The research design followed was a qualitative, inductive study, specifically a narrative inquiry. Narrative inquiry is concerned with human experience (Clandinin, 2006, p.45). The purpose of this research assignment was to explore and comprehend the experiences of coaches working with employed professionals in recovery from alcohol. Research on recovery coaching is scarce; hence, a narrative inquiry was deemed suitable for studying the experiences of recovery coaches as a starting point for further research.

The research literature points out the need for more research on recovery, specifically on recovery management and recovery experiences (Laudet, 2007; McKay et al., 2009; White, 2010; Laudet & Humphreys, 2013; Kaskutas et al., 2014; White & Evans, 2014). There are concerns that a recent policy shift towards the implementation of recovery management, which includes recovery coaching, is ahead of its evidence base (Duffy & Baldwin, 2013, p.2). Recovery coaching is under-researched (White, 2004; Reif et al., 2014). Laudet and Humphreys (2013) identify the paradox of recent recovery research literature: trying to research the system of recovery management is currently impossible, as that system itself remains undefined. Therefore it seems appropriate to explore one established part of that system, for example, recovery coaching. Reif et al. (2014, p.1) come to a similar conclusion: “to better demonstrate the effectiveness of peer recovery support, researchers should isolate its effects from other peer-based services”. Reif et al. (2014) also conclude that recovery coaching meets the minimum criteria for a moderate level of evidence, and that such services constitute a valuable approach in helping individuals seek and maintain recovery. Given the paucity of research on recovery coaching as a discipline, a starting point for such research might be the experiences of coaches working with individuals in a recovery. I chose to research the experiences of the recovery coaches, of men and women delivering that service, rather than its effects.

A narrative inquiry may be a postmodern, constructionist response to positivism. However, its origins are not clear; as a methodology it is not easily defined, and it is not subject to a hard and

fast set of rules (Clandinin, 2006; Reissman, 2008). What is consistent in narrative inquiry is the observation that narrative inquirers study experience (Clandinin, 2006, p.45). The starting point for a narrative inquiry is the view that humans lead storied lives, and narrative researchers adopt this view of experience as the phenomenon under study. Narrative is both a phenomenon and a pattern of inquiry (Clandinin, 2006, p.45). This research assignment followed both traditions: using specific narrative techniques in the field to generate stories and texts, and adopting a thematic narrative approach to the analysis of those texts.

For research purposes, narratives are seen as strategic, functional and purposeful, and are selected for specific ends (Reissman, 2008, p.8). Narratives are concerned with meaning making, seen as contextual portrayals of the self, and as a bridge between biography and society (Clandinin, 2006; Reissman, 2008). "Many investigators are now turning to narrative because the stories reveal truths about human experience" (Reissman, 2008, p.10). This research assignment sought to explore the experiences of coaches within the very human endeavour that is recovery and that is coaching. A narrative inquiry is wholly concerned with human experience, and as a research design, was aligned with my purpose.

The narrative inquirer's view of experience is "Deweyan" in origin (Clandinin, 2006, p.44). This philosophy holds that there are two criteria of experience: 'interaction' and 'continuity'. Interaction refers to the importance of understanding individuals both as individuals and in their social context. Continuity describes each point in our lives as having an experiential base, which leads to an experiential future (Clandinin, 2006, p.46). Clandinin (2006, p.47) fuses this position on human experience (a phenomenon), with narrative inquiry (a method), to create a three-dimensional model of the metaphoric narrative inquiry space. It is with this space in mind that I adopted my research methodology. There is interaction (personal and social), continuity (past, present, future), and situation (place) (Clandinin, 2006, p.47). As inquirers, we must hold this space, for we are complicit in the world that we study. "We are walking onto the midst of stories" (Clandinin, 2006, p.47).

How does a narrative inquirer go about walking in the midst of stories? A narrative inquiry is a co-constructed, dialogical approach (Reissman, 2008, pp.31-41). This appealed to me as researcher: the fusion of interaction, continuity and situation acting as a metaphor for the overall project. To manage this narrative space I kept a reflective journal throughout the assignment. Furthermore, a narrative inquiry demands the active role of the researcher in the creation of these stories (Reissman, 2008, p.21). There were methodological similarities between the coaching process and a narrative inquiry that would add to the integrity of the process of researching the experiences of coaches.

A successful narrative inquiry requires establishing the climate for storytelling (Clandinin, 2006; Reissman, 2008). These guidelines have parallels with the contracting process of coaching. Narrative researchers, and coaches, are required to establish a dialogical relationship of equals as

a base for a conversation: through presence, attention, listening, asking open questions, turn-taking, and exploring meanings and connections between stories (Reissman, 2008, pp.23-27). The ethics governing the conversation are those of honest negotiation, respect, mutuality and openness to multiple voices (Clandinin, 2006, p.52). This process has parallels with the core competencies of a coach: positive regard, empathy and appreciation (Stout Rostron, 2009, pp.49-53). A narrative inquiry seemed wholly appropriate for a coach researching coaches: coaches would be familiar with and comfortable in sharing their experiences in the dynamic, co-constructed tradition of narrative inquiry and of coaching. The level of comfort and freedom to explore their own stories was deemed appropriate and constructive, given the sensitivity of the subject matter, and the paucity of research on the topic.

An inquiry into the experiences of others involves creating texts that could be in the form of field notes, photos, conversation transcripts and interview transcripts in audio or video form (Clandinin, 2006, p.48). I chose to conduct digitally recorded interviews, either face-to-face or using Skype. The idea of using video was rejected due to the possible sensitivity of the subject matter, and of the individuals concerned. I recorded the interviews digitally and transcribed them word for word. Structural analysis of the transcripts followed the final interview, laying the basis for the comprehension of the empirical material guided thematically by the objectives of the assignment. These were to explore the goals, processes, challenges and outcomes experienced by the recovery coaches.

3.3 SITUATIONAL CONTEXT: FOUNDATION FOR RECOVERY AND WELLNESS COACHING

Before describing the sampling, it is important to describe the context of the assignment as it relates to recovery coaches. Anthony Eldridge-Rogers set up the Foundation for Recovery and Wellness Coaching (FRC) in 2011. Its stated vision is to improve the recovery to wellness journey for individuals, their families and communities. The FRC mission is to change the way that people and organisations approach recovery from behavioural healthcare challenges, and to implement meaning-based recovery and wellness coaching. Recruiting and training a worldwide network of skilled, compassionate coaches are steps being taken to achieve this goal. FRC members have received coaching training as well as recovery coaching training and are credentialed as recovery coaches. The FRC has an affiliated recovery coach training organisation in South Africa, known as UACT.

I chose to undertake this research assignment with the support of the FRC, in order to maintain the highest professional standards. I am a professional member of the FRC and remain bound by their code of ethics. This meant approaching credentialed recovery coaches who had experience working with employed professionals in recovery from alcohol using the professional network of the FRC and UACT. In this manner, the purposeful sampling required of a narrative inquiry in order to meet the purposes of this study was possible.

3.4 SAMPLING

In qualitative research, determining the population and sample size may be a deliberate process. Researchers often use their judgement of who would best suit their research purpose. This method, which is known as purposive sampling (Babbie & Mouton, 2009), was adopted in this assignment. For a narrative inquiry, sampling is further refined. Cases are selected to develop a theoretical argument informed by the existing literature, and defined by the purpose of the research assignment. Cases are not chosen to be representative statistically (Reissman, 2008, p.57). Sampling is purposeful: guided by the aim to interpret the meaning and function of stories embedded in the interviews in the exploration of particular human experience (Reissman, 2008, p.57). I was researching the experiences of recovery coaches revealed in the literature review as a worthwhile support service to recovery, but about whom very little is known. Hence, focusing on credentialed recovery coaches seemed a sensible starting point. For this research assignment, the unit of analysis was the recovery coach.

Recovery, in the context of this assignment, followed an accepted definition of recovery from substance dependence as “a voluntary maintained lifestyle characterized by sobriety, personal health, and citizenship” (Betty Ford Institute Consensus Panel, 2007, p.221). The idea of substance dependence was refined further to include only dependence on alcohol. I chose to research alcohol dependence, due to my own experience of alcohol misuse and long-term recovery, and because the use of alcohol is legal. This singular focus was in no way reflective of any particular views on the differences of dependence of any kind. No measures of dependence or diagnoses were required – this research assignment was wholly concerned with recovery. Employed professionals, in this context, referred to those employed in paid work: a specific angle chosen due to the evidence that employment plays a core role in recovery (Room, 1998; Cloud & Granfield, 2008; McIntosh et al., 2008; Weisner et al., 2009; Burns & Marks, 2013). Through purposeful sampling and clear definitions, the intention of this assignment was refined to focus on one specific area of recovery coaching, within the broader system of recovery management.

Between five and eight individuals are considered satisfactory for a homogenous sample in a qualitative research project (Cooper & Endacott, 2007, p.818). I approached 10 coaches based on the inclusion criteria: certified recovery coaches from the FRC and UACT, who had at least a year’s experience of coaching employed professionals in recovery from alcohol misuse. Seven coaches accepted and returned the signed consent forms. Three recovery coaches felt that, despite having the required training, they did not have the necessary experience required for the purposes of this research assignment. By using the professional organisations in order to source recovery coaches, I ensured that the training standards of all were consistent, and though their experience varied, the specific subject of their recovery coaching experiences was refined and purposeful.

3.5 DATA COLLECTION

The seven coaches, having signed and returned the consent forms, were interviewed during May and July 2015. The interviews, scheduled for 90 minutes, lasted between 50 and 110 minutes. The variable length of time reflected the direction and agenda of each interviewee. Two interviews took place face-to-face at a venue of the coach's choosing; the other five took place on Skype. Each interview was digitally recorded, and the files were stored on a secure hard drive.

The first five minutes of each interview were designed to make the coaches feel comfortable and relaxed, and to establish that they were happy to proceed with the interview on the understanding of the rules of engagement contained in the consent form. I made a point of creating an environment that was conducive to storytelling. I explained some of the hallmarks of the narrative inquiry process, so that they would feel comfortable to explore their experiences within the purposes of this assignment. I made an explicit reference to some of these approaches: that the interview would be a co-constructed dialogue; that my role as researcher was to listen and be emotionally attentive; that I would explore meanings and connections between stories; and that I would discard general evaluations in favour of searching for turning points (Reissman, 2008, pp.23-27). The purpose of introducing the interview process was to make the coaches feel creative, relaxed and open about telling a story on their experiences about a sensitive topic. I also felt that the coaches would identify with the similarities between the coaching conversation and the narrative inquiry.

The opening question revolved around asking each coach to explore their experiences working with professionals in recovery from alcohol, including the goals, processes, challenges and outcomes they experienced. The refinement of the opening question was developed over the course of the interviews, evidence of which is presented in the reflective practice in Appendix D. The intention was to set the purpose of the interview at the start and then to leave the coaches with an empty canvas to explore their experiences. This meant guiding the process with further questions as the story developed, exploring turning points, and welcoming extended accounts. I was conscious of trying to show throughout the interview positive regard, empathy and appreciation, all core competencies of a narrative inquiry and of coaching (Clandinin, 2006, p.52; Stout Rostron, 2009, pp.49-53).

I transcribed the interviews word for word, including my verbatim comments as interviewer, shortly after each interview and prior to the next. I adopted the viewpoint that transcription was not a technical process to be delegated (Reissman, 2008, p.29). As investigator, I had a substantive interest in transforming a complex verbal exchange into an object that served as a representation and rendered the transcription process deeply interpretative (Reissman, 2008, p.29). Member checking involved each interviewee receiving a copy of their transcribed interview by email, and requiring them to approve the transcription prior to further analysis.

3.6 DATA ANALYSIS

Having completed member checking, I analysed the interview transcripts one at a time, taking a case-centred approach. This meant keeping the story intact and generating theory from the case rather than its component themes or categories across cases (Reissman, 2008, p.54). Narrative inquiry differs from a qualitative, phenomenological tradition in that the accounts are not fractured in order to build theory, but interpreted as a whole (Reissman, 2008, p.54). Thematic coding of the data, suitable for inexperienced researchers and necessary to uncover the meaning in a text, was therefore centred on each story.

I chose to adopt the methodology towards data analysis based on the work of Blom and Nygren (2010). This methodology, though originally presented for analysing short, written narratives, may equally be applied to interview texts (Blom & Nygren, 2010, p.42). The purpose of their methodology is to manage the process of arranging the building blocks of the data (codes) into new interpreted entities (totalities), and this process is driven by the heterogeneity or homogeneity of the empirical material. Blom and Nygren (2010, p.27) have built models of textual analysis based on their interpretation of the four different concepts of meaning of a text, grounded in Paul Ricoeur's theory of interpretation (Ricoeur, 1976; 1981). They also combined their own research experiences. In a development of Ricoeur's definition, different models are used to analyse narratives, using different combinations of the same four basic concepts.

I chose this approach as it presented a clear sequence of steps in the analysis of the narrative texts. According to Blom and Nygren (2010, pp.31-33), these concepts are first, a naïve reading, which is a cognitive process that generates a naïve understanding of each text as a prelude to creating an understanding of all of the material as a whole. Next follows the structural analysis, in which each text is deconstructed, restructured and analysed resulting in codes. Thereafter follows comprehension, a dialectical process of interpretation that results in a new story, or a material output of the empirical data. The final step is appropriation, which is the cognitive and emotional product of analysis by a reader.

Four specific models are recommended that follow this process of narrative analysis, but with different sequences and combinations of naïve readings and coding. Each model works with the same four levels of analysis and the order of work is determined by the relative heterogeneity or homogeneity of the data (Blom & Nygren, 2010, pp.33-36). Using their methodology I chose model three: having relatively homogenous empirical material about a similar subject matter (recovery coaching), but numerous unique components in each story (differing experiences).

Using this model of analysis, the stages were clear (Blom & Nygren, 2010, p.35). Each transcript was naïvely read and summarised, and each summary compiled into a naïve understanding of all the transcripts. Next, each story was structurally analysed and coded (what, who/how and reflective codes). An excerpt of codes is presented in Appendix B. The codes from all the stories were assembled, and this totality of codes was merged into the combined naïve understanding of

all the stories. Codes, in this context, were the building blocks of the texts, and totalities were the new interpreted entities. This order of structural analysis laid the foundation for understanding the meaning contained in the whole of the material.

3.7 LIMITATIONS

I chose to undertake one digitally recorded interview for each of the seven coaches selected according to the sampling described. There are limitations of using one interview per participant to generate a narrative (Reissman, 2008, p.26). Storytelling best occurs during a number of interviews, allowing the relationship between researcher and interviewee to blossom (Reissman, 2008, p.25).

I was aware that one interview might create limitations to this assignment. Given the scope of this assignment, the comparative rarity of certified recovery coaches and their geographic dispersion, and the fact that data analysis would be exclusively around content, I felt that I was able to generate sufficient narrative data from one interview for each coach for the purposes of this research assignment. I believed that the similarities highlighted between a coaching conversation and a narrative inquiry allowed a level of familiarity with the process. This made the recovery coaches comfortable to share their experiences honestly and in depth. I also hoped that, by sharing my status of being in recovery and being a certified recovery coach, I would add to that level of security, enabling the co-creation of a suitable narrative.

In planning the research design and methodology, I was well aware of the active role the investigator would play in co-constructing the narratives. Furthermore, I was aware that my position as investigator, recovery coach and as a recovering professional might be perceived as a limitation. In alignment with the three-dimensional model of narrative inquiry (Clandinin, 2006), I accepted that my own experience, together with experiences of other recovery coaches, created a particular dynamic in time, and that the experiences recounted would be all the richer for this dynamic. In order to manage this tension, I kept a reflective journal throughout the period of the assignment, and, befitting a coach, I was in active supervision by a senior coach throughout. Furthermore, I was able to discuss any issues with my triad of university colleagues at our bi-monthly meetings, in addition to being in regular contact with my supervisor.

3.8 ETHICAL CONSIDERATIONS

This research assignment had the support of the FRC. I am a certified, professional member of the FRC, and remain bound by their code of ethics at all times. The interviewees were all members of the FRC or UACT or both. This meant that the researcher and the recovery coaches were governed by the FRC code of ethics and guidelines for supervision. This ensured a level of ethical care from all parties at all times during the interview process and throughout the assignment.

The informed consent form was explicit in setting the boundaries and safeguards that were observed during this assignment. This was important given the sensitive nature of the subject matter. A copy of an informed consent form is provided in Appendix A. I also made the following points explicit prior to the start of each interview with each recovery coach to ensure that both parties were in agreement with the process:

- FRC coaches were reminded that they had signed an informed consent form.
- Permission was requested from participants for the interview to be digitally recorded.
- Interviewees were free to refuse to answer any questions at any time and continue in the research assignment.
- Interviewees were free to withdraw from participation at any time during the assignment.
- All information gathered would remain strictly confidential: data would remain secured from improper access during the research project and no names would appear in the final report.
- Interviewees would have the right to review and erase recorded data at any time by contacting the researcher.
- Any unexpected data discoveries would be discussed with my supervisor whilst preserving confidentiality.
- Confidential recordings and transcripts of interviews would be lodged with the FRC for safekeeping after the research assignment.
- Information would not be gathered from organisational databases or information sources not in the public domain, or deemed to be of a sensitive nature.
- I would provide a transcript of each interview to each participant for approval but would not require them to comment on the text.
- I was not aware of any actual or potential conflict of interest in proceeding with the proposed research.
- I pledged that unexpected emergency situations would be immediately reported to my supervisor (Dr Ruth Albertyn) and the FRC (Anthony Eldridge-Rogers).

3.9 ENSURING QUALITY

I took a number of deliberate steps in order to promote trustworthiness. Firstly, purposive sampling allowed for the recruitment of similarly credentialed recovery coaches. Recovery coaching is an emergent subset of coaching, which is itself the subject of widely differing professional bodies and standards of training. By conducting this research with the support of the FRC and UACT, not only would I be subject to a particular code of ethics as a professional member of the FRC, but also the coaches sampled would have similar levels of training as recovery coaches, though their experiences would differ. The coaches that signed the consent form all had at least one year's experience in coaching professionals in recovery from alcohol misuse. Member checking, to assess intentionality of each interviewee (Babbie & Mouton, 2009, p.277), required members of the

assignment to review their transcripts, and give me written permission to continue with the process. This ensured the authenticity and accuracy of the data.

Secondly, in conducting only one interview with each coach, I was aware that a short-term involvement, as opposed to a prolonged engagement (Babbie & Mouton, 2009, p.276), might be deemed a limitation to the quality of the data. I felt that the choice of a narrative inquiry, similar in structure to a coaching conversation, would resonate with the coaches sampled, thereby cementing the relationship required to explore their experiences in depth in an interview of 50 to 120 minutes. To add to this, I chose to share with each interviewee my own status of being in recovery and the fact that I shared their training and certification as a recovery coach. The purpose of creating a secure space to co-construct narratives was fulfilled.

Thirdly, a narrative inquiry is not subject to the same hard and fast set of rules of other qualitative approaches: the narratives are co-constructed dialogically and the researcher has a role to play in their creation. However, I deliberately focused the interview on a specific subject matter within the experiences of the sampled recovery coaches (the recovery of employed professionals from alcohol misuse); and established clear objectives of the conversation (to explore the goals, processes, challenges and outcomes of their coaching), and defined the purpose of the assignment (in order to learn more about coaching). This framework was defined through the asking of a similar set of questions at the start of the interview, and then leaving the interviewee to articulate their experiences, guided by the researcher. Whilst honouring their unique experiences, the focus of the conversation was consistent.

Finally, I chose a robust, clear and proven model for structural analysis (Blom & Nygren, 2010). Not only was the model chosen suited to the material, samples and topic, it also allowed for clear steps in the thematic coding, interpretation and comprehension of all of the material. To ensure rigour, I wrote to the authors of the research model (Blom & Nygren, 2010) including my interpretation of their data analysis for approval, which I received.

3.10 SUMMARY

This chapter outlined the methods and choices made by the researcher. The purpose of this research assignment was to identify ways in which coaching supports employed professionals in recovery from alcohol misuse in order to provide guidelines for more effective coaching, a need identified in the research literature. This was achieved by exploring the experiences of recovery coaches. The research design chosen was a narrative inquiry, wholly focused on the realms of human experience. The methodology selected was to conduct digitally recorded interviews with similarly credentialed recovery coaches, and co-create narratives in the dialogical tradition of a narrative inquiry. It was determined that the guidelines recommended for narrative inquirers during interviews were similar to those of conducting a coaching conversation, and hence would be familiar to the coaches that were interviewed. This was deemed to be of benefit to the process.

Each interview was transcribed word for word by the researcher, and having allowed for member checking, analysed using a particular structural narrative analysis model that befitted the homogeneity of the subject matter, but allowed for the retention of a case-centred approach to each story. This structural analysis laid the foundations to comprehend the meanings within all of the narratives. The next chapter (Chapter 4) presents the findings drawn from the analysis of the data.

CHAPTER 4: FINDINGS

4.1 INTRODUCTION

This chapter presents the research findings. Links to the literature are made where relevant, and interpretations and insights are shared. The findings are discussed having followed the narrative analysis methodology of Blom and Nygren (2010, p.35). The findings are presented in alignment with the four stages of textual analysis advocated in this model: a naïve understanding of each text; a naïve understanding of the material as a whole; structural analysis; and comprehension of the material as a whole. The discussion of the aggregated comprehension is presented thematically following the case-centred tradition of narrative inquiry advocated by Reissman (2008), and aligned with the specific objectives of this assignment. Comprehension involves direct quotations from the original texts. Reissman (2008, p.57) is clear that excerpts may be reproduced at length, speech may be cleaned, messy language made readable, but ambiguity must be retained.

In referring to or quoting from each interview transcript, I have given the interviewee a pseudonym in order to protect their anonymity, as agreed in the consent form. The names used are Ben, Bill, Paddy, Belinda, Pat, Jack and Bob. The ages of the coaches interviewed varied from 45 to 65 years. The length of recovery coaching experience varied from one to ten years. Two coaches were female and five were male. Six coaches were self-identified as being in recovery. Four coaches were based in South Africa, two in the United Kingdom, and one in Italy.

4.2 NAÏVE UNDERSTANDING OF EACH TEXT

Each transcript was the subject of a naïve reading, a cognitive process that resulted in a naïve understanding of the text, and a process that was handled as a material product. Each text is presented in the order that the interviews took place.

4.2.1 Ben's transcript

Ben's narrative was dominated by his belief that recovery was metaphorically similar to the archetypal hero's journey in which the hero chose to leave home, encountered villains and friends, and returned home fundamentally changed. This was a journey of volition. The journey of recovery was presented, admittedly controversially, as a journey of choice: down the path of addiction, and possibly, up the path of recovery into wellness. The story of personal choice was his alternative to the two familiar addiction paradigms of moral weakness and the disease model. In his mind, active addiction was a choice, as was the pursuit of recovery. Coaching was a medium for exploring one's options: as a recovery coach, Ben experienced the transformative effective of seeking one's purpose in the pursuit of recovery.

In using coaching to find purpose, Ben was influenced by the work of Frankl (2011). At the heart of the addict's nightmare was purposelessness, enabled by those who wish, for their own reasons

and the sake of their loved ones, to see them fixed. He developed his own coaching model to address this challenge, described as a map for a journey into recovery and through to wellness. Ben modelled the archetypal hero's journey into a coaching process. This process he called the Meaning-centred Coaching Model, which had four stages: meaning, movement, knowing and integration. Recovery was expressed as movement that arose out of the appraisal or reappraisal of meaning; leading to knowledge (experience); and the integration of all these new experiences was seen as choosing. Meaning-centred coaching took a volitional approach to recovery and was a response to the goal-centred predominance of coaching. In Ben's eyes, goals were only achievable if they had meaning. Choosing was effective if grounded in one's purpose. Action was appropriate and lasting if it had meaning. Volition was the movement expressed from meaning.

At the heart of this coaching process was the client: the coach must suspend all judgement and agendas. Ben felt strongly that recovery coaches should demonstrate their own purpose, and suggested that people who were in recovery, and had chosen to become recovery coaches, might have done so in that pursuit. That was the example he tried to set to his clients over and above any need to disclose his recovery status.

Ben's narrative was one about volition, and he saw recovery as possible through choosing to discover or rediscover one's purpose in life. The overarching theme of his experience was the development of a coaching model to support that endeavour.

4.2.2 Bill's transcript

Bill sought out accredited training as a recovery coach as a natural progression from his recovery through AA. He felt recovery led to the growth of his emotional intelligence. Coupled with a longstanding Buddhist practice, his fascination with coaching lay in building meaningful relationships with people. In his experience, the power of coaching lay in that process. Central to that process was relationship: allowing the coachee to drive the agenda. This undirected approach allowed energy to flow through that relationship. This energy was compassion, or love, in his words. It was about the power of relationship: a co-designed process between coach and coachee, empowering clients to effect their action plan of change in accordance with their true self: their purpose. Co-designed action, on the part of the coachee, completed learning. He lauded the use of metaphor and imagery, archetypal language and perspectives, and powerful questions were all in the toolbox of coaching. He emphasised the need for rigorous recovery coaching training as a coach. The single biggest challenge he felt was that, though he worked in the SUD field, its obsession with targets made coaching difficult to embrace systemically. He emphasised that this was a cultural problem in his organisation. Finally, the interview made him feel that he would benefit from coaching himself, and he resolved to do so.

The overarching theme of Bill's narrative was the contrast of his experiences in the clinical treatment world, driven by targets, with his experiences of the transformative power of recovery coaching at an individual level. Recovery coaching was grounded in the relationship and the fact

that it was driven by the agenda of the coachee. This made it culturally incompatible with his treatment organisation at this stage. Bill felt strongly that his organisation would benefit from the tools and techniques of coaching in its service delivery.

4.2.3 Paddy's transcript

Paddy's own recovery through the fellowship drove him to seek more outside the rooms of AA. In this quest, he undertook a recovery assistant's course that he described as clinical, and then discovered coaching, which he described as non-clinical. He was struck by the positivity of coaching. He often experienced unbridled positivity in his clients, who would come to see only the positive in all things. He spoke of the importance of realistic positivity in the coaching process, where appropriate negativity would have its place.

In Paddy's mind, such a positive approach was entirely built on relationship. Trust was the recovery experience shared between coach and client: the good and the bad. His own sharing of stories, however gruesome, was a foundation of trust. He would use models, for example the Wheel of Life; his listening skills were more important than coaching models. Paddy felt it was paramount that a coach created a safe environment for people to be heard. People just need to tell their story. In listening to their stories, he had to suspend judgement and blame: the two things his clients feared most. Coaching created awareness, allowing his clients to take responsibility for their recovery.

Paddy suspended judgement on abstinence as a recovery coach: his first client relapsed daily and he was simply required to be supportive. He endorsed the sanctity of the relationship between coach and coachee. Paddy held the goal of his work as recovery by any means. He experienced that recovery might lead to abstinence, that might lead to recovery, and on to wellness. He was a firm believer in the wellness model: contrasting coaching to the pathologically focused medical model of counselling and trauma. Whilst working in treatment centres, he found that the patients often had a morbid fear of counsellors and psychiatrists. He felt treatment and the therapeutic model were static, in contrast to coaching, which was about movement. He saw that every step taken, every pause, every mistake, was learning, and that all learning pointed in the right direction. Goals and action, directed by the client, were a vital part of this movement towards recovery and onwards into wellness.

He described recovery as a metaphorical dance: clients could find a way forward in partnership with a guide; one who built a relationship grounded in trust, and listened whilst not judging. People just wanted to be heard and to tell their story.

Paddy's experiences of recovery coaching were centred on the power of relationship that was at the core of the coaching process, part of which meant sharing his own journey in recovery. His successes were grounded in that robust relationship. He would never give up on his clients, and

they in turn would never give up on the process. This was story about the relationship of trust between coach and coachee in the pursuit of recovery by any means.

4.2.4 Belinda's transcript

Belinda had worked in the SUD field in London for over 20 years. She had a great deal of experience in the public sector addiction treatment arena, with its targets and goals, its declared purpose of getting people sober, and keeping them out of treatment. She was not in recovery herself, but had in-depth experience as a counsellor, regional manager and lately, as a recovery coach. She had discovered coaching through the FRC training programme, and was amazed at how effective it was in catalysing transformation. She identified with the use of open, powerful questions, reflection and the use of coaching models such as GROW (Whitmore, 2009). However, she was convinced that the transformative power of coaching lay in the relationship between coach and client, and because the client dictated the agenda. Coaching was a conversation between equals. This was in stark contrast to her experience in her service organisation. At the heart of her story lay the arena of competing agendas – the recovery agenda of the service organisation was based on organisational targets, whilst coaching was focused wholly on the agenda of the coachee.

She often found herself coaching on purpose and meaning, about a new way of being in the world. Uniquely positioned with her experience in therapy and coaching, she articulated their differences. The therapist needed to know what was going on in order to understand the client better, and advise them what to do. The coach dealt only with what was presented. It was a contrast between understanding behaviour and catalysing movement. Coaching was, for Belinda, all about the movement forward that emerged from the relationship, enabling the client to decide on her path into recovery.

The overarching theme of Belinda's story was one of contrasting agendas: of the differing worlds of treatment organisations and its targets, and the recovery coaching approach, which was focused on servicing the agenda of the person being coached, founded upon a relationship of equals. She described the need for awareness regarding these different interpretations of recovery.

4.2.5 Pat's transcript

Pat's experiences of recovery coaching began with her personal journey in recovery. This led from the AA rooms to life coach training, and her wondering if coaching was being applied to the world of recovery care. What appealed to her was the forward-focused and goal-centred nature of coaching. She used the Wheel of Life and GROW models as coaching processes, or the SCARF model (Rock, 2008) when dealing with clients who were in a place of anxiety. The purpose of her coaching was to create a relationship in order to allow people to move through guilt and shame and grow their awareness in order to become objective about their lives. Objectivity facilitated the creation of action plans and goals, which allowed movement forward into recovery.

Initially, Pat found – to her surprise – that the goals of recovery coaching were very often rooted in relationships and finances, rather than focused on stopping drinking. Other goals centred on building coping skills, or excavating purpose.

The challenges Pat encountered revolved around setting and maintaining boundaries to protect both parties in the relationship, and overcoming obstacles and self-sabotage. This was not sponsoring or mentoring; this was a relationship of equality. Boundaries were there to ensure that she did not try to save people, as she tended to do. Boundaries meant that whilst displaying the qualities of compassion and empathy, Pat's humility and training required her to refer clients to medical professionals when necessary. Her work was within a continuum of care in a multi-disciplinary field. She saw recovery coaching as facilitating self-directed, adult learning.

In terms of outcomes, she found that successful outcomes in recovery coaching often came from mature adults, and often professionals with a career background. She felt the idea of setting goals and action plans in recovery appealed to business people. She also had successes with group coaching: nurturing the feeling that each person seeking recovery was not alone.

Above all, Pat saw that her role as a recovery coach was to help people set goals in their lives. She honoured the unique nature of each client's recovery journey: the client held the agenda as they had both unique needs and access to unique resources, exemplified in the construct of recovery capital. She simply facilitated the excavation of a survivor plan built on these unique resources. In her mind, the clients were the experts on their lives. Her language was one of survival and not victimhood, a language of movement and of not being stuck. She often coached in pursuit of harm reduction rather than abstinence, as the client wished. In fact, she did not see her work as being in the addiction field at all: she worked in recovery.

The overarching theme of Pat's story was movement and a goal-centred coaching perspective. As a recovery coach, she helped people design and action their goals in recovery.

4.2.6 Jack's transcript

Jack's experiences of recovery coaching were centred on the outcomes of a service he felt complemented treatment and therapy. In his experience, moving into recovery became possible when addicts reappraised what recovery meant to them, in the pursuit of what they really wanted to do with their lives. The message was not about abstinence, it was about the hope of building a completely new life in recovery. This was what he described as "the gift of the pain of addiction".

The coaching process was a collaborative, cooperative conversation, devoid of confrontation, stimulating thought on what recovery meant to that individual, and the changes that needed to be made in pursuit of a meaningful life. The emphasis was on invoking participation.

Challenges centred on the impact of stopping drinking, for the number one fear of the alcoholic was how they would cope socially without alcohol. A technique to resolve this fear was repositioning recovery as not stopping using, but starting a new life: the message of hope and

commitment was clear. Another challenge was dealing with the dislocation clients felt after treatment: they may have got sober, been to therapy and had worked on why they were had a problem with alcohol, but had yet to make the connection that the step towards recovery was participation in the process of building a new, meaningful life. Hence, so many addicts remained stuck in “fearful abstinence”, as Jack put it.

Coaching, based in participation, cooperation and collaboration, in a non-confrontational manner, was an effective medium to address this immobility. A challenge Jack often encountered was the prevailing need of interested parties to see their suffering loved ones ‘fixed’: describing families as both rescuers and persecutors in equal measure. Another challenge was his own tendency to want to rescue his clients, and to tell and direct them. Coaching had to be undirected. He also had great passion for his work: it would almost engulf him, and he would slide into an unbalanced life. That said, he was deeply passionate and committed to his work as a recovery coach, work that he felt was one part of a continuum of care.

In Jack’s view, effective coaches must have first-hand experience in recovery: through working in the field or through their own recovery, or both, since this allows identification and relationship building with the client. He believed that empathy was the number one attribute of a coach, and empathy emanated from a mutual understanding of addiction.

Jack was familiar with a number of coaching processes such as Process-oriented Psychological Coaching, Ontological Coaching, and Cognitive Behavioural Coaching. He was familiar with the use of metaphor and reframing (calling upon clients to reappraise their experiences positively in order to derive learning and change in behaviour from them). He described the canvas of methodologies available to the coach: tools and models available according to the needs of the client. Overall, the emphasis on the use of models was to allow him, as a coach, to work with their language and body language, their words and emotions, in order to allow clients to see the good in the experience that had passed. His aim was to try to help clients reframe their experience in a positive light. By avoiding blame, he was able to work on building a culture of self-belief in order for the client to take responsibility for change, rather than shoulder the burden of blame.

One key aspect that Jack shared was his experience that focusing on consequences did not lead to long-term recovery: consequences were effective in moving people towards seeking help, but would not keep people sober. Change, however, could do this. According to Jack, it is possible for an individual to move forward if he or she takes responsibility to change, to seek and to work towards a meaningful life. Such a meaningful life could be explored through the coaching process.

Jack found the exclusive use of goals constricting, for over-zealous goal setting might set up the client to fail in impossible circumstances. Aggressive goals, usually centred on the cessation of use, might lead to self-sabotage. He preferred the idea of dreams rather than hard and fast goals. Dreams, for Jack, encapsulated striving towards creating a better future. Responsibility, for Jack, meant choosing to move towards a new life in recovery. Coaching was an effective partnership in

invoking movement towards this very personal goal. Recovery was therefore a process of empowerment.

The overarching theme of Jack's story was that recovery coaching led to positive, personal outcomes once the person seeking help was able to explore what recovery meant to them. Recovery was their bountiful new life. Jack's narrative saw the recovery coaching process as redefining what recovery meant to the client, in order to move from worrying about abstinence to creating a meaningful life. This was his definition of recovery: leading a meaningful life.

4.2.7 Bob's transcript

Bob's experiences of recovery coaching were about the tension between the needs of the recovering professional, and the needs of their employer. This was a narrative about the systemic challenges of recovery coaching in the particular context of recovering professionals.

An individual might have to return to the performance culture of his or her organisation, and its business language, after a spell in treatment. Treatment was steeped in clinical and psychological language, which would often put them at odds with their workplace. For the recovery coach, this led to a number of challenges, most importantly holding the needs of the individual and the needs of the employer in the same space. Successful recovery coaching in a systemic context therefore required clear contracting around success metrics and expectations of all parties concerned.

Bob felt that organisations were largely unprepared for helping their staff in a recovery situation: bureaucracy dominated, and the function remained at the human resources level. He felt this was an area for leadership. He asked organisational leaders what they were prepared to do to support their employees who needed to recover from alcohol or drugs. Recovery coaches were typically used as a crisis management tool, when in fact there was a far deeper problem. This was Bob's experience in South Africa, with its limited pool of skills and a strong drinking culture in the workplace. He was passionate about the idea of corporates building organisational recovery capital in support of its people and its business.

Bob felt recovery coaches working with organisations had to establish clear success parameters when embarking on a recovery coaching mandate. He would ask what success meant and for whom. What was the organisation prepared to do in the event of a relapse, or if they lost their newly recovering staff? In essence, it was about relationship management: of coachee and organisation, and being in agreement on their goals. Effective recovery coaching in systemic context was about watertight contracting.

The overarching theme of Bob's story was the systemic challenge of coaching recovering professionals, and the need to manage all interested parties through effective contracting. Bob saw this as a pressing and systemic issue for recovery coaches, where the business culture and the culture of recovery were often at odds, leading to the loss of institutional capital. Bob was deeply passionate that, in the case of recovering professionals, too often bureaucracy dominated and

decimated, where recovery coaching could empower both parties, and enable better solutions to be found. It was a narrative of possibility, organisational change and wellness through recovery coaching.

4.3 NAÏVE UNDERSTANDING OF THE MATERIAL AS A WHOLE

All of the recovery coaches that were interviewed were experienced in addiction and recovery, either through their work in the field, or their own recovery, or both. Seeking out coaching, and choosing to train as a recovery coach, was the result of wanting more from their own recovery, or seeking complementary processes to serve alongside the often traumatic models of treatment, therapy and counselling. There was a strong theme of exploration of what recovery really meant for all those interviewed.

The dominant narrative of all the interviews is one of movement: coaching was portrayed as a process of moving forward, empowered by a relationship of equals between coach and coachee, and driven by purpose and goals. This was also the case for recovery coaching. In such a relationship that was built on trust, clients were called upon to direct their own agendas, and define their own recovery. Clients were seen as experts in their own lives. This was through a process of raising awareness and taking responsibility for directing their own recovery, rather than being trapped in judgement, blame and consequences, or waiting in fear to be told what to do. Coaches found that clients simply wished to tell their story and be heard; the cooperative, collaborative, co-creative and non-confrontational nature of coaching permitted this. Coaching was all about building a relationship with one's client: recovery coaching was a client-centred programme.

Coaching skills included listening, the use of powerful questions, reframing, the use of metaphor and perspective, empathy, compassion and the suspension of judgement. Coaching models used included the Meaning-centred Coaching Model, GROW, the Wheel of Life and SCARF, but it was clear that models would only be used in the service of the needs of the client. There was a strong sense of experience that recovery coaching was a process to facilitate the excavation of one's purpose: the idea that recovery was actually imagining, choosing and planning to lead a life of meaning, one far removed from abstinence. The processes of coaching, such as models, goals and action plans, facilitated this forward thinking – with the caveat that unrealistic goals led to sabotage, hence some felt that 'dreams' was a better term for future action plans. Often the immediate goals of clients coming into recovery coaching were of a financial and relationship nature, or the fear of not drinking in social situations. These smaller goals tended to be engulfed by the larger goal that emerged – that of leading a life of meaning and purpose that alcohol misuse had destroyed.

Challenges were diverse. There was the tendency to try to rescue clients, of overwork, of not setting clear boundaries, and the systemic challenges of working with recovering professionals and

their employers. All these experiences pointed to the need for watertight, clear contracting to protect coach and client in their desire to be of service.

Finally, whilst the theme of recovery coaching as movement prevailed, so too did the belief that recovery was about possibility, purpose and potential, and that each client was able to choose a way forward in their recovery. Clients were seen as capable, whole and resourceful. Recovery coaches felt that this work complemented clinical services. It was the organisational recovery agendas of treatment organisations and their targets that led to conflicting definitions of recovery. Above all, running as a rich theme through the combined narrative, was the idea that recovery was not abstinence; it was far more. Abstinence was the target of treatment. Recovery, experienced as a bountiful new life, was achievable though the resources and choices of the individual.

Fundamentally, recovery coaches saw that their work was not in the field of addiction, but in the arena of recovery.

4.4 STRUCTURAL ANALYSIS

Structural analysis is the process of deconstructing, restructuring and analysing each text (Blom & Nygren, 2010, p.31). The purpose of structural analysis is to create explanations of each text in the form of conceptual codes. The production of the top five codes for each text is presented in Table 4.1 as the foundation for the comprehension stage.

Codes were generated on what was said ('What' codes). This was followed by coding each 'What' code with a 'Who-Where-Why' code, and completed by deriving a 'Reflective' code (Blom & Nygren, 2010). 'What' codes were therefore common across all of the material, but each 'Who-Where-Why' and its derivative 'Reflective' codes were unique to each quotation. In this manner, a narrative structural analysis preserves the integrity of each story, and derives the three types of "utterance meaning": semantic, reference backwards or behind, reference forward or ahead (Blom & Nygren, 2010, p.30).

These codes were put together into a totality of codes representing all new interpreted entities. This totality was comprised of 277 quotations, 124 'What' codes, and 277 'Who-Where-Why', and 277 'Reflective' codes. The top five 'What' codes for each transcript, ranked by a relative number of quotations per interview (representing over 80% of all codes for each transcript), were then tabulated (refer to Table 4.1).

The homogeneity of the subject matter is clear from the naïve understanding of the material as a whole. These are the combined experiences of coaches working with employed professionals in recovery from alcohol. Ranking the 'What' codes in each transcript, by relative number of 'What' codes, reveals the heterogeneity of their chosen narrative of experience, as shown in Table 4.1. This is the result of taking a narrative approach to the research interview: though a similar question was asked of each coach at the start, the rest of the interview was a co-created, dialogical narrative (Reissman, 2008). It is evident from the structural analysis that each transcript tackled the

experiences of each recovery coach from their particular perspective. This is reinforced by the methodology: whilst 'What' codes may be common across all the narratives, each 'Who-Where-Why' and 'Reflective' code is unique.

Table 4.1: 'What' codes ranked for each transcript

Coach	Code ranked 1	Code ranked 2	Code ranked 3	Code ranked 4	Code ranked 5
Bob	Meaning-centred coaching model	Volition and choice	Archetypal hero's journey	Coaching goals	Recovery coaching perspectives
Ben	Organisational cultures	Coaching skills	Client-centred process	Systemic challenges	Co-active coaching models
Paddy	Coaching relationships	Coaching as positive experience	Telling your story	Abstinence	Being heard
Belinda	Recovery coaching perspectives	Agenda conflicts	Coaching relationships	Coaching goals	Culture of treatment
Pat	Coaching goals	Coaching is movement	Recovery coaching perspectives	Coaching relationships	Looking for more from my recovery
Jack	Defining your recovery	Coaching outcomes	Therapy and counselling	Coaching goals	Challenges faced
Bill	Systemic challenges	Organisational cultures	Coaching outcomes	Expectations of coaching	Organisational policies

4.5 COMPREHENSION

Comprehension is the process of grasping the meaning in the data (Blom & Nygren, 2010, p.31). In the fourth stage of analysis, the totality of codes from structural analysis is merged with the naïve understanding of the material as a whole in order to understand all the stories.

This understanding is presented through a comparison of the dominant 'What' codes from each interview and the objectives of this assignment, and discussed according to themes categorised by the objectives. These are exploring the goals, processes, challenges and outcomes experienced by recovery coaches. A brief discussion of how each theme relates to the data and the research literature is considered, before a detailed presentation of each theme as they dominated particular cases.

4.5.1 Categorising themes

Returning to the naïve understanding of the whole material, there are clear themes evident, for example, the recovery status of coaches, recovery coaching as purpose, coaching models, coaching skills, tools and techniques, importance of relationships, goals, challenges and recovery coaching perspectives. In the combined text, these reflect the homogeneity of the subject matter. The aim of this research assignment was to study the experiences of coaches working with professionals in recovery from alcohol misuse to tell us more about coaching. The objectives were

to research, in this context, goals, processes, challenges and outcomes experienced by coaches. These four objectives are all present as themes in the naïve understanding of all of the material. This is also the case for the totality of codes. Combining the totality of codes with the naïve understanding of the material as a whole reveals the detailed perspective of each narrative, or meaning of experience, within the broader subject matter. The dominant structural ‘What’ codes (in this case the top 2 which together made up over half of all ‘What’ codes in each transcript) and by implication their unique derivatives, have therefore been grouped into the themes of the research objectives, a form of code aggregation. This completes the combination of the naïve understanding of all of the material with the totality of codes, in order to comprehend the material thematically and address the research objectives. These findings are presented in Table 4.2.

Table 4.2: Top 2 ‘What’ codes ranked for each transcript grouped by theme/sub-objective

Coach	Code ranked 1	Code ranked 2	Category of finding by theme/objective
Bob	Meaning-centred coaching model	Volition and choice	Processes
Ben	Organisational cultures	Coaching skills	Challenges
Paddy	Coaching relationships	Coaching as positive experience	Processes
Belinda	Recovery coaching perspectives	Agenda conflicts	Challenges
Pat	Coaching goals	Coaching is movement	Goals
Jack	Defining your recovery	Coaching outcomes	Outcomes
Bill	Systemic challenges	Organisational cultures	Challenges

4.5.2 Goals

Goals are integral to the coaching process. Goals, and the accountable actions taken to meet them, are the output or purpose of coaching. They are the means by which adult experiential learning becomes experiential education (Stout Rostron, 2009, pp.39-54). Goals are set, plans laid, and action celebrated. The client holds the agenda and goals must be aligned to the values of the individual (Stout Rostron, 2009, p.52). A defining perspective of coaching is that it is a client-centred and client-driven process: goals may be large and small, but they are used in coaching only in the service of the client’s agenda. Coaching models have goals: they might be explicit, for example in the GROW model, where goal definition is the first stage of the coaching model (Whitmore, 2009). Goals may be implicit to the coaching model, for example in a Solutions-focused coaching model such as OSKAR (Jackson & McKergow, 2007) in which there is no explicit goal-

setting step, but goals are discovered through imagining the solution to a problem. Coaching is not simply a cognitive process: it demands action and the coach holds the client accountable. This is another core perspective of coaching. The underlying purpose of coaching is to facilitate movement: from the current (undesired) present to a new (desired and defined) future.

It may be surprising that structural analysis of the data reveals that consideration of goals is not more pervasive given its prevalence in coaching literature. However, this is because recovery is the goal. The literature portrays recovery management as a construct that envisages a multi-disciplinary team of service providers and support systems, from clinical services to the communal support systems, united in the support of the singular goal of recovery (el-Guebaly, 2012). A recovery-oriented system of care is the practical application of that construct (Laudet & Humphreys, 2013). Recovery management honours the growing body of experience that recovery is a distinctly individual journey, built upon the sum total of recovery assets and liabilities of that individual – a quantifiable construct known as recovery capital (Cloud & Granfield, 2008). Understanding one's recovery assets – or recovery capital – has been found helpful in the pursuit of sustained recovery (Burns & Marks, 2013). Recovery coaching, a subset of P-BRSS (White, 2010), itself a ROSC, has one explicit goal, namely to support the client in their pursuit of recovery. The literature on recovery management is clear that the singular goal of its social models philosophy is recovery (Room, 1998). It is almost silent on the goal-centred perspectives and processes of coaching for recovery.

Reif et al. (2014, p.3) found that in a recovery coaching relationship the individual is aided in the setting of recovery goals and a recovery plan. In dealing with the individual as they present themselves, the coach focuses on the strengths and assets of the individual. This approach serves as a starting point for coaching, with the coach being “supportive rather than directive; and finding services to support that plan that are selected together. Other attributes of the recovery coach are the pursuit of the singular goal of recovery” (Reif et al., 2014, p.3). These represent emerging ideas on the goal-centred perspective of coaching for the singular goal of recovery, but the coaching itself, as a client-led and goal-centred process, is not the area of focus.

4.5.2.1 Recovery coach Pat and goal-centred coaching

Pat's narrative is concerned with goals. In her experience as a recovery coach, coaching goals were the means to enact movement towards recovery. Pat's pursuit of recovery coach training came as a direct result of seeking to learn more about recovery as a part of her own recovery. In her case, recovery was initiated in treatment and the AA Fellowship, and led to her training as life coach. Having been introduced to coaching, she wondered how coaching could be applied to recovery.

Pat: “The more coaching work I did in the model of life coaching and business coaching, the more I started to wonder if people were applying it to recovery. And I started to do some research and investigation into that because of the very forward-focused, goals-orientated

nature of coaching. What I found with my experiences many years ago in treatment, and then trying to become part of the fellowship, there was a lot of: 'living in the past', let us call it that, and a lot of 'this is what brought me here and this is why I am here', and I found that again this is all personal experience, and that everything lacked the forward nature that I was looking for."

The forward-focused, goals-oriented approach of coaching was one that, in Pat's experience, enabled movement. Recovery coaching was about acknowledging the present, and setting a course for a chosen future. In this sense, her work differed little from other forms of coaching. She described in her own words the work of a recovery coach:

Pat: "Well what is a recovery coach? Do you teach the 12 steps?' It is like: 'No, I don't. I help people set goals on how they want to move forward in their lives.' 'Well then you are a business coach!' people tell me. I answer: 'I am a coach who works with people with a history of substance abuse.' I am just really helping people to find their own way out of the dogma, and the 'everybody telling addicts how recovery works.'"

It is clear how Pat's experiences place her at the watershed of the debate on abstinence and recovery that dominates the literature. Abstinence is revealed as a state, a scientific fact, and static: metaphorically belonging to the acute, clinical model that seeks cessation of alcohol and drug use (McLellan et al., 2000). Success is the outcome of stopping using. Abstinence is defined in the language of professional knowledge (Borkman, 1976). Its stakeholders – the recovery community – experience recovery as a process of change, achievable by any and many means, and an individual journey of which abstinence, in all likelihood, is one core feature (Laudet, 2007). Recovery is characterised by a language of experiential knowledge (Borkman, 1976). In the literature, recovery is characterised as movement, abstinence as static.

Pat was quite clear that her role was to catalyse movement; this required creating an environment of empathy, compassion and acceptance, but it was a dynamic process. At the start of an intervention, she would ask a question that clients initially found hard to answer:

Pat: "Who do you want to be moving forward?"

This question was hard to answer, particularly if the client had come through treatment and therapy, and had become the object of scrutiny. The clinical work was essential for many to uncover what their addiction was all about. Coaching turned the tables by changing the subject matter:

Pat: "Now they are part of the dialogue rather than the topic of the dialogue."

At their heart, coaching conversations are a series of open questions and considered answers between coach and client, to encourage learning from one's own life experience. A coaching conversation is not simply experiential learning but also experiential education (Stout Rostron, 2009, pp.39-54). Coaching assumes that the client is the expert in his or her life; the coach is a

facilitator of a process to assist with applying that expertise towards realistic and desirable change. Recovery coaching makes that same assumption: that the client is capable of enacting change in her life. Pat's narrative made this very clear. The pursuit of recovery was the goal of recovery coaching – but it was the client's goal, and this was core to the coaching process. What Pat invoked was participation:

Pat: "Which is what I love about the coaching relationship because it is not about advice and it is not about judgement and it is not about telling our clients what to do, it is just holding that space for them and leading them with questions, so that they can find out exactly what works for them. I am not the expert here, they are the experts in their lives, and I definitely believe that is where the power of coaching lies."

If a coaching conversation is both experiential learning and experiential education (Stout Rostron, 2009, pp.39-54), then both forms of learning imply participation. By raising awareness and encouraging responsibility for one's own recovery, Pat was invoking participation in co-creating a recovery plan of action, and holding her clients accountable. Pat was building self-belief: the goal of all coaching (Whitmore, 2009). For Pat, the goal of recovery coaching was building self-belief.

Pat counted herself lucky to be able to work in a multi-disciplinary and multi-dimensional team. She positioned recovery coaching as one support service within a ROSC, dovetailing with the literature about recovery management (White, 2010; Laudet & Humphreys, 2013; Reif et al., 2014). In her experience, recovery coaching worked well with employed professionals who identified with its business-like goal-centred approach. However, she felt it was less successful with young adults. Some of her clients came from treatment, some from therapy, and many from both. In her mind, her work was the next stage in a continuum of care: that of movement towards the goal of recovery. With some of her clients, the immediate goals were harm reduction, moderation management, avoiding treatment, working on finances, and rebuilding relationships. Her clients decided on these agendas, but above all, by invoking her clients' participation in their own recovery, and by using all of their individual resources available, clients experienced movement. Clients responded to the change of approach and often articulated this:

Pat: "Oh my word! This is incredible! Why wasn't I ever introduced to this before! Because instead of people telling me over and over and over again what I should be doing, people are giving me an opportunity, or the coaching is giving me an opportunity, to work out what it is that works for me!"

The resounding message of Pat's story is that the goal-centred, participatory nature of coaching is the foundation of its success in a recovery context, notably that such a goal-centred approach is effective with employed professionals and mature adults. This is important: the literature describes recovery coaches as credentialed by their experience in recovery (White, 2010; Reif et al., 2014). The evidence from Pat's experience suggests that recovery coaches are first and foremost credentialed by their skills as a coach.

4.5.3 Processes

The literature describes coaching models as the processes by which coaches conduct interventions. Coaching models are structured conversations designed to facilitate experiential learning and experiential education through clear stages (Stout Rostron, 2014, pp.39-54). There are many coaching models available to a coach. Each is grounded in a certain set of perspectives and coaches are encouraged to choose the model that is appropriate for the needs of the client. Coaching models are generally more associated with coaching processes than, for example, the processes of contracting and relationship that may be implied within coaching models.

Different coaches favoured different coaching models reflecting their perspectives accurately. The coaches, whose narratives were goal-centred, and whose recovery coaching methodology was model-driven, talked about the GROW model (Whitmore, 2009). Two coaches used the Wheel of Life, a popular model designed to give a visual representation of a client's satisfaction with defined areas of their lives, and often used as an entry point for coaching. One coach made use of the SCARF model (Rock, 2008), reflecting her experience working with the triggers and urges common to people in the early stages of recovery. SCARF is used to manage anxiety in clients being coached, through labelling and naming the underlying emotion (Lieberman et al., 2007, p.427). Two other coaches favoured models that reflected their perspectives around purpose and emotions, and recovery. Both stressed that models were only useful if they supported the needs of the client. Models used in this case were Process-oriented Psychology Coaching, Ontological Coaching, and Cognitive Behavioural Coaching: all models familiar to trained coaches.

The findings reveal that coaching relationship and contracting, parts of a coaching process, were discussed in far greater detail than specific models. This might seem surprising given the dominance in coaching literature of models. It is, however, appropriate: coaches are trained to use coaching models that fit the needs of their clients. It seems that recovery coaches follow this training and use a variety of models as appropriate.

The foundation of a coaching process is the relationship between the coach and his or her client. This originates from the client-centred approach of Carl Rogers. Rogers identified three aspects of an effective therapist/patient relationship that have become the hallmarks of a successful coaching intervention: unconditional positive regard, genuineness and accurate empathy (Rogers, 1961, pp.47-49). Stout Rostron (2009, p.49) unequivocally believes that the power of coaching lies in the supportive relationship between coach and coachee. This also appears to be the case with respect to recovery coaching. Structural analysis of all the texts placed the 'What' code relating to coaching relationship as the most discussed theme, highlighted by these excerpts:

Bob: "So success is based on the measure of the coach and coachee relationship."

Pat: "So with regards to outcomes I think that when somebody is open to the coaching relationship the outcomes are a lot better, the processes, tools, and techniques tend to sit a lot better, like any sort of close relationship."

Belinda: "She eventually left the field and she is now a photographer! All because she knew that I wouldn't let go of her when she was struggling. It has always got to come back to the relationship between the customer and the coach because that is the thing all the way, and you believe in your client because you have got time to believe in your client."

4.5.3.1 Recovery coach Paddy and the importance of relationship

Paddy's narrative was one centred on the profoundly positive experience of coaching, when anchored in a strong relationship. The relationship between coach and client was the defining foundation of the recovery coaching process. Building a relationship was more important than applying coaching models. This understanding came about as a result of his recovery journey. Paddy's recovery started in treatment, and then in the AA Fellowship, and having established sobriety he actively sought more from recovery outside the rooms:

Paddy: "I think that was a big part of my search like I said in the beginning that I wanted to do the Recovery Assistant's course because I wanted to know more about recovery because I felt this couldn't be recovery. I can't just be coming to these rooms for the rest of my life! The rooms are supposed to teach me how to deal with life, but I have found out, and I may be completely wrong, my whole thought process was that they create life within the rooms, and what is the outside life? You have to keep on coming back. But you were going out four years later having been in the rooms, and you still weren't comfortable out there. So was it really getting you ready for life? Did you really deal with that? It got you sober and kept you sober, but then you have to get out there and do it."

Paddy's desire to seek more from his recovery dovetails with the literature that describes recovery as a journey of exploration and change (Laudet, 2007). In this quest, he undertook a recovery assistant's course, which was clinical in nature and exposed him to working with addicts in treatment facilities. He began to wonder whether it was possible for certain people to skip the traumatic side of the medical treatment model. It was this question, this desire to develop his own recovery, that led him to coaching, and to train to become a recovery coach:

Paddy: "I have always wondered what if you could skip that traumatic part and go straight to the positive of coaching, and someone told me about the recovery coaching which I then went to. And the thing that really got me about that, I was just flabbergasted because it was such a positive experience, compared to the medical side, where you are forcing people to come up with things from their past, and it is pretty traumatic, and I would not like to say destructive, and I know it is necessary in those cases. But the coaching was just such a positive experience."

Paddy was struck by the positivity of coaching. Having completed the FRC training and offering recovery coaching services, he unpacked what this positivity meant: there was no criticism, a recovery coach was not judgemental, a coach was supportive and above all, was a good listener:

Paddy: "You have got to listen, this is what I learned, and these are the three principles for me: you listen well, you never ask why, and just be supportive."

Aggregating Paddy's coaching skills, his core message was clear: an environment of positivity could only be created through establishing a relationship of trust between coach and client. What he is saying is that the application of coaching skills is possible from a secure relationship of trust:

Paddy: "The relationship is everything. It is about 100% trust, you have got it, it is not so much about you trusting the person you are coaching I think that all comes out: that person trusting you, that is imperative. It is all about the client, it is all about them."

In the desire to establish trust, Paddy would share his own experiences in recovery, in the desire to show his understanding of his client's fears and vulnerabilities. In this respect, Paddy fulfils the definition of a P-BRSS: credentialed by his experience in recovery (White, 2010). Paddy explained:

Paddy: "And if you understand the vulnerability and the fear in the person you are coaching – it is just pure fear and to be able to hand over to – that takes a lot of time. A lot of that relationship was building trust. You are often told 'don't divulge your own story unless asked', all the little guidelines, but you have to divulge – I had to divulge – lots of my story, some of the gruesome stuff so that he would then feel: 'Ok ... there is trust here'. It took a long time to build the trust."

In Paddy's experience, a secure relationship meant that the client could trust the coach and the process in order to be heard. Paddy used his own experience in recovery as a tool to build trust. According to White (2010), this is the purpose of the use of peers as recovery coaches. In Paddy's experience, people in recovery just wanted to tell their story, and to be heard. Paddy's purpose in his recovery coaching approach was simply to listen to his client's story:

Paddy: "All you have to do is sit, listen, prompt, be positive, be supportive, the story comes out. It could not be simpler! You know a lot more than that as a coach, but you do not have to bring that to the client it is that simple! You just sit and just bring that to the table that is what they want: they want to be heard, they want to tell their story."

This is a Rogerian, client-centred approach (Rogers, 1961) and it places the client at the centre of the process, secure in the relationship, a core feature of coaching in general (Stout Rostron, 2009, p.49). Paddy shared what such a relationship meant in a coaching situation: he would not judge a client who was relapsing on the journey to recovery. A relationship of trust meant unconditional support and suspension of judgement: the recovery coach did not need to debate the merits of abstinence before recovery. This debate is not required as it may not be in the service of the client at that time. Paddy related his work with one client (an employed professional in recovery from

alcohol) that shed light not only on recovery coaching and relationship, but also on the arguments around the definition of recovery, which lie at the core of the literature reviewed:

Paddy: "I didn't have a problem with him using. He was recovering; he was recovering while he was smoking it up every day, throwing back a bottle of whatever he was drinking! And a bottle of whisky!"

Taking a client-centred approach, Paddy supported his client through this process, seeing recovery as a process, which, in all likelihood, would involve abstinence at some stage. However, the goal of recovery coaching was not abstinence; it was supporting the client in the search of their recovery. The debate on the merits of abstinence was not appropriate in the service of the client:

Paddy: "Well abstinence is not recovery. Abstinence leads to the road to recovery, but this is what I was trying to do: to get recovery to lead to abstinence. I think this is what I tried with this guy: to let the recovery lead to the abstinence, and then take it forward into the recovery part, and then hopefully from the recovery path into wellness."

At the core of Paddy's experience in coaching professionals in recovery from alcohol was placing the client at the centre of the process through relationship. In this sense, recovery coaching shares a core perspective from coaching; however, it also highlights a core perspective of recovery coaching on the nature of recovery. In a client-focused model, clients define their path of recovery, and may be seeking recovery, or deemed to be in recovery, without being definitively abstinent. Recovery coaching, in this case, builds on the ideas developed in the research literature: that recovery and abstinence are not the same (McLellan et al., 2000; Laudet, 2007), that the singular goal is recovery by any means, and that recovery is self-determined and self-directed (Center for Substance Abuse Treatment, 2007). What may be needed on this journey of recovery is a supportive relationship with a recovery coach, a peer in recovery (White, 2010), who can listen and let the client tell their story. Paddy summarised the power of relationship to his recovery coaching, reflecting on one of his clients, an employed professional in recovery from alcohol:

Paddy: "I never gave up on him, and he never gave up on the process."

Recovery coaching is a process that binds coach and client to a robust two-way commitment to the process of recovery. Recovery coaching, in this context, honours the goal of recovery management: recovery by any means (Laudet & Humphreys, 2013).

4.5.3.2 Recovery coach Ben and coaching models

The overarching theme of Ben's narrative was concerned with his perspectives on choice and meaning-centred coaching models. Once again, his particular perspectives, drawn out by the narrative approach to inquiry, informed the substance of the interview. This highlights the benefits of a case-centred narrative research methodology (Reissman, 2008). Ben presented his meaning-centred coaching model as a clear example of the fusion of his ideas and experiences from

recovery and from coaching, and made a strong case for the use of coaching in a developmentally oriented recovery universe.

Recovery was, in Ben's mind, a chosen journey of exploring one's purpose in life. Recovery was not a destination, but a journey of volition: reminiscent of the debate in the literature around the need to establish clear definitions of recovery (Betty Ford Institute Consensus Panel, 2007). Ben, who has been at the forefront of the recovery coaching training and accreditation for many years, was the most experienced of the coaches interviewed. He was adamant that the need for the idea of purpose or meaning should be present in a recovery conversation:

Ben: "And, you know, I am absolutely overwhelmed by the evidence over the last 35 years which is that the people who make a success or make this transformative process called recovery are the people who can live a life that has enough meaning in it."

There were a number of core perspectives that made up his recovery coaching model, and that yielded insight into his views on recovery and on coaching for recovery. The coaching model could only be understood in the context of Ben's broader narrative. He saw recovery as a journey. At the outset, Ben saw the coaching relationship as stepping into a story:

Ben: "And I think that's kind of very interesting idea when we think about working with people so when we sort of take this idea of coaching and take this idea of being a coach and stepping into a coaching relationship with someone. You are stepping into a story which is actually why I really enjoy the kind of narrative approach to working with people, if only because people relate their lives in stories and we tend to think about, well I tend to think about what's the current story, and what is the story that is unfolding, and what is the story that people are creating, and how do they understand it and perceive it."

Ben developed the idea of story into a specific idea of journey in the context of recovery. He described in detail an archetypal ideal of the hero's journey that existed across cultures, for example in the parable of the prodigal son, or in fairy-tales. The hero was called to make a journey from home, was challenged along the way by enemies and helped by allies, and returned home fundamentally changed. Ben felt that this metaphor was one that described the journey of recovery:

Ben: "The hero's journey narrative chimes very well with people within the addiction framing, that recovery can very often be framed as the hero's journey. You know, undertaking the journey of recovery, brings us, if you like, to trying to move away from something which is the addictive experience in pursuit of something else."

Ben drew on ideas about the recovery curve. The recovery curve plotted the recovery coaching journey, from addiction into recovery, and into wellness. The recovery curve was described as the descent into addiction into chaos and struggle, and choosing to climb up the curve into recovery and on into wellness:

Ben: "You are familiar with 'the curve' right? You know the kind of idea of the sort of dip and its interesting because the hero's curve is sort of similar, is the same, in fact, as the sort of one that we use as a way to orientate ourselves around recovery to wellness. So you know that curve, on the left hand side of the curve, up the top on the shoulder, before what we call the descent phase, the descent into addiction or the descent into chaos and struggle, if you like, is the descending down that curve, down that shoulder into a lower or deeper place. And that the ascent out the other side is the return."

Returning to the hero's journey and the journey from active addiction into wellness, Ben revealed, admittedly controversially, his views on choice. In the hero's journey, the hero chose to venture forth, though circumstance might have forced his hand. He called this volition. He also felt that, as helpless as the addicted state was, the road to addiction was a journey of choices. Critically, to Ben, was that the journey away from the addicted state into recovery and out into wellness was also a journey of choices. Recovery was volition: a purposeful striving. Positioning recovery as a journey of choice, Ben has placed recovery between two paradigms: on the one hand, alcoholism seen as moral weakness, and on the other, the disease model, the current dominant philosophy of mutual self-support groups and treatment.

This alternate view of addiction was driven by his experience with clients over many years, and asking them to define the actual moment that they moved from a position of choice to a position of having no choice regarding their use of alcohol. Ben describes recovery coaching as a structured process of exploring one's choices and choosing a path into recovery, rather than debating the when and the why of addiction. Ben is describing the goal-centred purpose of coaching. Returning to the hero's journey, choosing to pursue recovery (a process) has become purposeful striving: a will to meaning. A journey of recovery has become a quest for purpose. The influence of Frankl (2011) and the existential quest is evident. Recovery coaching was one modality to enable a coachee to choose his or her journey out of active addiction towards a new life of purpose.

Ben's vision of recovery coaching dovetails with the literature on coaching and recovery. Recovery is described as the work of change: "a bountiful 'new life', an ongoing process of growth, self-change, and reclaiming the self" (Laudet, 2007, p.243). This might be interpreted as claiming or reclaiming one's purpose. Ben's ideas of volition might also be seen in the terms of self-belief. Purposeful striving for recovery is empowering; choosing to explore a life of purpose might be interpreted as recovering one's self-belief. The underlying purpose of all coaching interventions is to build self-belief in the client, through awareness and responsibility (Whitmore, 2009, pp.14-18). Recovery coaching, as defined by Ben, was a process for unlocking that potential. Sobriety was a side-effect of this process: the goal was transformation. Transformation was possible because the faculties for choosing to pursue a life of meaning were still inside the addict or the one seeking recovery. Addiction did not necessarily render people helpless in Ben's experience. Recovery coaching simply witnessed the re-emergence of these faculties through a structured process:

Ben: "I think that this is probably, to put it into modern parlance, kind of like the difference between the deficit-centred model and an asset-centred model, and is our departure point for a coaching model: that everything is actually still present, all of it. The will to live, the will to volition the will to find meaning, the ability to make choice points consciously and unconsciously in the present, the ability to choose. We would hold that all of that is still present in the person."

For Ben, this was the definition of recovery coaching, that it was an asset-centred process. This was his departure point: from the pathologically focused language encountered in the literature, and moving towards the definitions that emerged to present recovery as a developmental process (Betty Ford Institute Consensus Panel, 2007). Furthermore he embraced the evidence on the diverse and transformative recovery experience (Laudet, 2007; Laudet & White, 2010). These ideas, coupled with the influence of Frankl (2011), have clearly prompted Ben to build his own recovery coaching model.

Ben's coaching model, its asset-centred focus and contribution to recovery and coaching are clear. The approach is client-centred and relational: all hallmarks of coaching models. There were distinct stages and a clear goal, namely to help the clients make meaning of their conscious lives. Ben eschewed the idea of goals for goals' sake and was critical of coaches that relentlessly sought out goals for their clients in coaching sessions. For action and change to happen, another trait of coaching, goals had to have meaning:

Ben: "For coaching to be effective or to be of use, meaning must be placed in the centre of it. In the sense that coaching, in my opinion, cannot take place and has no value if it's done in a vacuum. This has always been my argument about goals. Well people say 'well why don't people do what they say they are going to do?' and I say 'because it doesn't have any meaning to them.' I mean who the hell does something if it doesn't have meaning?"

Ben described the meaning-centred coaching model as a map for a journey from addiction into recovery and through to wellness. This was Ben modelling the archetypal hero's journey and the recovery curve through a coaching process based on the will to meaning. The Meaning-centred Coaching Model has four stages: meaning, movement, knowing and integration. Meaning related to what was unfolding for the client at this moment in time, and what they wanted. Movement arose out of the appraisal or reappraisal of meaning (purpose). This led to knowledge (experience) and then the integration of all these new experiences was the act of choosing. Choices were goals grounded in purpose. Meaning-centred coaching, which has taken a volitional and developmental approach to recovery, was Ben's response to the goal-centred predominance of many coaching models. In this sense, it honours the emergent view in the literature of recovery as developmental, a process of individual reclamation, transformation, and choice (Laudet, 2007).

Coaching for recovery is a structured witnessing and dialogical process to uncover the potential that exists within the client who seeks recovery. Coaching for purpose is one effective way to work

with employed professionals seeking recovery from alcohol. Recovery is repositioned as movement away from the inert state of addiction with a recovery coach as facilitator. What is critical is that coaching for recovery is possible because clients are able to choose recovery as goal, through rediscovering their purpose. Recovery becomes a pursuit of purpose: this pursuit is a catalyst for movement. Ben's narrative firmly establishes recovery coaching as working within the realms of wellness, through the medium of purpose. Recovery is the work of change (Laudet, 2007).

4.5.4 Challenges

The challenges encountered by the coaches interviewed for this assignment would be familiar to most experienced coaches. Examples included trying to rescue clients, telling clients what to do, failing to establish clear boundaries through effective contracting, becoming obsessive about their work, and coaching within a broader system of competing interests. These challenges were concerned with managing the client/coach relationship. However, they were more often than not coloured by issues inherent in addiction and recovery, such as vulnerability, fear, blame, guilt and consequences of substance misuse. Awareness of these challenges required vigilant contracting, which in coaching terms are the boundaries that manage the coach and client relationship. Effective contracting is a core competency of all coaching and an essential part of the coaching process (Stout Rostron, 2014, p.264). Pat summarised these challenges:

Pat: "When you work with people who are so vulnerable and often living in such fear and anxiety, you must know that your place is as a coach in the supportive place of accountability, and how not to jump in and try and save people! Which for me, being a very compassionate person and really being, you know, I wish I could save the world! And coming to the realisation that I am of more service to anybody else when I am in possession of clear boundaries and those don't only protect me personally but they protect me professionally as well!"

One of the hallmarks of all seven coaches interviewed was their belief in the value of their work. This in itself was a challenge. Jack felt so passionate about his work as a coach and his interest in the transformative effects of recovery that one of his greatest challenges was trying to lead a balanced life:

Jack: "I really love what I do, I really understand the addicts that I work with: it is awesome. But it also feeds into my obsession, and it is very easy for my life to become very unbalanced. It ticks all the boxes so I need to be aware all the time that I do not fall into the trap of my life becoming completely unbalanced. Because with that there is obviously burnout, there is exhaustion."

4.5.4.1 Recovery coach Ben and the challenges of recovery status

A significant challenge was the potential conflict of interest between having experience in recovery, and the need to serve the agenda of the client. In the literature, recovery coaching emerges as a part of a group of services known as P-BRSS (White, 2010; Laudet & Humphreys, 2013). One of the characteristics of recovery coaches is that they are credentialed by virtue of their own experience in recovery and the mutual benefit to both parties in the sharing of that status. Six of the seven people interviewed were in recovery; one had worked in the field of recovery for over 20 years. Four of the interviewees chose to share their recovery status at the start of the interview: explaining that their pursuit of recovery coaching came from a desire to seek more from their own recovery. However, Ben, the most experienced of all the coaches interviewed, and himself in recovery for three decades, highlighted the challenges inherent in disclosure of recovery status in a coaching relationship. Ben felt strongly about this topic:

*Ben: "Well I feel that the question needs to be asked in terms of your relationship with the people you are coaching. The real question that you need to ask is what impact will this have and how can it be used in service of the person you are coaching? And so I have experienced it in a number of different ways. I don't believe either is a statutory requirement or an absolute, and I believe the benefit of this kind of disclosure is very contextual. So on a personal note, and from an ethical and best practise point of view, there are coaches who say, 'The first thing I am going to do is to tell them that I have been through it too so I get where they are.' Well who is that about? It is about you, right? It is not about them. You know, it's like, how do you know that they are going to get where you are, how do you know they want a coach who has been there, how do you know anything? You don't know f*** all! So, before you wander in there with your assumptions, because, you know, you are already outside of our coaching model."*

This finding is important and requires further exploration. What Ben is saying – from his experience in recovery and as a coach – is that recovery coaching is coaching for recovery only in that it serves the needs and agenda of the client. The needs and agenda of the client are presumably recovery by any means. The hidden danger is that the recovery experience of the coach leads to a directed process, transformed into the agenda of the coach. This would be a departure from the perspectives of coaching. The literature is clear on this point: the client holds the agenda and goals must be aligned to the values of the individual (Stout Rostron, 2009, p.52). This aspect is the key differentiator between a coach and a sponsor, or role model or mentor, the terms often used in the literature to describe a recovery coach (White, 2010, p.262). The recovery coach is a coach primarily observant of the purpose, process and perspectives of coaching, working in the service of the goal of the client who seeks recovery. Recovery coaching is essentially a subset of coaching.

The appropriate sharing of experience by a coach may become an inherent part of the coaching relationship. The challenge for those of us in recovery and working as recovery coaches is

maintaining that professionalism in the service of the client. Ben explicitly made the point that he differed from the views articulated in the literature. He was a trained coach first and foremost, working with professionals who sought recovery: he was not a recovery coach by virtue of his experience in recovery. This finding might form a starting point for further research.

4.5.4.2 Recovery coach Belinda and the challenges of competing recovery agendas

Belinda's narrative was one of organisational recovery agendas that competed with recovery coaching perspectives. These challenges reflected her experiences of working for 20 years in the SUD field of treatment and counselling in the local community, and the comparatively recent recovery coach training she had undertaken through the FRC. At the heart of her story was the debate that dominates the research literature reviewed: competing definitions of recovery.

Highly experienced in the clinical approach to alcohol and drug misuse, Belinda pursued training as a recovery coach due to her curiosity. She was amazed at how "powerful" coaching was in helping to change perspectives and catalyse transformation. She identified with the use of "open, powerful questions", the atmosphere of thought and reflection, the latent potential of the client, and coaching's action-centred focus. However, she was convinced that the transformative power of coaching lay in the relationship and the conviction that the coachee held the agenda. Coaching was a conversation between equals. Belinda explained:

Belinda: "Coaching is so powerful and you have to believe in it as I said earlier: I believe in coaching and I believe that you can have three sessions and have a shift in somebody and they do not need to come back."

This was in stark contrast to her experience in the addiction treatment serviced industry. At the heart of her story lay the arena of competing recovery agendas. This remained her greatest challenge:

Belinda: "Yes, there is this need for a big education around what coaching is, and recovery coaching, because what is happening is that when we use the word 'recovery', it gets caught up in the 'recovery agenda' within the substance misuse field. So when you are talking about alcohol, they are looking at that recovery agenda, not recovery coaching in the sense how the FRC presents it. So the recovery agenda is basically for clients not to be coming back into the system! And keep you out! Keep you out! Success is you stay out! Whereas within the FRC, when we are talking about recovery coaching, we are very much looking at the person as a whole, and depending on what the individual – and I always see people as students of life – what they are presenting, is what you working for."

Belinda spoke of her experience, which highlighted these competing recovery agendas. She worked with a colleague in her organisation who wanted coaching for recovery but who was also her direct report. She managed to wear both hats successfully – the goal of coaching was to shift perspective in order for him to manifest his potential at work and at home. This was, for him,

recovery: to recover what he felt had been lost in active alcohol misuse. It required him to take responsibility for himself and his actions, particularly regarding some of his inappropriate behaviours with clients. However, in this process she felt constant pressure from her bosses to see her direct report 'fixed'. She articulated the experience:

Belinda: "My experience is that: 'I am calling in a coach to sort you out, to get what we want.' Yes ... Well I would have thought that you are calling in a coach to explore what is going on for that individual? Not to get the needs, or the aims and objectives of the organisation!"

The philosophy of her organisation was that this individual needs 'fixing', and that coaching was useful if it 'fixed' the client. Being 'fixed' was a state: a clear fact, such as being abstinent. The literature is dominated by the debate on competing ideas on recovery: between the medical model of abstinence (a state) and the developmental model (seeing recovery as a process) (McLellan et al., 2000). Coaching works from an asset-centred position of wellness: that fixing is not required as the client is perfectly capable of thinking about change. What may be required is an exploration of what the client wants, the resources available to them, and how they might take steps to achieve that goal. Coaching is a process of building self-belief by raising awareness in order for the client to take responsibility (Whitmore, 2009). Recovery coaching is no different. The competing agendas of a treatment model and recovery coaching, as experienced by Belinda, are portrayed as "battles for truth". In the literature, the two competing ideas of competing knowledge – the professional and the experiential (Borkman, 1976) – are reconciled by pointing out that that they were not arguing about the same topic. For the medical model that, in its professional opinion, seeks abstinence as its defining goal, has taken a scientific viewpoint of abstinence. In all likelihood, this is a pragmatic viewpoint. A developmental, experiential paradigm of recovery sees recovery as a process, which may start prior to abstinence, but in all likelihood involves abstinence. This is an asset-centred paradigm that, critically, involves the volition and action, within a supportive system of care, of the person seeking recovery. Recovery is not abstinence and abstinence is not recovery (Laudet, 2007).

Returning to Belinda's narrative, the combination of professional knowledge and the pressures that the service organisation was under were responsible for its views on abstinence targets and the mechanised throughput of people through its facilities. This reveals a key finding of this research: that treatment facilities are being overwhelmed by the number of people who need some form of intervention, and the medical model is striving to service as many customers as possible. Hence, abstinence is the defining, measureable outcome. Practically, a one-to-one recovery coaching intervention simply cannot meet the supply of people in need, according to Belinda. This is crucial to our understanding of taking a multi-disciplinary approach for people in addiction and recovery:

Belinda: "And this is what I am saying: you have this short time to be working with someone and you have really committed people who are doing coaching, key working and advocacy, on behalf of the customer, but they have a tight turnaround and they are working with 30

clients. As a recovery coach I wouldn't want to have any more than 8 clients, because how can you be committed and in service when you have got 30-odd clients to be working with? You are not going to get a true sense of who I am, of what I can bring to you as a coach, how can I ensure that you are being held accountable, how am I going to know that you have done what you said you were going to do when I have 30-odd clients?"

Belinda went on to explain the pressures of the treatment industry, in the voluntary sector:

Belinda: "It is not feasible. So recovery coaching in the substance misuse field is difficult in the voluntary sector, because they have different, different demands on them. If I am looking at my project plan, I am looking at the service level agreement, and I know how many numbers need to come through, coaching is not going to work. And counselling, we are losing counsellors in the field because they are not churning the clients through quick enough. So when they are talking about doing recovery work and keyword and advocacy it is because we churn the clients out quicker, customers can move through the system quicker. Now I see doing recovery coaching as a private service is much better: because the individual will come out with outcomes and probably won't even need to touch the system as it is, other than whether they need the residential or detox or medical elements."

Belinda revealed another layer of complexity to the abstinence and recovery debate and to the acute treatment and chronic care models (McLellan et al., 2000). These are not simply competing arenas of knowledge about different concepts; there are very real practical and social implications. The treatment industry is in the frontline of that system of care. Belinda revealed her beliefs in the contribution that coaching could make to recovery; she also revealed the logistical challenges to deployment of coaching on a large scale. This logistical challenge merits further consideration.

4.5.4.3 Recovery coach Bob and systemic challenges to recovery coaching

Bob's narrative was dominated by the systemic challenges of working as a recovery coach with employed professionals and their organisations. Organisations were mired in bureaucracy and procedures that were, in his experience, often poorly equipped to deal with alcohol-related problems and the workforce. Bob felt that this was a leadership issue, but it was treated in a crisis management manner. As a recovery coach in the business arena, Bob was usually called in to fix a problem that was far more complex. Bob explained:

Bob: "The challenge is you have somebody that goes into the workplace and comes from a sales environment, which has a strong a drinking culture, and that person goes off to treatment, and they then go back to the workplace, and have to work a complete abstinence-based programme in the work environment where there is this big drinking culture. That is going to put a lot of strain not only on the coachee but the system as a whole."

The complexity of the system added an important dimension to the work of a recovery coach, and needed to be understood. Firstly, there were the procedures, demands, expectations and duties of

the employer. Secondly, there was the systemic impact of the employee's alcohol problems in the working environment, relating to performance, customers and teammates. Thirdly, there was the potential return of the employee to work after an intervention, for example treatment, and the expectations that the organisation had of its recovering professional. Bob asked this question of organisational policy:

Bob: "What are your expectations? What is going to happen if there is a relapse? How does the organisation want to engage with this person? What kind of organisation is it? Can you tolerate relapse as an organisation? In the banking world you can. Maybe in the mining world, where someone is operating industrial equipment, you just cannot from a health and safety point of view for those people around you in that organisation."

Fourthly, both parties had to prepare for the fact that the employee might choose to leave, or the employer would not be equipped to reintegrate the recovering employee. In both cases, institutional capital was lost, and transition and succession planning was required. In Bob's opinion, this was an immense, avoidable problem in a country with a shortage of skills, such as South Africa:

Bob: "So systemically that is what is happening: which is unfortunate because I think a lot of clever people with a lot of institutional capital are being lost. And in the South African environment, the tension of retaining good quality, previously disadvantaged individuals in the organisations is a huge problem. There is a very large drinking culture and a lot of people are getting into trouble and do not know how to navigate through it!"

In Bob's experience, at the heart of this challenge were two competing cultures. Treatment was the most common outcome for employed professionals who had been identified with alcohol-related issues. The culture of treatment, with its clinical setting of abstinence, group work, sharing and therapy was entirely different from the performance and results-oriented culture of business to which the employee returned. In essence, after treatment, both parties were changed: the professional in recovery and the organisation to which they returned. Culturally, both cultures needed to work together for a sustainable outcome: recovery.

The research literature positions recovery coaching as a support service within recovery management, itself a multi-disciplinary, coordinated and open-minded approach that works towards recovery by any path available (White, 2010; Laudet & Humphreys, 2013). The literature is clear on the experiential credentials of a recovery coach, but largely silent on the training or experience of such a coach (Reif et al., 2014). Bob's narrative placed recovery coaching in a professional context into its greater systemic context, and revealed the real challenges inherent in such a system. However, there is a precedent in the literature on coaching that dovetails with Bob's experiences, and asks some very important questions of the role of recovery coaching. Stout Rostron (2009, p.53) discusses the added layer of complexity in a systemic, business coaching context, highlighting the need for an alliance of coach, client and organisation in pursuit of their

goals. In a business coaching situation, the third interested party is the organisation. So too, when a recovery coach is working with an employed professional seeking recovery, the organisation is an interested third party. When the organisation leads the intervention, this is more obvious. Effective recovery coaching for employed professionals when their employer is involved requires this alliance in pursuit of their goals. All parties must have the same agenda.

Bob felt that better outcomes for recovering professionals and their organisations lay in dialogue. Firstly, organisations needed to understand their responsibilities for the welfare of their employees in order to be better prepared for work-related issues including alcohol misuse. This aspect was particularly important in industries where a drinking culture thrived. Bob felt that this was a leadership issue, not a crisis-management function outsourced to bureaucracy. Alcohol misuse and recovery were realities that needed to be faced by responsible employers:

Bob: "The challenge that organisations have is that nobody knows how to start the dialogue of it!"

Secondly, coaching was positioned as a valuable service in this context. Coaching for recovery might take place prior to, during or after treatment and indeed organisations and individuals would be able to view coaching as a viable alternative to treatment. Bob was adamant about the pejorative status that treatment inflicted on many professionals: an observation that dovetails with the research literature (Laudet, 2007, p.243). Coaching might pre-empt the need for treatment, thus bypassing this pejorative status. Bob agreed that coaching professionals in recovery was simply a form of executive coaching, subject to the same purpose, perspectives and processes:

Bob: "Recovery coaching in the context we are discussing is executive coaching! Without a doubt!"

In Bob's eyes, for recovery coaching to be of service it needed to handle the interested parties correctly through contracting, and establish precise measures of success for all parties concerned, and without fear that these goals may diverge during the process. Both organisation and employee had to prepare for the fact that either of the parties might seek a separation. Once again, contracting, a core part of the coaching process was required to establish the outcomes and measures of success for the concerned parties. Contracting helped Bob navigate the complexities of executive coaching and it was no different for recovery coaching. The literature is clear on the importance of contracting to a coaching intervention (Stout Rostron, 2014, p.264). Bob felt strongly that recovery coaching had a definite contribution to make in the service of individuals and organisations:

Bob: "So what I find is that as long as you have got the original contract that is always the anchor that you can go back to for reference on how you are doing. What I do find though is the organisation is often so big and so kind of busy with other stuff that it is very difficult for

the organisation to support the need of the individual as they transition from an unconscious world of addiction into a more enlightened, more awake world of recovery.”

Recovery coaching in this context is about potential: recovery, described as a “bountiful new life” (Laudet, 2007, p.243) that leads to changes that may have an impact on the individual and the organisation. Executive recovery coaching manages the professional interests of all parties in a non-pathological and constructive manner; this requires preparation and agreement. Bob’s experiences of coaching employed professionals in recovery from alcohol yielded an important finding: that recovery coaching is executive coaching with a twist. The same core philosophies apply: the professional seeking recovery is seen as creative, resourceful and whole but also the organisation must be supportive of beneficial change in its employees. Added attention to contracting around outcomes and success is required; in all likelihood, a more enlightened, developmental definition of recovery would be of benefit to both parties. This means openness to the changes that recovery might bring to the world of the recovering professional from both parties. Furthermore, recovery coaching may have a role to play prior to the need for a clinical intervention, rather than being a tool for crisis management. Further exploration of these systemic challenges might reposition recovery coaching in this context as ‘executive coaching for recovering professionals’.

4.5.5 Outcomes

The data is quiet regarding outcomes of coaching professionals in recovery. This is not a surprise. The research literature is dominated by the debate between the seemingly opposed concepts of the acute and chronic nature of alcoholism and drugs (McLellan et al., 2000). There are the contrasting paradigms of addiction seen as moral weakness, and of the disease model, fortified with its language of helplessness. The literature also reveals the question that continues to hinder research into recovery: Is abstinence – a state, an absolute – the goal of recovery, or, if recovery is a process rather than a state, is recovery the singular goal of recovery? The efforts to define recovery in order to promote more research and better care for those in need show the importance of establishing a clear definition of recovery, in order to have a starting point.

Recovery coaching, in the literature, is positioned as a support service within a recovery management framework (White, 2010). This framework takes a multi-disciplinary approach to a continuum of care, using all services at its disposal in the singular goal of recovery (Laudet & Humphreys, 2013). Recovery management acknowledges the varied paths of recovery, evident in the experience of those in recovery (Laudet, 2007), and supports individuals in their journey, armed with all the resources at their disposal. In this arena, the individual is the centre of the recovery universe, and crucially has a say on his or her path to recovery. Recovery coaching supports this client-centred view.

However, given the complexities of competing spheres of knowledge (Borkman, 1976), it comes as little surprise that the experiences of recovery coaches in the context of this assignment are not

filled with evidence of positive outcomes. This is not because they do not exist; it is because recovery coaches see themselves as part of a system of care, operating within the multi-disciplinary team envisaged by recovery management. Coaching is perceived as one methodology that supports the individual in pursuit of recovery by any means. To say that a coaching intervention has led to a definite, evident outcome is to miss the point: that journey was in all likelihood achieved by the individual seeking recovery surrounded by a supportive environment. This might have been through treatment, in the rooms of AA, through faith-based groups, therapy, coaching and the support of all concerned parties. Recovery is not handed to people; people pursue it. Recovery management – and its application on the ground known as ROSC – is a systemic philosophy to support that pursuit. Recovery coaching is just one service available in a continuum of care. The message from the recovery coaches interviewed is resolute on this fact: supporting those seeking recovery is a team game. Positioning recovery coaching within this myriad of services is another area for potential research.

4.5.5.1 Recovery coach Pat and positive outcomes of recovery coaching

Pat mentioned some aspects of her coaching experience that led to tangible, positive recovery outcomes. She found group coaching, which she operated with a colleague within a treatment facility, had been a success. The power of group coaching was not simply the coaching approach; it was the idea of peer support. According to the literature, peer-based support is one of the core approaches used in P-BRSS (White, 2010). In this case, peer support was the combined output of group coaching for a group of people who became secure in knowing that they were not alone on their journey. That became the fertile ground for group coaching to explore change. She also found that employed professionals responded to the goals-centred approach that she attributed to coaching:

Pat: "So we have had some great successes with people in a very short-term time frame. For example, it is a 21-day programme. People come into the coaching container for 21 days, and at the end have taken exactly what they need from it, have started to almost immediately incorporate the skills into their lives. And I find that particularly the corporates, so people who are living and working in the corporate world, or people who own their own business, or are very kind of business-minded can start to see the value: 'If I set goals for my business why should I not set goals for myself? And if I have a commercial plan why shouldn't I have a personal plan?'"

It is important to bear in mind that this group coaching approach happened within a treatment facility. Group coaching of professionals was successful when, in this case, it was operated in conjunction with a treatment facility. The multi-disciplinary ethic of recovery management was honoured in this case. Recovery coaching is clearly one system within the broader system of a continuum of care. This remains a key finding in terms of the purpose of this research assignment: that people living and operating in the corporate world respond well, in Pat's experience, to the

goals-centred approach of coaching. Their success was attributed to a familiarity with a goals-centred world of business. Once again, research of this nature might reposition recovery coaching in this context as 'executive coaching for recovering professionals'.

4.5.5.2 Recovery coach Jack and redefining recovery as an outcome

The overarching theme of Jack's narrative was that recovery coaching might lead to effective outcomes once the person seeking help was able to explore what recovery meant to them. The recovery coaching process served to catalyse this shift in thinking. However, Jack was at pains to stress how his work was complementary to the work of treatment and therapy.

Jack found that many of his clients arrived disillusioned: metaphorically trapped in their new sobriety. Treatment and therapy were often necessary and life-saving clinical approaches that may have led to sobriety. Yet Jack found often, at that point, that his clients from professional backgrounds remained stuck, unable to step forward with their newfound abstinence, into recovery. This was about being stuck in the static language of addiction. Jack's narrative was one about movement away from that language. Recovery coaching, through its processes, tools and techniques, was effective when it enabled clients to imagine their tailor-made recovery. Jack asked his clients what recovery meant to them, daring them to throw away their preconceptions. In this manner, Jack was following the research literature related to Laudet (2007) who asks: "What does recovery mean to you?" and of Laudet and White (2010) who ask of people in recovery: "What are your priorities right now?"

Core to Jack's understanding of recovery was that coaching does not just complement clinical approaches: it is a natural progression of those services. Therapy, counselling, treatment and recovery coaching are all part of a continuum of care.

Jack: "I have found that, with the whole counselling and therapy process, clients are really able to identify a lot of the challenges, a lot of the contributing practice towards their past need to experiment or use. And with the coaching phase, they then discover that there are actually other options available to them that recovery is far more than just stopping using and figuring out what their unresolved issues were. They can actually get a whole new quality of life, and one of the beauties of recovery they discover, is that they can, for some of them, for the first time really figure out what they want to do with their lives."

Jack went on to describe the outcome of successful recovery coaching: discovering one's own "bountiful new life" (Laudet, 2007, p.243) in which – using Jack's terminology – there is less and less need for alcohol or drugs. Most succinctly, Jack was pointing to the developmental, self-determined and self-directed nature of recovery (Center for Substance Abuse Treatment, 2007):

Jack: "To develop this whole new quality of life, not so simply just to stay clean, but one where they can get to the stage of experiencing a quality of life where there is less and less need for their drug of choice."

Jack has observed the correlation in his clients between less and less need for their substance of choice, and experiencing a better quality of life. Most importantly, this is the life of their choosing: this is not a life prescribed to them. The literature on coaching is clear: coaching honours the agenda of the individual. Recovery coaching follows this perspective. Jack saw the barrier to recovery was daring to imagine what a better life looked like, freed from the shackles of being told what to do to attain recovery. This was not easy in the arena of competing spheres of professional and experiential knowledge (Borkman, 1976). However, such a structured conversation – the core of recovery coaching – could often, but not always, only happen after the clinical approaches had been completed.

The hallmarks of these structured conversations were designed to liberate constricted thinking on the part of Jack's clients. Coaching's non-confrontational approach was non-negotiable: coaching was a collaborative, cooperative conversation that sought to mitigate the fears people faced through its approach. Judgement, blame and dissecting consequences had no place in a recovery coaching conversation. In Jack's extensive experience he had never found that labouring the consequences of using sustained long-term recovery: consequences might have led a person to seek help, but no more than that. This insight might resonate with individuals who have been through conventional treatment; it highlights how different the forward-looking perspectives of coaching are when applied to recovery:

Jack: "You made me think of something that I have been really trying to get across to my recovery clients. It is a statement that I share with them: 'I have never seen consequences keeping addicts clean.'"

Experience in addiction was, in Jack's eyes, useful in serving to build empathy between coach and client. Empathy was the greatest virtue a recovery coach required. To reduce intimidation further, Jack felt recovery coaches had to move away from any discussion of stopping using, for example, alcohol. In his experience, the number one fear of his clients seeking recovery from alcohol was the impact socially of having to stop drinking. He recommended recovery coaches ceased from using the term 'no need for the drug of choice', and instead of working on ideas of abstinence, worked on redefining recovery as discovering 'a new quality of life'. The insight Jack shares is that a change of perspective can precipitate movement towards the goal of recovery. Much of Jack's coaching purpose was to nurture this change of perspective, in the service of the client's goal of recovery:

Jack: "Recovery is not stopping using, recovery is moving on to this quality of life where there is – and I am specifically using the term less and less – no 'need for the drug of choice'. Because to confront the addict with the fact that they can never use again is very intimidating and that in itself can become a reservation for some. So to get their ideas, stimulate the thinking for them that they are working this process, and ultimately getting them to a place of

less and less need for the drug of choice or for the behaviour by which they can never actually fulfil that quality of life.”

Jack saw himself as a facilitator working with people to help them to learn to empower themselves. He found there was a default clinical language of clients ‘needing to be fixed’. Yet he believed a change of perspective was required, as this is the core to all coaching work. Returning to Whitmore (2009), this is the realm of raising awareness and the taking of responsibility. At the heart of the addiction narrative was, in Jack’s experience, this language of ‘needing to be fixed’, which could reflect a poor sense of self-belief. In working to change the perspective of his clients, namely that they were responsible for defining their own recovery, Jack’s vision was to raise awareness:

Jack: “This is not what I HAVE to do to stay in recovery this is what I GET to do in recovery.”

By becoming more aware, his clients were able to take responsibility for their recovery:

Jack: “Just because in their own minds they have not really made this connection as to what recovery is all about. And it is their participation in their own journey, in their own process of recovery.”

A growth in awareness and responsibility leads to a growth in self-belief, which is the purpose of all coaching (Whitmore, 2009). In Jack’s view, self-belief was empowerment. Crucially, the client was responsible for this process:

Jack: “‘I can become part of my own recovery process.’ It is so empowering for them. And that changes the whole paradigm of what responsibility really is all about. And now if you nurture that whole view, and their real belief about their real abilities, what their real dreams really are, and that is what recovery is all about at the end of the day. And you teach them how to nurture that themselves.”

The barrier to a successful outcome was an inability to define recovery. Jack’s experiences return to the core of the debate in the literature: how can we define recovery? Jack’s answer lay in the gift of one’s addiction:

Jack: “Very often we actually get to the stage where they discover the gift within their addiction. But although a lot of pain, a lot trauma and a lot of destruction went with the addiction they discover in many ways that the addiction actually pointed out to them what it is that they are really looking for. Whether it be contentment, excitement, and acceptance: whatever it may be. And I really attribute that to the whole coaching approach that helps the addicts ‘do discovery’.”

Jack has made a strong case that in order to discover more about recovery, it would be helpful to look to the experiences of those who have discovered their better quality of life after addiction. In this sense, he is following the trend found in the literature (Laudet, 2007; Duffy & Baldwin, 2013; Kaskutas et al., 2014). However, Jack’s experience highlights another important point: that clients

need to understand that they are capable of plotting their own recovery path only when they redefine what recovery means to them. Metaphorically, Jack sees his clients as trapped in the pathological language of addiction: the language of the two worlds of the medical model and of mutual self-support groups, two worlds embedded in the disease model of addiction (White, 2010, p.256). Recovery management seeks to bridge these worlds (White, 2010, p.256). Recovery coaching takes this one step further by not just seeking a practical reconciliation between these two worlds, but by changing the locus of attention to the client. Recovery coaching was, for Jack, simply a process for clients to imagine (or reimagine) a better quality of life, with less and less need for their drug of choice. A side effect was abstinence.

What is critical here is that the client, in order to be able to plan a life in recovery, must first be empowered to imagine what recovery means to them, freed from the 'recovery' language of professional and experiential knowledge, but empowered by the experiences of both. Recovery coaching asks a simple question of the client: 'If you were able to imagine your recovery, what would it look like?' The perspective of recovery coaching is implicit: this is not our definition of recovery, it is yours.

4.6 SUMMARY

This chapter looked at the findings that emerged through the data analysis. It aggregated the data from interview transcripts, naïve understandings of each transcript, a naïve understanding of all the material as a whole and the coded data from structural analysis. It then synthesised this data with the researcher's interpretations in order to provide comprehension. References to the literature were made when pertinent. Apprehension, the last stage in this narrative analysis methodology, is the work of the reader. The findings confirm that recovery coaching is one useful service within a continuum of care that is designed to support the recovery of professionals from alcohol misuse. It is a valuable service because it honours a developmental view of recovery, it empowers clients to imagine and choose their paths towards that singular goal, and it does so, firmly embedded in the core perspectives of coaching. Recovery coaches are trained coaches first and foremost, working in the service of those who seek their recovery from substance misuse. In the next chapter (Chapter 5) I summarise the conclusions that were drawn from this research, indicate the limitations to this research assignment and make recommendations for future research.

CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter summarises the findings and presents conclusions and recommendations. The aim of this research assignment was to address the following question: “What can we learn about coaching through exploring the experiences of coaches working with employed professionals in recovery from alcohol misuse?” A narrative inquiry research methodology was chosen to explore the experiences of seven credentialed recovery coaches with relevant experience. The aim was to identify ways in which coaching supports employed professionals in recovery from alcohol misuse, in order to provide guidelines for more effective coaching.

The decision was taken to research the experiences of recovery coaches after exploring the literature of the past 17 years relating to recovery. Research has been dominated by the professional knowledge of clinicians, and the experiential knowledge of mutual self-support groups, such as AA. Steering a course between both themes, the social-models philosophy of recovery management changes the focus of the debate to the object of its application: the consumer. The consumer appears as a participant in the dialogue of recovery rather than the object of the dialogue. Recovery coaching emerges as one facet of a system of recovery support services; yet while the literature is clear on the recovery philosophy that underpins recovery coaching, it is far less clear on the perspectives and processes of coaching in the context of recovery. What is evident from 17 years of research literature is the identified need to explore the experiential qualities of recovery, as the evidence suggests that recovery is a developmental process, a journey of change, forged from the unique experiences and resources of each individual.

Coaching is the subject of a diverse array of professional bodies and training, but at its heart lie secure conversations, anchored by a relationship of trust between coach and coachee, around adult experiential learning and experiential education. The client, critically, directs the process. The literature acknowledges that recovery coaching is an established service within recovery management, but is under-researched; therefore, this research assignment sought to address that observation.

To fulfil this aim the objectives of the research were clearly defined and the contextual area of focus delineated. The unit of analysis was the recovery coach. Employed professionals were chosen as the experiential context of the coaching due to evidence in the literature that employment is associated with positive recovery outcomes. The specific objectives were to describe the coaching goals, to explore the coaching processes used, to identify the challenges faced, and to investigate the reported outcomes of coaching employed professionals in recovery. The seven coaches were interviewed in the narrative tradition, which is similar to a coaching conversation, the interviews were transcribed word for word, and the data was coded and analysed

using a clear, structured form of narrative analysis appropriate for the material, forming the basis of the findings.

5.2 SUMMARY OF FINDINGS

The findings were categorised into themes and considered in the context of each of the research objectives, and form the basis of the conclusions and recommendations of this chapter. These findings are summarised as they addressed the objectives of the research.

5.2.1 Goals

Goals in coaching facilitate the movement from the undesired present state towards the desired future state through dialogue and agreed action, and allow the client to be held accountable to the coach. Goals are articulated and selected by the client. Goals encourage movement. Coaching is a client-centred and client-led process of participation. This is also the case in the experiences of recovery coaches. However, it is interesting that specific goals were not a popular narrative of the coaches interviewed: this is because the singular goal of recovery coaching is to be of service to the client. A client seeking recovery coaching is clearly seeking recovery. The literature is clear on the many varieties of recovery experience achieved by many paths. The overall goal of recovery coaching was therefore implicit.

The narrative that did shine through was the experience of recovery coaching as movement. It was the forward-focused, goals-oriented approach that enabled this movement forward from dependency. Movement towards a desired future was portrayed as movement away from the static, stagnant state of substance dependency, and the dogma of addiction language, a narrative centred on experts telling people what to do. Once clients were empowered to think about their recovery, they often experienced a change of perspective. By removing the debate around how to stay abstinent, clients were empowered to redefine recovery in their terms. Often this involved a discussion around finding or recovering a purpose or meaning to one's life. There was a strong sense of experience that recovery coaching was a process to facilitate the excavation of one's purpose: the idea that recovery was actually imagining, choosing and planning to lead a life of meaning, one far removed from abstinence.

Recovery coaching, by allowing clients to direct the process, empowers clients to participate in their recovery: a change in thinking that facilitates movement towards their recovery. Goals, in the service of the client, might therefore be moderation management and harm reduction. Being goal-centred and invoking participation in creating recovery is not portrayed as a challenge to existing systems of care, but is complementary. In this sense recovery coaching dovetails with the philosophy of recovery management: recovery coaching is one facet of a continuum of care in which the client, not the definitions of experts, is the focus of attention.

Recovery coaches, in this research assignment, related how clients often found that the coaching process was a liberating experience, as it invoked their participation. It was the goal-centred

approach of recovery coaching, rather than the seeking of goals for goals' sake, which could lead to self-sabotage, that seemed to work well with employed professionals and mature adults. The success of this approach might be attributed to the forward-focused and goals-centred nature of business, and the core perspective of coaching around adult experiential learning and education.

It is clear from this assignment that recovery coaching, like coaching, honours a client-centred process in which the client sets the goals and is undirected in their thinking. Coaching creates awareness of a client's need to take responsibility for their situation in order to change it, and recovery coaching follows the same approach. The client has a voice, which is not typical in the literature on recovery. By facilitating power sharing through a coaching relationship and making it clear that the client sets the goals of recovery coaching, responsibility is handed back to the client for his or her recovery.

Ideas of choice do emerge in the literature on recovery coaching, but recovery coaches are envisaged as champions, mentors and coordinators of support services, and are credentialed by their own experience in recovery. The idea of responsibility being handed back to the client seeking recovery develops the role of the coach further. Whilst grounded in the understanding that recovery is a developmental process and that recovery coaching is but one facet in a multi-disciplinary team, the evidence suggests that recovery coaches are primarily credentialed by their skills as a coach: skills required to manage this newfound responsibility.

5.2.2 Processes

Coaching processes are often reduced to models with acronyms that guide coaches through stages of a coaching conversation. Coaching processes include models, tools and techniques, and coaching skills that are taught and learned. Coaches, aligned with the goals and needs of the client, are encouraged to select appropriate coaching models in the service of those goals. Some of the recovery coaches mentioned a number of coaching models that they had used. However, all the coaches interviewed talked of the importance of building a secure relationship with their clients. In their experience, the relationship was the foundation of a recovery coaching intervention, allowing them to implement the client-centred and goal-focused processes. A secure relationship was grounded in empathy, compassion, an understanding of addiction, and absolute trust. Trust shines through in the stories of recovery coaches: trust between coach and coachee created confidence in the coaching process. In turn, confidence in the process catalysed the possibility of an empowered client to define and work towards his or her own recovery. A secure relationship allowed the clients to be heard, to tell their story, and to participate in their recovery. The relationship is the architecture behind the success of recovery coaching, and of coaching: allowing the processes to be put to work and the skills of the coach to be deployed effectively.

Recovery coaches were acutely aware of their responsibilities to their clients, manifest in their language about the power of relationship in a coaching conversation. The relationship was not only the catalyst for movement towards recovery, but was also important in managing the particular

vulnerabilities of clients seeking recovery: the emotions of fear, blame, judgement, and the consequences of their dependency. The recovery coaches contrasted the movement of their clients from the directed environments of treatment and therapy, into the undirected environment of coaching. Recovery coaching is, for some, the next step in this journey towards recovery. The future orientation is a change of focus from the other services these clients may have received: it is designed to ignite movement towards their goals, not towards the goals of others. There is an element of freedom in a recovery coaching conversation; such freedom may only be explored in an environment of complete trust in the coaching process. In a secure environment – the metaphorical coaching container – the skills of the coach can be deployed in order to liberate thinking.

Some recovery coaches shared their experiences of the positivity of coaching which resonated with what they were searching for in their own recovery. Choosing to train to become a recovery coach was positioned as a continuation of his or her own recovery journey, due to its forward-looking nature and underlying positivity. Recovery coaching became his or her purpose. This was in contrast, for example, to looking backwards into the maelstrom of a life in substance dependency. One experienced coach remarked that in his experience the consequences of dependency were in no way a foundation for sustained recovery. The emphasis is once again on the idea of movement, in comparison to the more static, isolated worlds of treatment, therapy and AA. Emerging from this idea of movement were ideas of volition: that people could transform their lives when they discovered or recovered a life of purpose. The key finding here is the idea of choice. Recovery coaching may indeed be forward-focused, client-centred, anchored in a watertight relationship, and offering the opportunity for clients to imagine their new life in recovery, but clients have to choose to do this – the idea of choice is paramount. This notion is not obvious in the literature on addiction and recovery.

A guiding perspective of coaching is that clients are capable of thinking through their challenges and choosing new paths to desired alternatives. Coaching provides tools, techniques and training in processes to facilitate such thinking. Recovery coaching is no different: it is not grounded in a pathological philosophy. All the recovery coaches subscribed to this wellness philosophy, as was apparent in their explicit or implicit views on choice. Clients seeking recovery coaching were deemed capable of thinking about and making choices towards fulfilling their goal of recovery. Coaching simply empowered them to do so. This does not mean that all people with substance dependency are able to make choices, but those who can, or discover that they can, may benefit from recovery coaching. In this respect, recovery coaching is identical to coaching: the coaching processes facilitate a client's thinking in order to help the move towards a desired future. If recovery is truly a process, self-directed and self-determined, then recovery coaching is perfectly aligned with these newer definitions of recovery in the literature.

Recovery coaching develops the definitions found in the literature, and by applying them takes these ideas forward. It acknowledges that the client is able to determine his or her recovery journey, and through its coaching perspectives, processes and the coaches themselves, gives the client the structure to make it their reality. Once again, the evidence suggests that recovery coaches are primarily credentialed by their skills in deploying coaching processes in service of their clients.

5.2.3 Challenges

The challenges experienced by recovery coaches are a combination of challenges that any coach might encounter. These were telling clients rather than being un-directive, over-identifying with their experiences, failing to establish clear boundaries, and trying to rescue clients. There were challenges too that were coloured by the world of recovery, such as managing the vulnerability, shame, fear and consequences of clients, and managing a natural passion for the work itself, an exuberance that could lead to burnout. Guidelines for coaches, such as peer supervision, also exist within the world of coaching to manage the specific challenges of recovery coaches.

The literature envisages recovery coaches as being credentialed by their own experiences in recovery, allowing them to manage the specific challenges inherent in working in the recovery field. Recovery coaches in this research assignment broadly shared the view that an understanding of addiction and recovery, possibly, though not exclusively, through their own recovery journey, is important in the delivery of recovery coaching. It may facilitate the establishment of an ironclad relationship, for example the sharing of experience to demonstrate understanding and empathy. However, there is a caveat. The hidden danger is that the recovery experience of the coach leads to a directed process, transformed into the agenda of the coach sharing that experience. This would be a departure from the perspectives of coaching. Coaching is an undirected process, and the client holds the agenda. Coaching is not mentoring, another term in the literature synonymous with a recovery coach. The mitigation therefore of the challenges mentioned by coaches is achieved through the tools of coaching itself: through effective, upfront contracting around the purpose of the coaching intervention, and establishing the measures of success according to the client. The recovery coaches interviewed echoed the finding that watertight contracting is the hallmark of effective recovery coaching. The sharing of recovery status therefore becomes appropriate when it serves the agenda of the client.

Competing agendas regarding recovery was a challenge of one coach who revealed the disparity between recovery perspectives and the logistics of service delivery. The literature portrays competing viewpoints on definitions of recovery. One may ask: But how do they relate to the urgent need to deploy recovery services? This recovery coach was not in recovery, but was trained and experienced as both counsellor and recovery coach, and had worked in the public domain of treatment for over 20 years. She highlighted the contradiction between the agendas of the treatment industry – to manage the large number of people that needed immediate help with

substance dependency – with the agenda of recovery coaching that was focused on the agenda of the client seeking recovery. The agenda of the former was targeted abstinence, the latter, developmental recovery. In her experience, these agendas were irreconcilable simply because of the voluminous demands of the public sector. In her experience, a logistical challenge was that the treatment industry was driven by targets to get people through the treatment service and out again with a goal of not returning. She felt that recovery coaching could only be deployed on a more limited scale in the private sector, for example, as it was a one-to-one service. This point requires further investigation.

Another challenge that was identified arose from the systemic complexity of offering recovery coaching to businesses. This is particularly important given the context of the focus of this research: coaching employed professionals in recovery from alcohol misuse. At the heart of this challenge were two competing cultures. Treatment was the most common outcome for employed professionals who had been identified as having alcohol issues. The culture of treatment, with its clinical setting of abstinence, group work, sharing and therapy was entirely different from the performance and results-oriented culture of business, to which the employee returned. If such a business had a strong drinking culture, for example, the conflict between the two cultures would be all the more apparent. In essence, after treatment, both parties were changed: the professional in recovery and the organisation to which they returned. This challenge requires preparation by both parties.

Culturally, both cultures need to work together for a sustainable outcome: recovery. This outcome might involve transition management, succession planning, or even a broader reappraisal of the duty of care that businesses have towards their employees. The typical approach of business, as experienced by recovery coaches, was that organisations took an acute approach to managing the alcohol issues of their employees, resulting in a likely cultural clash upon the return of that employee. This was described as a leadership challenge, though it was dealt with as crisis management, often leading to the needless loss of talent from the organisation.

There is a precedent in coaching to manage this organisational complexity. This research has found that coaching for recovery and its goal-centred focus was well received by employed professionals seeking recovery. Executive coaching works with employed professionals in order to fulfil performance goals. Business coaching adds a layer of complexity: a coach works for a business with its employees in order to help both parties fulfil their performance goals. Management of this complexity is relational: business coaching is founded on effective contracting, secure in establishing the rules of engagement and attempting to determine what success means to all parties. It is an alliance, united in purpose. Aligning these ideas, if recovery coaching resonates with employed professionals, and if there is a cultural clash between the clinical model of treatment and the outlook and nature of business, it seems logical and practical that coaching for recovery has a contribution to make in the world of executive and business coaching. It is my

experience – and this is borne out in the literature – that treatment can have a deleterious effect on one's professional career. This is not the fault of the medical model or business; it is a cultural problem. There may be alternatives available: for example, positioning recovery coaching as a service within executive performance coaching or other coaching services to businesses. This resonates with a question posed in the literature: If recovery can be seen in an environmental context, what role do employers have in promoting recovery?

5.2.4 Outcomes

In this research assignment, there is scant data regarding the outcomes of coaching professionals in recovery. This is not because positive outcomes do not exist; it is because recovery coaches see themselves as part of a far greater system of care, operating within the multi-disciplinary team envisaged by recovery management. Coaching is perceived as one methodology that supports clients in their pursuit of recovery by any means. To say that a coaching intervention has led to a definite, evident outcome is to miss the point: that journey was in all likelihood achieved by the individual seeking recovery within a supportive environment. This might have been through treatment, in the rooms of AA, through faith-based groups, therapy, coaching and the support of all concerned parties. Recovery is not handed to people – people pursue it. Recovery management is a systemic philosophy to support recovery by any means, grounded in the varied experiences of people who have experienced it. Recovery coaching is just one service available in a continuum of care. The message from the recovery coaches interviewed is resolute on this fact: supporting those seeking recovery is a team game. Positioning recovery coaching within this myriad of services is another area for future research.

5.3 RECOMMENDATIONS

The findings and conclusions serve as a foundation for further research, and provide a platform for discussion amongst recovery support services. Recommendations for future research and implications for practice are discussed.

5.3.1 Recommendations for future research

It is recommended that future research be conducted as follows:

- To explore the experiences of professionals in recovery from alcohol misuse who have received recovery coaching from credentialed recovery coaches. This would provide insight into the recovery coaching from the recipient of coaching, adding to the body of knowledge of coaching and recovery.
- To explore the experiences of professionals in recovery from alcohol misuse and their subsequent reintegration into their place of employment, in the case where a recovery coach has been used. The purpose would be to explore the idea of 'executive coaching for

recovering professionals', placing recovery coaching as a possible alternative to the reactive procedures often followed in the case of an intervention.

- To explore the experiences of recovery coaches who are working within treatment facilities. The purpose would be to identify how recovery coaching could be positioned alongside existing medical models of treatment in order to enhance their services.
- To explore the use of group coaching for recovery within existing recovery support services.
- To identify the training programmes recovery coaches have received. The purpose would be to establish what kinds of training programmes exist, and how they manage to bridge an understanding of recovery with training in coaching.

5.3.2 Implications for practice

There are a number of implications for practice that have emerged from this research assignment and the most important ones are considered briefly.

Recovery coaching should be positioned to support the great demands made on the treatment industry, and alongside other non-clinical recovery support services. This might be achieved by establishing recovery coaching as a support service prior to entry into treatment, and being available after treatment. Another approach might be to introduce group coaching, or one-to-one coaching as a part of the service in treatment, in a similar way that many treatment models operate alongside the 12-step programme of AA.

Another possibility would be to involve existing networks of coaches and establish further training required of recovery coaches in order to offer this service. Guidelines would therefore have to be established regarding how recovery coach training could be added to existing coach training, and the professional bodies that would govern recovery coaching.

Employers, in order to support the performance of their employees, might look to recovery coaching as an alternative to a clinical intervention, or in support of their employees after any form of intervention, in the event of alcohol misuse. This might involve working within the performance management system of a supportive business, in alliance with a coach and planning for any number of outcomes such as succession planning or transition management. Recovery coaching might also be offered as an on-going support service within businesses in order to work with individuals prior to any crisis that may occur due to alcohol misuse. In this context, recovery coaching for employed professionals might be repositioned as 'executive coaching for recovering professionals'.

5.4 CONCLUSION

Recovery coaching is the fusion of the potential of coaching and the potential of recovery, facilitated by a skilled coach. Combining these perspectives, processes and purpose, coaching takes the ideas of recovery management a step further. The individual seeking recovery becomes

not only a participant in the dialogue of their recovery, but the director of their recovery. The recovery coach is not simply a guide within the complexity of recovery support services or a champion and mentor by virtue of an experience in recovery. A recovery coach is a structured thinking partner. In this respect, recovery coaching is coaching by another name. Coaching for recovery may well resonate with employed professionals due to their familiarity with the forward-thinking and the goals-centred nature of the process. Nevertheless, it is one thing to have access to a set of processes, but it is quite another to deploy them effectively. Effective deployment is the preserve of a skilled coach, asking questions about training and credentialing.

However, within the dominant narrative of movement that pervades the interviews and is in contrast to the more static world of addiction treatment, is the hidden message about the greatest skill required of a recovery coach, one that would be familiar to trained coaches. It is concerned with working within the field of wellness. Coaching accepts what is presented and seeks to work with a client towards a desired future. Recovery coaching is no different. It requires humility, honesty and a devotion to service to acknowledge the limitations of one's service. Recovery coaching exists within a continuum of care. It is but one service seeking its clients' sustained recovery. To honour that service is to acknowledge that not all clients at a particular point are able to take steps towards creating a life in recovery. A coach, through humility and honesty, must be prepared to invoke the support of clinically trained therapists and counsellors, treatment services or the compassionate rooms of AA, when required. Recovery coaching is indeed just one facet in a complex system of recovery support services. Recovery coaching is a team game.

This research assignment set out to answer a question that emerged from the literature: "What can we learn about coaching through exploring the experiences of coaches working with employed professionals in recovery from alcohol misuse?" The researcher concluded from this qualitative study that recovery coaches work in the field of recovery, not addiction. They are primarily credentialed by their skills as a coach, coupled with an understanding of recovery. Recovery coaching may be seen as coaching for recovery. This implies a level of training for a recovery coach in the perspectives and processes of coaching, rather than being credentialed by an experience in recovery. Coaching for recovery also honours the perspectives of recovery management: that there are varied paths to recovery, that sustained recovery is in all likelihood built on the assets and resources available to the client, and that the purpose of all the support services available to a person seeking recovery, is to promote sustained recovery.

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APPENDICES

APPENDIX A: INFORMED CONSENT FORM



UNIVERSITEIT • STELLENBOSCH • UNIVERSITY
jou kennisvennoot • your knowledge partner

STELLENBOSCH UNIVERSITY

CONSENT TO PARTICIPATE IN RESEARCH

COACHING AND RECOVERY: AN EXPLORATION OF COACHING EMPLOYED PROFESSIONALS IN RECOVERY FROM ALCOHOL MISUSE

You are asked to participate in a research study conducted by Tobias Solheim, MA, from the Graduate School of Business at Stellenbosch University. The results from this research assignment will contribute to the MPhil in Management Coaching. You were selected as a possible participant in this study because you are a Recovery Coach, certified by the Foundation for Wellness and Recovery Coaching ('FRC').

1. PURPOSE OF THE STUDY

The aim of this research assignment is to identify ways in which coaching supports employed professionals in early recovery from alcohol misuse, in order to provide guidelines for more effective coaching.

2. PROCEDURES

If you volunteer to participate in this study, we would ask you:

- To take part in one interview of up to 120 minutes duration with the researcher at a confidential venue of your choice. This will consist of a number of short questions around your experiences of the subject title;
- To be aware that these interviews will take place during May and June 2015;

- To be informed that you will be asked to review the findings of the data from your interview and will be free to reply with any feedback you deem important;
- To be aware that the assignment is due for completion on 30 September 2015.

3. POTENTIAL RISKS AND DISCOMFORTS

I do not foresee any reasonable risks, discomforts, and inconveniences from this interview and research project given your level of training and experience as a Recovery Coach.

4. POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

The subjects may benefit from the research study by the process of reflective practice on their experiences with a peer Recovery Coach for the benefit of their own continuing professional development as Recovery Coaches.

The broader contribution of this research may be to identify ways in which coaching supports employed professionals in early recovery from alcohol misuse in order to provide guidelines for more effective coaching in this context.

5. PAYMENT FOR PARTICIPATION

Payment will not be made for your participation.

6. CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by the safekeeping of all data gathered under lock and key at all times and confidential recordings/transcripts of interviews will be lodged with the FRC for safekeeping after the research project.

The interviews will be audiotaped and recordings will kept under lock and key at all times, Interviewees will have the right to review and erase upon request by contacting the researcher Tobias Solheim, c. +27769546080.

If the final research were to be published, names of interviewees would not be given and anonymity would be assured.

7. PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so.

8. IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research, please feel free to contact my Supervisor Dr Ruth Albertyn c. +27829266899.

9. RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development.

SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE
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The information above was described to [me/the subject/the participant] by [name of relevant person] in [Afrikaans/English/Xhosa/other] and [I am/the subject is/the participant is] in command of this language or it was satisfactorily translated to [me/him/her]. [I/the participant/the subject] was given the opportunity to ask questions and these questions were answered to [my/his/her] satisfaction.

[I hereby consent voluntarily to participate in this study/I hereby consent that the subject/participant may participate in this study.] I have been given a copy of this form.

Name of Subject/Participant

Name of Legal Representative (if applicable)

Signature of Subject/Participant or Legal Representative

Date

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to _____ [name of the subject/participant] and/or [his/her] representative _____ [name of the representative]. [He/she] was encouraged and given ample time to ask me any questions. This conversation was conducted in [Afrikaans/*English/*Xhosa/*Other] and [no translator was used/this conversation was translated into _____ by _____].

Signature of Investigator

Date

APPENDIX B: EXCERPT OF CODES AND TOTALITIES

Coach	Data	What code	Why/How code	Reflective code
Bob	<i>"It has now got a name, structure and is now integrated into our training programme. It is called the 'Meaning-centred Coaching Model'. Meaning-centred coaching. The premise is pretty straightforward. The premise is that human beings appear to be driven, or I'd say created, with a volition to find meaning."</i>	Meaning-centred Coaching Model (MCCM)	Humans are driven to find purpose in their lives.	MCCM is a recovery coaching model grounded in the perspectives of searching for meaning and purpose as a primary goal of recovery.
Bob	<i>"So ... what would we say about people who are so called 'addicted'? We'd say have they lost all of these faculties too? Have they lost personal choice, have they lost the ability to self-observe and witness their consciousness? Have they? Of course they haven't! I mean what I would say is: 'Of course they haven't!' Our default position is that it is all still present."</i>	Volition and choice	Describes his recovery coaching perspective that the client has not lost all the faculties of personal choice.	Recovery coaching is a witnessing process, empowering clients to explore their choices in recovery from addiction based on the perspective that they are still able to choose.
Ben	<i>"So in terms of the coaching process it is a co-active process that we were trained in, which is entirely client-lead, if you like, or coachee-led. How does one do that? When there is also an agenda to fulfil in terms of targets? So that ... that's been ... yes ... it is tension really."</i>	Organisational cultures	Coaching described as client-led vs. his organisation which is focused on targets.	Systemic issues of competing cultures: organisational agendas and agendas of clients, the driver of coaching
Ben	<i>"But some of the things that we have learned via the FRC such as perspectives, metaphor, working with archetypes, and just if you take metaphor and archetypes alone, that, those two tools (they are much more than that) give so many more dimensions to that core transformational stance that people start to tap into once under the surface."</i>	Coaching skills	Perspectives, archetypes and metaphor	Coaching skills include skilful use of metaphor and archetypes, which may enable transformation of the individual by the individual.
Paddy	<i>"I never gave up on him, and he never gave up on the process."</i>	Coaching relationships	Coach never gives up on client and client never gives up on the process.	The power of relationship as the foundation of successful recovery coaching

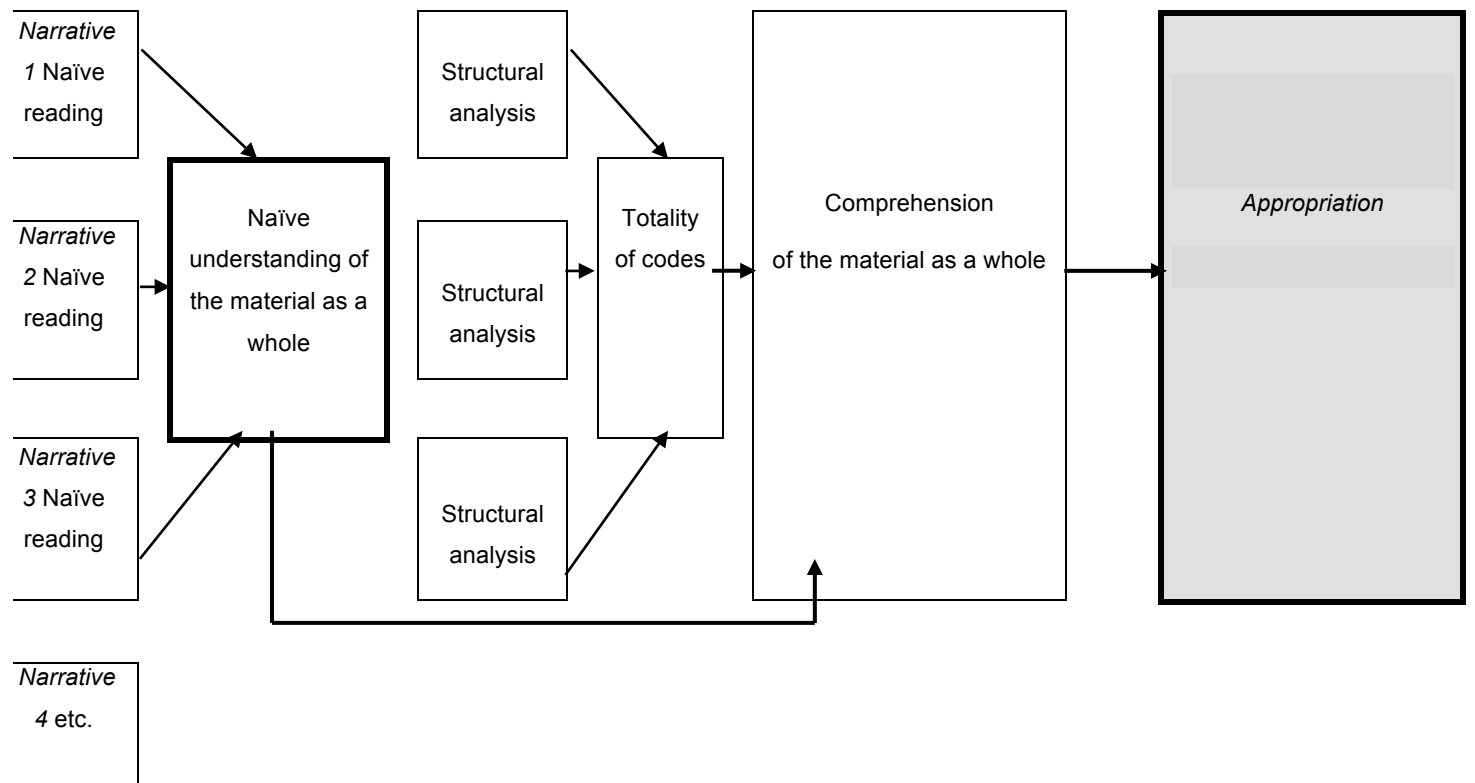
Coach	Data	What code	Why/How code	Reflective code
Paddy	<i>"I have always wondered what if you could skip that traumatic part and go straight to the positive of coaching."</i>	Coaching as positive experience	Questions necessity to delve into trauma	Trauma and treatment are contrasted with the positive outlook of coaching in the pursuit of recovery: seen through his own recovery experience.
Belinda	<i>"I think that if you are working with someone you start with them from where they are at."</i>	Recovery coaching perspectives	Starting point for recovery coaching	Recovery coaching (and coaching) works with what is presenting.
Belinda	<i>"Yes, there is this, there is this big education around what coaching is, and what recovery coaching is, because what is happening is that when we use the word 'recovery' it gets caught up in the 'recovery agenda' within the substance misuse field, so when you are talking about alcohol they are looking at that recovery agenda, not recovery coaching in the sense how the FRC presents it."</i>	Agenda conflicts	Coach feels the need for a big education about recovery due to competing agendas when the word 'recovery' is used.	The need to define recovery due to competing agendas: seen in treatment (targets) vs. recovery coaching (individual agenda)
Pat	<i>"The very forward-focused, goals orientated nature of coaching."</i>	Coaching goals	Coaching is forward-focused and goals oriented.	Coach describes coaching as forward-focused and goals oriented, contrasted with her experience in treatment and the fellowship.
Pat	<i>"So I find once you bring in the tools that are focusing on goal-setting and on forward movement, they start to see that even though certain things have brought them to where they are, they do not need to stay in that space. That they can redevelop their lives and redevelop their goals."</i>	Coaching is movement	Coach uses goals and forward movement.	Goals as a way out of the client's current space: potential, movement, a bountiful, new life

Coach	Data	What code	Why/How code	Reflective code
Jack	<i>"Very often we actually get to the stage where they discover the gift within their addiction. But although a lot of pain, a lot trauma and a lot of destruction went with the addiction they discover in many ways that the addiction actually pointed out to them what it is that they are really looking for. Whether it be contentment, excitement, and acceptance: whatever it may be. And I really attribute that to the whole coaching approach that helps the addicts 'do discovery'."</i>	Defining your recovery	The gift of addiction pointing the clients to what explore what they really want in life	Repositioning addiction as an opportunity: coaching helps addicts 'do discovery' and search for what they really want out of life rather than being trapped in their addiction
Jack	<i>"I can become part of my own recovery process. It is so empowering for them."</i>	Coaching outcomes	Client becomes agent in own recovery process.	Favourable outcomes of recovery coaching when clients become empowered in their own recovery process: awareness, responsibility, and self-belief, hallmarks of coaching
Bill	<i>"Someone's alcohol use is having an impact systemically in the working environment. My experiences are that often when we are called in, where there is a crisis within the system that the system cannot fix, they look for outside help."</i>	Systemic challenges	Coach is called in by the organisation to fix a problem: experienced as crisis management.	Recovery coaching is about fixing in a professional context when the reality is the issue is not about fixing and lies much deeper in the system itself.
Bill	<i>"So, for example, the challenge is you have somebody that goes into the workplace, and come from a sales environment which is a big part of a drinking culture, and that person goes off to treatment and they then go back to the workplace and have to work a complete abstinence-based programme in the work environment, where there is a big drinking culture. That is going to put a lot of strain not only on the coachee but the system as a whole."</i>	Organisational challenges	Coach describes the return of a newly abstinent recoveree into an organisational sales culture grounded in drinking.	Systemic organisational challenges of recoveree returning to his organisation: strain on employer and employee

APPENDIX C: MODEL THREE FOR ANALYSING WRITTEN NARRATIVES

(Blom & Nygren, 2010, p.35)

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APPENDIX D: REFLECTIVE PRACTICE ON INTERVIEWS

As they were written in my reflective journal at the time and presented as evidence that a process of reflective practice was observed during the interview process

Reflective practice: Thoughts on the Research Interview 1

What?

E.g. What happened; what I was doing; what were others doing? This combines the reflective process of identifying the experience and describing it in detail.

This was to be the first interview for my research dissertation. This research project forms part of my MPhil at Stellenbosch University Graduate Business School, forming 33pct of the total marks. I have never written a dissertation, and have always felt that this project would be a mountain to climb, and 2015 is the year that I have to climb it. I have chosen a Narrative Inquiry methodology for my research: essentially this entails setting up a series of interviews and looking to develop a story with the interview in order to find data in order to answer a research question. It involves building a relationship with the interviewee, and co-creating a narrative. I felt it was appropriate in that such an approach felt very much like co-creating a coaching relationship: I am trying to find out information from coaches about coaching, using a narrative inquiry quite similar to a coaching process. It is my view that recovery is a journey; the journey of the recovery coach is a story, and recovery may be thought of as telling a new story, so using a narrative approach is looking for a story within the journey of recovery and coaching. It resonated as a methodology from day one. The experiences of recovery coaches have remained largely un-researched, even as recovery coaching grows as a modality for working with people in recovery.

I was extremely nervous about my first interview: simply because I felt inadequate as a researcher. I felt confident in the validity of what I was doing, but unfamiliar with the methodology of research. This resulted in a high level of anxiety. I have known the interviewee for 18 months, and yet the inner tension remained.

The interview took part on the 28th of May 2015. It was conducted from my office using Skype audio only; the interviewee was sitting in Italy. The date had been in the diary for weeks.

Conscious of my nerves I first sought to create a container for the narrative: to create a secure environment for the interview to take place. This entailed reaffirming that the consent form had been filled in and returned, that the interviewee was free to withdraw at any point or choose not to answer any question and was free at the end of the interview to end the commitment and not have their data used in any way. I also clarified that I was alone in a room, and that the call was being audio recorded. The next stage involved my briefly explaining the key point of my narrative inquiry. There was to be a dialogical approach to interviewing: we would co-create a story, in order to try to

make meaning of experience, and that data analysis would involve keeping the story whole. Lastly I explained that I would transcribe the interview word for word, include the voice of the speaker, and that I would send the interviewee a copy of the transcript, and invite comment if he so wished.

Then I asked the research question that would guide the interview: "Would you mind sharing with me please or please could you describe your experiences coaching employed professionals in recovery from alcohol misuse?" I did not ask the sub questions: expected to weave them into the dialogue at a later stage.

So what?

E.g. So what more do I need to know in order to understand the situation; so what could I have done that was different? This part breaks down the situation and tries to make sense of it by analysis and evaluation, drawing on previous experiences and knowledge.

In summary, this felt very much like a coaching session. The interview ran to two hours long and almost 11,000 words. It felt too long at the time, and this was confirmed by my transcribing which took almost 10 hours. Though I tried to weave in the sub questions in order to guide my research, I felt that, upon transcription, this resembled a rambling, philosophical treatise rather than data for research. Overall, though, the process felt natural and I relaxed into it. The feedback from the interviewee was that I came across confident and above all, I allowed him to be largely unguided, to tell a story, to explore narrative so in that sense I followed the narrative tradition.

I think, as I look back I expected to create a chronological tale of recovery, and coming into coaching, and in the belief that through the idea of establishing a secure environment, through the power of relationship, in an undirected manner recovery coaches would be able to help others explore their choices. It is clear now, that my agenda shines through: coaching is self-directed learning and I believe that recovery is also self-directed learning. So why the frustration?

What we have is a rambling treatise on archetypes, volition, choice and the will to meaning. Recovery coaching is to explore the story of the coach as the coach presents in an undirected manner. This is done through relationship: but at its heart is the desire to pursue a life of meaning. People in addiction have lost the idea of a purposeful life. The thread of the story, the interwoven fabric of this narrative is the hero's journey - a journey of discovery and redemption: a journey of recovery. Above all is the narrative of personal choice. We choose to become users and we choose to journey out of addiction into wellness. There is a four stage-coaching model presented in here: meaning, movement, knowing and integration. It is very elegant. The bedrock of this narrative in its entirety is the idea of personal choice and the experiences of the narrator

As I relook at the text, I understand now how rich it is in material. We have a comprehensive treatise on recovery coaching. What has made me fearful is that there isn't a chronological story here, or one that I need to re-order chronologically in order to find a narrative. Hence, I am uncertain that I have really completed a narrative inquiry.

Above all the narrator informed me that he found it liberating to explore these ideas without the over-burdening agenda of my research thesis. In that sense, I have honoured the narrative tradition, no?

Now what?

E.g. Now what do I need to do to make things better? Now what will I do? Now what might be the consequences of this action? This stage combines the process of exploring alternatives and planning action that will be put into practice in order to develop or change practice.

In my desire to set the scene of a narrative inquiry I have made doubly sure that the environment is correct: that I have created a secure, confidential space in which to co-create a dialogue. We have co-created a dialogue here; I have fulfilled the narrative tradition. However, it was too long and I suspect went a little off the rails at times, turning into a rambling philosophical treatise but then isn't that the journey of the narrative and hence, is valid?

What would I do differently? I would ask the research question at the start, and add in the sub questions immediately in order to set the narrative off on the correct footing...Or would I simply ask: "Tell me, how did you become a recovery coach?" Then we would build a story, possibly about the recovery experience, the search for learning, the coaching training and some experiences of application? I could then drop in the sub-questions? I tend to gabble at the start, I need to set the process on a firm footing from the get-go.

However, I am not looking for commonality amongst cases; I am looking for the cases. This case, as it were, is a narrative about recovery as a personal choice to recover meaning in their lives, and that an undirected, relational approach that coaching provides, is a purposeful medium in which to do that. Coaching honours the journey of recovery into wellness. Because it is self-directed, it is a narrative of discovery and redemption. That is what I learned from this interview.

In that sense, we have a case: Choosing the journey of recovery in order to find purpose in one's life. That is a very different purpose than stopping drinking...

Reflective practice: Thoughts on the Research Interview 2

What?

E.g. What happened; what I was doing; what were others doing? This combines the reflective process of identifying the experience and describing it in detail.

This was the second interview I conducted for my research dissertation. It took place on Monday the 1st of June, which, quite coincidentally was the first day of a new contract I had taken to turn around a business from a consultancy position. We were in a new office - there had been an office move that weekend - a new business, and a new mandate. This interview had been in the diary for weeks, I knew nothing about the interviewee other than he lived in North Wales. It was conducted

in a stark white new meeting room, in a stark white shell of a new office, on a sunny Monday morning. Staring the process, I was very aware of the newness of all of this: of the process and the environment but actually marvelled in being 'off-piste', so to speak. The MPhil in Management Coaching has taken me so far away from my comfort zone that this research project was simply an extension of this...It felt to me like I was jumping from a great height into ice cold, deep water, and loving it.

I was nervous, but this second time around, less so. I used Skype audio only; I was alone in the room. I started the conversation with the very same detailed contracting process that I had for the first interview. This entailed reaffirming that the consent form had been filled in and returned, that the interviewee was free to withdraw at any point or choose not to answer any question and was free at the end of the interview to end the commitment and not have their data used in any way. I also clarified that I was alone in a room, and that the call was being audio recorded. The next stage involved my briefly explaining the key point of my narrative inquiry. This was a dialogical approach to interviewing: we would co-create a story, in order to try to make meaning of experience, and that data analysis would involve keeping the story whole. Lastly I explained that I would transcribe the interview word for word, include the voice of the speaker, and that I would send the interviewee a copy of the transcript and invite comment, if he so wished.

After 8 minutes of contracting, I asked the interviewee if he was ready to begin, and he was. I made a departure from the previous interview: not quite as I had anticipated I essentially asked him the research question and the sub-questions at the start of the interview.

I asked him the following:

"The question that I would like to ask you is for you to describe, take me on a journey to describe your story, in terms of what are the experiences of coaches working with professionals in recovery? I have deleted the early stages of recovery; I have just said professionals in recovery. What can they tell us about coaching? If I could just contextualise, what I am looking to explore is your journey into coaching, your experiences as a coach, if you wish to, and you do not have to, disclose or share your own recovery status, the models you may have used, the challenges you have encountered, and outcomes that you have found in your experience."

With that, the interview began. I felt comfortable throughout the process that I had created the right environment for him to express himself, and the right amount of guidance to keep the process on track. I was - and remain so - very conscious of the need to hold the narrative process, the art of co-creating a narrative throughout the interview. I have to admit, I still feel trapped in my inexperience as a narrative researcher and my desire to let the dialogue flow.

I was left wondering if I am honouring, correctly, the tradition of a narrative inquiry.

So what?

E.g. So what more do I need to know in order to understand the situation; so what could I have done that was different? This part breaks down the situation and tries to make sense of it by analysis and evaluation, drawing on previous experiences and knowledge.

There were two key differences in the management of this interview from the last: I asked the research question and sub-questions at the beginning, and I kept the interview to 86 minutes - the first one was 108 minutes. The aim here was to create a less wordy, more focused transcript. I am not sure I achieved that: the transcript was less wordy, but was it more focused?

After the first interview, I felt I could either ask the research question and the sub-questions at the start (rather than the research question only, and interlace the sub-questions), or begin with more general question *inviting* story, such as: "Tell me, how did you become a recovery coach?" The latter might form a prelude to more *specific* questions about the experiences of recovery coaching, a goal I seem to be struggling to achieve. I chose the former, and feel I garbled the question: it was not as clear as I would have liked.

I wonder now, sitting at my desk on a cool, clear winter's day in Hout Bay, whether I am not still torn between the need to create a narrative inquiry and my desire to let the process *emerge*, let story be co-create from a dialogue. If I am honest, I am still not sure. I suspect the best manner to resolve this is to adopt the second approach at my next interview. Be more inviting of a story...

That said, the interview went smoothly; I identified with a lot of what he said. The story that emerged was this: that his experience of recovery led him to wanting to explore more, and that what held his attention about recovery coaching was this undirected approach, based on the relationship with the coachee. This was not about telling. The overarching story was of his inability to reconcile his belief in the value of coaching with an organisation that delivered more traditional support services to addicts and former addicts. That said, coaching had permeated his own approach. There was a story of frustration here ...

What I am essentially struggling with is: am I honouring the narrative process and what does my data look like?

Now what?

E.g. Now what do I need to do to make things better? Now what will I do? Now what might be the consequences of this action? This stage combines the process of exploring alternatives and planning action that will be put into practice in order to develop or change practice.

I feel that I am setting up the interview on the correct foundations: I am building a secure container to co-create narrative about experience. There is something I am feeling uneasy about: are my research questions and sub-questions the correct entry point to co-create a narrative? Or should I introduce these questions and sub-questions into the setting up of the dialogue (as the purpose of research), be aware of the thesis aims during the interview and interlace these objectives as the narrative presents? Must I open with a much more general question that invites story?

Do I simply ask: “Tell me, how did you become a recovery coach?” and see where this takes us? There is only way to find out: try it. Will it be appropriate to do this next time?

My next interview is on the 4th of June, let us see then.

Reflective practice: Thoughts on the Research Interview 3

What?

E.g. What happened; what I was doing; what were others doing? This combines the reflective process of identifying the experience and describing it in detail.

I knew this interviewee from my recovery coaching training programme over 6 months in 2013, and I had got to know him well. In his late forties, the interviewee is a gaunt, tough and softly spoken man. He always struck me as a man who had suffered and endured: there is hardness in his gentleness. As a retail professional he has worked as both a lay counsellor, a recovery assistant and a recovery coach, and was himself in recovery.

I had particularly looked forward to this interview as he was a colleague of mine and this was the first interview I would be doing face-to-face. I was not anxious here: my knowledge of him mitigated that. I rode my motorcycle out to the Northern suburbs on a sunny winter's day to conduct the interview at his house. I met his dogs and his father-in-law and we sat down to begin. After the pleasantries, we began.

I started the conversation with the very same detailed contracting process that I have used for all the interviews. This entailed reaffirming that the consent form had been filled in and returned, that the interviewee was free to withdraw at any point or choose not to answer any question and was free at the end of the interview to end the commitment and not have their data used in any way. The next stage involved my briefly explaining the key point of my narrative inquiry. There was a dialogical approach to interviewing: we would co-create a story, in order to try to make meaning of experience, and that data analysis would involve keeping the story whole. Lastly I explained that I would transcribe the interview word for word, include the voice of the speaker, and that I would send the interviewee a copy of the transcript and invite comment, if they so wished.

I asked the following question, choosing not to follow through with a simpler question about becoming a recovery coach. I chose to stick to the aims of my project:

Please could you describe your experiences coaching employed professionals in recovery from alcohol misuse? Feel free to explore the coaching processes and goals that you have used, or are familiar with, identify any challenges you have encountered, and please feel free to explore any outcomes you have discovered. Now in this I am not necessarily looking at your formal practice as a coach, because you are not a fulltime coach. It is just where you have experienced coaching in the context of somebody who is in recovery – I initially said early recovery – I have dropped that

and am now interested in recovery from alcohol misuse. You may want to share your own journey of how you got into coaching, you may want to talk about your own journey of recovery if applicable, you may not. All right? I will guide you through the process, and the aim is for you to tell me a story: whatever that story is, it is valid. It is up to me to find the data. Ok?

I felt very relaxed in asking the questions in that way: moving up front to establish the area of interest and encouraging him to tell a story. We sat and conversed at ease for 74 minutes. It felt natural; it felt like a coaching session and a meeting of minds. He shared with me his recovery status and how recovery coaching to him represented the desire to find more to recovery, to explore recovery. This felt like the most productive interview to date.

So what?

E.g. So what more do I need to know in order to understand the situation; so what could I have done that was different? This part breaks down the situation and tries to make sense of it by analysis and evaluation, drawing on previous experiences and knowledge.

Evaluating the narrative there are a number of prominent themes: the desire to explore recovery (developmental); the idea that one can enter recovery prior to becoming abstinent and both are gateways to recovery; and that the power of coaching lay in the relationship. He said:

“I never gave up on him and he never gave up on the process.”

The narrative is all about the relationship between the coach and the coachee, which allowed him to follow the coachee’s agenda. The idea of movement also came through, and the idea of recovery as discovery. There is very little that I would have done differently.

Now what?

E.g. Now what do I need to do to make things better? Now what will I do? Now what might be the consequences of this action? This stage combines the process of exploring alternatives and planning action that will be put into practice in order to develop or change practice.

The asking of the research question and the sub question at the start is working well. What is being co-created is a dialogue. There still doesn’t seem to be a story in the chronological sense but I must ask the question: am I generating a narrative around the experiences of recovery coaches? Yes and the narratives differ in their core, but have the all-embracing commonality in ideas of recovery as movement and therefore developmental.

My anxiety over the process is diminished: I am generating data and I feel, by specifically contracting up front and by taken part in a free-form dialogue, I have adhered to the narrative tradition. So far we have narratives of:

Recovery as a journey and a recovery coach as a guide in these labyrinths of choices

The recovery agenda vs. the recoveree’s agenda

Recovery coaching rests on the power of the relationship

Common to all: Coaching is goal-centred and that implies movement. Recovery coaching is about moving towards individuals' goals.

So far, so good, I am happy we are building robust data. All the interviews have been tight, well receive, confidential and co-created. I am a budding narrative researcher ...

Reflective practice: Thoughts on the Research Interview 4

What?

E.g. What happened; what I was doing; what were others doing? This combines the reflective process of identifying the experience and describing it in detail.

This was my fourth interview of seven. It took place on a sunny summer's day in London at the Royal Festival Hall on the London's South Bank. I woke up tired, still sickly from the bronchitis and low on energy. However, London was in full bloom, those warm, hazy summer's days that I loved so much as a child. This city has changed so much since I lived here: it feels so much sunnier and more vibrant and riding the 1200cc motorcycle on the South Bank of the Thames was positively liberating. I arrived, parked in the sunshine and bumped into my interviewee.

She was in her early fifties, a vibrant lady, filled with enthusiasm and passion, it radiated from her. We moved inside the hall and found a room upstairs with the obligatory coffee and water, and the process, after some chitchat, began. My interviewee had worked for two decades in the substance abuse field in London, was a counsellor and had recently trained as a recovery coach under the FRC. She was a line manager in her organisation.

I started the conversation with the very same detailed contracting process that I have used for all the interviews. This entailed reaffirming that the consent form had been filled in and returned, that the interviewee was free to withdraw at any point or choose not to answer any question and was free at the end of the interview to end the commitment and not have their data used in any way. The next stage involved my briefly explaining the key point of my narrative inquiry. There was a dialogical approach to interviewing: we would co-create a story, in order to try to make meaning of experience, and that data analysis would involve keeping the story whole. Lastly I explained that I would transcribe the interview word for word, include the voice of the speaker, and that I would send the interviewee a copy of the transcript and invite comment, if she so wished.

After 8 minutes of contracting, I asked the interviewee if she was ready to begin. I followed the pattern set in interviews 2 and 3, by asking the research question at the outset, along with the objectives. I asked:

I would like you to describe your experiences of working as a coach or using coaching with professionals in recovery. And if we look at the objectives that we are examining, let me ask

please: What are some of the challenges that you have encountered in a coaching situation in the context we are talking about? What are some of the outcomes you have encountered? What are some of the processes that you have used, for example the models you have enjoyed using? And of particular interest what are the goals of the coaching you have encountered in the context defined? And so now it is over to you.

What took place was a co-created conversation for 74 minutes. It felt natural, it felt like two coaches having a coaching conversation, and again reaffirmed my belief in the power of a narrative inquiry for this research, which is looking to describe the experiences of coaches. Once again, I felt that anxiety of not being tight enough, or scientific enough in my inquiry, and that the data might just resemble a rambling treatise. That said, it was a natural, charming conversation from a very experienced, very passionate and caring woman who loved her work, and had embraced coaching into her world of counselling.

So what?

E.g. So what more do I need to know in order to understand the situation; so what could I have done that was different? This part breaks down the situation and tries to make sense of it by analysis and evaluation, drawing on previous experiences and knowledge.

I felt far less worried about my agenda this time. The process felt so natural and this is simply due to the watertight contracting, the building of the secure container and clarifying the purpose of the interview. Once again, setting the environment for a narrative inquiry is the same as creating a container for coaching: it feels equally at home for both parties to the interview, who just happen to be coaches.

I am more present in this dialogue: it felt right. Having transcribed the narrative what emerges is a narrative of contrasting agendas, which are so pertinent to a woman who works as a counsellor and manager in a substance misuse organisation with its clear agendas and who has embraced coaching as an additional service offering. The conflicting agendas are prevalent in her narrative of competing agendas: a recovery agenda driven by organisational outcomes and a recovery coaching agenda driven entirely by the coachee. Their uneasy co-existence is at the heart of her narrative.

Despite this, there is the recurrent narrative of coaching as movement: being goal-oriented it is about action and accountability, choice and relationship, and this contrasts with counselling and therapy which in her language is much more static. The language of coaching is a language of movement.

Now what?

E.g. Now what do I need to do to make things better? Now what will I do? Now what might be the consequences of this action? This stage combines the process of exploring alternatives and planning action that will be put into practice in order to develop or change practice.

Having transcribed the interview, I am happy with the outcome. There is loads of story here - she was not in recovery and her background seems less important to her, and she came armed and prepared for the interview. She told me a story of coaching a co-worker who was in recovery and who had gone into the substance misuse industry and of how in their work together he shifted from a language of what can he get, to whom shall he become. It is a language of possibility. The dominant narrative though is of movement: of coaching, being about movement, contrasting to a much more static treatment industry.

This is the watershed of the acute, interventionist treatment approach and the chronic, developmental nature of recovery. Each has its place. Her language around the relationship, of the hope and possibility of coaching was infectious. She was a very infectious woman, this was a charming interview and it reminded me how much passion I have for this work.

It seems to me that asking the research question and the sub-questions at the start of the interview is working well, and my picking up on particular themes is working well. Core to this is contracting and creating a secure environment for dialogue to take place.

Reflective practice: Thoughts on the Research Interview 5

What?

E.g. What happened; what I was doing; what were others doing? This combines the reflective process of identifying the experience and describing it in detail.

This was my fifth interview of seven. It took place in my cold study early, at 7am on the 1st of July 2015, and it occurred to me, this was 99 years on from the first day of the Battle of the Somme. Here I was, with a slight anxiety awaiting the interview and it occurred to me imagine being a young soldier in the trenches about to go over the top for the Allies that fateful day 99 years ago? And I wondered about the survivors of that terrible war: how on earth did they settle back in to civilian life? Therapy itself was barely known then and certainly not available to the ordinary man. Imagine their trauma?

My interviewee was a lady in her late forties from Johannesburg. I knew she was trained by the same team that handled my recovery coach training and was highly regarded by one of my colleagues.

I started the conversation with the very same detailed contracting process that I have used for all the interviews. This entailed reaffirming that the consent form had been filled in and returned, that the interviewee was free to withdraw at any point or choose not to answer any question and was free at the end of the interview to end the commitment and not have their data used in any way. The next stage involved my briefly explaining the key point of my narrative inquiry. There was a dialogical approach to interviewing: we would co-create a story, in order to try and make meaning

of experience, and that data analysis would involve keeping the story whole. Lastly I explained that I would transcribe the interview word for word, including the voice of the speaker, and that I would send the interviewee a copy of the transcript and invite comment, if she so wished.

After a few minutes of contracting, I asked the interviewee if she was ready to begin. I followed the pattern set in the other interviews, by asking the research question at the outset, along with the objectives. By now I felt I had the opening portion of this narrative inquiry correct. It felt now that I was able to prompt the telling of story. I asked:

I would like you please to describe your experiences of working as a coach or using coaching with professionals in recovery from alcohol. You may feel that you want to tell me a story about some of the challenges that you have encountered in that coaching context; some of the outcomes you have encountered, you might want to tell me a little bit about some of the processes and the models that you have been using; and you might want to talk about the recovery coaching goals you have encountered in that context. You may also feel that it is appropriate to tell me a story about how you got into recovery coaching. The rest is up to you, we are on tape, and off you go.

What took place was a co-created conversation for 67 minutes. After my introduction, I did not say a word for 25 minutes: I simply did not need to. The interviewee was clearly prepared to answer the main research question and the sub-questions and did so with utter fluency; moreover, she told a fabulous story. I talked for less than 5pct of the conversation, only towards the end was I involved. It felt like a very professionally handled narrative interview.

So what?

E.g. So what more do I need to know in order to understand the situation; so what could I have done that was different? This part breaks down the situation and tries to make sense of it by analysis and evaluation, drawing on previous experiences and knowledge.

This was my fifth interview and it is safe to say that the entire interview felt the most relaxed and natural to date. Maybe it was the more refined opening narrative, or the quality of the coach I was interviewing. She was such a strong, structured speaker that all the narrative came out fluently: there is a mine of information here about her experiences.

Having transcribed the narrative what emerges is a narrative of a client focused, goal-centred approach to recovery coaching. This lady is at the business end of coaching. She was in recovery, and her training as a life coach made her reflect on her own recovery and wonder: how could coaching relate to recovery? It paved the way for her emergence as a recovery coach. Her narrative is almost entirely one around a client-centred approach: that the client held the agenda, and the coach was not an expert. In this respect lay the power of coaching. There is also a strong language of humility: being able and required to refer on clients to the appropriate clinical professionals when she felt it was important, when trauma or medication was discussed. Her theme was strongly around creating a continuum of care: coaching was one such tool in that

armoury. But it was a client-centred tool: she made parallels to the world of business coaching, around goals and the idea of movement again prevails. Her narrative is no-nonsense, pragmatic and business-like: indeed, she felt recovery coaching was very akin to the world of business coaching. No surprise in her mind then that professionals in recovery, in her experience, responded very well.

Again, the over-arching narrative is one of movement: towards one's own goals for recovery. In her experience, recovery is as diverse as our desires out of life.

Now what?

E.g. Now what do I need to do to make things better? Now what will I do? Now what might be the consequences of this action? This stage combines the process of exploring alternatives and planning action that will be put into practice in order to develop or change practice.

Having transcribed the interview, I am thrilled with the outcome. There is a wide-ranging story here – she was in recovery, had pursued coaching, wondered how coaching could relate to recovery and found the answer: if coaching could free the coachee from the legacy of recovery language and all the shame that it involved, by allowing them to focus on what they needed to do rather than what they had been told to do, then there might be movement. Recovery comes through as developmental, volitional, and a mind-set rather than a state. Recovery coaching might involve harm reduction or moderation, models used might be the Wheel of Like or the GROW model but what bound it all together was coaching didn't belong in the world of addiction but in the world of recovery, possibility and movement towards chosen goals. Recovery is self-determined and coaching allows it to be self-directed.

It felt to me that I have become a better narrative interviewer: by asking better questions at the start and allowing the conversation to flow. I need only speak when needed to guide. It would be no surprise to me if the last two interviews take the same shape as this one. I am happy with my approach, happy that it is suitably scientific, I am happy with a narrative approach: in many respects this research will at best ask for other questions to be asked of recovery and coaching.

If that is the case, then I have done a half decent job.

Reflective practice: Thoughts on the Research Interview 6

What?

E.g. What happened; what I was doing; what were others doing? This combines the reflective process of identifying the experience and describing it in detail.

This was my sixth interview of the seven. It took place in my study using Skype. The interview went on for 63 minutes, from the get go it felt tight, professional and complex. I was less dialogically involved from the start: the interviewee was very articulate and comfortable, and deeply passionate

about his recovery coaching. Some of the interviews I have been very active, some less so. This one was less so.

My interviewee was a gentleman in his sixties from Johannesburg. I met him two years ago when I did some volunteer work at a clinic in Soweto, bringing the concepts of recovery coaching to Orlando, a township in Soweto. When I first met him, he struck me as a deeply passionate man, dedicated to working with addicts and using recovery coaching as a new *modus operandi*. I felt before the interview started that this would be a technical interview, that he would have plenty to say and would be meticulous about it. I was right

I started the conversation with the very same detailed contracting process that I have used for all the interviews. This entailed reaffirming that the consent form had been filled in and returned, that the interviewee was free to withdraw at any point or choose not to answer any question and was free at the end of the interview to end the commitment and not have their data used in any way. The next stage involved my briefly explaining the key point of my narrative inquiry. There was a dialogical approach to interviewing: we would co-create a story, in order to try to make meaning of experience, and that data analysis would involve keeping the story whole. Lastly I explained that I would transcribe the interview word for word, including the voice of the speaker, and that I would send the interviewee a copy of the transcript and invite comment, if they so wished.

After a few minutes of contracting, I asked the interviewee if he was ready to begin. I followed the pattern set in the other interviews, by asking the research question at the outset, along with the objectives. For this last interview, I asked the question and sub-questions directly, establishing the tone for our interview from the beginning:

If I could please ask you: Can you describe your experiences coaching employed professionals in recovery from alcohol misuse? The objectives of this might lead to exploring the following. Feel free in that process to describe some of the coaching goals you have articulated. Please, can we explore some of the coaching processes or models that you have used or have found useful? Feel free to identify any challenges that you have encountered; please investigate any reported outcomes from the coaching processes that you have been part of. If you feel it is appropriate, you can share your own recovery status with me, and please bear in mind that no names will appear in this report, it is entirely anonymous. And if you feel you want to tell me the story of how you got into recovery coaching, that would be fantastic. It is your floor, as they say.

What took place was a co-created conversation for 63 minutes. It was a very crisp interview; the interviewee was keen to keep to the narrative. I was uninvolved initially and my voice came in later in an effort to distil some very complex narrative. This interview was the most complex of all of them: the narrative is soaked in a technical understanding of the psychological roots of recovery coaching, and its need to be positioned alongside the work of therapist and counsellors. There is a tension in the language: whilst it co-exists alongside other, established modalities, it complements them. Diplomatic yes, but it complements then because it is the modality that helps move the

recovers forward. There is dialectic at play here: the idea of coaching unlocking a personal recovery plan for each recoveree. It is a message of hope.

So what?

E.g. So what more do I need to know in order to understand the situation; so what could I have done that was different? This part breaks down the situation and tries to make sense of it by analysis and evaluation, drawing on previous experiences and knowledge.

This interview was by far the most technical: the interviewee was keen to draw on the psychological roots of recovery coaching. There is the use of techniques such as Process-oriented psychology and Ontological Coaching: the application of particular processes to the coaching sessions that would allow the coachee a better understanding of where they were in order to create a motion forward. He is at pains to position recovery coaching as complementary to therapy or counselling, but also distinct. His is language, a narrative of facilitating movement, and movement towards a better quality of life, a life that the coachee wants, not one that he is told he must seek. It is the narrative of hope, responsibility and non-victimhood. It is not a language of blame and consequences: consequences may prompt addicts to seek help, but will not keep them sober.

Above all, it is about movement.

The central tenet to this interview as I understand it now is that coaching facilitates the coachee to understand what recovery really is: a new, better life of their desiring. They just need to see that. Then they can move towards it. It is about hope, and the results are plain to see. The passion of John's work shines through in this narrative: it is a narrative of change, hope and excitement.

Of all the interviews, his own passion for this work shines through most strongly.

Now what?

E.g. Now what do I need to do to make things better? Now what will I do? Now what might be the consequences of this action? This stage combines the process of exploring alternatives and planning action that will be put into practice in order to develop or change practice.

This was by far the most technical interview, rooted in psychology and a narrative that feels it important to position this recovery coaching work alongside the work of therapists and counsellors. This interviewee works most closely with the treatment centres and it shines through.

I was less involved dialogically again: it was not so important. I feel the power of a narrative approach really shone through: by placing the interview in context (the research question and the four objectives) and encouraging him to tell a story. Through prompting we create enough freedom to explore his experiences. Which are of hope, excitement and a wonder of how his clients react when they discover that entry into recovery is understanding what recovery is: a life of their

choosing and, having articulated this, moving towards that life. It is again the narrative of movement and discovery.

It is clear to me as I wrap up this phase of my research that a narrative approach has worked: this is not about finding a set of results, it is the discovery that recovery is the discovery people make when they are able to fashion their own pathway to recovery! Coaching is one approach that may facilitate this learning. A questionnaire would not have revealed that!

Recovery coaches experience this in recovery coaching: that coaching is the facilitation of movement from a static state of abstinence or intervention, to a mobile state of building a better life. And that is tailor-made: by the coachee ... awareness, responsibility ... self-belief. It is all there.

I reiterate what I wrote in my last reflective journal: this work is a springboard to more. I should be interviewing again, in more detail, maybe with fewer interviewees having shortlisted the first draft. But I cannot. I have discovered this: recovery coaching is both securely founded in coaching (true) and recovery (in the developmental sense, also true). I think that is the answer to my coaching question.

Reflective practice: Thoughts on the Research Interview 7

What?

E.g. What happened; what I was doing; what were others doing? This combines the reflective process of identifying the experience and describing it in detail.

This was my last interview of the seven. It took place in the new offices of RT7 Digital, a company that I am providing consulting services to for 6 months. This was a Skype interview, which went on for nearly 40 minutes.

My interviewee was a gentleman in his late forties from Johannesburg. I have known him for a couple of years as a trainer of coaches and in some respects, as my mentor in the world of recovery coaching. He is at the forefront of the movement in South Africa. He is a very passionate and emotional man, articulate and firmly believes in the value of the work he has done. He is in recovery himself and has for many years run a treatment centre. He is the first, and I stand to be corrected, to bring recovery coaching into a treatment programme as a modality for recovery in South Africa.

I started the conversation with the very same detailed contracting process that I have used for all the interviews. This entailed reaffirming that the consent form had been filled in and returned, that the interviewee was free to withdraw at any point or choose not to answer any question and was free at the end of the interview to end the commitment and not have their data used in any way. The next stage involved my briefly explaining the key point of my narrative inquiry. There was a

dialogical approach to interviewing: we would co-create a story, in order to try to make meaning of experience, and that data analysis would involve keeping the story whole. Lastly I explained that I would transcribe the interview word for word, including the voice of the speaker, and that I would send the interviewee a copy of the transcript and invite comment, if he so wished.

After a few minutes of contracting, I asked the interviewee if he was ready to begin. I followed the pattern set in the other interviews, by asking the research question at the outset, along with the objectives. For this last interview, I asked the question and sub-questions very directly, possibly a little too directly. It felt, on reflection, to be less inviting of story:

What are your experiences working with professionals in recovery from alcohol; what are some of the models that you may have used; what are some of the goals that the coaches have presented to you; what are some of the outcomes you have encountered; and what are some of the challenges that you have faced? And it is your floor.

What took place was a co-created conversation for 40 minutes. Once again, my voice in this interview is less audible than the earlier ones: it felt very much that the interviewee had a clear story to tell and tell it he did. It was a comfortable interview: it felt very much like a meeting of minds and was the most focused of all the interviews, with the interviewee very keen to expound on one particular narrative.

So what?

E.g. So what more do I need to know in order to understand the situation; so what could I have done that was different? This part breaks down the situation and tries to make sense of it by analysis and evaluation, drawing on previous experiences and knowledge.

I would have liked to have more time with this interviewee, but it was not to be. He immediately chose to tell a story of the importance of taking a systemic approach to coaching recovering professionals when the organisation is engaged. This is the first time we have touched on this subject. Into the morass is the idea of maintaining relationships and contracting: between coach and coachee and coach and organisation, it is the idea of a professional who enters recovery fresh from treatment as being part of a different language different to the language of the corporate, and the tensions that brings. There is the story of recovery for individuals and recovery for corporates: the idea of 'organisational recovery'. The questions asked are: what are the cultural changes that need to be made at an organisational level to better manage the wellbeing (and therefore productivity) of its employees? Are we really interested in the well-being of the employees or is it all just a box-ticking exercise? How do some organisations deal with a drinking culture in their midst if an employee falls prey to it and where does responsibility lie?

This was a shorter interview due to the logistics, but the most focused. I felt very much that I have left this all hanging now: having established a clear narrative in each interview (one that will help describe the experiences of recovery coaches coaching professionals in recovery), it seems to me

that I should have pulled the thread on each pertinent interview, and had a follow up interview around the core narrative. It is as if the first interview is simply a distillation process. I am hoping that the coding is the distillation and further interviews prove not necessary.

Now what?

E.g. Now what do I need to do to make things better? Now what will I do? Now what might be the consequences of this action? This stage combines the process of exploring alternatives and planning action that will be put into practice in order to develop or change practice.

Having transcribed the interview, we read of a narrative around a need systemic approach to coaching organisations, and in the case of employees seeking help, this is still the case. In this sense, recovery coaching is a sub-set of executive coaching in that context. We have the employer and coachee as the client, but how will the employer react to a self-directed approach to recovery coaching from one of its people? We have the dynamic of recovery language vs. corporate language and the idea of organisational recovery: taking responsibility for the well-being of one's people. The interviewee's obvious passion was palpable in this case.

Having finished the interviews I am left with a number of thoughts:

That a narrative approach, with its intention to research human experience, was a valid approach.

That a narrative approach, grounded in coaching ideas of contracting, relationship-building, confidentiality and a co-created dialogue, is very effective for coaches, particularly in this case when it is not obvious why or how coaching and recovery should overlap. In this respect, we are skiing off-piste here.

That managing that interview is hard: in the desire to create freedom to build narrative, it can resemble a sprawling jumble of philosophies. I have not created a series of stories rather a narrative of what it has meant to be a recovery coach. I wonder if this is my inexperience as an interviewer.

That said, I could have turned to a phenomenological, qualitative approach and asked them to describe one such coaching journey, or a semi-structured questionnaire but then I ask: if we know so little about recovery coaching, and its place in the world of coaching or recovery, how would I have created pertinent questions?

The answer lies, I think, in the fact that now, having established what the researchers call a naïve understanding of each narrative (prior to coding and assembling) I should probably head out and re-interview the three interviewees that came through most clearly. That we follow them down further rabbit holes. No surprises here it was 5/6/7 - is that a function of my skill as an interviewer or coincidental?

The reality is that I do not have the time to do that. In that sense, this could well be the limiting factor in my research. Let us see what the coding brings. As I said in another reflection: this research may only serve as groundwork for further research:

“That recovery coaching is both securely founded in coaching (true) and recovery (in the developmental sense, also true). Coaching is process to facilitate the development of one’s recovery.”

Thoby 20th July 2015