

The Impact of Gossip on Addiction Recovery in Small Town and Rural Minnesota

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College of Education and Human Development

School of Social Work
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Research on Addiction Recovery

- Spirituality
- Gratitude
- Forgiveness
- 12-step programs
- Sober living houses
- Journaling
- Rural recovery

Teaching Addiction

- Substance Use Disorder Course at the U of M School of Social Work
- Learning Modules for Child Welfare Workers (Available here: Center for Advanced Studies in Child Welfare cascw.umn.edu)



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Support for Addiction Recovery during COVID-19

Social distancing is essential for keeping people healthy during COVID-19, but this means that face-to-face mutual aid groups have stopped meeting in person, and providers are changing the ways they are delivering services. But there is an abundance of help and support out there! Check out these resources to support recovery. Brought to you by the University of Minnesota School of Social Work.

z.umn.edu/addiction-recovery-covid19/



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- Research Assistants: Lauren Glass, Jessica Mendel, Rekha Banerjee, Lanae Staab, Nikki Tillman, Karen Goodenough

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Agenda

1. Background
2. Rationale for this study
3. Methods of this study
4. Results of this study
5. Implications for practice

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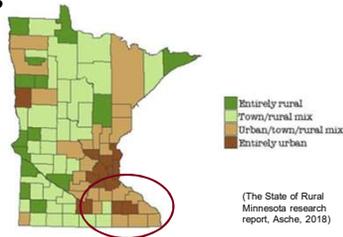
Poll Question

Definition of “small town” or “rural community”

“Any community characterized by low population density and distance from a larger center of population” (Young et al., 2015, p. 3)

Minnesota Demographer’s Office definitions based on US Census

- Rural < 2,500
- Small town 2,500-9,999
- Micropolitan area 10,000-49,999
- Metropolitan 50,000+



What makes rural areas different from urban areas as it relates to addiction and recovery?

Composition of a person’s Social Networks

In the social networks of rural communities...

- Fewer people you have known for < 3 years
- More people you have known for >3 years
- Smaller network size
- More roles per social tie
- Social ties more likely to be comprised of family members
- More neighbors who are family members

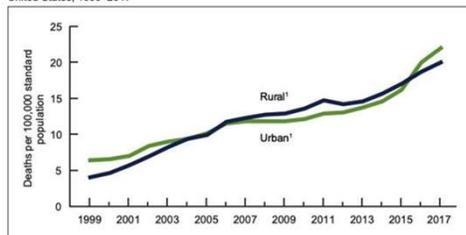
(Beggs et al., 1996)

Addiction in Rural Communities

- At one time, living in a rural community was seen as protective for drug addiction (Veysey et al., 2010)
- Rural problem as bad as urban problem
- Rural problem worse (summarized in Palombi et al., 2019):
 - Greater opioid prescribing (Keyes et al., 2018)
 - Rising rates of overdose deaths (CDC, 2017)
 - Limited access to treatment
 - Economic distress, social isolation, which are considered social determinants of health

Overdose deaths: Rural compared to Urban

Figure 1. Age-adjusted rates of drug overdose deaths, by urban and rural residence: United States, 1999-2017



Very little previous research has focused on the experience of addiction *recovery* in rural communities.

Research on Recovery in Rural Communities

1. Milofsky et al. (1993) wrote about urban-rural recovery migration from NYC to rural north-central Pennsylvania
2. Grant (2007) conducted a qualitative study of 25 women in recovery in Appalachia.
3. Haight et al. (2009) interviewed 4 mothers in recovery from methamphetamine addiction, early lives and experiences
4. Veysey et al. (2010) described addiction recovery in a rural Massachusetts town
5. Young et al. (2015) conducted a literature review (rural addiction and recovery)
6. Palombi et al. (2019) conducted focus groups of people in recovery in northern MN and the upper peninsula of Michigan, comparing those in early and long-term recovery

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Taken together, these studies have identified obstacles to and strengths to addiction recovery in rural communities

Obstacles to recovery in small towns and rural communities

- high rates of poverty, transportation difficulties, poor employment prospects after treatment (Grant, 2007; Veysey et al., 2010).
- lack of access to specialized training for treatment providers, difficulties accessing treatment (Grant, 2007; Young et al., 2015)
- social isolation (Veysey et al., 2010).
- a rural subculture of drug and alcohol use (Haight, Carter-Black, and Sheridan, 2009; Palombi et al., 2019).
- negative social support (Haight, Carter-Black, and Sheridan, 2009; Veysey et al., 2010; Palombi et al., 2019)
- shame and stigma (Milofsky, 1993; Haight, Carter-Black, and Sheridan, 2009; Veysey et al., 2010; Young, et al., 2015).
- Few 12-step meetings and thus few role models with long-term recovery (Young, et al., 2015; Palombi et al., 2019)

Strengths supporting recovery in small towns and rural communities

- Access to the great outdoors (Milofsky et al., 1993)
- Presence of treatment/drug court
- Positive individual factors, such as self reliance, resilience, positive attitude, and social support from friends, family, and community, (Haight, Carter-Black, and Sheridan, 2009; Palombi et al., 2019).
- Self help and mutual aid resources such as informal rural women's social networks (Grant, 2007)
- A recovery community that knows what addiction is and is poised to help others (Veysey et al., 2010)

Sociologists, social psychologists, and anthropologists have studied Gossip

Definition of Gossip

- "Informal and evaluative talk about a person who is not present among people who are familiar with each other and share a common frame of reference" (Wert and Salovey, 2004, p. 122).
- Gossip is defined by
 - context in which the information is shared (it is "idle talk")
 - morally and judgmentally oriented
 - can be positive or negative
 - defined by the nature of the information shared (if "superfluous") (Rosnow, 2001)

Gossip serves social and psychological purposes

- Spreads news and information (Rosnow, 2001); especially important in rural communities (Alston, 2015)
- Social control: reinforces group boundaries and censures the actions of people crossing them (Cheers, 1998; Rosnow, 2001)
- Fosters intimacy, a way to bond with others (Rosnow, 2001)
- Can make people feel better about themselves by a process of "downward social comparison" (Rosnow, 2001)
- Gossip helps us sense whether we are "in tune" with others (Wert & Salovey, 2004)

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Research on Stigma and Addiction

Research on Stigma and Addiction

What is stigma?

- Erving Goffman (1963) *Stigma: Notes on the Management of Spoiled Identity*
- Stigma arises when someone is different, and is viewed as "tainted, discounted" or "less desirable...bad, dangerous, weak" (p. 12)
- Generally, a lot of research on stigma and addiction

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The stigmatization of problem drug users: A narrative literature review (Lloyd, 2013)

- 185 papers on stigma and addiction
- Surveys of the general public show high degree of blame for the person with the SUD
- Surveys show some health professionals have stigmatizing attitudes toward those with SUDs
- Stigma experienced by pharmacists
- Stigma experienced by police
- Stigma experienced by others who are addicted!
- Negative impact on people with SUDs: emotional pain, anxiety, poor self worth
- Difficulty gaining employment once sober

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Two Poll Questions

The current study

Specific study aim

To understand the role of gossip on addiction recovery in small towns and rural communities in southeast Minnesota

Qualitative Research Methods

Qualitative Research

- Reading and re-reading data
- Identifying content related to the research question
- Clustering similar content into themes
- Interpreting how the themes relate
- Drawing a picture that depicts how the themes relate
 - This picture is the "conceptual framework"
- Re-reading the data, adjusting the picture, again and again until the picture matches data

Braun & Clarke, 2006

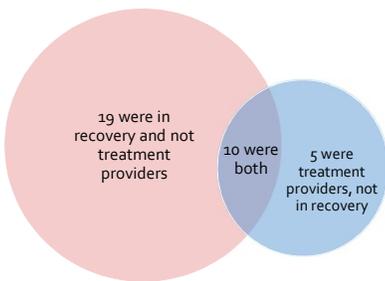
Semi Structured Interview Questions

1. What is it like to provide/receive substance-use disorder treatment in this region?
2. What is it like to be in recovery from substance-use disorders in this region?
3. What are the challenges that face individuals in recovery in this region?
4. What strengths are employed to overcome any obstacles to addiction recovery in this region?

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We interviewed 34 individuals March-July 2017



Among those in recovery:

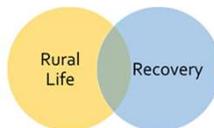
- Length of sobriety:
- 11 days to 35 years
 - Average: 12 years
- 12-Step engagement:
- all attended 12-step
 - 4 Al-Anon members

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Themes in Area of Overlap

1. Recovery Oriented Systems of Care
 - a. Alcoholics Anonymous meetings
 - b. Recovery Churches
 - c. Recovery Community Organizations
2. Other Sociological Factors Related to Recovery
 - a. Dual relationships
 - b. Experiences of minority populations (women, young people, Latinx, Native Americans)
 - c. Shame
 - d. Stigma
 - e. Everyone Knows Everyone
 - f. Gossip



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The Venn diagram consists of two overlapping circles. The left circle is yellow and labeled 'Rural Life'. The right circle is blue and labeled 'Recovery'. The overlapping area in the center is shaded green.

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Demographics of the Sample

Gender

- Female: 56% (n=19)
- Male: 44% (n=15)

Education

- Range: 10-18 years
- Bachelor's degree: 29% (n=10)
- Master's degree: 12% (n=4)

Age

- Range: 18-73 years
- Average: 51 years

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Demographics of the Sample

Race / Ethnicity

- Black/African American: (n=1)
- Hispanic/Latino: (n=1)
- Native American: (n=1)
- White/Caucasian: (n=30)

Marital Status

- Never married: 35% (n=12)
- Divorced: 29% (n=10)
- Married/living with partner: 33% (n=11)
- Widowed: 3% (n=1)

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Experience in the Region

How long have participants lived in the region?

- 1 month to 70 years
- Average: 30.5 years

How long have participants worked in the region?

- 6 months to 60 years
- Average: 23.8 years

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Results Overview

Overview of findings

- Everyone knows everyone
- Gossip exacerbated shame and degraded reputations
- Worry about gossip prevented people from seeking help.
- Worry about gossip kept recovery a secret
- Feeling afraid to be seen in AA
- Worry about gossip could lead to relapse
- Reasons for worry
- Reasons for optimism
- Problem is community lack of knowledge and individual lack of knowledge

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Detailed Qualitative Results

Everyone knows everyone

Everyone knows everyone

“Everybody knows everything about everybody. Little small towns are like gossip mills.” - Tommy, who lived in the region over 30 years and was 2 weeks sober

“Word-of-mouth is definitely the biggest advertising around here. Even if you have a billboard, if you have the word-of-mouth advertising, it’s going to go further than the billboard.” - Ellen, who had lived in the region 40 years

Gossip exacerbated shame and degraded reputations

Gossip exacerbated shame and degraded reputations

"If I made the paper in this town for something I did while I was under the influence, like DWI and crashed into another car, or a building, so that everybody knew that I was that kind of person. I'd feel like I want to walk around town with a hood over my head." - Paul, sober one year

Tommy said, *"Your status in a small town in the rural areas is like a one shot deal. People judge you so hard."* Isaac, who lived in the region over 60 years, said, *"You get a name for yourself."*

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Worry about gossip kept people from seeking help

Worry kept people from getting help

"If you ask for help then you have got to start telling someone else about your problems." - Tommy, sober 2 weeks

"I think it deters you from going to treatment just because when you're gone, you know that people are going to be asking where you are and that somebody's going to say something. Once something is said, then everybody in town ends up knowing about it." - Linda, who had lived in the region 40 years

Worry about gossip kept recovery a secret

Worry about gossip kept recovery a secret

- Linda said that people who are new to recovery want to keep recovery a secret, *"especially in a community where their employment can be affected by that, their housing can be affected by that."*

Afraid to be seen in AA

Afraid to be seen in AA

- Tommy said, "I remember all these little towns, it would be really hard to go to the meeting or want to. People would just get embarrassed. They are so worried about what other people think." Isaac said, "There's still a lot of people that don't want other people to know that they go to the meetings."
- We have people who won't go to meetings in this area. They'll go to meetings in [town 22 miles away] or [another town 22 miles away] because they know too many people here.... They don't want their friends knowing they're in recovery.
- Similarly, Lauren said that people would drive 45 miles to attend a distant meeting "because they really don't want people to know they're going to meetings."

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Worry about gossip could lead to relapse

Some believed worry could lead to relapse

"That is the number one thing to get out of your head, what other people think of you. It is going to get you drunk again is what is going to happen." - Tommy, 2 weeks sober

[Gossip is] "... a reason why people go back to using" - Linda, works in the addiction field

Reasons to Worry

Sacred recovery spaces were permeable

Things said in AA got out into the community - Peggy, a counselor in the community over 20 years

Outcomes of drug court proceedings got out into the community - Rebecca, long-time resident, a counselor

Gossip reaches the ears of people in treatment - Linda, long-time resident, works in the field

Some gossiped about AA meetings

"What's going on down in the church basement tonight? What are all those people going down there for?" Then there's the whispers in the other part of the church that those are those people. They have these problems." - Linda, long term resident, works in the field

"Oh, did you know that he's got some drug problems? He's going to that meeting on Thursday night?" 'Really? Oh.' So suddenly you've got the scarlet letter again." - Ted, long time community member, sober over 20 years

Gossip kept people from resources needed for recovery

"[Landlords] don't want to risk the drama. It's like, 'Oh, please, you know, I promised I've changed,' and they don't want to give you no chance." - Sara, sober less than a year, a resident of the community over 20 years

Reasons for Optimism

Individuals employed strategies to hedge against gossip:

“Hear it from me”

“I went back to work with my head held high. Before I went back, I called [everyone] and personally said, ‘I’m back, I’m feeling really good. If there are any questions that you want to know about me being in treatment, or my sobriety, don’t talk behind my back. Come to me.’” - Arleen, sober two months, long time resident. Similarly, Gloria, long time resident, in recovery over 20 years.

Strategies to hedge against gossip:

“Don’t care who knows, it’s good they know”

“Well, it doesn’t hurt me any. It’s probably a good thing [that they know].” - Donny, sober over 20 years

“I don’t guard my anonymity...I feel even by sharing it, they may know someone or they themselves might have a problem.” - Rudy, sober one year

Some stopped gossiping as a result of recovery

“[My husband] and I don’t talk about other people. ... Well, we did before, but when we got in recovery, that’s all private stuff. ... That’s between them and us.... We’ve had people ... tell their problems to me and I can’t jeopardize their lives. If they want to tell their problems they can tell them. I’m not telling them.” - Gloria, in recovery over 20 years, long-time resident of the region

Sometimes gossip was not as bad as people feared

"I think that's overblown in their heads, how they are going to be perceived." - Rudy, sober one year, long-time resident

"They're worried what other people are going to say to them... a lot of it to me is in their heads." - Gloria, long time resident, in recover over 20 years

"They'd be like, 'Oh, you haven't heard of me? ... Did you watch the news?'" and when Lauren responded, "Why would I pick you out of an hours' worth of news?" the client would respond, "Oh, I thought it was a big deal, well, now I'll tell you my story then." - Lauren, who worked in the recovery field and lived in the region 3 years

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A person could be surprised to learn that the community was actually happy for them

"The only one at work that knows is my supervisor, because I had to tell her why I was going to be off work. And she's been pretty supportive." - Hope, sober over six months - *"My family is grateful I'm not drinking anymore."*

"Everybody I see in town is like, 'Oh, you look good. Are you doing good?' because I didn't look good. I was scary-looking." - Kurt, long-time resident, sober one year

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Old reputations were hard to shake, but they did change, and the person became respected and even revered

"I walk on the street now and people look up to me and they respect me. They said, 'he is a good guy'... They ask for my advice sometimes if they're going through a tough time.... But I had to prove that I'm not the same person. And it takes a long time." - Isaac, long-term resident, sober over 20 years

"They come to us. They come to us. If someone was drinking too much, they'd come to us." - Gloria, long-term resident in recovery over 20 years.

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Problem is community lack of knowledge and individual lack of knowledge

Cause of the problem: Lack of knowledge in the community
Addiction and recovery were poorly understood, and this contributed to gossip, shame, stigma

- "get the evil shazamed out of you."
- "just stop drinking"
- "you're a loser"
- "with addiction they don't bring over a casserole"

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Solution: Educate the community
Initiatives to educate the community were seen as helpful

- Individuals in recovery self-disclosing in community lectures
- Individuals in recovery self-disclosing in everyday life

-- and --

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The Anonymous People

★ ★ ★ ★ ★ (2019) IMDb 7.2 In 2019 2014 137

THE ANONYMOUS PEOPLE is a feature documentary film about the 23.5 million Americans living in long-term recovery from alcohol and other drug addiction.

Director: Greg Williams
 Starring: Robert Johnson, Chris Herren, Patrick Kennedy, Jim Ramsdell
 Genre: Documentary
 Subtitles: English [CC]
 Audio Language: English

▶ Trailer + Watchlist

🕒 Rentals include 7 days to start watching this video and 7 days to finish once started.

THE ANONYMOUS PEOPLE

Rent HD \$3.99
 Buy HD \$9.99
 More purchase options

Cause of the problem: Lack of knowledge of the person in early recovery

Addiction and recovery were poorly understood, and this contributed to gossip, shame, stigma

- Worry about what employer will say
- I can't show my face there
- Run when you see the police
- Difficulty coping with the sideways glances of others

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Solution: Educate People in Early Recovery

- Model how to re-enter the community as a sober person
- Bring clients back into the community
 - Coffee shops
 - McDonalds
- Debrief those experiences

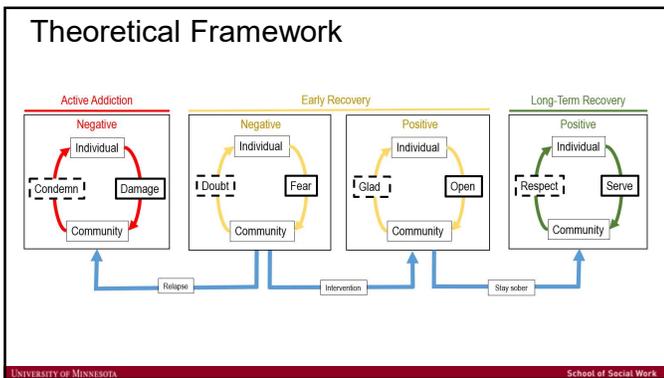
Then there were a few people that walked by [and offered a judgmental glance at the client], and it was like, because [my client] is dressed almost like a homeless person and I'm dressed a little bit nicer, but I'm like, I said, "That's their issue. It's not ours. You have to understand that." I said, "How many times have you done that?" I said, "What did you think the first time you met me? But then they get to know me, right?" And then I said, "We all do that. Just remember, that's their concern and their issue. It's not mine."

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Theoretical Framework that Describes Recovery in Rural Communities and Small Towns





Discussion

Implications for Addiction Treatment Practices

- Our results suggest that individuals are upset to think that they are spoken of negatively.
- Individuals are worried about how they will be received and spoken of as a person in recovery.
- There are reasons for worry, yet their fears can be worse than the reality.

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Implications for Social Work and Addiction Counseling Practice

- Elicit and discuss worries, to help diminish their effect as a potential relapse trigger
 - “What will it be like for you to return to your town as a person in recovery?”
 - “What worries might you have about what people might be saying about you?”
- Encourage clients that the worry might not be as bad as they anticipate; many will be happy that you are in recovery

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Implications for Social Work and Addiction Counseling Practice

- Encourage them to think of recovery as a “badge of honor” versus a “scarlet letter”
- Positive reinforcement for recovery will come from the community, but it might take time.
- Encourage patience and reassurance that it will get better.

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Help Clients re-socialize into the Community as People in Recovery

Scenario: Suppose you see a police officer at the Kwik Trip who knew you from your active addiction.

"I said, 'How many of you guys when you go in there and go back to get your coffee won't go, or go hide in the store or walk back out when you got police officers standing there.' And three-quarters of them, hands go up. I said, 'Okay, you're in recovery right?' They're all like, 'Yeah.' I said, 'How about this? Go back and get your coffee and say hello to them first. Just say 'Hi.' Or 'how are you guys doing?'"

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