

Chasing Recovery: An Autoethnographic/Ethnographic Study of Running in Recovery from
Addiction
by
Ryan Menard

A Thesis Submitted to the Faculty of Graduate Studies of
The University of Manitoba
In partial fulfilment of the requirements of the degree of
Master of Social Work

Faculty of Social Work
University of Manitoba
Winnipeg, Manitoba

Abstract

Substance misuse, or addiction, is one of the most common issues facing individuals who use social work services (Smith et al., 2006), p. 109). The majority of Canadians who identify as being in recovery from harmful substance use report that exercise is one of the “[s]upports and resources” (McQuaid et al., 2017, p. 25) that helps them maintain this state. A growing body of research supports exercise as an adjunct treatment to conventional rehabilitation therapies due to a variety of benefits. This study sought to address the lack of qualitative research exploring how individuals use exercise to help maintain recovery from substance misuse use long-term.

Because of my lived experience and privileged knowledge in this area, I used a combination of ethnography and autoethnography to answer the question: *How does running fit into your life as a person in recovery?* Data gathered through in-depth one-on-one interviews and my own personal history suggests ways in which running can holistically improve the lives of individuals seeking recovery from substance misuse in a number of areas. Foremost among these were: improved mental health coping and relapse prevention skills, surrounding oneself with pro-recovery social supports, and adopting a post-addiction subjectivity. Based on these findings, I suggest social workers include the promotion of running in their toolkits for working with individuals seeking recovery from substance misuse who are mentally and physically healthy enough to do so, except where those service users are also experiencing co-occurring eating disorders.

Keywords: addiction, substance misuse, recovery, running, exercise, autoethnography, ethnography

Acknowledgments

I would like to acknowledge and thank my MSW Committee Members: Marleny Bonnycastle, PhD, Rusty Souleymanov, PhD, and my advisor, David Delay, PhD.

Receiving the Manitoba Graduate Scholarship was invaluable in allowing me to devote time to my studies.

I would also like to give my deepest thanks to my six research participants whose pseudonyms are Alvin, Eric, Jacie, Liz, Quinn, and Shalane. I am honoured that you shared your stories with me and inspired by your bravery in allowing yourselves to be vulnerable in this way.

Dedication

I probably never would have started university and I certainly never would have made it this far without the support of my amazing wife, Tobi Menard. She's also a precise and ruthless editor.

Zuzu Menard, you are one of my sport heroes and inspire me every day.

Thanks to the support of all of my friends and family.

This is dedicated to anyone out there who has taken one more step toward recovery when they didn't feel like it.

Contents

Abstract	2
Acknowledgments	3
Dedication	4
Table of Contents	5
Chapter One: Introduction	6
Chapter Two: Literature Review	15
Chapter Three: Methodology	40
Chapter Four: Demographic Data	50
Chapter Five: Finding Sobriety and Running	54
Chapter Six: Mental Health Benefits of Running	67
Chapter Seven: Social Connection through Running	77
Chapter Eight: Subjectivity of Running in Recovery	82
Chapter Nine: Potentially Problematic Aspects of Running in Recovery	88
Chapter Ten: Analysis	103
Chapter Eleven: Discussion	121
Chapter Twelve: Conclusion	133
References	137

Chapter One: Introduction

Running helped me kick a ten-year addiction to cocaine and had kept me sober for going on twenty years. Running saved my life—and then gave me a life” (Engle, 2012, p. 2).

Charlie Engle is not the only one who feels this way. I doubt I’d be sitting here, clean and sober, putting the finishing touches on my master's thesis if I hadn’t committed to running a marathon in 2007 because I thought it might help me stay sober. Over the last fifteen years, running has helped me handle stress, granted me membership in a community of inspiring people, and changed the way I see myself: as someone who can do hard things. My own experiences with running and recovery inspired me to explore the ways running might help others who are struggling with addiction, whether as a stand-alone lifestyle change or as a complement to more traditional treatment methods.

For almost every imaginable stressor or challenging emotion, there is a drug that can help—at least in the short term. Psychoactive substances have been a part of every human civilization (Fisher, 2022). Humans have been using substances since prehistoric times for spiritual, medicinal, and recreational purposes. Mushrooms such as *Amanita muscaria* and psilocybin have long been used ceremonially from India to North America; wine plays a key role in Catholic rituals (Crocq, 2007). More often than not, “social customs and traditional wisdom keep drug use in check” (Fisher, 2022, p. 24). Over 50% of Canadian adults reported drinking alcohol during 2017 without exceeding the low-risk guidelines set by the federal and provincial health ministers in 2011 (CCSA, 2019). While it is harder to find accurate information on and guidelines for illicit substance use, certainly a significant percentage of users do so recreationally and/or without incurring a high degree of harm.

We must be careful to avoid the paternalistic trap of assuming that others have a problematic relationship with substances and that they want our help with this. Ivsins and Yake (2020), who worked closely with some of Canada's most stigmatized substance users point out how mainstream Western culture tends to use a lens tinted by its own sense of morality, seeing any use of illicit substances by marginalized people as "something to be managed, cured, and eliminated through treatment, intervention, policy, and policing" (p. 27). This stance blinds us to the reasons those individuals have for using substances: to provide "pleasurable embodied experiences" (Ivsins & Yake, 2020, p. 29); as a pain management strategy for those who avoid a health care system they feel stigmatized by; to ease mental and emotional distress, which can be exacerbated by marginalization; and to counteract the isolating tendencies of structural inequalities by providing an avenue for social connection.

This is not to dismiss the harmful potential of substances when misused, which have been long known. For example, the death of Alexander the Great two thousand years ago is typically attributed to heavy alcohol use (Croqc, 2007). Most substance-related harms coincide with a state of 'addiction,' where the user subjectively experiences the substance as necessary for survival despite ongoing harms objectively attributable to their use of that substance (Sussman & Sussman, 2011). This is not to be confused with physical dependence, which may exist without causing any harm. Millions find themselves at the stage succinctly summarized by ultramarathoner Catra Corbett (2018), who has spoken extensively about the role running played in her recovery: "everything I did, I did to get high" (p. 15). Often, drugs become an individual's only source of "excitement and meaning" (Maté, 2008, p. 39).

Fisher (2022) describes the word 'addiction' as initially referring not to a condition but to an action with some ambiguity as far as the degree of free will involved. No negative

connotation was implied, one could “be addict to worship” (p. 21). The modern tendency, spurned by many experts in the field, to use the word casually (e.g. “I’m addicted to *Stranger Things*”) is actually quite in line with the initial meaning. I agree with Fisher that the word “beautifully captures the nuances and complexities that underlie the concept of addiction, like disordered choice and universality, while also preserving room for heterogeneity” (p. 22). I also agree with Fisher (2022) that there is something impersonal, or “anemic and bureaucratic” (p. x1x) about the terms currently in favour, such as substance use disorder. These seem inadequate to capture, for example, the spiritual dimensions of the problem and recovery from it. However, the label ‘addict’ is also laden with centuries of stigma. Therefore, I will use the word ‘addiction’ throughout this text where I feel it is appropriate to do so but will reserve the word ‘addict’ for those who self-identify as such.

Neuroscientists now identify the sort of changes within the brain they have attributed to drug effects to occur when engaging in a variety of behaviours experienced as rewarding (Fisher, 2022). Based on this, addiction looks less like something a drug does *to* you than something that your brain does to itself. I believe that if there is any distinction between addicts and non-addicts it is somewhere in a grey area along a continuum. The same can often be said for whether any individual is or is not ‘addicted’ to any process or activity / process. Furthermore, addiction itself is more of a dynamic process than a discrete state. Flanagan (2013) compares his own “off switch” (p. 872) after he has started drinking to the degrading function of a “toilet flush handle” (p. 872) that at first must be jiggled to work but eventually stops working altogether.

In *The urge: Our history of addiction*, Fisher (2022) offers two excellent and succinct definitions of recovery: “stable improvements in functioning and purpose in life” (p. 292) or “any kind of positive change” (p. 299). While I appreciate the latter for its inclusiveness and

agreement with the philosophy of harm reduction, I will use the former because it is more in keeping with what I am seeking to better understand in this thesis. A sense of purpose is often signified by possessing a sense of “hope, choice, freedom and aspiration” (Best & Laudet, 2010, p. 1). While addiction and the use of illicit substances are still significantly stigmatized in our society, we love stories of recovery. I agree with Fisher’s (2022) description of such narratives as “our era’s archetypal story of self-discovery and spiritual growth” (p. xvi). The motif of prodigal children achieving redemption through suffering rings true to the morality of the Abrahamic religions which have influenced Western society but all societies seem to love a good story arc.

Globally, substance misuse is one of our most serious global public health issues, with the World Health Organization (2018) attributing 3 million deaths each year to alcohol misuse alone (p. xv). Substance misuse is highly correlated with numerous health issues including liver failure, sexually transmitted infections, human immunodeficiency virus, and hepatitis (Dube et al., 2003) as well as violence and other harms to those around the user (Smith et al., 2006). All of this translates to immeasurable personal, monetary, and social costs.

And this is without taking into account the harms caused by process addictions. Referring to the way it has revolutionized our society by allowing access to high-dopamine-releasing activities such as social media participation, gambling and sex anytime and almost anywhere, addiction scholar and physician Anna Lembke (2021) refers to the smartphone as “the modern-day hypodermic needle” (p. 1).

From time-to-time, a drug epidemic arises. This often involves a perfect storm made up of numerous factors such as a novel drug, a novel formulation of a drug, aggressive marketing, and a vulnerable population. For example, the current opioid crisis can be traced back to Purdue Pharmaceuticals pushing OxyContin in the late 1990s (Williams, Oct. 21, 2020). In my work at a

Rapid Access to Addictions Medicine clinic in Winnipeg, Manitoba, we are seeing a rising number of service users who buy what they think is either meth or fentanyl on the street. What they receive is a particularly dangerous blend of both substances laced with benzodiazepines. This result combines the psychologically and physiologically addictive potential of both drugs with a third that makes it resistant to life-saving naloxone (which counteracts opioid, but not benzodiazepine, overdose).

Relevance to Social Work

Directly or indirectly, substance misuse affects many who use social work services. Of 2000 American social workers surveyed by Smith et al. (2006), 71% had performed some “substance abuse diagnosis and treatment” (p. 109) in the past year. In Canada, social work has the largest representation among mental health and addiction professionals (CIHI, 2019, p. 28). Furthermore, social work jobs in this area are growing faster than any other. Between 2008 and 2017, the number of social workers in this area grew by 54% while the next fastest growing profession, occupational therapy, increased by 38% (p. 29). This means that, whether as a specialty or not, social workers certainly play a key role in providing addiction care in Canada.

Systemic barriers may prevent our most vulnerable populations, including those facing intersectional marginalization (for example, those experiencing homelessness, Indigenous or people of colour, LGBTTTQ+ and non-binary individuals, and people with co-occurring mental health struggles) from accessing the services that would benefit them most, or from having confidence in such services (Ivsins & Yake, 2020). Ivsins and Yake (2020) worked closely with some of the most stigmatized substance users in Canada as part of The Vancouver Area Network of Drug Users (VANDU) to qualitatively explore the meaning and purpose of substance use amongst marginalized people.

Although substance-related issues exist in every facet of society, they are not evenly distributed. In Canada, the ongoing effects of colonialism, including intergenerational trauma related to the residential school system and other mechanisms of cultural genocide, have led to “epidemic levels of addictive behaviours” (Chansonneuve, 2007, p. 6) among Indigenous Canadians. Despite this, Indigenous peoples and other disproportionately affected groups were underrepresented amongst participants in those studies I reviewed which reported data on ethnicity. Whether referring to Indigenous peoples and alcohol or Black Americans and cocaine, the idea that “some bodies receive drugs differently” (p. 128, Fisher, 2022) has been used to both dismiss the contribution of systemic oppression upon the health of the marginalized, including substance-related, and to justify the continuation of that oppression.

Often the role of social workers is to help maximize choices for those who use our services (Heinonen & Spearman, 2010). This is particularly true where service users face limited options. Often such individuals are not only facing intersectional marginalization but are being pushed towards social work services. Rooney (2009) pointed out how emphasizing choices can increase both a sense of ownership and collaboration with treatment planning amongst involuntary service users.

Given the immense harms associated with substance misuse, we are ethically compelled to explore “all potentially effective approaches” (Williams & Streat, 2008, p. 83) to treatment. This includes exercise, which I will define as any movement of the body undertaken with the intention of building strength, flexibility, cardiovascular endurance, sports-related skills, or any combination of the above (Weinstock et al., 2017). Running, the form of exercise I intend to focus on, will refer to either pedestrian movement during which, at some point, both feet are off the ground at the same time, or manual wheelchair propulsion.

Exercise continues to be under-recommended by social workers despite the “tremendous potential psychotherapeutic benefits” (Williams & Streat, 2006, p. 180) it holds for service users. In a 2008 article, the same authors outline how exercise can holistically improve the lives of individuals in recovery for substance misuse. The mechanisms believed to be involved will be discussed below. Also of note, despite the strong correlation between substance related-issues and utilization of social work services, I discovered a lack of more recent social work-specific research on this topic.

My research project is strengths-based in that the focus is not on the substance-related problem but on the way that running evokes internal resources to overcome it, and how past experiences that may have been thought of as purely negative may be reframed as beneficial. In a 2017 article, Daniloff describes (with both humour and insight) how “certain ‘survival’ skills developed in addiction—tolerance for pain, single-minded focus, ingenuity born of desperation, ease with isolation, a cold comfort with humiliation” come in useful when running long distances. Heinonen and Spearman (2010) outline the goals of strengths-based social work practice as helping service users improve in four areas: personal growth, quality of life, developing problem-solving skills, and becoming more resilient to stress and other challenges. I aim to demonstrate how running can help people to achieve all of these by showing how it has done so for me and the individuals I interviewed.

According to a 2017 study, 84.8% of Canadians who identify as being in recovery reported the use of a “regular exercise program” (McQuaid et al., p. 25) to support their recovery, with 53% listing it as one of their “[s]upports and resources currently used to maintain recovery” (p. 25). Although this is only correlational, there is a large and growing body of research on the therapeutic effects of exercise for substance misuse and for commonly co-

occurring mental health issues, including depression and anxiety (Askari et al., 2017; Salmon, 2007; Cooney et al., 2003). However, I found there to be a dearth of qualitative, and especially autoethnographic, research on long-term recovery. Individuals in later recovery are probably less likely to seek out, or be referred to, social workers. However, a deeper understanding of what they have done to reach this stage can benefit those who use our services to help them navigate their way through early recovery. I believe social workers and those who use our services can benefit from a further exploration of how running can contribute to the formation of a life without substances and how the mechanisms described below have worked for individuals *where the rubber hits the road* (or the trail, as the case may be).

In the spring 2013, I graduated from the University of Manitoba with my Bachelor of Social Work. Since July of that year, I have worked as a rehabilitation counsellor with the Addictions Foundation of Manitoba and Shared Health, currently at a Rapid Access to Addictions Medicine clinic. This primarily involves providing counselling, case management, and/or referral to a live-in treatment program or another counsellor. Since 2018 I have also been back at the University of Manitoba working on my Master of Social Work degree.

Because of my lived experience in this area, I utilized a combined autoethnographic/ethnographic approach to my research. This involved in-depth interviews with six individuals who have utilized running as part of a recovery strategy to attempt to answer the research question: *How does running fit into your life as a person in recovery?* My own experiences wearing the different hats of a social work graduate student, an addictions counsellor, a runner, and a person in recovery place me in a unique position to add something original to the literature through the use of autoethnography.

Heinonen and Spearman (2010) advised social workers to aim for an emic approach to “learn from clients about their unique situations” (p. 132) and stress the importance of remaining open-minded and flexible in our work. This may be especially significant as individuals facing substance-related issues are often involuntary clients, adding an extra hurdle to building a professional relationship. Barber (2009) argues that substance use is “the single most important reason for clients becoming involuntary in the first place” (p. 276). I hope that my own experiences may help some social workers to achieve this.

Because of its emphasis on reflexivity, empathy, adaptability, and seeking to understand context (Harrison, 2018), ethnography is a good fit with my social work training and values. It also felt like a natural way to take advantage of the fact that I am already immersed in the running and recovery cultures.

Fragkiadaki et al. (2020) noted the importance of social workers in the field of addictions using “the self as an agent of change” (p. 98). They also discussed exercise as a valuable way to *recreate* oneself during time away from work to continue to be an effective social worker in this field. By showing how running can be a form of recovery capital, I hope to add to the toolbox of social workers working with service users facing similar issues, whether this means encouraging and utilizing running as a technique for handling these challenges or adapting these findings to other activities that may be a better fit for that individual.

Chapter Two: Literature Review

This literature review will begin with an overview of the benefits of running for recovery, including a brief look at the relevant neurobiology. This is followed by discussions of recovery capital, subjectivity, running as a source of social support, and some potentially problematic aspects of running for recovery. From there, I will look at ways in which exercise has been integrated with treatment, the research into the long-term maintenance of sobriety, and relevant autoethnographic and ethnographic studies. The literature review will conclude with a discussion of potential barriers to success, limitations of the research, and future areas of study suggested by the literature.

This literature was obtained through a number of electronic searches, which primarily involved searching Social Work Abstracts, PsycINFO, Sociological Abstracts, and PubMed, with my most recent extensive search of the literature completed August 22, 2022. The main search strategy involved the following terms: addiction OR substance abuse OR drug abuse AND substance abuse treatment OR recovery AND exercise OR physical activity OR fitness. The following terms were also searched on those same databases: physical activity OR exercise OR fitness AND substance abuse treatment OR recovery; neuroscience OR brain AND addiction OR substance misuse; trauma AND addiction OR substance misuse; self-concept AND substance abuse treatment OR recovery; goal setting AND substance abuse treatment OR recovery; autoethnography AND addiction OR substance abuse OR drug abuse; qualitative AND exercise OR physical activity AND substance abuse treatment OR recovery; long-term maintenance and addiction recovery OR substance abuse recovery; autoethnography AND physical activity OR exercise OR fitness; marginalized people AND harm reduction AND substance use OR drug use; running AND recovery capital; running OR jogging OR run AND addiction recovery OR

substance abuse recovery AND ethnography; running OR jogging OR run AND addiction recovery OR substance abuse recovery AND autoethnography. The abstracts of the articles located through these searches were read for relevance to the area of focus. I read the articles I felt were the most pertinent, looking for the strength of the study and, once again, relevance to my topic. I also followed the articles uncovered by the searches to others referenced within which seemed particularly relevant to my topic.

Finally, several autobiographies and books written for a non-academic audience were included to provide further firsthand experience and a wider general knowledge of the topics. It bears mentioning that some of these works, and others of their kind, have inspired my thesis from formation to completion. A note on terminology: searching substance abuse tended to yield more results than substance misuse; searching fitness / exercise, more than running.

Overview

Based on their meta-analysis of the literature, Wang et al., (2014) determined that exercise was an “effective and persistent treatment” for substance misuse (p. 1). Some of the varied ways in which exercise is believed to assist recovery and long-term maintenance of sobriety include: reducing sensitivity to stress (Salmon, 2001); reducing symptoms of mental health issues that frequently co-occur with substance misuse including with anxiety (Salmon, 2001) and depression (Cooney et al., 2013); easing withdrawal symptoms (Wang et al., 2014); providing a healthy, alternative source of pleasure (Raichlen, 2012); promoting relapse prevention through reducing cravings and replacing substance use as a coping mechanism (Murphy et al., 1986); and increasing feelings of well-being and generally improving quality of life (Sari et al., 2019).

Patterson et al.'s 2022 meta-analysis of the research on exercise for addiction recovery also supports the benefits of aerobic exercise in particular. Not all studies found aerobic exercise to be beneficial to recovery. For example, Gunillasdotter et al. (2022) found no statistically significant change among a randomly assigned aerobic exercise group, whereas they found roughly equal benefits to the participants who were assigned to yoga or counselling groups. However, this does not show that running is not valuable as an adjunct to treatment but that it is not sufficient to function as a stand-alone method of recovery. Gür and Can Gür (2020) did a meta-analysis of ten studies that examined the effects of exercise on alcohol recovery. They found a significant effect in improving physical health and mental health / quality of life but not in affecting depression, anxiety, self-efficacy or amount of alcohol consumed.

While the behaviours associated with substance misuse are, like the suffering they cause, all too apparent, the medical model of addiction sees the driving forces behind addiction as “neurological and emotional mechanisms” (Lewis, 2011, p. 149) in the brain, especially in the pathways related to reward. Lewis described ingesting drugs as essentially overwhelming our brains, causing our neurons to be flooded with one or more of these neurotransmitters “in quantities—or with exaggerated properties—that evolution never intended” (p. 51). This leads not only to the drug's effects, but to the depletion of the natural production of the neurotransmitters involved. Depletion of dopamine is believed to be the primary driver within our brains of craving for a substance or activity (Lembke, 2021). Studies suggest dopamine is so important it is required for us to move towards satisfying our need to eat (Lembke, 2021).

Anna Lembke (2021) describes pain and pleasure as existing on opposite sides of a fulcrum which our brains, seeking homeostasis, are constantly trying to balance. So, when intense substance use builds our tolerance for the substance, “our capacity to experience pleasure

goes down and our vulnerability to pain goes up” (p. 54). This affects not only our experiences around taking and withdrawing from that substance but also the way we perceive other events. This makes us less inclined to pursue other activities that might help us cope without the substance. Ironically, “hedonism, the pursuit of pleasure for its own sake, leads to anhedonia [...] the inability to experience pleasure of any kind” (p. 57). Lembke (2021) quotes a phrase from Tom Finucane that poetically captures how our brains, having evolved in “a world of scarcity” (p. 67), are less suited to modern consumerist society: “We are cacti in the rainforest” (p. 67).

Based on their 2015 review of the research on exercise for addiction recovery, Linke and Ussher described exercise as recalibrating the brain’s reward systems after they have become misaligned due to prolonged substance misuse, increasing production of dopamine, serotonin, endorphins, epinephrine, and norepinephrine. In this way, exercise can be considered a behavioural intervention. Medical doctor John Ratey, who writes prolifically on the benefits of exercise, and his co-author, Hagerman (2008) used the technological analogy of exercise bringing “the prefrontal cortex back online” (p. 134) by speeding up the process of rebalancing these neurotransmitters. Given the prefrontal cortex’s key role in thinking, planning, and counterbalancing the drives of the limbic system, this can drastically improve an individual’s ability to resist cravings and stay sober (Lewis, 2011).

Recovery Capital

Cloud and Granfield (2008) referred to the collective economic, cultural, social, and internal resources available to individuals to help them maintain abstinence as *recovery capital*. Recovery capital helps individuals maintain motivation for change, cope with stressors and urges to use, and provides emotional support. Like money, these resources can be collected or spent,

and strongly affect the options open to an individual at any given time. And, in our society, they are just as unevenly distributed.

Cloud and Granfield (2008) broke up recovery capital into four domains. Social capital stems from belonging to groups that bestow “resources, reciprocal obligations, and benefits on individuals” (p. 1973). This can include emotional support, networking for employment perspectives, and access to further physical capital. Best and Laudet (2010) point out that social capital also refers to “engagement and commitment to the community and [...] willingness to participate in its values” (p. 2). The potential of social capital cannot be overstated. Best and Laudet describe recovery as a contagious force not only for helping others stop using but for improving “their families and communities as well” (p. 1). One way in which we see this is in the emphasis Alcoholics Anonymous (AA) places on adopting a mindset of serving others (2019).

Physical capital refers to financial assets, including insurance. Among other advantages, this can facilitate time spent focusing on recovery rather than on generating income. Cultural capital involves reflecting the norms of our society and being able to “act in one’s interest within those norms to meet basic needs and maximize opportunities” (Cloud and Granfield, 2008, p. 1974). This includes feeling comfortable seeking help from the health care system. The final area the authors identify is human capital. This contains an exhaustive list of personal factors that experts in the field of addictions see as important to succeeding in recovery, with “heredity, mental health, and employability” (Cloud and Granfield, 2008, p. 1974) seen as particularly significant.

In a 2008 paper, Cloud and Granfield expand their theory of recovery capital and discuss some of its limitations. Building upon previous scholars’ work on the concept of status, recovery

capital was originally based upon three studies they conducted. Two of these involved interviewing individuals who identified as overcoming substance misuse issues without formal treatment or self-help membership, with one of those exclusively looking at participants from middle-class backgrounds. A third study met with African-Americans from inner city environments in a treatment facility. Based upon comparisons of the groups and the use of grounded theory, they created the construct of recovery capital, which they describe as “the sum total of one’s resources” (p. 1972) that can be used to stop misusing substances and to maintain that abstinence.

Cloud and Granfield (2008) acknowledge their initial construct was limited in a number of ways. For example, a sense of meaning—which may include faith in some power higher than oneself, seen as crucial for success in Twelve Step groups (Alcoholics Anonymous, 1993)—does not fit neatly into any of the four domains. Other factors they had neglected included age and gender. Further research made them aware that younger and older segments of society are more vulnerable and that women (and, I would add, LGBTTQ+ people) are at higher risk of environmental harms to physical and mental health from “the street-drug subculture” (p. 1978) than heterosexual, cisgender men. The initial construct also failed to account for the effects of mental and physical health, or incarceration. While I see health as fitting squarely into personal capital, it is particularly relevant to my research for the huge role it plays in accessing potential benefits from running. For example, one can enjoy running (as I have defined it) from a wheelchair, but not while experiencing a high level physical or mental pain or distress.

Cloud and Granfield (2008) also point out that all forms of capital can also enable substance misuse by facilitating use and buffering negative consequences. For example, physical capital translates to more cash to buy substances and use them in a safe place. Cultural capital

increases access to prescription opiates, depressants, and stimulants. They described holding pro-illicit drug values as “a potent form of negative recovery capital” (p. 1975) that can add to the difficulty of achieving and maintaining abstinence.

As pointed out by Hennessy (2017), the construct of recovery capital continues to be dynamic as authors debate changes including the addition of new domain such as family/social recovery (to specifically addressing the unique characteristics of support from family members, however the individual defines this group), health (including mental health) and a domain for growth capital. Fitzgerald et al. (2020) included exercise as a form of recovery capital. I would go further and say that running can be a primary avenue for achieving a number of the factors Laudet and White (2008) described as defining recovery: enhanced quality of life, working towards goals, and positive, healthy interpersonal relationships. Also relevant is the work of Bandura (1977) showing that gaining self-efficacy in one way tends to transfer to increased self-efficacy in other areas. Achieving running goals can help with avoiding relapse and achieving goals in other areas. Therefore, I feel that recovery capital serves as a useful theoretical concept by which to encapsulate the varied ways in which running can help the individual in recovery.

By their very nature, the roads to addiction and to recovery are complex and individualistic. The factors that make up the construct of recovery capital seem robust for encapsulating a recipe for personal growth and the ingredients necessary for maintaining long-term abstinence.

Subjectivity

The way we view ourselves plays a significant role in addiction and recovery. Our subjectivity is “constituted and altered by historic, social and linguistic structures” (Clewell,

2011, p. 381). It is “complex interaction between linguistic determination and personal intervention” (p. 382).

While we possess a ‘self’ with some continuity, we are constantly changing in response to our environments (Koski-Jännes, 2002). We position ourselves within one or more “culturally-regulated communities, which contain both pre-established protocols for communication, and the potential for social transformation” (Clewell, 2011, p. 382). Group memberships provide a sense of belonging and expectations we use to guide our behaviour. While this can bring reassurance, membership also implies the existence of outsiders, a space addicts are often relegated to. Self-compassion, integral to a positive self-image, is difficult to cultivate while you are internalizing the language you hear society use to describe you as “outcasts, hunted as enemies and treated like human refuse” (Maté, 2008, p. 300).

Maté (2008) spoke about how individuals often come to “define themselves through their addictions and feel quite unmoored and lost” (p. 348) after giving up their drug of choice. This echoes the participants of Ivsins and Yake’s (2020) study, who identified facilitating social connection as one purpose served by their use. While the language and patterns promoted and accepted by the dominant society solidify the marginalization of certain groups, the potential for self-definition always exists (Clewell, 2011).

Melemis (2015) included self-identifying as “a non-user” (p. 328) as one of the factors that can fortify us against relapse. Maté (2008) quoted Egyptian novelist Naguib Mahfouz on the need to “[a]ccept the pain involved in re-creating yourself afresh” (p. 327). Koski-Jännes (2002) examined the importance of establishing a durable new identity that better fits a life without substances. Her symbolic interactionist / phenomenological study explored how some individuals require an emphasis on transforming their social identity, while others require more

change to their personal identity (and some require both or neither). Seeing oneself as belonging to a group with healthy goals and positive behavioural expectations can help with overcoming the isolation that is often part of addiction (Koski-Jännes, 2002). Corbett (2018) described herself as “a different person now” (p. 40): a runner, not an active addict.

McGannon et al.’s (2020) narrative inquiry into the autobiographies of Corbett and Engle explored how the challenges of ultrarunning assisted recovery through “identity transformation” (p. 1) and the creation of human and social capital. Their most relevant finding to this thesis is how Corbett and Engle use “bodily suffering” (p. 8) within ultrarunning “as a resource to make sense and meaning of the chaotic illness experience (p. 8). Both used the sport to make sense of the chaos of their earlier lives in addiction.

Palm (2021) refuted previous critical scholars who pigeonhole Alcoholics Anonymous and other mutual help groups based on the 12 steps as an avenue for indoctrinating “neoliberal norms on health and subjectivity” (p. 103). Palm argued that AA is a model of what Foucault called ‘parrhēsia’: a life built upon the value of truth-telling and containing the courage and ethics that make this possible. Far from making one a pawn for the dominant societal power structures, this entails daring “to live a true life despite the dangers this may entail” (p. 112).

As Palm pointed out, leading a spiritual life based upon the 12 steps is not about subscribing to certain facts as truths but is “a process in which the participant is forced to scrutinize what he holds to be true and how he lives his life, a test of the relation between himself and logos, life and word” (p. 109). Such a self-directed philosophically-based practice is based upon choosing how best to live one’s life, and is thus quite distinct from the hierarchical style of questioning found in courts or police stations. This marks a drastic shift in one’s subjectivity, from living a life characterized by isolation, denial, shame, and resentment into embodying the

“ongoing, honest translation of life into discourse” (p. 112) within the safety of an inclusive, non-judgemental group.

The way Palm (2021) compares recovery in AA to Foucault’s description of the Cynical philosophers also echoes long distance running. He describes veterans as inspiring newcomers by serving as examples of a “true life” (p. 114) that motivates them to endure and to reframe the challenges we face in our recovery journey as what “makes one great” (p. 114).

Social Benefits of Running

In their summary of the factors shown to prevent relapse, Witkiewitz and Marlatt (2004) identified building up a healthy social support network as crucial. As we discussed in the previous section, our view of ourselves is largely determined by the feedback we get from those around us. Shared runs and attending mutual help groups bring me joy, comfort, and inspiration. In the past, I experienced all of these emotions while using substances with others. Corbett (2018) described leaving behind her social circle as “one of the hardest things about giving up drugs” (p. 200). Becoming part of a new community of runners was crucial for Corbett finding a sense of belonging without either drugs or her former friends.

In a Jan. 13, 2017 *New York Times* article, Rothman-Zecher (2017) documented how running helped him process his emotions around his brother’s rehabilitation following being hit by a car while cycling. This included finding support from fellow runners. He describes achieving “immediate intimacy with other long-distance runners.” Running created not only a space conducive to his opening up to strangers but a “shared silence that followed, the most comforting thing of all.”

Ramin (2021) made the connection to how childhood friendships are often built during outdoor play, noting that: “Running can be a passport to that child-like fellowship” (p. 84), and

“[w]hen we feel good around people, we associate them with that good feeling” (p. 84). The flip side of this is bonding over shared difficulties. Beverly (2016) pointed to a large part of the appeal of social running being found in “celebrating the difficulty of hard work.” Bastian et al. (2014) found shared pain-inducing activities—leg squats and eating hot peppers—promoted bonding. I imagine this translates to the emotional pain sometimes shared by a tight-knit circle focused on drug use and it certainly applies to the bonding of a running group, which causes a very similar type of discomfort to leg squats.

Best et al. (2011) used a qualitative, developmental study to explore how their participants moved through their “recovery journey[s]” (p. 370). They found that individuals in the maintenance stage tended to see “changes in social networks that prompted greater self-esteem and confidence” (p. 372) as particularly important. This is in line with strengths-based social work’s emphasis on having “a sense of belonging and membership” (Heinonen & Spearman, 2010, p. 236) within a supportive social network.

Shipway and Holloway (2013) set out to study “the culture of distance running” (p. 78) and the meaning running has for those involved. The participants described “social interaction, improved health, and enhanced body image” (p. 93) as important aspects of running. The authors also found “paradoxes, tensions and contradictions” (p. 93). Individuals who claimed to place a high value on health regularly threatened that health by overdoing it. A health-based subjectivity built upon presenting oneself—and feeling that one is seen—as “a fit and healthy person with a positive body image” (p. 93) was highly vulnerable to injury. While insightful, Shipway and Holloway’s study would be more accurately described as an exploration of racing, as this is where they researched running. This excludes the many runners who chose not to test themselves

publicly in this way, including those for whom entrance fees or other entry requirements may be prohibitive.

Potentially Problematic Aspects of Running

To gain a balanced picture, it is important to not only look at the benefits of running discussed by individuals in recovery, but also at those aspects of the sport they identify as problematic for them. Running may be woven into disordered eating or turn into an addiction itself that harms your health, relationships, and other life areas (Douglas, 2018). It can also serve as a form of masochistic self-flagellation. Daniloff (2012) described: “[s]omething in me wanted the pain, the drudgery” (p. 44). Duff McKagen (2011) utilized exercise—primarily in the form of mountain biking and martial arts—as the cornerstone of his recovery after his excessive substance use led to a wake-up call in the form of a burst pancreas. Early in his recovery, brutal uphill cycling was “a way to punish myself for all the damage I had done to myself and others. I could feel this healthy new kind of pain searing every muscle fiber and neuron in my body. I was on f**king fire—and I liked it” (p. 233). An interviewee of Clift (2014) summarized the dichotomy nicely, describing running as “bordering on sadomasochism but it’s also extremely motivational” (p. 502).

Elite ultra-runner Rob Krar, who suffers from depression, presented an interesting angle on this. Using extreme physical effort to push himself into “a really dark place but be in control of it” (quoted in Douglas, 2018, p. 218) provided him with an increased sense of self-efficacy that improved his relationship with his depression.

McGannon et al. (2020) highlighted Corbett and Engle’s descriptions of unhealthy running. For Corbett, running contributed to body dysmorphia and disordered eating; for Engle, running was compulsive and a deliberate part of an image he put out into the world; a

contradictory story that helped him stay in denial and thus enabled his ongoing crack cocaine and alcohol addictions. Rather than building recovery capital, in both cases running was a form of self-punishment and “mirroring body practice was masking isolated suffering, dissociation from self and others” (p. 8). The authors also described how Engle and Corbett overcame these patterns and forged more balanced relationships with running.

Integrating Exercise into Treatment

In one of the earlier studies of exercise as a tool for addiction recovery, Murphy et al. (1986) tracked the self-reported alcohol consumption of a group of males who averaged forty-five or more drinks per month as they met to run together three times per week, with the expectation that they also complete a solo run each week. After six-weeks, the reduction in alcohol consumption among the running group was more than double that of the control group which received the same talk therapy-based treatment without an exercise component. Of note given Manitoba’s current methamphetamine crisis (Froese, 2019), Rawson et al. (2015) found that exercise played a significant role in early recovery from meth by improving mood symptoms and reducing anxiety and depression compared to individuals completing the same eight-week live-in treatment program without exercising.

Zangeneh et al. (2007) pointed out the obvious connection between a “much clearer state of mind” (p. 212) reported after exercise and the ability to benefit from the talk therapies traditionally used in treatment for substance misuse. Williams and Streat (2008) suggested that, for best results, the treatment team work together to make exercise “complement and relate directly to treatment goals” (p. 94). Social workers and other counsellors can help their clients see how the relapse prevention skills they are learning “can be operationalized behaviorally through physical activity” (p. 94). I suspect that many runners in long-term recovery have either

learned to do this informally through the sport or have used running to maintain the skills they acquired elsewhere.

Dai et al. (2020) conducted a qualitative study of running as an adjunct to conventional treatment. They interviewed 109 individuals engaged in a live-in treatment program who completed an exercise intervention consisting of four weekly group fitness classes followed by ten weeks of walk/running culminating with a race in the last week. Benefits identified included: reduced cravings, increased overall sense of health, feeling a sense of accomplishment from goal setting and completion, a sense of belonging within the group, and an increase in their spirituality. Because of these benefits, Dai et al. (2020) suggested that those in helping professions increase their awareness of locally offered programs and “encourage clients to engage in any physical activities that clients might be interested in” (p. 7).

Weinstock et al., (2017), who put together a model for formally integrated exercise into more conventional treatment, point to the cost effectiveness of adding an exercise component for the benefits likely to be achieved. Zangeneh et al. (2007) pointed out the financial benefits exercise can provide by reducing the need for the lengthy ongoing or repeat treatment often associated with long-term recovery. For example, exercise programs can often be delivered at a lower cost and with less unwanted side effects than many medications (Weinstock et al., 2017) while producing benefits equal to the most commonly prescribed pharmaceuticals for treating depression, and equal to psychotherapy for both anxiety and depression (Zangeneh et al., 2017). This is meant for comparison and not to downplay the benefits of pharmacotherapy for many individuals, including runners in recovery.

The 2015 documentary, *A New High* (Miron & Scarpulla), followed a cohort through a year-long Seattle treatment program based out of the Union Gospel Mission that culminated in

the ascension of Mount Rainier. This completed a symbolic voyage from “rock bottom”—a term denoting the lowest point in one’s addiction that is often seen as necessary to provide the impetus to motivate lasting change (Anonymous, A., 1993) to the summit that overlooks the city and provided the backdrop for many of their struggles. The film showed how exercising in nature helps the participants progress in their recovery and achieve many of the benefits described above, including: setting and reaching goals, crafting new personal and social identities, membership in a supportive team, increasing one’s sense of self-efficacy, and gaining a new outlook on life. For example, project leader, Mike Johnson, described how, for numerous participants, a backpack went from representing a state of being unhoused to being “a symbol of climbing out of that other life and becoming a different person”.

However, the explicitly Christian language and philosophy utilized by the treatment team may make some—specifically individuals who are already marginalized because of their cultural, sexual, and gender identities—feel excluded. Also, because mountain climbing is inherently much more dangerous than running, the levels of focus, trust, and minimal fitness required for participation are much higher. If one team member cannot perform, others may be put at risk. Even with a planned approach to training that gradually elevates difficulties, some individuals inevitably will not ‘make the cut.’ In one scene, the team left behind two participants who can’t keep up on the Mt. Hood training climb. As a result, they were told they would not be able to climb Mt. Rainier. One described the sense of failure she felt as “devastating”. This can echo and amplify earlier negative memories individuals may have of exercise or other experiences and undo any possible self-esteem benefits achieved up to that point. It should be noted that running is not entirely free of fitness-based exclusion as many races do have cut-off times after which slower athletes can not officially finish.

This model has also been successfully adapted to the sport of running. One example is *Run for Your Life*. John Tivolacci is the executive vice president and chief operating officer of New York's Odyssey House treatment centres which help many impoverished and marginalized individuals find recovery. He spoke of how “[p]eople who have addictions just want to fit in” (quoted in Daniloff, 2017). To facilitate this, Tivolaccica, a runner in long-term recovery himself, started the Run for Your Life program that trains interested Odyssey House service users to run. They have trained over 350 New York City Marathon finishers, all of whom have also continued to make other positive changes in their lives.

Stevens et al. (2020) conducted a qualitative evaluation of the Live Fitness Program which not only taught individuals in recovery about fitness but trained them to be fitness instructors. Participants discussed the program pushing them to overcome challenges exacerbated by the old, self-limiting negative patterns of thinking and behaving. One of the challenges they identified with promoting exercise in recovery was adherence to fitness programs.

Long-term Maintenance of Sobriety

Despite technological, scientific, and pharmacological advances, there has been little change in the rates of long-term treatment success (McKay, 2017). Drawing on behavioural economics and the higher success rate of treatment programs with contingency management aspects, McKay argued that maintaining motivation depends upon continuing “to believe that staying abstinent will be worth the struggle it entails” (p. 752). He pointed out that treatment programs typically place little emphasis upon “rewarding and enriching activities” (p. 752) that can encourage this belief. The focus in recovery is on ‘taking away’ rather than ‘replacing’. The

individual is encouraged to leave behind the substance that was a focal point of their life without being pointed towards any adequate replacements.

This ties in with Palm's (2021) identification of the need in recovery to forgo your substance of choice without perceiving this is a deprivation. Without a new life that makes substance use less appealing, many find that their interest in abstaining declines "when the negative consequences of the crisis that drove the person into treatment have subsided somewhat" (McKay, 2017, p. 752). As discussed earlier, a symptom of addiction is an unbalanced reward system (Lembke, 2021). This means that, to be effective, rewards may need to be stronger than they would need to be with the general population.

McKay (2017) emphasized the need to offer more meaningful lives to those in recovery. In a commentary on the article, Lancaster (2017) accused McKay of implying that "people who use drugs who are not 'in recovery' always already exist somehow outside of community and cannot live meaningful and fulfilled lives" (p. 112). This strikes me as a straw man argument. McKay is not saying anything about people who use drugs who are not seeking recovery. Lancaster goes on to make valid points about how treatment centres can further marginalize and stigmatize the populations they are designed to serve and points to the need for ongoing input from people with lived experience to help reduce this.

Professionally delivered addiction treatment is overwhelmingly focused on early recovery, with little attention paid to long-term maintenance (Laudet et al. 2002; Laudet & White, 2008; Shinebourne & Smith, 2011). This is despite the fact that typical, one-size-fits-all 28-day treatment programs are often insufficient for maintaining changes for those facing intense substance-related issues with low recovery capital (Kelly et al., 2019). Kelly et al. (2019) made

the analogy to insufficient courses of antibiotics which reduce symptoms for a time but may ultimately fortify the underlying problem.

In a 2008 paper, Laudet examined the course of recovery, highlighting the shortage of resources for those in the later stages even though they may face ongoing stigmatization. I agree with Laudet and others that addiction is never ‘cured’ but only managed, and that recovery is experienced as “a process rather than as an end point” (p. 2004). Despite this, long-term recovery is “scarcely addressed” (Laudet et al., 2002, p. 310; Shinebourne & Smith, 2011) in the literature. The emphasis on how sobriety is initially achieved, rather than how it is maintained, minimizes the holistic changes required to succeed in the long-term (Shinebourne & Smith, 2011). Laudet and White (2008) surveyed individuals with varying lengths of abstinent time to examine the different elements of recovery capital which are most needed at these various stages. They also reminded readers that the risk of a relapse, and the associated harms, is ever-present, if somewhat less likely the longer an individual has been clean. Mertens et al.’s 2017 longitudinal study followed individuals who had sought out treatment for alcohol use for eleven years and found this to generally be the case.

The Transtheoretical, or Stages of Change, Model outlines the pattern individuals typically follow in modifying any behaviour—precontemplation, contemplation, preparation, action, and maintenance—and the strategies, or Processes of Change, that are best suited to each stage (Prochaska et al., 1992). What works best for getting sober is not necessarily what works best for staying that way. The maintenance stage, which begins when change has been sustained for about six months, requires “weathering new situations that require new and adaptive problem solving” (AFM, 2012, p. 114) using: countering (adopting healthy replacement activities), environmental control (lessening the temptations within your surroundings), commitment (taking

responsibility for maintaining the change), and social liberation (community action promoting healthier behaviours).

Shinebourne and Smith (2011) conducted a qualitative, phenomenological study of the “experiences and understandings” (p. 282) of individuals with at least 15 years of abstinence. They identified the importance of rewards, finding a sense of meaning, building a new identity, committing to positive challenges, and the transformative power of developing healthy habits. Laudet and White (2008) framed the processes of change in terms of recovery capital, recommending that those in the maintenance stage focus on reducing interpersonal stress and increasing quality of life. Based upon my experience, I believe running can help in all of these ways.

Autoethnography and Ethnography

Wakeman (2014) used autoethnography (or, more precisely, what I would refer to as ethnography/autoethnography) to document his experiences working with a population of heroin users from the vantage point of an academic who was previously involved with the drug. One obvious difference between Wakeman’s article and what I propose is that he was interacting with active users, including sharing his reactions at watching them engage in high-risk injection drug use, whereas I plan to study those who identify as currently in recovery.

I found Mackie’s 2008 autoethnography on leaving alcohol behind to be less applicable to my study due to its focus on her drinking life, rather than on her recovery. Similarly, Grant (2010) provides an engaging description of how alcoholism has affected him, but fails to provide an account of strategies he used to become abstinent or to maintain those changes.

Clift (2014) used autoethnography to portray his experiences with the Back on My Feet program that aimed to use running to empower individuals who have been unhoused and are

recovering from addiction. Autoethnography allowed him to explore his internal conflicts including: wondering how much the program is designed to genuinely help participants, and how much it plays a role in “strategic efforts at resocializing and taming” (p. 500) a population; as well as the conflict between his empathy for—and his discomfort interacting with—those participants themselves.

Sparkes (1996), a former elite athlete, described how an injury changes his relationship with his body from being a source of esteem and an avenue of connection with others, including his father, to being the antagonist in his personal narrative. This includes his struggles with the construct of masculinity. I found this article to be an exemplar of describing “the complex relationships between the self and the body” (p. 463) from the point-of-view of an academic. The trajectory of Sparkes’ journey is almost the exact opposite of my own, where I went from seeing my body as a source of shame and inadequacy in adolescence to befriending it and connecting with others through shared sport in my thirties and forties. However, I have also struggled with coming to terms with the losses incurred by injury, if not on the scale described by Sparkes.

Edmonds (2020) examined how “emergent health subjectivities” (p. 195) are co-created by members of a CrossFit box (gym). While conceding that CrossFit does qualify as “a neoliberal project of individual empowerment” (p. 195) and is certainly priced out of reach for many, Edmonds focuses on how it provides “a transformative space in individual perceptions of health and fitness” (p. 195). Edmonds (2020) obtained formal approval and co-operation from the owners of the facility but did not begin interviewing until he had spent eight months cementing his place as a participant/observer of the gym to gain “a level of insider status within the group” (p. 196). While his methodology as far as recruiting interviewees was outlined, I

wonder what, if any, efforts were made to make the nature of his purpose in the gym transparent to members during this initial research phase.

Edmonds' (2020) quotes from participants focus a great deal on social benefits accrued through CrossFit membership. This includes nurturing—"community building, social acceptance, and individualized care [...] a place where they will find community and people who genuinely care about their well-being" (p. 199)—as well as pushing them to achieve. A leaderboard displaying members' scores each day serves as "an omnipresent drive to compete, to push oneself to the limits" (p. 200). In the running community, race results serve a similar function, as does the website, Strava, which allows athletes to post and view each other's runs online. Of particular relevance to my research, Edmonds (2020) speaks of this "performance of pushing and the development of the CrossFit Athlete health subjectivity" (p. 203) carrying over into lifestyle changes outside the Box. This often included reducing alcohol intake. The use of other drugs was not mentioned but I would suspect it to be rarer among CrossFitters than the general population, with the possible exception of steroids.

While not explicitly autoethnographies, I include Lewis (2011), Fisher (2022), and Ramin (2021) in this category. In *Memoirs of an addicted brain: A neuroscientist examines his former life on drugs*, Lewis alternated between wearing the hats of a neuroscientist and a recovering addict. He used this back-and-forth to describe how he experienced drug taking subjectively alongside the biological explanation of what was happening in his brain at the time, and to describe how his different personas have affected each other.

In *The urge: Our history of addiction*, addictions physician Carl Fisher wove his own history of addiction and recovery into the general, scholarly work he presented. Ramin's 2021 *The perfect medicine: How running makes up healthier and happier* strays from the others in that

he does not describe his own experiences with substances but rather covers both the benefits of running that have been reported in the research and how he personally experienced those effects after starting to run. Fisher is the only one of these three authors who brings together lived experience with addiction and direct clinical work outside of an academic setting. In addition to being supported by the literature, many of his insights, informed by blending these viewpoints, ring true to both my professional and personal experience.

Potential Barriers to Success, Limitations, and other Considerations

Some individuals have been prevented from experiencing the benefits of exercise by the humiliation that too often accompanies physical education and activity in our body image and performance obsessed culture. Strean (2009) did a qualitative study of some of the persistent negative effects of in-school physical education. One participant described how the classes “robbed me of the joy of physical activity for many years” (p. 217). For some, even the thought of exercise, the potential anxiolytic, can cause fear. Many other barriers may prevent individuals in recovery from participating in exercise or lead to attrition including the following: overpowering cravings, injury, lethargy, anxiety, negative moods, and deficits of confidence, motivation, and available time; as well as financial barriers and lack of social support for exercise (More et al., 2018; Weinstock et al., 2017).

I believe that some, if not all, of these issues can be mitigated by paying attention to the suitability of the exercise program for the individual, as discussed by Weinstock et al. (2017). Any study which denies participants the option of choosing which activity they will participate in is inherently limited in this way. This also further strengthens the rationale for studying individuals who have been engaging in a particular activity for an extended period of time. They have (presumably) found an activity that works for them.

Many of the studies I have highlighted above looked at exercise as an adjunct to in-patient substance misuse treatment. While I believe that temporarily sheltering individuals in early recovery from outside stressors in live-in treatment facilities is often useful and sometimes necessary, this creates a very exclusive sample group and a set of conditions that may poorly mimic real life. Interviewing individuals living in the community and further along in recovery grants us a view of running for recovery in an entirely different context, possibly providing a better idea of how running may be actualized as a tool for coping with day-to-day stressors.

While informative to this proposal, several of the articles reviewed do not reflect original data generation but rather provided recommendations based on existing knowledge. It is also important to note that much of the research supporting the effectiveness of exercise for treating depression (Bratman et al., 2015, Askari et al., 2017; Salmon, 2007; Cooney et al., 2003) were not done with a population in recovery for substance misuse. This could present limitations as far as cross-applicability. Fitzgerald et al. (2020) conducted a study with a population recovering from substance misuse but utilized yoga, a form of exercise that works the body systems very differently from running, potentially limiting generalizability to running.

In some cases, results may be biased by dropout rates. For example, about ten per cent of participants dropped out in the early stages of Askari and colleagues' 2017 study. Without knowing why participants left the study, we do not know how well the remaining group reflects the initial sample population. Finally, most of the studies reviewed lacked blind assessors of the outcomes, possibly leading to detection bias. One way to reduce attrition recommended by Weinstock et al. (2017) is through financial incentives, such as gift certificates, for adherence. However, this could encourage participants to provide false data, claiming they had completed

exercise sessions they had not. It could also lead to participants overstating the benefits of exercise, biased by financial rewards they are accruing.

Of the quantitative articles reviewed, I give the meta-analyses by the most weight as “a larger sample will provide more accuracy in the inferences made” (Creswell & Creswell, 2018, p. 151). These articles report small to medium effect sizes for the benefits of running. However, as Schäfer and Schwarz (2019) pointed out, despite the importance placed upon effect sizes within the social sciences, it is “impossible to apply any global benchmarks” (p. 1) as to their meaningfulness due to the inevitable variations within field conditions. Also, despite the fact that quantitative research sets out to remove human error, publication bias and other predispositions of the researchers will undoubtedly affect both the results and how they are reported.

Bratman et al. (2015) could be described as presenting the strongest evidence. By documenting activity in the subgenual prefrontal cortex (an area strongly associated with depressive rumination) using neuroimaging, they used an objective measure. Also, including the images in their report allows for examination by independent assessors. However, their findings, and those they built their study upon, still rely on self-reports by participants to verify the connection between the evidence uncovered by the neuroimaging and rumination.

As Koski-Jännes (2002) identified, the thick description of a few cases that marks qualitative research not only serves as a preliminary test to quantitative research, but can actually provide a different lens through which to see “the dynamics of what is really going” (p. 199). Furthermore, the limited representativeness of small sample size can be offset by conducting an in-depth exploration of thematic similarities in participants’ stories and generating data to the point of saturation, where data can be deemed to have become sufficiently repetitive to conclude

the data generation phase (Silverman, 2017). This form of research is, of course, still subject to the fallibility and honesty of personal recount.

This literature review also revealed gaps in the available qualitative literature in this area. Koski (2005) delves deeply into what running feels like for him, but could have been more meaningfully communicative if he had distilled his discoveries into more concise language. As mentioned, I found autoethnographies and other qualitative papers that touch on, but none that achieve what I am hoping to, namely: capturing the essence of how running contributes to addiction recovery.

The literature does not adequately reflect diversity. For example, despite explicitly setting out to sample a “marginalized” (p. 1) population, Fitzgerald et al. (2020) studied a population that was 97% white. It should be noted that some studies cited, such as Laudet and White (2008), did achieve a racially diverse sampling, with African Americans making up 63% of participants (p. 34).

Chapter Three: Methodology

“Social science researchers too frequently neglect ‘at hand’ knowledge and expertise they alone possess in the engineering of their research ventures” (Grant, 2010, p. 577).

I chose to work from the epistemological lens and paradigm of constructionism, which maintains that “human experience can only be understood as a subjective reality” (Morris, 2006, p. 194). The constructions of the topic provided by participants were weighted equally with the constructions that I bring in based on the literature, my professional expertise, and my own lived experience (Morris, 2006). Epistemologically, constructionism recognizes that knowledge is behavioural and emotional, rather than purely cognitive (Robbins et al., 2012).

Ethnography is a good fit with my training and values. Furthermore, it was a natural choice due to my pre-existing membership in the running and recovery communities. This allowed me to bypass the time-consuming immersion within a subculture that would typically be required in ethnographic research. Ethnography and running share the use of one’s body as a source of knowledge (Harrison, 2018); contemporary ethnography and social work share common values and perspectives (Heinonen & Spearman, 2010). Informed by Harrison (2018), I attempted to combine ideas generated by my *emic* perspective as a runner in recovery with the “*etic* framework for understanding” (p. 125) I have gained from my education and formal review of the literature. The goal of this thesis is to bring together my views of addiction as a graduate student and an addictions counsellor with my own stories and those of others. As described by Lewis (2015), recovery from addiction is an “immensely difficult and powerful transformation” for those who undergo it and it is important “to recognize that this person’s brain, mind, subjective experience, and behaviour all reflect it, though in very different ways.” Each of these sources can provide valuable information.

As a middle-aged, white, middle-class, heterosexual cisgender male, my social location remains vastly overrepresented in academia to the exclusion of individuals who are marginalized in one or more of these areas. Laudet (2008) stresses the value of lived experience informing the literature. Autobiographical accounts of substance misuse recovery are rare in academic writing. I decided to use autoethnography because of the intimate access I have to my own experiences in these area which, along with my knowledge of the literature, forms the framework through which I see the topic. Autoethnography allowed me to add my voice to the literature in a way that is “transparent, reflexive, and creative” (Adams et al., 2015, p. 22). It may also expand the reach of my research by increasing its readability and level of interest to a non-academic audience. I agree with Wall (2006) that allowing “the freedom of a researcher to speak as a player in a research project and to mingle his or her experience with the experience of those studied [...] is precisely what is needed to move inquiry and knowledge further along” (p. 148). Therefore, my own experiences will provide comparison or contrast to participants’ narratives and the literature.

Margaret Kovach (2009) suggests “we find purpose within our personal narrative” (p. 120). This project is informed by my complicated personal history with sport, exercise, and my own body. Like Nettleton (2013), my research plan is significantly “swayed by my enthusiasm for the sport” (p. 208). Rather than try to affect “any pretence towards objectivity” (Wakeman, 2014, p. 708), I believe that using my proximity to the subject matter as a starting point allowed me to delve more deeply into the meaning of these experiences for others (Adams et al., 2015) and, hopefully, convey that meaning to other social workers. My goal is in line with that of Wakeman (2014), who described using autoethnography as “a technique of social investigation conducted through the self” (p. 708). Ethnography allowed me to expand this investigation through comparison and contrast with others.

Participant Recruitment

I made use of my privileged, insider's connection with runners and running groups to facilitate recruitment. I recruited six individuals by advertising with two social media running groups: *Winnipeg Running Group* and *Manitoba Trail Runners*. I sought out and obtained permission to make these posts from facilitators of these groups.

I followed up with respondents to the ads by arranging a phone call to discuss what is entailed by participation in the study, including consent. I did not encounter any respondents with whom I have a current or past personal or professional relationship with. I maintained openness with respondents around the fact that we may see each other at races or other local running events and discussed how I would leave it up to them to initiate any interactions should such a situation arise.

I choose as diverse a sampling as possible from amongst respondents. Where it felt appropriate, I asked participants about safety concerns and other experiences while running in which they feel their identities played a part.

Data Generation

Considering the stigma attached to substance misuse, and informed by Pascal et al. (2010), I catered data generation methods to the sensitivity of the topic, respectfully evoking participants' stories for their perceptions of their realities. In keeping with the recommendations of Kovach's (2009), I took care to respect the values of any participants who displayed worldviews or opinions different from my own.

Demographic data was gathered from a questionnaire which I walked participants through over the phone during our brief preliminary interviews. Qualitative data was generated during in-depth, semi-structured, one-on-one interviews with each participant. Pseudonyms were

used to protect anonymity. The questions asked were derived from the benefits of running for recovery identified by the literature. Follow-up questions were based on participant responses. Semi-structured interviews were chosen to allow space for exploring themes which may arise during the interviews, as well as during previous interviews.

To ensure participant safety considering COVID-19, interviews were done remotely. Participants were given the choice of either video conferencing on an upgraded version of the online platform, Zoom, with increased privacy protection or over the phone. Given the value of non-verbal information to communication (Shebib, 2011), my preference was the former but this was not conveyed to participants to avoid influencing their decision. All interviews were done over Zoom. One interview was begun over telephone but the signal proved unreliable. I offered to move the interview to Zoom with the participant leaving their camera turned off but they opted to have their camera on.

To ensure data was not lost, interviews were simultaneously recorded on two devices: a smart phone and a laptop computer. These recordings were transcribed using otter.ai transcription software. I then compared these transcriptions with my own audial examination of the interviews and corrected the transcriptions accordingly.

My own answers to these questions were also used as data. I noted these as well as my own thoughts, feelings, and actions throughout the data generation and analysis process. I also consulted journals, emails, and social media posts I had previously written to supplement my memory of past events relevant to the project.

Data Storage

Keeping in mind the importance of preserving participant confidentiality, due care was taken with the data generated. Data collected from interviews and the demographic questionnaire

was stored temporarily on one password protected and encrypted USB data stick, while any information more explicitly revealing the identity of participants, such as names, phone numbers, and email addresses, was kept on a second password protected and encrypted USB data stick. During the data analysis phase, the USB data sticks were kept by the writer in separate locations: one double locked (in a locked cabinet in a locked office) in a filing cabinet at my workplace; one double locked in a cabinet at my home. One other person who is also a social work graduate student, had access to the workplace filing cabinet. Upon completion of data analysis, both were stored separately in a locked cabinet in the locked office of my thesis advisor, at the Fort Garry campus of the University of Manitoba. All data will be destroyed two years after the completion of my thesis.

Data Analysis

“I struggle. It is a sign that the myth of neutrality is under pressure. My struggle and discomfort, then, is the space I try to work in, with, and through” (Clift, 2014, p. 503).

I analyzed data as it was generated, informed by Silverman (2017), Ellis et al. (2011), and Harrison (2018). As I read the transcriptions, I tentatively organized the data by assigning codes to sections of text and grouping these according to emerging themes. The initial codes were based upon themes suggested by the literature, the data generated to that point, and my own firsthand experiences. However, I retained an openness to letting the data guide the ultimate direction of the project. Further data generation was informed by the analysis I had completed to that point.

Sometimes a particular response might be included under more than one theme at first and later placed only in the section where it seemed to fit best. I paid special attention to

responses that seemed particularly meaningful to the participants and attempted to treat those with the care they deserve (Pascal et al., 2010).

Once all the interviews were completed, I went through the transcriptions a second time, checking how well the codes covered the overall data and, in turn, how well the most meaningful responses were represented. Informed by Silverman's (2017) point that "every way of seeing is also a way of not seeing" (p. 341), I went over the collected data again with a fresh eye for any potentially valuable information I may have set aside because it did not fit the themes I had created.

I utilized sampling strategies suggested by Harrison (2018) to best represent the material and reach an understanding of the topic. These included choosing typical and atypical examples of each theme to show the variation within a topic, taking advantage of naturally occurring connections between themes participants made during the interviews, and choosing examples that I find to be particularly effective illustrations or that I intuitively feel *belong* in the thesis.

As suggested by Harrison (2018), I created a codebook that outlined my decision making process around coding to demonstrate transparency. I added memos to the transcripts to elaborate my thinking around the meaning of codes and the connections between them, tentatively developing a cohesive argument. Throughout the data analysis process, I continued to review the literature as suggested by themes identified to that point.

After compiling data related to numerous themes, I narrowed the themes which I would present in the thesis to those which seemed the most important to the research project. I based this decision on: the relative strength of the data produced that fit within each theme; which areas seemed the most meaningful to participants' recoveries and to my own; and the strength of the literature supporting their inclusion. I solicited feedback from my thesis advisory committee to

confirm I was on the right track. Their advice informed my ongoing data analysis. When the data analysis felt like it had reached a logical endpoint, I again solicited feedback from my advisor. Based on his advice, I trimmed away those sections which seemed less impactful, leaving those themes which were represented the most convincingly by the data.

Validity and Ethical Considerations

Whittemore et al. (2001) outline the requirements for validity in qualitative research in terms of primary criteria: credibility, authenticity, criticality, and integrity; and secondary criteria: explicitness, vividness, creativity, thoroughness, congruence, and sensitivity. I utilized several strategies to increase the validity of the findings and to achieve a point where my “claims about knowledge correspond to the [...] research participants’ constructions of reality” (Cho & Trent, 2006, p. 320). I aspired to attain Morris’ (2006) model of ideal constructionist research as being credible, transferable, and confirmable.

Recognizing that all interviews are subject to social desirability bias (Harrison, 2018), I tried to create a nonjudgmental space that allowed participants to feel comfortable in order to minimize the discrepancies between their portrayals of their behaviours to me and their honest perceptions of those behaviours. I aspired to transactional validity and sensitivity by using interpersonal communication skills to attempt to reduce misunderstandings between the participants and myself (Cho & Trent, 2006). I sought thoroughness throughout my data collection and analysis by seeking to adequately capture and represent the most relevant themes that arose.

After the interviews were transcribed, I utilized member checking—allowing participants to read the interview transcriptions, and offer their contributions on its accuracy—to enhance rigour, trustworthiness, validity, and congruence, as suggested by Cho and Trent (2006) and

Whittemore et al. (2001). This, along with reflexivity (Creswell & Creswell, 2018) helped establish my own trustworthiness as the researcher and demonstrate credibility.

To support criticality, the data was analyzed with an eye for quotes that capture the essence of participants' experiences while making efforts to "dislodge and confront [my own] unexamined assumptions" (Van Manen, 1997, p. xii). Transferability was based upon showing how findings can be applied to other settings. I sought to increase confirmability and to limit bias, and appearance of bias, by being transparent with my data and referencing.

I use aspects of storytelling to describe the themes that arose from the data analysis. I set out to be rigorous in my writing by ensuring that I am not merely telling stories but am providing "scholarly and justifiable interpretations" (Wall, 2006, p. 153) of the data. Ellis et al. (2011) describe validity in autoethnography as being captured when a work comes across to readers as coherent, "lifelike, believable, and possible" (p. 282). This is connected to achieving vividness. I share their goal of my thesis offering "a way to improve the lives of participants and readers or the author's own" (p. 282).

Robbins et al. (2012) describe knowledge derived from constructionist research as judged more on how viable it is than on its validity. Despite my best efforts to ensure validity, I recognize that readers of this thesis will "make their own judgements about the validity of the findings" (Morris, 2006, p. 197).

Ethics in ethnography require going beyond fulfilling institutional requirements like demonstrating informed consent and confidentiality to include maintaining a sense of "goodness, justice, and accountability" (Harrison, 2018, p. 165) to those we are working with and to those who read, or will be otherwise affected by, our work. Using autoethnography allowed me to include the understanding and meaning I create for myself based upon my own experiences

(Adams et al., 2015). I see this as another component of reflexivity and a necessary corrective to an oversight common in academic literature whereby researchers often neglect or downplay the influence of their own privileged social locations on the data they generate (Morris, 2006). This is in keeping with social work's mandate to look for opportunities to pursue social justice (CASW, 2005). My first-hand knowledge of both running and recovery also enhances my credibility and authenticity.

The main determinants for ethical social work research are “the researcher’s individual decisions, actions, and commitments” (Landau, 2008, p. 576). These matter more than any feature of the study’s methodology. As a social work researcher recruiting participants, I recognized that I was accepting “responsibility for the quality of the relationship, as well as for assuring that [my] research causes no harm to those who agree to share their life experiences with [me]” (p. 576). This involved, firstly, ensuring that participant consent was informed and freely offered and that their privacy is respected. Secondly, I needed to ensure that, throughout all interactions with participants, I prioritized their best interests above my own. As directed by the Canadian Association of Social Workers’ *Guidelines for Ethical Practice* (2005b), I strove “to protect research participants from physical, mental or emotional discomfort, distress, harm or deprivation” (p. 20). This involved having a contingency plan in place for handling participant distress should it arise. I entered the interviews prepared to provide on-the-spot crisis intervention, connecting the participant with appropriate resources such as another counsellor or supports they already have in place, and suspending data collection. This was not required.

In social work research, there is always “tension between the role of social worker and the role of social work researcher” (Landau, 2008, p. 572-573). While research interviews may, in some ways, resemble client assessment, the focus is on knowledge creation and not on

helping. Nonetheless, participants may have perceived me as a practitioner (especially given my transparency regarding my professional role as an addictions counsellor). For my part, I needed to maintain the boundary between researcher and practitioner, and resist any temptation to provide counselling.

The power imbalance between researcher and participant can also create ethical issues. While the fact that all six individuals had already been successfully maintaining sobriety for a significant length of time reduced this power differential, it may have still been perceived by participants. This may have led to desirability bias in the data, where participants said what they thought I wanted to hear, or offered information which they do not feel entirely comfortable providing. The right to not answer any of my questions was included in the Consent Form and was clearly discussed in the hopes of mitigating this. Another power imbalance exists within my power over how participants' words are presented. As mentioned, I used member checking to help ensure representations were as accurate and respectful as possible, in keeping with the guidelines of the CASW (2005b).

Because of my use of autoethnography, in which I inevitably implicate not only myself but also family members and others close to me, relational ethics was "kept uppermost in [my mind] throughout the research and writing process" (Ellis, 2007, p. 281). I carefully consider how sharing this information may impact them. Sharing information with some of those who might be most closely affected and with my advisors was a way to reduce any possible negative effects.

Chapter Four: Demographics

All participants but one ran “over 40km” per week. None ran “under 20km” or “20-40km” per week. The single outlier was not currently running but was previously running over 40km per week.

All have run in organized races in the past and plan to do so again in the future. The remainder of the data provided is conveyed below in Figures 1 to 8.

Figure 1

Gender

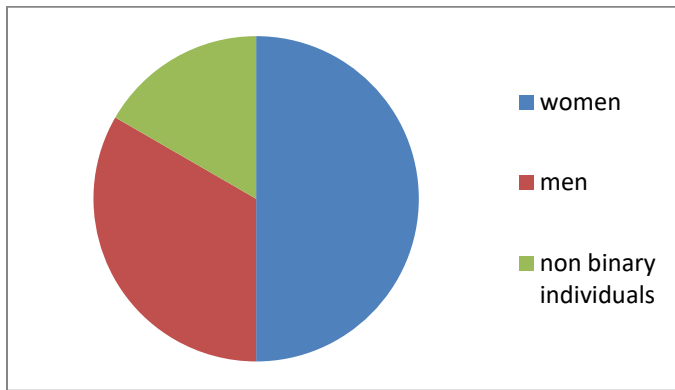


Figure 2

Age

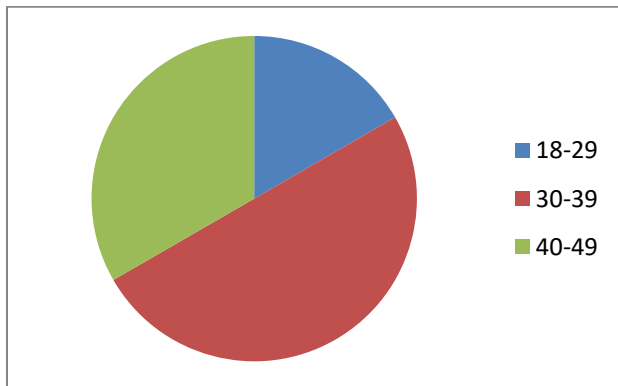
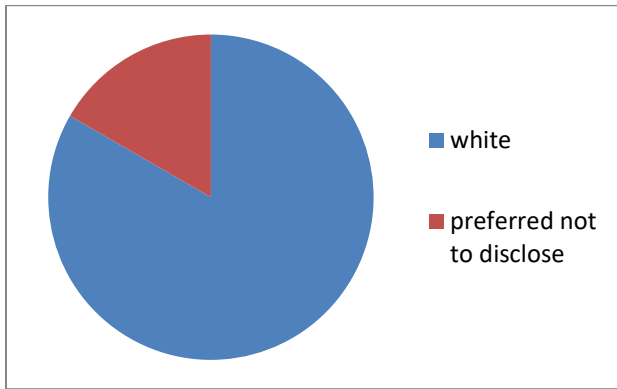


Figure 3

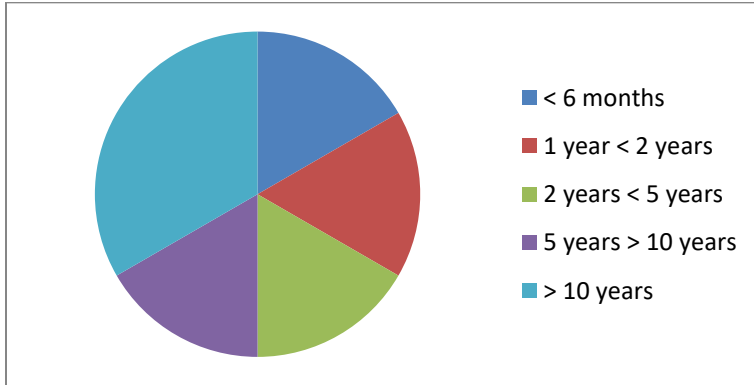
Racial / cultural identity



Note: Three participants identified specific cultural backgrounds within “white”, one each responded with: “Ukrainian”, “Scottish and Ukrainian”, and “family is long-time Canadian”.

Figure 4

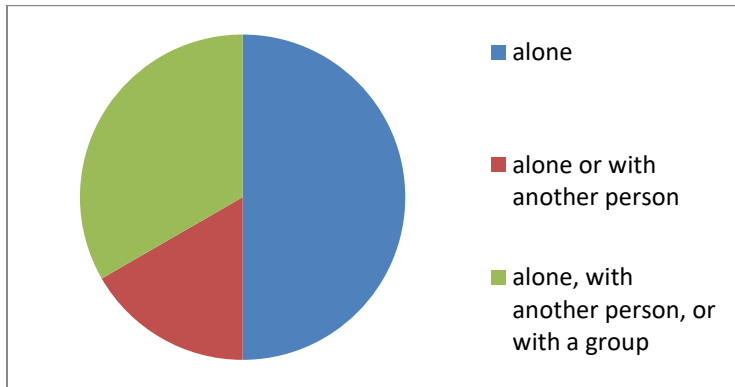
Current period of sobriety



Note. No participants identified a period between 6 months and 1 year.

Figure 5

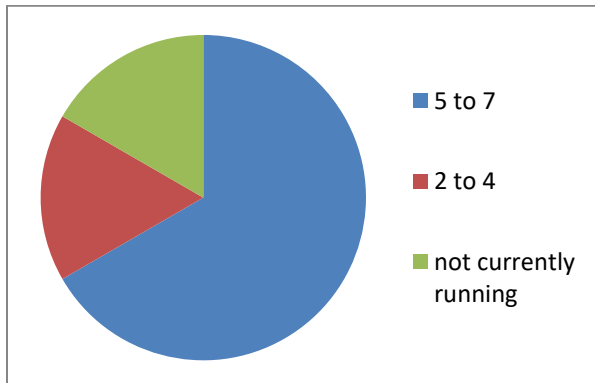
Typically, do you run alone or with others?



Note. No participants identified exclusively running with another person, with a group.

Figure 6

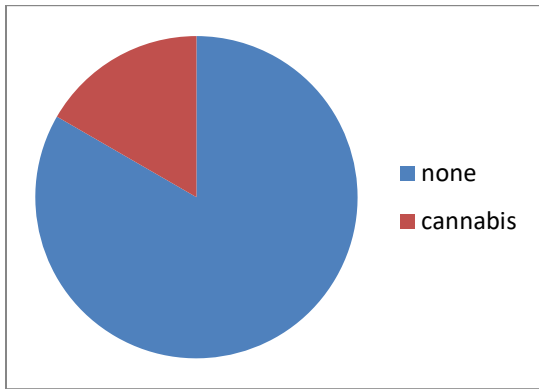
Running frequency (days per week)



Note: No participants responded with “at least once weekly” or “Occasionally during a month”.

Figure 7

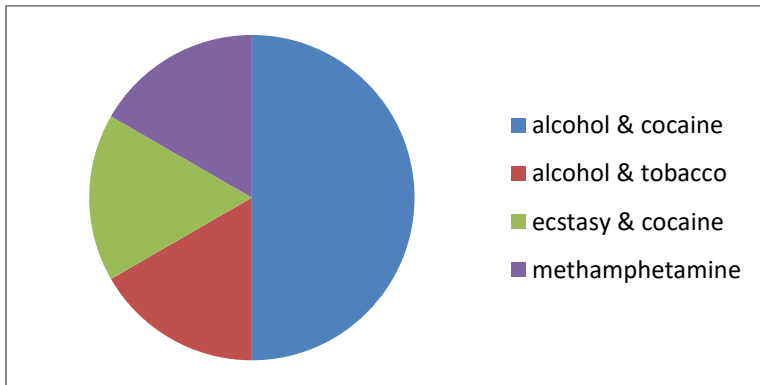
Substances currently used



Note: All participants identified as currently “sober”.

Figure 8

Previous substance(s) of choice



Chapter Five: Finding Sobriety and Finding Running

Finding Sobriety

In February 2007, I had succeeded in my childhood dream of earning a living by travelling the world playing music with my best friends. I was also on the verge of sabotaging it all. Our band worked mostly in bars. We were known as a ‘party band’ and alcohol was a big part of that. On most nights we played, a large number of Jim Beam bourbons would be rung through the till, much of it bought for the band.

My drinking went beyond partying onstage and after the shows. On days off, my bandmates would often abstain. I almost never did. Alcohol had come to eclipse everything else in my life: music, family, friendships, and relationships. The previous spring, we performed at the Juno week music showcase in Halifax, trying to build on the momentum generated by our Best Blues Album nomination. I got so drunk the band kicked me offstage, preferring to finish the set without a bass player. The day after the show, they staged an intervention. I promised to cut back. And I did for a while. But by February I was riding a binge that had started with my ‘birthday week’ celebration in November, blurred into Christmas, and hadn’t slowed down with the start of the New Year.

Looking back, I can see that I was physically dependent on the drug I had been using since I was thirteen to self-medicate my social anxiety. Although the social environment I grew up in was privileged in many ways, I also fit a number of the Factors Associated with Addictive Disease laid out by Williams and Streat (2008): I lacked self-esteem, coping skills, and emotional maturity; I was rebellious; all my friends and virtually every adult I knew drank; alcohol was readily available (p. 85). In 2007, all I knew was that I finally felt ready to take a

break from drinking but I didn't know how I would face life without alcohol. I was terrified of the hole that would leave in my life.

Every previous attempt to reduce or control my drinking had included exercise as a replacement. Quitting was a bigger challenge. So, I figured, I needed to go bigger with the exercise. I didn't think of it in so many words but I intuitively sensed that setting a goal that was incompatible with drinking would help me abstain. The farthest I had ever run was 10km. I signed up to run 42.2km on June 17 for the Manitoba Marathon. This decision paved the way for me to build a new life without alcohol and expand my perception of what I was capable of.

When I became sober, I did so without any formal help. Looking back, I see that, as with many people who are addicts, I wanted to have everything my way. So that was my approach to recovery. I wasn't going to rehab. I wasn't going to AA. I was going to meditate, exercise, and educate myself about addiction. This worked for a while but a relapse showed me that my sobriety was not as solid as it needed to be. I reached out to a friend for help. He took me to an AA meeting. Humbled, I accepted that maybe my way of doing things wasn't the best way.

Shalane

When she was twenty-nine, Shalane had her own intervention staged by those closest to her at the time. The changes she agreed to make centred on moving back to her hometown. Not surprisingly, a change of location did not make the problem go away, although it did reduce its severity somewhat. "...I continued to party up until I guess I got married when I was thirty-six (I'm forty-one, for context). My husband (then boyfriend) was incredible, like he put up with a lot of my shenanigans. And he knew... I knew the drinking had to stop."

Shalane had planned to take a year off drinking and saw that running was an immense help with that. She referred to her first year of sobriety as “almost a bit of a blur.” Shalane describes what it was like for her:

There were a lot of days in my early sobriety, where I was like: No, this is not worth it. There’s still some days where I’m like: you know, this world sucks. But a lot less days like that, you know? There’s a lot more hope. So yeah, I would say initially, it was more based on externals like: my husband; and I had lost friendships and I wanted my friendships back; my sister stopped talking to me, I wanted my sister back; and, yeah, an incident physically where I think it shocked me enough to be like, ‘this is serious!’ So—and the curiosity because I did tell myself if I wanted to drink after a year I could. So that helped me get through the first year... My first relapse was two and a half years in. So I did pretty good the first time through.

Quinn

In their mid-teens, Quinn started smoking, dropped out of sports, “...started drinking heavily and went on that journey. Started with some other drugs. Got involved with some really bad gangs. I got pregnant when I was nineteen. I had my first child when I was twenty-one.” They abstained for the next five years, earning their high school GED and starting university. There they met someone who was “...kind of a heavier drinker and then I kind of started that cycle again and so I started drinking again and smoking and it was just like little bits here and there.”

They completed their education degree and started working in the field. That relationship ended after about five years but Quinn continued to drink. They abstained while they were trying to conceive and during their second pregnancy but eventually resumed their drinking. Quinn was

drinking one or two bottles of wine each night when the COVID-19 pandemic hit and educational facilities were about to close. This led Quinn to a realization:

‘Oh my God, I'm going to be at home all the time!’ and ‘Oh, my God. All I'm going to want to do is drink.’ ‘Oh my God! I can't do that.’ [...] So then I had... I had this moment of: ‘Shit. This is going to be really... this is, this is gonna be bad.’ So I think it was like... we were sent home, I think it was like the second day we were home. Like that we were working from home and I was like, ‘this is, this is it. This is the last day’ kind of thing.”

Quinn cites their recent ADHD diagnosis, and the knowledge that alcohol would make their medication less effective, as another factor contributing to this decision. At first, they did not think of the change as permanent.

... after a while I was like, actually, this is my... this is what I'm choosing for my life.

Because I had so much clarity just in so many things. And it just, it just, I was at a point that I was also doing that inner work as well, because I feel like the pandemic forced us to really sit with ourselves, and feel our feels and look inward, that I started to really unpack a lot of things”.

In doing so, Quinn discovered they didn't need alcohol anymore. They found “...I was fulfilling myself in other ways that fed my life and fed my purpose.”

Liz

Of the six participants, Liz entered recovery at the youngest age. Like Quinn, Liz was a fourteen year-old soccer player when she started smoking cigarettes. This was followed soon afterwards by cocaine and ecstasy. Up until then, she had always been active. Involvement with substances led to “...about a year or two not running, not doing any exercise.” By the age of seventeen, her use led her concerned family to present her with an ultimatum: quit using on her

own or enter a treatment program. Looking back, Liz identifies she would have benefitted from formal treatment. But, like me and many others, she was insistent that she could do it on her own. In Liz's case, this was successful. She attributes this to catching her substance use problem before it had become more ingrained; while it was "...heavy but not, like, debilitating".

Eric

Eric used meth for about fifteen years as a young adult: five years before he met his ex-wife and throughout the decade they were married. He viewed their relationship as a way to "check the boxes on the life list". He equated having a sex life, a home shared with a partner, a marriage, and children with being a successful adult. Looking back, Eric identifies his immaturity at the time:

I was still like a kid when we met [...] And I had very limited experience in coping with emotional distress in healthy ways. So instead of, like, listening to the part of my mind that says like, 'this is not good for me,' I would... you know, I would use drugs to, like, shut that part up.

Eric came to realize that he had lost control over his substance use: "... it needed to stop, and I couldn't. Tried a number of times, there were lots of years of lying." Eventually, he, too, faced an intervention during which he was told he needed to go for treatment. He described the program as a partial success in that he learned a lot and still meets with a counsellor and attends meetings through the program. And yet, after completing the program, "...I was getting high within hours". His reasoning at the time was: "...I couldn't tolerate my spouse unless I was high. But I also, like I had children and I could not imagine a life where I was not living in the same home with them. So I couldn't leave, and I couldn't stay". He tried to stay sober but continually failed. When his partner kicked him out, Eric came to believe that if he kept using he would

likely "...die within a few years because now I no longer had the limitations." He described himself as going into "a really deep depression" when his marriage ended:

I found myself, just like, alone and sad. And, like, that I would need people in order to change that. So, you know, I started, like, any acquaintances that I had, I started making them into friends. Any, you know, friends that I had, I like really leaned into that. I joined a church, not because I'm a religious person but because, you know, it felt like the thing to do as a lost and wayward soul. You know, I started going to church and heard things I liked. I started volunteering there. [...] And I started, you know, really building that sense of community and I was like, in a really good place. You know, I was busy almost every single day. I had, like an entire system.

Jacie

Jacie's life almost ended tragically young. Fortunately, she survived her April 2, 2007 suicide attempt and has been sober ever since. She shared the story of that day with me:

I had come home after a couple day bender. And this had, like, been going on for a long while, right. And [my father] and I got into a huge fight. And he left for work that morning and I kind of went off the rails and he actually came back from work. So he just said something like 'I knew I had to come back.' So he came back, and him and my younger brother were there. And yeah, I tried to... Yeah, I sliced up my arms pretty bad. And yeah, just kind of, I just remember thinking, like, 'I don't have a way out.' Prior to that very moment, I had been to [live-in treatment], I had seen the psychologist, I had bought all the... you know, the self-help books. I even studied social psychology. You know, I was trying to figure out the answers."

Jacie knew all four of her grandparents struggled with drinking and had attended Alcoholics Anonymous but...

... I didn't know what that meant. All I kind of... I just knew that AA meant God, and God meant religion to me. And so I just didn't really want anything to do with that. So I tried to find my own way. And when I couldn't, and bottomed out, it was my dad and my younger brother who were there. And yeah, I just... I had to make a call [...] I called the suicide line. I called my doctor to make an appointment. And then I called CA. And I talked to a lady at Cocaine Anonymous [...] and she told me her story. And yeah, probably like the first time I'd actually talked to somebody who had walked that life. And I think that when I talked to her, she was probably... I'm going to say eight years clean and sober. And she suggested I get to a meeting and she gave me some pointers. And so I did. I went to my first meeting that night.

Alvin

Alvin identifies two problematic periods with substances in his life. He quit drinking thirteen years ago but "...then the cocaine kind of took off." He quit using cocaine about ten years ago. Like Jacie, Alvin became involved with a mutual help group but it did not click as quickly for him. He described entering his the first meeting:

...like a typical alcoholic, I looked for the person who I thought was the worst alcoholic in the room and compared myself to them—what I thought was the worst alcoholic—and thought, 'Well, I'm not like that. So I'm probably not an alcoholic.' And then I just didn't go back for a while.

Eventually Alvin did go back and gave the program an earnest effort. However, late in 2020:

I recognized that I'm not doing this program to the best of my ability, and I need somebody, I think, to guide me in that direction. Because clearly when I rely on myself, I go astray pretty quickly. And I was having some fairly significant marital issues there and, and... I think that was the pain that prompted me to look for outside help. And I looked for a counsellor at that point in time as well.

Finding Running

“I wasn't chosen last for school sports teams because I was wildly unpopular: I was left waiting because I was a dead loss on the field” (Menzies-Pike, 2016, p. 62).

Growing up, I rarely saw adults enjoying physical activity. Mostly, my dad's enjoyment of sports occurred from the couch and my mom displayed no interest in sports or fitness whatsoever. The exception to this was downhill skiing. Several times per year, we all enjoyed this a great deal. But, growing up on the Canadian prairies, the rest of the time it was inaccessible. My most vivid early memory of playing team sports is of somehow actually hitting a pitch, only to run straight for third base. I wouldn't go as far as author and fellow late starter runner Catriona Menzies-Pike (2016), who called gym class “an intense and frequent humiliation” (p. 63), but Phys Ed never failed to make me aware of my physical ineptitude.

Back then, I thought it was talent for sports I was lacking. But since then I've changed my mind. I don't remember trying hard at anything as a kid. I didn't have any demanding chores to complete. The things that earned me positive feedback from the adults and peers in my life—being polite, doing well in school, being clever and occasionally funny—came easily to me. Much of the time, I was able to either avoid or fake my way through the things I found scary or hard, like meeting new people and sports. When I couldn't, I tried to tell myself I didn't care.

When I discovered alcohol at age thirteen and cannabis and LSD at fifteen, it made doing scary or hard things seem even less important. So I tried even less. Pot, acid, and alcohol helped me forget my neglected body, even though it was now full of teenage hormones. I connected psychedelics with spiritual discovery but, after a few dozen trips, I knew I wasn't reaching enlightenment; I was just getting better at taking acid. I enjoyed playing music and I would practice until it got hard. I felt like that was 'good enough'. This was a pattern throughout my life: acting like I didn't care and never trying my hardest were ways to shield myself from failure. Except for a few half-hearted, drunken attempts to 'woo' a few girls, I was failing to engage in a meaningful way with the world beyond a small insular circle made up of a few close friends. I had read Joseph Campbell and identified that I was "refusing the call" (1973, p. 59) to a more meaningful life but I couldn't summon enough will to change my path. And I certainly wasn't ready to ask anyone for help.

One night in 1995 after a gig in Winnipeg's Osborne Village, a couple of friends and I were assaulted in the parking lot. It was over quickly and none of us even fought back. This was traumatic. But this may have also been the best thing that could have happened to me at that time. I had spent most of my life afraid: afraid of being hurt physically or emotionally, and afraid that I was not worthy of love, respect, or friendship. Now one of my fears had materialized and it really wasn't that bad. My nose hurt for a couple of days, and my glasses took a little twisting to get them back to their proper, if less than stylish, shape. But I was sufficiently motivated to make some changes to my life. I continued to smoke pot daily and get drunk a few times per week but I cleared the laundry off my dad's old weight bench in the basement and started strength training. I also started running.

When I moved to Edmonton the following year to join a band, I found myself, for the first time in my life, in close quarters with two people in recovery. Through the combination of factors—their influence, being in a band that all five members took seriously as a career, my growing interest in fitness, and a lack of money—my substance use was dramatically reduced. For two years, I gave up everything except alcohol, which I mostly used moderately. I enjoyed this healthier lifestyle, but not enough to keep my old habits from coming back.

Jacie

Jacie started running two years into her sobriety after a friend suggested she return to what she did for fun before she started drinking and using. “So that took me back to being like thirteen, fourteen, and my dad always encouraged sport so I was always, like, involved in sports and soccer, riding bikes”. She started walking or riding her bike to her CA meetings. Around this time, she started running with a colleague during their lunch breaks:

...it was painful. We'd run like half a mile, like, and just want to die. But then we just gradually built it up. And you know, it was sort of like after I ran 5k I thought: ‘Oh, I wonder what a 10k would be like.’ And after I ran a 10k, I thought: ‘Oh, I wonder if I could run a half marathon,’ and it kind of just took on a life of its own.

That “life of its own” would eventually include ultramarathoning.

Liz

When Liz decided to quit drugs, she also turned to sports as a way to help. Having quit soccer some time earlier, she took up running. Looking back, she downplays her initial efforts:

It wasn't anything crazy. It was about like, four times a week, I was just trying to run, like, ten kilometers or something, but it helped me a lot to, like... yeah, just have a reason not to use and just focus on being able to run.

Shalane

Shalane cites her marathoner father as also being an influence: "My father has always been incredibly active". She started running at age twenty-one because her younger sister was running and ...

... for the reason I think most women do, or people do in general, just for weight control, not so much for the mental health benefits. And so I really did it just really casually, like maybe just an hour, you know, a few times a week. Up until I guess I was about twenty-five when I did my first half marathon. [...] So running I'd say was 50% of how I stayed sober. And probably just wanting to get skinny.

Quinn

Quinn also traced the origins of their running to their father. In addition to being highly active in sports as a child, they remember biking along with their father as he trained for marathons. Over the years, their level of physical activity would vary:

...it was just like the ebb and flow of you know, that lifelong activity, and, you know, everything that comes with it, and you know, you go through phases of: things happen, and you're out of it, and you hate every moment of it, and then you get into it, and then you hate but love every moment of it [laughs].

Quinn discussed what kept drawing them back to running: "...it was always something that I can rely on to go back to if I stopped or I was doing other things that I probably shouldn't have been doing." When they quit drinking in 2020, they immediately turned to running.

Eric

Eric started running “because it was something that I hated.” He went on to explain:

... I knew that after getting clean, I needed to strengthen my ability to do hard things and I figured that running was a safe arena to continually face hard things and build that resilience. So yeah, it, I also, to be honest, I kind of ... I wanted to punish myself.

Eric also disclosed that there was an element of revenge seeking in this:

...my addiction cost me my marriage and it was a really abrupt and traumatic ending.

And she was a bit of a runner, and I like wanted to one up her, I would be like ‘f*ck you, I can do this too. I can do hard things.

Eventually, he “found a groove” and running started to become enjoyable. He decided to run a marathon. Running “...was just something I attached myself to, and I started running a lot. Before you know it, like, I was hitting these distances”.

Alvin

Alvin was active in high school but as a strength athlete: “I'd never really pursued running to any significant degree where it was pleasurable, it was always suffering.” Eventually he would stick with it long enough to discover that ...

...to run faster, you run slower! Which, for an alcoholic, is counterintuitive. But once I realized that there's more of a method to the madness, then I think it actually became a lot more pleasurable for me then. That you could, you know... you don't have to be running gasping for air.

Like Quinn and myself, Alvin ran off and on during his adulthood but it wasn't until 2019 that he started taking running more seriously after he decided to enrol in a 10k Canada Day race in the suburban community he had just moved to:

I just had a rough estimate of how fast I thought I was going, and I did this 10k race. And, you know, I would, like, basically sprint for like a mile and then kind of walk for half mile and then be like ‘I don't know why I'm so out of shape,’ and ended up finishing in, like, an hour and I was so just, like, basically so disappointed in myself. I was like ‘that is pathetic’ and look at... you know, so part of that self-loathing again. And I thought that I need to do better than that.

Chapter Six: Mental Health and Cognitive Benefits

One of my biggest struggles when I first got sober was that the social anxiety I had been self-medicating with alcohol was now running rampant. The first mental health benefits I noticed from running were: dampening my anxiety, bringing me a sense of calm, and improving my mood. Later, when I entered university, I noticed that I could rely on a run to recharge me and provide a fresh perspective on a paper I was writing.

For the last nine years, I have been a rehabilitation counsellor. My work is mentally and emotionally taxing but not physically demanding. Running and other exercise provide me with a much needed physical outlet and strengthen the connection between my mind and my body. This holistic bond was not something I nurtured or even thought about prior to that. The theoretical brain in a jar proposed in the famous philosophical argument (Bernicker, January 28, 2016) was appealing to me; I viewed my body more as a nuisance and an embarrassment than a source of joy or knowledge.

When I started running, that balance tipped: now my body was doing the work and my mind was ‘along for the ride’. For someone who had always leaned towards overthinking, this was a novel way to experience life. Running fast on trails felt like an amusement park ride but, as I was powering it myself, much more fulfilling. My body started providing me with happiness, contentment, and valuable information about the world around me that I couldn’t have accessed in any other way.

I credit my use of psychedelic drugs with giving me valuable, if somewhat problematic, insights into the workings of my brain. It allowed me a pseudo outsider’s perspective from which I was able to identify my biggest challenges—high social anxiety and low self-esteem—and it allowed me to experience myself as truly connected to the universe around me. But that was the

extent of the boons it provided. Hallucinogens never showed me how to improve my situation and the sense of oneness with my surroundings was fleeting, unreliable, and ultimately just another substance-induced pleasure to be chased after. And sometimes I would be taken on a detour down a troubling and uncomfortable wormhole. I imagine this to be what industrial metal band Ministry was referring to with their album title, *A Mind is a Terrible Thing to Taste* (a pun on a popular 80s anti-drug slogan). Eventually I came to learn that a faulty instrument cannot repair itself; I would need some outside help. Running, however, provided some immediate relief without any negative side effects. Eventually, I would access professional help and do the necessary work on myself to address these issues more fully but running was a great start.

Two of the participants—Liz and Shalane—described how running fit into their overall mental health care. Liz’s explanation was similar to the following passage from my interview with Shalane: “...running, I consider a medication. It's part of my mental health toolkit. I consider it almost as important as my medication, like the real pharmaceuticals, plus therapy, like, I think it's the whole package, though.” The remainder of this chapter is broken up into sections covering the specific mental health benefits of running that were identified in the interviews, followed by my analysis.

Stress Reduction and Emotional Regulation

Stress reduction and an overall sense of well-being was one of the primary subthemes of mental health benefits of running that arose from the interviews.

Alvin

Alvin highlighted running at an easier pace as particularly helpful for this: “I think the slow runs for me are the ones where I calm things down, and I have more of a mental reflection.”

Shalane

Shalane described how this can happen for her:

So I’ve definitely come back more refreshed. It’s almost like sleeping on it. You know like you can get really mad but then the next morning you’re like ‘oh, I overreacted’ or I should have... you know? Yeah. And it just gives it space, I guess. Like literal space, too, because I’m running. I’m getting away from whatever ...

Jacie

Jacie describes a similar use of running; in this case performed at a faster pace:

...doing, like, short runs, like short, fast runs; if I’m upset about something, or, you know, feeling anger, it’s, it’s how I... I guess I use it as a way to help process emotions, you know? To recognize it, and channel, and kind of just sort through it.

Eric

At the time of my interview with Eric, he was taking a prolonged break from running but still engaging in regular exercise, mostly focused on strength training:

...exercise is still, like, a really big part of how I keep myself in a state of mind where I don’t want to use. And, you know, people talk about... I don’t know, like, what experience you have in, like, the different theories of recovery groups and stuff, but you know, every which one has kind of like, you know: figure out a system for yourself to,

like, you know, keep yourself happy and working towards, you know, staying sober and, and, you know, exercise is one of those for me.

Eric described how he feels after his time at the gym:

I feel, like, really good. I feel really calm. And generally, you know, yeah, that experience of like... I think that comes directly from, you know, the exertion of exercise, and then being in a situation where, you know, now I get to relax and it feels... yeah it feels great!

Quinn

For Quinn, "...if I don't run, then that's disastrous. Like, I feel like I'm not as patient.

Like, not patient but I'm not as grounded. I'm not as... like, I'm not as regulated, right?"

Anxiety Reduction

Several participants described their experiences with the anxiolytic effects of running found by researchers.

Shalane

Shalane envisioned anxiety as needing "an outlet". She went on to describe how running intervals—short periods of intense running followed by periods of rest, walking, or easy running—provides this for her:

So let's say, like, you're running intervals, right, and you get going so fast your heart, you know, like when you're feeling like you're gonna puke? That feeling? Well, your heart rate has already reached the maximum: 180, 200 beats per minute. Well, that's, like, a panic attack feeling, right? So when you stop the interval, your heart rate goes down. And your body has already had that stress response, and it's relaxed. So since it's already hit that for the day, it's a lot harder to get back up to that feeling.

Liz

Liz used a metaphor to illustrate a similar experience:

For me, it's like I have all this energy, say my cup is over... like, just spilling over and like bubbling over and that... Those, like, intervals kind of, like, take some of that water out of that cup. So I'm not like spilling out energy just everywhere, like it's not like this flowy water fountain. So it's like... yeah, and then for the rest of the day, I feel like my... and I usually do it before therapy sessions, too, just so I'm not walking in there already, like at a ten. And I find that I'm not as... Yeah, I guess so it does inoculate you a little bit, too. Yeah. Where I stamp out some of those nerves beforehand and by the time I'm going through my session, then it's not as intense. Like I'm already in a calm state, and I can stay at a calm state, too.

Running to Counter Negative Self-Talk and Avoid Spiralling out of Control

When I am running and I push myself past a certain point, a voice in my head will inevitably start providing arguments for quitting (or, at the very least, slowing down). I see recovery as an endurance test. To be successful, this voice must be overcome. If it is allowed to continue, it tends to offer progressively worse suggestions in the name of 'comfort.'

Jacie

Whenever Jacie discussed the importance of turning around negative self-talk:

...you can't get through life if you kick the shit out of yourself either. If you just talk to yourself poorly. Just like you can't, there's no way you're getting to the end of an ultra. Just like those negative thoughts. [A friend of mine] just had this ability to remain, like... to remain, like, super positive. You're running with this guy after he lost his toes [to frostbite from a winter ultra-endurance cycling event]. I can't say anything, like... I can't

even complain about... I can't tell you like, 'I'm hurting.' Because this guy doesn't have... like, he's missing half of his feet! But just that, you know, he's... he's big on, you know, he'll call people Eeyore if he hears you kind of getting into that. And it's helped me... it's helped me kind of check my thinking, and just be very well aware of like, oh, wow, I'm headed down this dark zone. How do I, you know, how can I bring myself back out of that? And, you know, what do I need to tap into, you know, to be able to do that, to kind of get back into the get back into the green? So that's definitely... what it's done for me, it's just made me a lot more aware.

Eric

Eric described his process of countering negative self-talk:

... sometimes, by like the 75% marker, I would be, like, angry that I'm here, that I'm doing this. You know, I remember this now! I used to run... I called it, like, my voice of weakness in my head. And I equated it to my addiction. It was the voice that would be like, [adopts whiny tone] 'well, I'm fed up about this,' like all this news, you know, or like—but it was the same voice that would, it would show up when I'm running and be like 'No, you can't do this, like, you got to stop, you know.' And I'd like, sometimes I'd like, I'd wait, and I'd feel good. And I'd be running for 15 minutes, and then it would like, you know, and then I'd hear that voice being like 'This isn't... I'm not gonna be able to do this for an hour and a half. No way!' And then, and then I'd be like, ah, there it is. And I'm like, you know, and I'd like, consciously choose to keep going. And it was, during those moments where it was, where it felt like both sides of the coin, where it felt like... you know, dealing with addiction feels like an alter ego constantly battling with you within, and being able to like, to manifest it, to face it, and then, like: do the hard thing. That

always resulted in like, the most euphoric ending, where, like, you know, there were some days where I just like, that perfect storm, I would like almost be brought to tears with, like, you know, what I had done, what I had just like, you know, put my body through and, you know, I'm just like, in a gym with like, a bunch of other people. And no one can see that I'm having this like, moment of triumph, like sound the horns and put a garland around me, you know, like, that's how I would feel. But yeah, those were good moments.

Energy

Another mental health benefit described in the interviews was running having an energizing effect.

Liz

Liz spoke of the benefits of running while experiencing depressive symptoms: "...on low days, those like recovery runs are really nice to just to like get outside and like really just enjoy it and not worry about my pace."

Quinn

Quinn also weighed in on this topic:

I'm more tired if I don't run, most definitely, like, just that exhausted. But I think if it comes to, like, those types of runs. I don't know cuz I've lived my... I've done so much cardio, like races, like especially with the swimming and the tri[athlon]... and, like, and I rev high anyways.

Problem Solving

Shalane

...the running brain is amazing. Like if I'm working through something, a good run... I can usually have it solved by the time I'm home, you know. Like if something's bugging me at work or I need to respond to something, like a question someone's asked me, running can absolutely help me clear my biases and see the whole picture a bit more.

(Shalane)

Liz

...especially after, like, therapy sessions and stuff, I love going for a run. Like I find it's, like, things that are bothering me or I'm feeling anxious, I, like, explore them on the run. It's like meditative. It's not like I'm trying to problem solve when I'm going out there. It's mostly just like letting thoughts that are, like, come to me or explore like: 'oh, okay, I'm kind of feeling weird. Why's that?' And I'm not like searching for answers, but they just kind of like come to me while I'm running, if that makes sense. (Liz)

Liz elaborated on how this is particularly helpful in her graduate school work:

If I'm, like, stuck somewhere, you know, and yeah, it's like walking, running, it's like, I'm not actively... you don't actively search for it, you just kind of like, let it simmer in the back of your mind. And then like, things kind of come out.

Quinn

Quinn discussed how the sense of calm and quiet produced by running can lead to the answers to the things that you have been thinking about: "...you come to a lot of 'aha! There it is!' Right, because all of those things come in sync. But I think it's also setting that time, it gives you that time to be with yourself, and look inwards."

Eric

And after a while, I started to realize that, like, I did really solid thinking when I was running, and it... you know, I explained it to myself where, like, I would like, just drain all my energy, and I had no more energy to like, bullshit myself about my own problems. And I, like, whenever I had something I didn't know what to do with, you know, I'd get to the point where, like, 'Oh, I'll think about that tonight, like, when I go for a run after work.' And then, like, I don't know, maybe it's a mix of the subconscious mind stewing on it for a little while, but like, you know, by the time I was finished, like, you know, an hour on the track or something, an answer felt very obvious and clear, it became like a way to it was almost like a, you know, like, a bit of therapy for myself. (Eric)

Eric went on to discuss how:

...with, like, an issue that I needed to come to a decision with, that often after going for, you know, a long endurance run the answer would just be very clear to me. And like, you know, clear to the point where it's like, it's obvious I need to choose this, and this other one I'm even considering because it's some kind of comfort and really, it's like not helpful, you know?

Alvin

Alvin spoke of applying the problem solving benefits of running to his role as a parent: ...you get so frustrated sometimes with some of the behaviors and you're talking to them. And then five minutes later, they're doing the same thing. And you're going: 'I don't know what else I can do differently here.' I'm explaining it to them or talking in a calm voice, I'm pulling them aside. And then they're just... you start to kind of boil and I'll go for a run. And it's almost like, as soon as you start running, especially, like, if the sun's

out, you know, you start to... I don't know; it's almost like... I'd almost describe... I think it's almost like a spiritual experience, sometimes. Or at least you have spiritual awakenings, I find at least when you're running and you're noticing things around you, then you're reframing problems, I think, in your head going 'well, is that accurate? Is that accurate?' You know? 'Have I been the best that I can be? What's my responsibility in this?' And that sort of thing I find. I find I really reconsider a lot of things I'm doing or saying or acting on. And sometimes I'll just come home after running, I'll say, you know, I'm sorry I did this or I'm sorry I did that. That was pretty dumb.

Chapter Seven: Social Connection

I started running on my own and have done almost all of my running since then solo. The control this offered in terms of pacing and scheduling was part of the appeal. But even more importantly, I could avoid social situations that made me anxious. Forming social connections through running was an unanticipated bonus that came much later.

I trained for my first marathon on my own. Diligently following a marathon training plan I found in a library book (I believe it was Richard Nerurkar's *Marathon Running: The Complete Training Guide*), I ran at least three times each week, including one 'long run' that steadily increased in distance so that, on the day of the race, 42.2km wouldn't be as much of a shock to my system. At the time, I liked to imagine others seeing me as a lone wolf. But inside I felt more like an anxious dachshund. When I found myself corralled together with a few thousand fellow runners at 7:00 a.m. on a Sunday morning waiting for the start of the 2007 Manitoba Marathon, I had an ill-fitting sense of belonging. I had done the work to get there. But I certainly did not feel like 'one of them'. If any of *my people* were awake, it was still Saturday night for them.

It wasn't until I joined the world of ultra-distance trail running in 2017 that I felt like I belonged in a group of runners. Two factors in particular increased my readiness: a friend from work was preparing for their first ultra at the same time I was; and I was generally more confident and less anxious. I was no longer prejudging the other runners as a way of avoiding intimacy. As a result, I was noticing how they were similar to me more than I was seeing ways in which they were different. I was ready to put myself out there and take chances on making new friends.

About three quarters of the way through my first ultra, another runner and I kept passing each other as we stopped for walking breaks. I suggested we run together instead of playing

leapfrog. He laughed and agreed. At this point, each step forward marked further than either of us had even run before. To my surprise, during this shared struggle I found myself opening up about things I hadn't told anybody. And it felt right.

Alvin, who ran exclusively alone, spoke of enjoying how "...you can just head out the door."

Liz

Liz, who also runs with her husband, discussed why she usually runs alone:

...because I don't have to worry about like... I actually run a bit faster than he does so like, sometimes I have to, like, slow myself down or like... yeah, there's just always this like, tug and pull of like, 'am I running too fast? Am I running too slow?' Whereas I can just, like, define my own speed and kind of turn where I want to turn and not explain anything. There's, like, more independence, I guess.

When Liz quit using, she changed her social group:

...if I wanted to be healthy, I couldn't keep them. Like, they were just not conducive to recovery. But it... I think, like, so it didn't help push them away, I would say it helped, like, I already did that. And it was more about, like, finding a new group to have interests that like... I think it's like, if you, like, if you're starting anew, you're kind of like re-finding your identity to... you don't even know what you're interested in, because you're just doing drugs all the time, or whatever (or at least I was). And I didn't even know who I was then. But it gave you, like, a concrete item to then search other people out with, if that makes sense.

Quinn

Quinn spoke of the input they received from their social group: “And if you just start surrounding yourself with those people, and they're just... they're such good people, that there's just not room for those other ways”.

And I was also receiving that feedback from the people around me and who I was centering myself around, and I was reflecting myself in the people who I was around. And that meant so much more to me than anything else. And I could spend a lot of time by myself that I enjoyed, where previously I would be searching for people to be with so that I can share in some of those, like sharing a drink or whatever it is, that now I can sit with myself and honour my truths and my authentic being that I didn't need anybody else to say, or validate me in any way. (Quinn)

Quinn discussed the link between running and bonding:

...when you suffer together, then that thing that you're just saying about that bond? And, you know, that group... Well, there's a lot of pieces with the synergy, right, like even the synergy aspects within... within doing something collectively like that. And that, orb that you create together, is so much more powerful.

Quinn also regularly runs with their father, partner, sister and brother-in-law. Quinn refers to these two or three person runs as “connection runs” because they involve:

...talking about life and talking, giving advice, going through those pieces and just, you know, enjoying being with my dad and sharing in something that we both love to do. And always talking about the things that we're seeing. We try to do it as much as possible in nature, but when that's not there, like how to absorb the environments that it feeds us in the ways that we love and just kind of those, like, philosophical pieces of life.

Shalane

Shalane discussed her father's response to her increased interest in running:

...he was so thrilled when I ran the marathon. He was, like, a three hour marathoner and he swam competitively for Canada... So we've always bonded over sport that way [...] it was a weird balance because he also kind of wanted to coach me sometimes.

Jacie

Jacie recounted being about five years sober:

And aside from, like, you know, my recovery events and activities, I don't really have much of a social life. [...] I'd just hang out with people in recovery and go to meetings and, and then I would eat popcorn and watch movies, so... But I had the opportunity. It was, like, a night run with a bunch of other people. And I thought, yeah, that sounds like fun. So I went out and did it. And it was a lot of fun. And I actually met some of the people that are like, I consider my best friends today at that run.

Like Quinn, Jacie usually runs with people who aren't in recovery and feels this allows her to:

...balance those worlds, you know, where I have friends that are in that world, and in that sphere of being in recovery. [...] Because we have that common bond of running but we're not always talking about recovery, right?

Liz

Liz discussed running with her husband:

...it's like a way we can spend time especially when we're doing our long runs together. He was training for... like, he does triathlon, whereas my body just can't handle the three sports right now. So, what's it called? Yeah, so we'll do our long runs together on

Sundays. So, 'what does that give me?' I guess, like, you know, when you're spending two hours plus outside, at least we can, like, enjoy that together. Not like we're talking or anything really, like, it's a long, slow run, I think it's just like enjoying each other's presence really. And just like motivating one another by showing up and accountability, or whatever.

Quinn

Quinn described how their daughter regularly sees them run: "That's her norm that mom and... they, that's what you're supposed to do." They also discussed sharing their running with their co-workers:

And then I do it all with, like, talking about running at work. Talking about physical activity as much as I can with people and seeing how much that impacts their lives.

Because what my experience has been is people have started to become more active in their life from our conversations, and have wanted to come and share 'Oh my God! So that thing that you said? Like, you know what? I just did it and I went and I'm doing it now and I'm on like day like fifty and I'm doing it!' And it's just been, like, 'so how many people can you influence?'

Chapter Eight: Subjectivity of Running in Recovery

On August 6, 1988, the way I viewed myself shifted dramatically. Before that, I had bonded with a small group of friends over our shared love of comedy, music, movies, *Dungeons & Dragons*, and books. But I felt increasingly restless in the role of “smart, quiet kid” I played beyond that circle. Social anxiety and what I perceived as a lack of talent and potential for any sport limited my options. On that hot Saturday afternoon, I found a way to achieve the engagement with the world I desperately craved when the band that my friends and I had dreamed and then worked into reality played our first show. I had never done anything so exciting. I was terrified but my confidence was buoyed by having my friends by my side. After a few songs, my fears and insecurities got quiet. I finally felt like I had proof that I was special.

During our set that day at the Transcona Hi Neighbour Festival, one of the dads brought us all Big Gulps from the 7-11 down the street. Afterwards, we celebrated in a way befitting the grandeur of our accomplishment. Another dad presented us each with an ice cold beer. Having done this ‘grown-up’ thing, I was enjoying an adult spoil of victory. The thrill of what I had just done blended with the alcohol buzz to become something beyond either. I felt confident. I felt complete.

For the two decades that followed, I combined alcohol and music with varying degrees of success. In my early twenties, I left the security of that childhood gang, taking work in a number of bands. While I lacked an obsessive drive to hone my craft, I took my musical career seriously enough to avoid getting drunk while playing.

At the end of 1998, I reunited with two childhood friends to start our own band, playing whatever music we wanted however we wanted to. Mostly this meant emulating the gritty—in some cases, even sloppy—styles of the black American blues artists we idolized. Local heroes

like Big Dave McLean showed us that ‘white boys’ from the Canadian Prairies could pull this off if we were honest about who we were. And it worked. We grew a fan base and the respect of other musicians. I got to make music with some of my idols, including Hubert Sumlin, Louisiana Red, and Paul “Wine” Jones. But I still doubted my own authenticity playing this music. And I felt like blues musicians were supposed to be comfortable around people—the life of the party. I didn’t have the charisma of Muddy Waters, Howlin’ Wolf, or Big Dave McLean.

Conveniently, the beer bottle beside the amp that was a standard bar band stage prop helped me drown out these insecurities. Even if I went past the point of being witty and personable, a drunken snarl seemed to me a more acceptable face to present onstage than a ‘smart, quiet kid.’ Being drunk on stage seemed perfectly acceptable to me. In his 2009 autobiography, musician turned comedian Craig Ferguson describes how he “always felt less interesting than the people [he] was running with” (p. 84). My insecurity led me to feel unable to make engaging conversation. So I used a strategy similar to Ferguson. I “hugely overcompensated for my sense of inferiority by being as much of a wildman as I dared” (2009, p. 84). I became known not as a great bass player, but as someone who could get very drunk and still (usually) manage to play competently.

When I quit drinking, I stopped seeing myself that way. Instead of being the wild musician who would often forget to eat for a day, I started defining myself as a runner. I took pride in being fit, and not drinking felt like a logical part of this.

All of the six participants discussed how their subjectivity changed when they became sober and the part that running played in that. Five are quoted below. The relevant comments by the sixth, Quinn, were quoted in the last chapter as they also fit closely with that theme.

Jacie

Jacie described experiencing the dawn while using as “the walk of shame”, returning after partying all night. During an ultra-distance run: “there definitely is something... reinvigorating about, like, the sun coming up and you’re running and doing something healthy”. She also discussed the dusk:

...it was always kind of that way when it was back in the party scene like when the lights are, you know... when the day was like, starting to set it was go time, so it's funny I was on the trail when the [dusk] hits, it's like, Oh, we're going into the night, like, it's gonna get wild.

Alvin

Alvin discussed the effect of setting race performance goals:

And it comes down to how well you're doing depends on how you think others see you or what they're telling you. And, when it comes down to running, I think to some degree, it's the, it's the pace that you're going and it's the race times are big for me, like if I've trained and don't kind of meet my goal, I find I can be really hard on myself at that point. But if I have another race to look forward to, I can brush it off a lot sooner, you know, I'll just go well, you're not a piece of crap. You just didn't, you know, this wasn't your best race.

Eric

...I didn't like my body. I didn't like myself, and like, how I presented, you know, I felt like, you know, and I was trying to work on all those things, and some of the issue seems to, like still be there in a sense in like, the way I eat, you know, how much exercise, where... you know, how, how I focus, what I'm doing. (Eric)

Shalane

Shalane discusses the connection between her career, her former substance use, running, and her subjectivity:

You know, it's crazy, but like, I could always somehow manage a physical workout. I used to be a professional dancer ... and I danced on cruise ships, and stuff. So like the drinking and performing on stage, like it all just came together, like it was just my lifestyle. And, even in Toronto, where I lived when I was in my 20s I was definitely you know, the party girl who would go out and drink and party and still wake up and go to work the next day. So I... my sister used to just be shocked at what I could do to my body. And still come through it. I think a lot of addicts are like that, though. Like, yeah, it's incredible what the body can do.

When she quit drinking:

So yeah, then I was like: oh, now I'm the runner girl! All my friends knew me as the one who ran marathons, you know? Because not very many people in my social sphere run so, you know, to hear your friend is running 26 miles: oh, that's really cool! So I started getting my worth from: well, how much faster can I get? Addicts in general are pretty tough on themselves maybe? I don't know.

Pulling at, depending on other people, which I think that too, is something we... we all need that 'social'. So that's I know, for me, that's a thing that's kind of an ongoing, will always be an ongoing thing, right? Like posting things to social media, and then hoping somebody will like it. [...] Validate me, damn it!

Shalane also discussed defining herself less by her running: “...I still consider myself a runner, but it's not my full identity, for sure.”

I'm not the party girl anymore. I don't care. I'm not the dancer anymore. I don't care. Like those things are falling away. And it's really just trying to be... you know, I had a birthday, my birthday was October 7. And it sounds so cheesy, but having a great group of girlfriends. My husband is wonderful. Like, I was really starting to be like: yeah, everything in my life is really so good. So fortunate... that I'm a great sister and friend and like all those important things. So yeah, I'm getting there. I'm getting there.

Liz

I asked Liz if she feels running has helped her find herself:

I think so. Yeah. And, yeah, I think it gave me a place... And I still feel this way too. It's actually quite not that I'm dealing like addiction, but more like mental health issues right now. And I would say that, like running has kept me afloat through them. So even back then, I think it was a place to feel... a place where I could feel strong, and I wasn't, like, collapsing inwardly. And I struggle with, like, eating disorder, and anxiety, too. So usually, I'm quite like, collapsed inwardly, kind of like minimizing myself a lot. But where... where I'm running, it's like, that's the place where I'm... I'm shining, and I'm like my body changes, my posture changes, I'm, like, allowed to take up more space. So I was, in terms of identity, I would say it, like, pushes me out of being small. I don't know how else to, like say that. And I would say same with when I was seventeen, too.

I would actually say, like running, like, encompassed my identity after. Like, I can switch it from being like a drug addict to being like a runner, which was like a more... and I could, like, own that title, even though I wasn't in competitions or anything (at that point anyways). Yeah, it was like a different identifier at that point. And, you know, the people that were doing drugs with me, were not ready. So it, like, allowed me to kind of,

like, find new friends, too. And other people who were like, interested in that and spend time doing something positive with people, too. But yeah, I would say like, yeah, I was able to, like switch hats, for sure.

I'm not relying on the running for my identity. Whereas a few years ago, I think I was. [...] And I think it's like a process of self-discovery, too and just being more than just one or two things that you do.

I think I just have issues with contingent self-worth in every aspect, whether it's academic or physical. I'm a perfectionist, so I rely on... it's like being good at things to feel good. So I think I'm still struggling with that. But I actually don't think running is one of the worst areas of it for me. In fact, it's like one of the ones that I can kind of just enjoy the ride. And yeah, like if I do feel better if my times are great, but I don't, like get mad at myself if they're not, that's one of the areas I'm a little bit more forgiving.

Chapter Nine: Potentially Problematic Aspects to Running

Trading drunkenly embarrassing myself onstage for marathoning and university made for an uplifting tale of recovery. However, a runner injury arose, and lingered as I struggled to give it enough rest to heal properly. And then I graduated and took on a stressful job, trading straight A's for imposter syndrome. My partner and I had a child. I found myself pining for those 'bad old days'.

One day, while walking home from work I came across a beer can in the snow. I gave it a kick, expecting it to be empty. It was full. Without thinking, I placed the frozen can in my backpack. I tucked it away in the basement when I got home and waited a few days until I had the house to myself. Without giving anybody a chance to talk me out of it, I cracked it open. Despite being half frozen, it was enough to give me the feeling I had almost forgotten about. The alcohol felt like a magic potion infusing my body with peace and happiness. The stress was lifted from my shoulders. Everything was alright. I was alright. Instantly, my desire to drink again rose up and became stronger than my desire to achieve any running goals I had at the time. I started sneaking a few drinks here and there when I thought I could get away with it.

When the inevitable happened and my partner found out about my breach of trust and reckless flirting with disaster, I was able to dismiss the damage to her and to our marriage by telling myself that my drinking was 'nothing like it was before' in quantity or frequency, and was not affecting my career or my parenting. I felt bad about hurting her but mitigated this by telling myself that: alcohol made me a better father and husband by relieving stress and making me happier; and that it was her finding out, not the drinking itself, that was the problem. I just had to be more careful. Like Engle (2016) before he found sobriety, I continued to run and now

used my ongoing running achievements as ‘evidence’ that I was doing well, that I was over my addiction.

I knew that drinking secretly was a huge red flag for problematic substance use but I treated that as an inconvenient detail I chose to ignore. When I was honest with myself, I knew that my thirst for alcohol was unquenchable. What control I did have over it was based upon my goal of keeping my drinking hidden. The desire to hold onto my marriage was stronger than my desire to drink more. This did keep my drinking from exploding into the rest of my life–It never reached the point where anyone at work found out I was drinking again–but it also helped me stay in denial. When I attended counselling after relapse, I was going to satisfy the expectations my partner placed on me. It wasn’t until my child saw me drunk and I saw myself through their eyes that I realized I had a problem and needed help. I reached out to a work friend who I knew to be in stable recovery. He took me to an AA meeting and I returned to counselling. By throwing myself into both activities, I was able to make my recovery stronger than ever and avoid losing everything I had built up. Eventually I came to see myself as an innately valuable human being who was many things, including a parent, partner, friend, person in recovery, counsellor, recreational athlete, and a musician. And I found a way to value each of these things and give them the time and energy they deserved.

Eric

Eric discussed his relationship with running early on: “...it was a bit of a punishment that I put myself through, because, you know, I didn't really like myself. And, you know, and I think that, you know, I still wrestle with that to some extent.”

I recognize that I have, like, kind of a problematic relationship with it. That, like, it's still rooted in that, like, I'm not sure I totally like / love myself, but exercise serves me in a way. It gives me emotional comfort. And I have, like, this sounds silly to me but like, I have had the thought that like, well, if I could solve that problem, where like, you know, I don't love myself, then like, maybe I would stop doing this, you know, maybe I wouldn't need to do this. And like, for some reason, I don't like that. And, like, I have this, like, this strange, like, fear of, like... I don't know, because I think, like, exercise provides me with some kind of comfort and I have so few tools to like, feel good about myself that, like, I'm scared of, like, solving a problem. And then not needing the tool because it's like, it's comforting to me. It's strange... It's strange. The brain is a weird place.

Liz

Liz spoke of a change she is working on related to her running as a coping mechanism: "...not have my, like, wellness rest on this house of cards where like, if exercise is taken out, then the whole thing falls down. Which is kind of how it feels for me right now."

Cross Addiction

Shalane

Shalane pointed to the importance of balance: "... I have to fiercely protect my running. That was another thing I learned, too. And that goes both ways. Now I've learned to protect it in the sense of not overtraining and also to keep it as a priority." At several other points in our interview, she discussed the same topic:

I'm very aware that it can't be my whole like thing to rely on, because, you know, there's times where I have been injured, and I've fallen down into, like, a depression because I can't get those endorphins from the run. So I know that, you know, I need to have backup

ways to exercise or to calm myself, you know? Like all that CBT work or up my therapy, you know?

...I do look at it as harm reduction. It's like nobody ruined their life by running too much. Or I would say very few people have gotten to a point where running is ruining their lives. Yeah. You know it... you know, it's not for me, it is for someone else. I'd say: 'Yeah, take the running over the alcohol.'

Alvin

Alvin also described his running as harm reduction: "So certainly, I think the time commitment, and that is, yeah, it's definitely bordering on addiction, I guess. But I tell myself that there's a lot worse things that I could be doing." He identified some aspects to his running that he felt shared elements with an addiction:

It certainly borders on it at times. Like, if I told you how much time I spent looking for running shoes last year. [laughs] It was, it was... yeah, like, ridiculous. But it's... it's interesting to me, because I don't I don't know, because I'm an addict. And because I'm an alcoholic, to me, I don't know what's excessive all the time, you know. So I see my... my wife who does... I'm more of the kind of person that I do a few things and I pour all my energy into those few things. Whereas, she'll do many, many different things and just do them well, but just do them to a point and then move on to something else and on to something else. And so, you know, I'm looking at running shoes, and I don't know how many pairs I bought last year, but I think I bought six... probably six pairs of shoes and I'm not generally one to spend money frivolously but I thought while I'm running and I know I'm going to use them.

You know, there's times where my wife is kind of like: 'Really, like, you're going for a three hour run?' Like where I have to tell her basically tell her at the beginning of the week like Sunday, I'm doing my long run. And honestly, I think I got a little tunnel vision when it came to the running where the running... like I would wake up and my thought would be what do I have to do today? Oh, yeah, the five mile run. Like that's... that's what I have to do to do. And that was... that was my main thing I have to accomplish. So sometimes it's a matter of, like, clearing work off the table. So doing it faster. Sometimes it's like clearing other responsibilities in order to do that, which isn't always appreciated by others who don't necessarily run.

Alvin is talking about blocks of time when he is at peak training volume for an upcoming race, not his typical weekly running volume. He did acknowledge that the discrepancy between how important or unimportant they see his running can lead to conflict with, and resentment towards, his partner:

...yeah, depending like... depending because I'm going well, you know, if I missed today that's my speed session for the weekend, if I miss my speed session, then, you know, I'm not going to make my time. And if I don't make my time there, what am I doing all this training for? You know, so I do sometimes blow it out of proportion. And then when you think about it a little bit, you go, 'yeah, you're right.' It's like... it's sometimes can be excessive. But you know, I also tell her, though, I do it on my own time, I do it in the afternoons, when, typically, I'll do it in the afternoons when, you know, I don't have to pick up the kids and I still meet all my obligations, and this is good for me. It's healthy for me, I sleep better, I look better, I eat better, I'm much better to everyone around me. And she'll go, 'yeah, like, I agree with that.' So it's, it's hard to fight it too much. You

know, if I was doing three hours a day every day, I mean, that would be probably something else.

Overtraining

Shalane

Shalane spoke about running volume:

And I really think it's so subjective to every person, you know, like, everyone probably has their own healthy running amount. You know, you could, like use, you mentioned, you know, financial means as a cost as one way that it could be unhealthy. Well, I know for a lot of people with eating disorders, they'll run if they're injured or not, and or, you know, like, they'll run through injuries, just so they're burning calories.

She spoke about experiencing a running injury. At the time, she was training for a marathon in which she hoped to achieve a finishing time fast enough to qualify for the prestigious Boston Marathon:

The year when COVID started I was on track to qualify for Boston. I was hitting the times, I was doing so well! And then the race was cancelled.

Yeah, so I kept training cuz I was hoping for September and this is an example where I burnt out I just kept pushing, pushing.

And I guess I overtrained and then I was like: Okay, well stop for a little bit and then start training for this year. Right? But I never took enough time off and I completely bombed this year's marathon. It doesn't matter. I finished it. It's fine. But I learned a lot in the process, too.

Alvin

In an effort to improve his running, Alvin hired a coach who provided him with a challenging plan:

And I tried it for a few weeks. And it was like, you know, plus 30 [degrees Celsius]. I can't do like six minute miles here. I'm sorry, especially like five miles in a row. And, you know, like, this is killing me.

So, I don't know I certainly wouldn't come back to refresh for them, I think it would probably carry over a little bit into the next day, I was certainly noticing when I was overtraining that I was more irritable, and that it was having almost the opposite effect that you're not meeting these goals, you're trying your hardest, like, you're literally you're hardest that you can to achieve those goals, and you're still not achieving them. And then you're super exhausted and sore. So like, where's the joy and fun of that?

Quinn

Quinn discussed how they have grown less competitive:

So that's kind of where I am right now. And later on, there'll be time for those other things again, but just in my time, in the busyness of my life [...] I'm not I'm not looking for a personal best. If they happen? Beautiful! Right?

Ultrarunning**Jacie**

Jacie was the only ultramarathoner I interviewed for the study. Like many who are new to competitive running, she started with the shortest standard road race distance, a 5k. From there, she kept doubling. While this is common up to 10k, 21.1k (half marathon), and 42.4km

(marathon), Jacie kept going: 50 miles (approximately 80k), and 100 miles (approximately 160k).

Jacie described how she felt afterwards: "...after a big ultra I would go through this period of, like, wicked depression, you know? It's like everything in my body was out of whack. And it'd take like a good two weeks for things to recalibrate."

Jacie shared with me a story of meeting a volunteer she met at a race who was an accomplished runner, having completed many ultramarathons. He told her that "...when he was doing like his longest or his best time in ultra[marathoning] kind of corresponded to be like the shittiest time in his life when everything was falling apart." His succinct explanation for why he no longer ran ultras was the flip side of this: "I enjoy life. Why would I want to go suffer like that on the trail?"

Jacie discussed the connection for her between addiction, recovery, and ultrarunning:

You know, I guess what comes to mind with that is like in ultra, you know that at some point, like that thing can be over, right? You're gonna time out, you're gonna come to the end. Yeah, like you're gonna endure it, and then you know, it's going to be done. And for me, and having, like, bouts with anxiety, depression, you know, struggles with addiction, struggles just with life, with grief, just overcoming all of that. The two are the same.

Like, you hit the dark, you hit, like... I hit the dark. I hit the pain, I hit the suffering. And in it, going through it is telling myself like, there's going to be an end to this, right? Like, it's not going to be, you know, feeling it and being in it and just like recognizing it, you know, that pain, that suffering. And then also knowing, like, that there's going to come a point where that will stop.

And then just the contrast to that. For me, I think that having gone through any type of suffering has just allowed me to really appreciate and be grateful for the times when I do feel, you know, serene and peaceful. And the times when I do get to enjoy being around people I love. Just like the small things, right? And yeah, I mean, there's some, some solid parallels with that. And I think, you know, for myself, having gone through that, definitely, you know, in life, right? The suffering, struggles of life prepared me for ultra.

And I find it so interesting—so many people I talk to, so many people who find ultra have had... they've gone through that. And then they find ultra. It's like we're training or being prepared with life experience for that. Yeah. I don't know if ultras made me stronger. It's definitely made me more aware of, like, just who... you know, what my capabilities are, what my... what my limits are.

Jacie reports that she has been running less:

I haven't been doing as much long distance, like really long distance stuff, because I have just a different life right now. I don't know as much, much time to like go and just bomb out five hours on the trail like, you know, once or twice a week.

She discussed how, now that races which had been cancelled in 2020 and 2021 because of the COVID-19 pandemic are scheduled to restart in 2022, she finds herself asking:

...why would I want to go and run that event? What's it going to cost, like, not cost in terms of money, but like, what's it going to cost in terms of time? And where am I going to take that time from? What areas of my life am I going to take that time from and is it going to be worth that?

Running, Body Image, and Disordered Eating

When I was a teenager, I thought my thighs were too big. Looking back, I see this as the only part of my body where I carried any significant muscle. I internalized my mother's anxiety and insecurity driven messaging that I would be unlovable if I was fat. When I graduated from high school I weighed 58kg at 1.78m height. I took pride in fitting the image of the rail thin musician.

In my mid-twenties, when I was living a fairly healthy, active lifestyle that included a lot of weightlifting, I hit a high of 79kg only to drop back to about 65kg when I stopped exercising and started drinking heavily. Often I would eat only one meal per day. Some days, I would skip food completely and only consume alcoholic beverages. At the time, I viewed the fact with amusement. I would never eat when I used cocaine.

When I quit drinking, I adopted a healthier attitude toward food but my body image anxiety remained. Part of the appeal of running was that I could indulge my sweet tooth and stay thin. When I started competing in ultramarathons, it was a challenge at times to consume enough calories to support my training. From my mid-thirties to my mid-forties, my weight stayed in the 70-75kg range.

Early into the COVID-19 pandemic, I started getting anxious about an hour into a run. I felt like I should be at home with my partner and my child, who were also feeling quite uneasy at the time. This put me at a bit of a loss. Running wasn't working for me like it usually did. This, and the fact all upcoming races were cancelled, led me to switch my focus from endurance to strength. I temporarily set aside the running goal I had been chasing for the past year—completing a 100 mile ultramarathon—to chase another goal that had been in the back of my mind for years:

lifting a total of 1000 lbs. on the three powerlifting events of squat, bench press, and deadlift. Eventually I stopped running all together to focus on this.

This new journey has led me to re-examine my self-esteem and its source. Even though I was quite fit as a runner, I was also smaller than most men and always felt insecure about this. My internal dialogue would frequently involve reassuring myself that I was strong for my weight. For the past two years, my body has been adapting to these new training stimuli. Now, at 95kg, for the first time in my life I am heavier than the average Canadian man (Stats Canada, 2015). While I am not free from body image issues, these have changed significantly. I now take pride in my size and feel more confident and comfortable in my body than I ever have. Based on my subjective experiences interacting with others, I feel I have gained status in our society with my increased size despite the fact that I am carrying more body fat than I was at lighter weights.

Three participants shared their experiences around the connection between running, body image, and disordered eating.

Shalane

As mentioned in Chapter Five, body image was a strong motivator for Shalane to start running:

And I really fell into running, like running became... not necessarily for the healthiest of reasons. So part of it was, ok well, I can't drink I might as well get as skinny as I can.

And get as fit as I can.

Shalane also discussed the connection between running and bulimia:

So I don't think I don't think of my running as an addiction. However, I did use it previously as a way to purge. So you know, with bulimia, you can do it either by, like, throwing up or you can do it by running off calories.

Shalane spoke about the work she is doing to address her eating disorder:

I think a lot with eating disorders, and sobriety, it's baby steps, like I never used to eat during my training. Like for the first year or two, I never... only water or like sports drinks with no calories. But then I was like, 'Okay, let me try a gel. Let me try you know, a cookie or something.' So even stuff like that would help change my perspective of eating to fuel.

I also enrolled at the Women's Health Clinic for the eating disorder. And still I'm with that program. So basically, what happened running is I started making good choices. And it completely helped with my eating disorder as well, because I was learning to fuel. So it was kind of helping not only my sobriety, but my eating disorder as well, which is controversial. You know, some eating disorders shouldn't... I don't think everyone should participate in running, but I think it would help a lot of people who do suffer from eating disorders.

... I don't care so much about numbers anymore, like even speed. I still want to qualify for Boston but maybe it's not next year, maybe the year after, you know? So take my time. Same with my weight: I threw out my scale. I don't weigh myself. It's still an issue with me, it probably will always be, but it's so much better than it was.

Liz

Liz described her teenage athletic experiences:

“...the women training in the premier soccer, even just on a running/conditioning, there was like a lot of, like, eating disordered girls that... yeah, there was a culture of that for sure when it came to running”.

Liz describes this as becoming a problem for her: “...the eating disorder, yeah, wants you to like disappear, basically. And I was doing... it was almost a form of self-harm, too.”

As a young adult, Liz dropped about twenty pounds of muscle when she switched from triathlon (a sport made up of swimming, cycling, and running) to just running: “I felt like I was just... like I didn't even have to work to run fast. It was like my body just carried me through it”.

She discussed an injury she is currently healing from:

...my dietician talks about people like us being like, we feel invincible, because we're eating 500 calories a day and then we're running like, eight, seven times a week or whatever, six times a week, nothing bad is happening. And my times kept getting better so there was no reason to change. But then, yeah, this whole injury in the last month, like really took effect for me, but um, yeah, I understand, like that purge relationship with exercise.

The injury occurred “after I ran the half marathon but it was because I wasn't eating enough.”

Liz discussed the relationship between running and eating for her:

I guess you could argue that, like, perhaps it was unhealthy because I wasn't eating that much. But then... then the, like... the only reason I was able to get myself to eat was because I was running. So there's this weird, like, relationship where it helps stimulate my appetite. So I didn't have to use drugs all the time to get to be hungry.

But then it's like, well, with the eating disorder and the running. Yeah, I just kind of dug myself in a hole. So like the last three or four weeks, I haven't ran at all, just

walking a lot. But yeah, I say the negative thing, like what I'm working on with my psychologist and my dietitian, is that I'm trying to back off of running. Because that's, like, basically my feel good.

But yeah, but then I just switched to doing yoga, and I'm trying to do a lot of, like, self-compassion work right now. And I'm super excited to... I think I can start running in the next week or two. So it's again, it's like contrasting motivation, where it's also motivating me to recover with my eating. So it's like a weird, yeah, relationship, I suppose.

Eric

For Eric, his eating disorder occurred when he was not running:

...when the marathon was cancelled due to COVID, like, I stopped running, and I haven't really picked it up since because, you know, without that all or nothing mentality, I can't get to that point where it's like, I need to have those milestone markers in order to, like, hit the thing. And I noticed that like, the same thing that... around the same time, I started, like, developing disordered eating habits. You know, I struggled with, like, binge eating, like, on and off for a good while.

Running and Safety

One of the most potentially problematic aspects to running is the safety risk it can pose to runners. This disproportionately affects marginalized individuals. Ahmaud Arbery, a black man, was murdered while jogging near his home in Brunswick, Georgia, USA in 2020 by a white father and son (Désir, May 8, 2020).

One of the ways I am privileged as a white cisgender man is in feeling safe in places where others would not. A few years ago, I came home from an early morning run and described

to my partner the beauty of the sun rising over the river as I ran single track trails up and down the riverbank. Her response floored me: “Wow, it must be really nice to feel safe there at that time of day.”

Liz

Liz discussed the response to a series of sexual assaults by a male upon women on a secluded urban path:

And then the police came out with this thing like, yeah, ‘if you're a female jogger, like, you need to be jogging together with, like, another person. Do it... do it at your own risk.’ It's like, okay, instead of us being smaller, why don't you tell the rapists to stop raping people, right?

What's the messaging? We're victim blaming instead of, like, naming the problem, right, like that issue is: don't be the problem. We just, like, tell other people how to minimize themselves to not be affected. I carry... like, I have a watch with, like, assist protection on it. I can press it a bunch of times, and it alerts my emergency contacts. I also run with, like, what's it called? It's like a... yeah, like a whistle thing. There's like a lot of like, safety things that I do. And I like don't run with headphones. So there's, like, a lot of protective measures. So like, at the same time, it makes me feel big. Yes. But there's a lot of, like, safety precautions.

Chapter Ten: Analysis

Demographics

Participant responses to the demographic questions asked during the pre-interview process showed significant diversity in some areas: gender, previous substance of choice, length of time sober, and whether they run alone or with others. There was less diversity in terms of racial/cultural background, running volume and frequency, and race participation. Overall, I was pleased with this diversity of representation but was hoping to have more racially diverse voices included in the study.

All participants consider themselves “sober”. The only current substance use identified as one participant’s use of cannabis. As far as previous substances of choice, cocaine and alcohol was the predominant choice (three of six, four of seven if you include me). I was not surprised at this given the easy access and approval granted to alcohol use in our society and, based on my experience, the effectiveness of combining the two substances. I could drink even more but be less noticeably intoxicated.

I was surprised that all participants (except the one who is not currently running) selected a volume that I thought would have been on the higher end of the spectrum. As mentioned in Chapter Four, all participants but one (who is not currently running) ran “over 40km” per week. None selected the lower volume response options. I wonder if any individuals who would have been appropriate for the study self-selected themselves out, downplaying their running.

Finding Sobriety

The participants discussed a variety of motivations for getting sober. Shalane sought to maintain or regain relationships with her husband, sister, and friends. Quinn quit in their early twenties because they wanted to be the best parent they could be. Years later, the fear of their

drinking getting completely out of control when they started working from home made them quit again. As Jacie bravely disclosed, a suicide attempt motivated her to quit using.

Liz was given an ultimatum by her parents to quit. She could have rebelled against this but soon saw the benefits of abstinence for her life. Similarly, Eric attended treatment because he was pushed to do so by his wife at the time. However, he used again the day he completed the program. Risking so much to use so soon may baffle outsiders but, from Eric's point of view, he was in an impossible situation: he "couldn't tolerate [his] spouse unless I was high [but he] could not imagine a life where I was not living in the same home with [his children]". It wasn't until his wife separated from him that Eric seriously embraced the thought of sobriety. Given the freedom to use as much as he wanted to, he feared he would "die within a few years".

Alvin was also motivated by marital difficulties but did end up staying together with his partner. Alvin's AA story closely resembles my own. I went to one meeting in 2008, thought 'this isn't for me', and didn't go back until, over a decade later, I admitted I was unable to make my sobriety as strong as I needed it to be without regular outside help. Without this, my brain kept drifting back to fantasizing about drinking.

While it is impossible to make generalizations from such a small sample, the connections between participants and the treatment methods utilized are interesting. Two of the six attended live-in treatment programs: Eric for meth; Jacie for cocaine and alcohol. While both saw these as valuable learning experiences, neither attained prolonged abstinence until they had experienced further negative consequences. Then, it was through mutual help groups that they maintained their sobriety. Of the remaining participants, one identified attending mutual help groups as well as counselling (Alvin, for alcohol and cocaine) and two identified using counselling/ therapy exclusively (Shalane for alcohol and cocaine; Liz for ecstasy and cocaine). Only Quinn spoke of

using neither professional treatment nor mutual help groups to help them quit alcohol and nicotine.

The connections we see are between treatment methodologies coincide with degrees of harm and pattern of use, rather than with substance used. For both Eric and Jacie, substance use was life threatening. None of the others described their use in such terms. Quinn identifies several periods of prolonged abstinence (up to five years at a time) before resuming use while Shalane, Liz, and Alvin did not. These variations match the intensity of the treatment methodologies used.

Shalane described her first year of sobriety as “almost a bit of a blur.” This seems like an ironic way to describe a period of sobriety but I understood completely. Early sobriety can be a time of exciting growth but also frightening vulnerability of facing pain unmasked.

Finding Running

People are drawn to running to satisfy a variety of desires. Typically any given runner has many varied reasons for running. Onlookers may identify some of these motivations as negative or problematic. This may or may not be reflected by the runner’s own interpretation. The participants’ stories reflected this complexity and diversity. The story of how running entered each participant’s life reflects not only their background but their specific motivations to quit using and their needs in recovery. Like me, five of the six participants also engage in work that is not physically demanding (Jacie, who works as an arborist, is the exception). This may have played a part in the impetus to run.

Looking at participants’ stories of starting to run, two drastically different themes emerged: those who viewed running as something familiar; and those who specifically sought out running because it made them uncomfortable. The two men faced running like an adversary

they must defeat to move forward in their journey. The remainder of the participants—women and the non-binary individual—all viewed running more as fun, even if it was difficult. It also leads to questions about the ambiguity of motivations that fall somewhere on a continuum with what might be called ‘tough but compassionate self-love’ at one pole and outright masochism at the other.

While Shalane can trace her running story back to her father, body image was a major motivator for her return to running as an adult. The “ebb and flow” of Quinn’s running as a counterbalance to the amount they are drinking at the time closely echoes my own history. Every time I tried to reduce my drinking, exercise was something I instinctively leaned on as a replacement. When I left my drinking habit behind for good that my running habit stuck.

Alvin and Eric both describe the paradoxical sticking point for many would-be runners: most people need to invest the time and energy in achieving a basic level of proficiency before the sport becomes enjoyable. In Alvin’s story of his first race, you see both the positive and negative side of goal-driven running. Choosing the ambitious goal of a marathon for his first race gave Eric a goal to work towards, and training helped to fill the free time he found himself with after getting sober and his marriage ending.

Mental Health Benefits

As discussed in Chapter Two, the literature points to a number of mental health and cognitive benefits for running, including increased feelings of well-being and quality of life (Sari et al., 2019); providing a healthy, alternative source of pleasure (Raichlen, 2012); replacing substance use as a coping mechanism (Murphy et al., 1986); and reducing the following (typically unwanted) variables: sensitivity to stress (Salmon, 2001), cravings for substances

(Murphy et al., 1986), and symptoms associated with anxiety (Salmon, 2001), depression (Cooney et al., 2013), and withdrawal from substances (Wang et al., 2014).

Echoing the literature, all six participants identified improving their mental health as one of the reasons they run. For example, Eric made the connection between exercise, stress reduction, and relapse prevention. Because of this, he saw exercise as essential for maintaining his mental health and his sobriety. Eric spoke about the need for individuals in recovery to adopt or create a durable system to “keep yourself happy and working towards, you know, staying sober”. In other words, a reliable way to handle whatever challenges may arise so that one doesn't feel the need to resort to their drug of choice. Even though he is not currently running, exercise still plays a key role in relapse prevention by reducing stress and providing feelings of calm and well-being.

Shalane has also developed a well-balanced recovery plan. She did not view running as therapy or as a cure-all but rather as one of the tools in her “mental health toolkit”. Shalane also discussed how running provides a space conducive to reflecting on interpersonal conflict.

Some use running to provide energy, some use running to release excess energy, and some use running for both of these purposes. Participants described how different types of runs provided distinct types of benefits. Alvin described easier runs as best suited for accomplishing stress reduction and increased sense of well-being. Jacie describes faster runs as cathartic, providing an avenue for releasing anger and other intense emotions. This was part of how running helps her process emotions.

I found the participants' descriptions about how running reduces their anxiety fascinating. In particular, the recipe-like way Shalane presented for utilizing her innate parasympathetic response to reset her arousal level. This is basically a guide for resetting our tolerance for

anxiety-inducing stimuli that I believe could be useful to others in recovery. In my experience as a person who has struggled with anxiety, I agree with the validity of this metaphor of each morning's run functioning as a daily inoculation against anxiety. I see a key component of this being the fact that the runner is in control over the stimulus which is provoking the arousal.

The theory behind Cognitive Behavioural Therapy (CBT) utilizes the image of a triangle to demonstrate how our thoughts, emotions, and behaviours each have the capacity to affect the two areas (Anxiety Canada, n.d.). What Shalane is describing is the use of running as a behaviour-based tool to positively affect our thoughts and emotions. By using a behaviour that she is in control of (running) to provoke a physiological response similar to a panic attack and then naturally returning to a resting state, she is showing her mind that she can stay in control during such physiological states, that they are not something that needs to be feared. This can then be drawn upon for strength in other anxiety-producing situations, providing a counter narrative for negative thoughts and lessening the likelihood that one's emotions will spiral out of control. This is an excellent example of the therapeutic power of running to positively affect our mental health.

Common throughout the general population, negative self-talk can be especially problematic for individuals in recovery. Allowing this internal conversation to continue can be a symptom of 'pre-lapse', or allowing ourselves to engage in "old thoughts, feelings, and habit patterns that can lead us down the road to relapse" (Robert, 2015). Many in recovery connect any slips with disaster. While this is obviously not always true, it can be difficult to argue with lived experience that reinforces the belief that a small slip will inevitably spiral out of control into a full-blown relapse. In my experience, the customary practice of counting days of sobriety can be beneficial for avoiding slips but also can make it more difficult to come back from a slip. The

abstinence violation effect seeks to explain the connection between having a slip and spiralling out of control. The slip is exacerbated by self-directed negative emotions stemming from the discord between one's subjectivity as an abstinent person in recovery and one's return to substance use (Collins & Witkiewitz, 2020).

Jacie refers to herself recognizing the “dark zone” that she needs to avoid. This connects to that idea that negative thoughts, left unchecked, will spin out of control. In a race, this could mean the runner not finishing; in recovery, it could be life-or-death.

Sustaining your effort to engage in a goal-oriented activity, be it running or recovery, despite competing negative self-talk prompting us to quit could be a definition for endurance. Melemis (2015) highlighted the ability to be “comfortable with being uncomfortable” (p. 327) and accept negative feelings as “a normal part of life and opportunities for growth” (p. 327) as signposts for successful recovery. I learned the hard way that shutting down negative self-talk is necessary to keep myself not only abstinent but content in my sobriety. In Eric's “moment of triumph” he felt the reward of countering and overcoming negative self-talk: the “voice of weakness” inside his head that he equated with his addiction. This victory increases his sense of self-efficacy for handling future challenges. And since increased self-efficacy gained in one activity transfers to other areas of our life (Bandura, 1977), achieving running goals can help with avoiding relapse and achieving goals in other areas.

The social aspect of running in recovery will be the focus of the next section but Jacie brings in an element of social running specifically applicable to avoiding spiralling out of control. Social comparison helps her end negative self-talk. Her logic being: if her friend who was completing the same run she was without the use of his toes wasn't complaining, why

should she? Comparisons can be a useful tool but can also be problematic, especially when they are used in ways that diminish, rather than build up, our self-esteem.

While the idea that someone may feel “more tired if I don't run” (Quinn) may seem counterintuitive, this does fit with the literature finding running to reduce depressive symptoms. Both Quinn and Liz connected this to getting outside in nature, which Quinn also spoke of as inspiring feelings of gratitude which lead to more positive thoughts and feelings.

Five of the six participants discussed running aiding in problem solving. They commonly described running as offering them different perspectives by providing figurative and literal distance from the issue they were struggling with. Shalane described the benefit of going for a run while wrestling with a problem as “almost like sleeping on it.” Eric had been running for some time before he noticed the problem solving benefits. He connected this with running making him more honest with himself. Now he purposely uses running as a decision making tool. During the day, he set aside problems to allow them to percolate within his mind while he ran. He saw running as promoting a more honest view of himself and his circumstances or, in his words: draining “all my energy” so I have none left to “bullshit myself about my own problems”. This is another example of a CBT-style intervention to affect one’s thoughts and emotions by changing one’s behaviour.

Alvin felt that running helped him solve the problems presented by parenthood. He found himself reframing the challenges he faced and questioning the accuracy of his automatic beliefs. It doesn’t seem like a stretch to say that running is putting him in touch with a deeper part of his mind. Alvin explicitly describes this connection as spiritual. This passage also shows how, not surprisingly, a number of the themes I pulled from the data—problem solving, stress reduction, spirituality—are deeply entwined.

Several runners spoke of running giving them the figurative (as well as literal) space to think. Liz speaks about not consciously setting out to problem solve on her runs but feeling like she is in a safe place where she feels comfortable to explore issues she has been working through with her therapist. In this way, running is not replacing therapy but is serving as a complementary practice.

When Shalane talks about identifying the need to “fiercely protect [her] running”, she is describing making space for it in her life but also avoiding overdoing it. This restraint shows maturity as a runner; she has resolved for herself one of the paradoxes found by Shipway and Holloway (2013) where runners regularly risked the health they professed to be so important to them by overtraining.

Social Connection

Notably, Eric and Alvin—the two men in the study and the two who run exclusively alone—do have significant social components to their recovery systems but they get that filled elsewhere: both regularly attend mutual help groups. Jacie has received similar support from her mutual help groups. While I suspect that the social aspect of running has increased the self-esteem and confidence of the four participants who run with others (as it has for me), the closest any of them came to speaking of this specifically was Quinn.

Quinn described a large social component to her substance use. Spending time with her supportive running friends helped her to see how her relationship with alcohol was negative and that she didn’t need it in her life anymore: “they're such good people, that there's just not room for those other ways.”

Along with Quinn’s switch from social drinking to social running came a decreased need to be around others and an increased sense of comfort with solitude. They described how: “I can

sit with myself and honour my truths and my authentic being that I didn't need anybody else to say, or validate me in any way.” The positive people in Quinn’s life reflected and reinforced the positive changes they were making. One outcome of this was that they then felt less of a need to seek out others because they felt more comfortable spending time on their own. It should be noted that, as mentioned in Chapter Five, Quinn’s drinking had varied over the years and, with it, their social support network. Therefore, they were not in a position where they had to do a full-scale change-up of their friends when they quit drinking.

Running as a social activity is based upon “celebrating the difficulty of hard work” (Beverly, 2016). Quinn speaks of this in somewhat metaphysical terms: framing the bond facilitated by mutual suffering as creating a “synergy” turning the various individual runners into a group that is stronger than its parts. This idea of the group being a source of strength to its members is akin to the power of mutual help and demonstrates the power social running has for Quinn.

Echoing the literature and the anecdotal story of Catra Corbett discussed in Chapter Two, running gave Liz something other than drugs to connect with people over or, as she put it, “a concrete item to then search other people out with”. She found a healthy substitute activity she enjoyed—running—and used that as a basis for making friends. Liz also explicitly connects doing so to recognizing the need to create a new identity for herself as a sober person, something we will explore more in the next section. Considering that Liz was a newly sober teenager at the time, this showed a remarkable deal of insight into the power of her social environment to her identity.

Jacie had established strong social support in her mutual help group but felt that she was lacking a social life outside of this. Signing up for a race because it “sounded like fun” led to her

meeting some of her “best friends today”, eight years later. For Jacie, this also led to a sense of balance in her life: spending time with people who were not in recovery allowed her to expand herself beyond merely being a person in recovery.

Quinn, Shalane, and Liz all talked about running as providing opportunities to deepen the connections that also exist outside of their running lives. In addition to being an accomplished swimmer, Shalane’s dad was a very competitive runner. For context, his 3:00:00 marathon time is about 1:30:00 faster than the current North American average (Anderson, 2019). While running was a way for the two of them to bond, it also required boundary setting on Shalane’s part. He wanted to coach her, which would have added a new element to their relationship and changed the feel and purpose of their shared runs completely. In keeping with what she wanted from their runs and their relationship, Shalane assertively avoided this.

The option of either running alone or with others is one of the ways in which running is adaptable to the needs and desires of service users. Alvin, Eric, me, and many runners never or rarely run with others. Based on my own experiences and the interview data, the two key appeals to solo running are solitude and accessibility, which Liz refers to as “independence”.

Quinn discussed role modelling and carrying the message of the benefits of running forward to their child and to their co-workers. The ability to positively influence others in this way is another key benefit of running. As I discussed earlier, I not only lacked any confidence in my sporting abilities, but in the potential of improving those abilities. I felt like a hopeless case. This is in drastic contrast to my own child, who shares similar experiences to several of the participants: Zuzu has run races up to 3km with me, biked alongside me while I ran, and done chin-ups and callisthenics while I lifted weights. They have the physical confidence I lacked.

Subjectivity and Running

Jacie discussed how part of reinventing herself as an ultrarunner was the way the sport changed her attitude to the circadian clock. Her description of feeling of feeling “invigorating” when the sun coming up while she running contrasts the shame she described when the morning found her returning home after partying all night. At the same time, she still equates the sun setting and things getting “wild” but is able to enjoy the fun and wildness that the night signifies while sober.

Alvin discussed how his sense of self-worth can be tied to his race performance and goals he has set for himself (“if I’ve trained and don’t kind of meet my goal, I find I can be really hard on myself at that point”) and working with his counsellor on changing this. Now he is able to loosen the connection between his self-worth and his race results somewhat by reminding himself that even after working hard, desired outcomes may not result. Eric similarly struggles with connecting his self-worth to how well he feels he is fitting with his athletic ideal he sets for himself.

Shalane’s background echoes my own somewhat as were both being paid to play a part in creating a party atmosphere. As her identity changed from “the party girl” to “the runner girl”, she pressured herself to continually perform at a high level in her new endeavour as a way to receive the external validation she craved. This ties in with the largely social nature of subjectivity. The feedback we receive from others feeds our sense of who we are. In the twenty-first century, the pull to seek out external validation through social media is ever-present. Like Shalane, I often ask others to: “Validate me, damn it!”

For Liz, running is buttressing her mental health. She connects her struggles with anxiety and disordered eating with her “minimizing” herself. Since she was seventeen, running has

provided her with a way to fight this (“pushes me out of being small”). Liz also discussed the changes to her subjectivity achieved through running in similar terms to Shalane and me. For her, running was a way to “switch hats”. Liz made the connection between her own sense of identity and surrounding herself with people who supported and mirrored that new identity. This echoes both Quinn’s comment in Chapter Seven (“I was reflecting myself in the people who I was around”).

Koski-Jännes (2002) also discussed how, for some, the creation of a post-addiction subjectivity is more socially based and for others it is more personal. Alvin and Eric, who both run exclusively on their own, discussed their subjectivities in more personal terms. The other runners all displayed stronger social input in their subjectivities as runners in recovery.

Several of the participants spoke of how their subjectivity has changed since they initially started running. Liz spoke of placing less importance on her identity as a runner and going through “a process of self-discovery, too, and just being more than just one or two things that you do.” Shalane echoed this: “...I still consider myself a runner, but it's not my full identity, for sure.”

Going hand-in-hand with this, a common theme was focusing more on self-care and balance, as when Shalane described “truly just running for enjoyment again” and not caring “about numbers anymore”. Quinn is “not looking for a personal best. If they happen? Beautiful! Right?” Before signing up for races, Jacie has been asking herself: “What areas of my life am I going to take that time from and is it going to be worth that?” Liz has been working on making her sense of her own worth less contingent upon results, whether in sports or academics. (“I’m not relying on the running for my identity [...] it's like a process of self-discovery, too and just being more than just one or two things that you do.”)

Alvin, whose running initially had an element of self-punishment to it, has become kinder to himself. He recognizes that we can't control outcomes but that our "effort and intent matter". This is akin to the cornerstone of AA (which also fits perfectly within the philosophies of Stoicism, Buddhism, and CBT), the Serenity Prayer: "God grant me the serenity to accept the things I cannot change, courage to change the things I can, and wisdom to know the difference" (Anonymous, A., 2019 p. 41).

Potentially Problematic Aspects of Running

Two participants shared my history of over relying on running as a coping strategy. Both commented on the complex nature of running as a strategy for recovery having both positive and negative aspects. Liz uses the word, "weird", and Eric uses "strange" while describing their relationships with running. Liz working on changing her overreliance on running for her mental health as she realizes this is, at times, a precarious and unreliable strategy (a "house of cards")

As I mentioned, even though running was a much healthier distraction for me than alcohol and drugs, I was still very much focused on externals: running and school. I allowed my success in these areas to overshadow the fact that I still had work to do on myself to build a strong recovery. One of the reasons I drank was because I didn't like myself sober. Running and school replaced alcohol as external supports to my self-esteem. This worked well enough until I was faced with new challenges—work and parenthood—that I did not feel a sense of mastery over.

Eric has also struggled with liking himself. This seems to be at the heart of his "problematic relationship" with running. It provides comfort, in part by providing a way for him to prove his value by successfully hitting running goals. It has also been a form of self-flagellation. Eric wondered if he would still want to run if he liked himself more. Perhaps he will

someday find himself in the place occupied by the former ultrarunner Jacie quoted (“I enjoy life. Why would I want to go suffer like that on the trail?”).

My partner has correctly pointed out to me that I can be just as obsessive as I was when I was drinking. Certainly my running has never been as harmful as my drinking and drug use but I have kept doing it despite it causing problems. I suffered from repetitive injuries to my left ankle because I was too dependent on running as a coping mechanism to take enough time off for it to heal properly. Based on this, my running has at least bordered on addiction. And, when I started secretly drinking again, running became a strategy to keep up the façade.

Veach and Moro (2018) defined cross addiction as occurring when an individual with one substance use disorder acquires a disorder related to the use of a different substance. While the research is lacking on the susceptibility of individuals in recovery for substance use disorders to developing process addictions (such as exercise, gambling, or sex), the belief is widespread in the field that such individuals are at greater risk. There is some evidence to back this up, for example of individuals with past stimulant use disorders being more susceptible to developing a gambling addiction (Veach & Moro, 2018). It can be likened to playing *Whack a Mole*. Once you knock down the behaviour that is causing problems in your life, other behaviours or substances pop up as problems. This can be another substance or a behaviour that the individual previously partook of without causing apparent problems.

Alvin acknowledged that, due to his time commitment to the sport and the money he spends on it (on shoes in particular), his running “borders on addiction.” At the risk of reading too much into it, Alvin could be seen as defensive about the amount he runs when he qualifies the statement: “excessive physical activity, what some people see as excessive physical activity”.

Even if running does qualify as a cross addiction, it can still qualify as a harm reduction strategy, as it was described by Shalane and Alvin. In other words, the individual accepts the harms caused by running because it helps them avoid worse harms from returning to their previous drug of choice. Shalane spoke coming to accept the disappointing marathon time she attributed to exhaustion from overtraining and not repeating the same mistake. Perhaps this summarizes what is most important, in running, recovery, and life: trying to reach acceptance and learn from our past.

Turning the cliché of ‘the loneliness of the long distance runner’ (based on a 1959 Alan Sillitoe short story) on its head, ultramarathoning often has a strong social element. For all but the elites, ultramarathon distance tends to lend itself to a running pace that facilitates conversation beyond grunts and four letter words. This made the sport an excellent fit for Jacie, who came to trail running in 2014 specifically looking for a social activity. That social involvement happened to be with runners training for an ultramarathon.

I acknowledge my bias towards ultrarunning. I am more interested in finding out how far I can go than in running a certain distance faster. However, because it involves pushing the body past its perceived limits, the sport itself is potentially problematic. By their very nature, marathons will exhaust the body for days or even weeks afterwards. For ultramarathons, this is even truer. It is reasonable to ask why someone would choose a sport that, as Jacie describes, leads to “wicked depression” and feeling like your entire body is “out of whack” for up to two weeks after a race.

I believe that, for some, the benefits are worth it as long as we can retain self-compassion and some balance in our lives. Jacie felt that without running ultramarathons, she would not have seen what she is capable of. Also, enduring episodes where I (in Jacie’s words) “hit the dark”

knowing that it will stop at some point allows me to “to really appreciate and be grateful for the times when I do feel, you know, serene and peaceful.”

Liz described a culture of disordered eating in the premier soccer league she played in during her teens. Shalane’s primary motivation to start running was “just wanting to get skinny”. Shalane and Liz both speak of paradoxes around the connection between running and disordered eating. For Shalane, running was part of her recovery plan from the very start, a strategy to pursue goals that she identifies as healthy (“get as fit as I can”) and unhealthy (“If I can’t drink I might as well get as skinny as I can”). Shalane described her continued participation in the sport while working through issues around disordered eating as “controversial” because she knows that running is not a good fit for everyone who struggles with disordered eating.

Liz spoke about the challenge posed to her eating disorder by engaging in a sport that rewards weight loss with a performance boost (“I didn’t even have to work to run fast”). While running burns calories, “the only reason I was able to get myself to eat was because I was running”. She also uses cannabis for this purpose but would prefer to not “have to use drugs all the time to get to be hungry”. Liz described feeling like “a finely tuned machine” while running, with her mind and body brought into sync. Running was a way for her to “feel big” despite feeling pressure from society and her eating disorder to minimize herself. In this way, running is incredibly empowering for Liz. However, Liz used even stronger language to describe how she felt when she was running daily while only consuming 500 calories without sustaining any injuries: “invincible”. But eventually an injury did occur. This forced Liz to forego her “feel good” (running) for the time being but also pushed her towards other activities she finds beneficial, like yoga.

Eric's story shows a different aspect of disordered eating. Running is not a part of it but rather the absence of running seems to set the stage for his binge eating. Eric's disordered eating seems more like a replacement for running as an alternate source of comfort available to him when, without any races to train for, he lacked the motivation to run.

The personal development and overcoming of obstacles shown in Shalane's statement that she is changing her "perspective of eating to fuel" is inspiring. As with her discovery that she could run faster while maintaining sobriety, she now connects fuelling her body with being a stronger runner, and with overall health and fitness. Likewise, Liz points to her love of running as "motivating me to recover with my eating."

Chapter Eleven: Discussion

The primary purpose of this paper is to show how running fits into the lives of these six participants—and my own—as people in recovery. I hope that, through this emic perspective, I can aid social workers (and others in helping professions) in supporting those seeking changes to their substance use. The data collected here also shows how running can help people move towards the strengths-based social work goals of: personal growth, improved quality of life, developing problem-solving skills, and becoming more resilient to stress and other challenges (Heinonen and Spearman, 2010). My secondary purpose is to encourage social workers who may not have such a thing to seek out a form of recreation that speaks to them and could help invigorate their lives and their work (Fragkiadaki et al., 2020). For anyone wishing to start running, I would highly recommend the Couch to 5k program promoted by the United Kingdom’s National Health Service (NHS, 2020).

The stories of the participants show how running can build social and personal recovery capital. In terms of increased personal capital, participants affirmed many of the mechanisms through which running is believed to assist recovery: lowering sensitivity to stress and anxiety (Salmon, 2001); replacing substance use as a source of pleasure (Raichlen, 2012) and coping mechanism (Murphy et al., 1986); and increasing feelings of well-being (Sari et al., 2019). Running can be a valuable component in a recovery ‘toolkit’.

Having a participant who uses running to help abstain from methamphetamine is promising given the current crisis around use of the drug in Manitoba (Froese, 2019). This supports the findings of Rawson et al. (2015) of exercise helping in early recovery from the drug.

The COVID-19 pandemic has profoundly affected our lives. Some of these effects have been discussed in the previous pages. Before face-to-face research was restricted, I hoped to use the privileged access granted to me by working for the Addiction Foundation of Manitoba to recruit newly sober individuals for a weekly running group, with the option of training towards a 5k race. Up to March 2020, my social life revolved around playing music. Having this taken away prompted me to put more thought and energy into actively nurturing my social support network. At one point, I set this project aside for four months to focus on my mental health and my family. I do believe that weathering these challenges have made both my recovery and this thesis stronger.

Getting Sober

Denial is a “motivated belief or self-deception” (Pickard, 2016, p. 279) that allows the user to downplay or even deny outright the negative effects of their substance use. *The Big Book* of Alcoholics Anonymous (1993) identifies the greatest roadblock to success in their program as being “constitutionally incapable of being honest with [oneself]” (p. 58). I agree with Pickard (2016) that denial plays such a crucial role in addiction it merits inclusion as a defining factor of substance use disorders.

It is quite common in addiction for those close to someone using substances to see problems associated with their use more clearly than the user them self. Examples are described vividly in three of the stories above. Shalane, Eric, and Jacie’s stories also show how, for many—me included—the seeds of awareness that our use is problematic may be planted years before we are ready to begin recovery.

This is a reminder to social workers to ‘meet the client where they are at’ and to employ harm reduction techniques. The participants’ stories of getting sober also show how a variety of strategies—live-in treatment, counselling, and mutual help—can, separately or in conjunction, help an individual who wishes to do so to achieve lasting abstinence.

Mental Health Benefits

Philosophers and writers since the Ancient Greeks have promoted the stimulating effects of physical movement upon the mind (Kleisiaris et al., 2014). The Ancient Greeks adopted a holistic approach that went beyond merely addressing symptoms. For example, they saw physical exercise as one way of addressing what we would probably now call post-traumatic stress disorder in soldiers returning from war (Kleisiaris et al., 2014). Friedrich Nietzsche (1984) used typically strong language to describe the connection: “Only thoughts reached by walking have value” (p. 471).

Running can provide a safe space in which to problem solve and work through issues from other areas of our lives. This is relevant to many individuals in recovery but perhaps especially to individuals in early abstinence who may be new to talk therapy and for whom it may be a way to progress into long-term recovery. Liz spoke of running beforehand leading to more productive counselling sessions. This agrees with the findings of Zangeneh et al. (2007) and is notable as a strategy that may make social workers’ sessions with service users more productive.

A common CBT strategy involves noticing how our automatic thoughts can be based upon inaccurate negative core beliefs we hold, then interrupting those thoughts when they occur and replacing them with others that are more balanced, accurate, and useful (Rector, N. A., 2010). Placing ourselves voluntarily into challenging situations which (unlike many real-life

difficulties) have a set end time is not only a way to practice our coping skills but an opportunity, as Jacie describes, to gain an increased sense of gratitude during those times when we have the opportunity to be “serene and peaceful”.

Embracing running challenges also increases our ability to become “comfortable with being uncomfortable” (Melemis, 2015, p. 327), previously noted as important to succeeding in recovery. This effect can also compound itself: the further we push ourselves into discomfort, the more we realize we are capable of. This realization, as noted by Bandura (1977), tends to make us try even harder.

Social Connection

Ramin (2021) described how “[w]hen we feel good around people, we associate them with that good feeling” (p. 84). This can apply to those we are with when we become inundated with uplifting neurotransmitters from running, or from using substances. Best et al. (2011) noted that those individuals who made “changes in social networks that prompted greater self-esteem and confidence” (p. 372) were more likely to maintain long-term recovery. Quinn spoke of the positive influence her running partners have on her, noting “they’re such good people, that there’s just not room for those other ways”. All of the participants identified social support as a key element of their recovery although not all found this in running. Those participants who ran alone were engaged with mutual help groups and/or had other supportive individuals in their lives. None reported friendships with anyone who was actively using in a problematic way.

The bonding produced by running echoes the findings of Bastian et al. (2016) showing increased bonding after undergoing a painful experience together. Quinn describes how coming together as a group makes each of the individual runners stronger. Connecting this with Bandura

(1977) leads to the idea that running as a group may not only make the members into stronger runners but more successful in other areas of their lives, including recovery.

In working with service users, a common goal of strengths-based social work is to promote access to a supportive social network in which one feels “a sense of belonging” (Heinonen & Spearman, 2010, p. 236). This can be particularly true for those who, like Liz when she became sober in her late teens, identify the need to distance themselves from their current friends in order to maintain their sobriety.

Rothman-Zeher (2017) described “immediate intimacy with other long-distance runners.” Running not only created a space conducive for his sharing what he was going through with complete strangers but also a “shared silence that followed, the most comforting thing of all.” I have been surprised by how much I’ve disclosed to runners that I had just met. One important variable to consider is the real potential for safety issues and the understandable desire to avoid unwanted attention that may lead runners to be wary of strangers, even when they are fellow runners.

Getting service users’ social supports to start running is probably not a widely useable strategy for social workers. However, it can be a nice bonus when those individuals are willing and able to run with service users. This can include social workers, assuming workplace protocols allow for it. Also, there are running groups exclusively for those who identify as women, which may make some service users feel safer and more comfortable.

While the data above demonstrates that social capital can be built by running, solo running also offers its own benefits. When you are running on your own, the time, location, distance, and pace of your runs can be entirely without compromise. For those of us who wish to follow a specific training plan or those who are more comfortable when they are exercising a

higher degree of control over their lives, this can be very appealing. However, based on my personal experience, gently pushing service users who prefer to run alone toward group running can also be therapeutic, contributing to their social and personal growth.

The accessibility of running, financial and otherwise, is a significant reason why I studied it as a tool for social workers to promote to service users. However, having the time and energy to run is a privilege that not all service users have. Lack of child care is one the most common reasons why service users may not be able to run. Some social workers may be able to assist with this.

Subjectivity and Running

At the turn of the twentieth century, English playwright George Bernard Shaw (1903) encapsulated the dynamic nature of subjectivity: “The only man who behaved sensibly was my tailor: he took my measure anew every time he saw me, whilst all the rest went on with their old measurements and expected them to fit me” (1903, p. 37). Koski-Jännes (2002) spoke of how our sense of self changes in response to our environments while Shinebourne and Smith (2011) noted the life-changing potential of taking on healthy habits. When individuals enter recovery, there is a need to reimagine their subjectivity as a sober person (Melemis, 2015; Koski-Jännes, 2002).

Maté (2008) quoted Egyptian author Naguib Mahfouz on the need to “[a]ccept the pain involved in re-creating yourself afresh” (p. 327). This quote encapsulates both the psychological discomfort caused by developing new subjectivities in recovery, and the physical discomfort involved in using running as a way to do so. All six participants have made making lasting changes to the way they see themselves, including overcoming their own denial. These new subjectivities prompted them (to reiterate Palm’s phrase) “to live a true life despite the dangers

this may entail” (2021, p. 112). Running served as practice in ‘doing hard things’; preparing them for the challenges of recovery and day-to-day life.

Jacie spoke of identifying, about five years into sobriety, that her life could no longer be completely focused on recovery. I see this as embracing a post-addiction subjectivity. The work needed to maintain sobriety is not forgotten but one becomes comfortable moving beyond being primarily a person in recovery. One adopts additional subjectivities as a way of becoming a more multi-dimensional and complete person. Shalane and Liz (“being more than just one or two things that you do”) echoed this. Fisher (2020) describes it as: “We will still need to grow and change—not after addiction or beyond addiction, but with it, because addiction is a part of us” (p. 298)

Potentially Problematic Aspects of Running

Scott Douglas, the author of *Running is My Therapy* (2018), acknowledges that running alone cannot adequately treat many mental health issues, including addiction. In the December 8, 2020 article, “Running Isn’t Therapy”, Zoë Rom argues that equating running with therapy “inadvertently de-legitimize[s] mental illness” and can promote an increase in the stigma faced by individuals who struggle with addiction and other issues. I agree with the former. As far as the latter point, while I understand the logic of it—a ‘just run it off’ attitude towards mental health issues—I question how much this actually occurs.

When it comes to running in recovery, “[m]ore is not more”, as Shalane put it. You don’t need to run yourself into the ground and make running the centre of your life to receive the benefits described above. In fact, the opposite is true: the more we focus on running, the greater potential for injuries and negative effects upon recovery or other life areas. The tendency for runners to overrun despite diminishing returns and increasing risks fits with Shipway and

Holloway's (2013) findings around the positive, healthy aspects of running but also the "paradoxes, tensions and contradictions" (p. 93) inherent in the sport, including runners frequently placing themselves at heightened risk of injury.

There is a fine line between maximal improvements and injury. Often a runner doesn't know the location of this line until they're crossed it. What others see as overtraining can be indicative of cross addiction, an aspect of bulimia, or simply a driven athlete focused on improving at their sport. As with any behaviour, only the individual can ultimately decide if the cost to other life areas is acceptable. I would encourage anyone who questions whether or not this may be the case to closely examine their running, speak with their supports, and perhaps complete a decisional matrix. List the pros and cons of making a change while being mindful of the human tendency toward denial and minimization.

Our culture pressures men to be more muscular and women to be thinner (Bradley University 2020c). The industries built around body image insecurity—"fashion, cosmetics, weight loss and cosmetic surgery—realize greater profits the more dissatisfied we are with our appearance" (Bradley University, 2020a) so they spend millions in advertising aimed at increasing this dissatisfaction. The effects of this campaign are seen in the interview data.

Shalane cited "just wanting to get skinny" as a motivator to run and to abstain from alcohol. She suggests that most people start to run for weight control. I agree. In a recent study conducted by web site RunRepeat, 72.78% of runners who started during the COVID-19 pandemic listed "physical health" (Rizzo, September 21, 2021) as their primary motivator. I suspect unpacking this response would show weight loss as a primary indicator intended to quantify health improvements. But, of course, thin does not equal healthy.

In recent decades, women have moved closer to equality with men but, at the same time, they have been “increasingly encouraged to discipline their bodies through diet and exercise to conform to ideals that [are] almost impossible to achieve” (“Body and beauty standards”, 2020b). Running is inherently problematic for many social work service users as it rewards weight loss—even when harmful to the individual’s health—with improved performance.

This is not the case for all sports. Based on anecdotal evidence I am seeing, increasing numbers of women who were initially drawn to running by the desire for thinness are moving to strength sports that reward increased muscle mass and do not penalize weight gains. When working with many service users, and certainly those who have struggled with eating disorders, I would be more likely to recommend a sport like powerlifting than running.

The only participant who discussed the topic of running and safety was Liz, and it was in terms of gender. Liz is not unique with the safety precautions she takes while running. In a March 1, 2022 editorial, Rom contrasts the prevalence of safety-themed running accessories sold to women with the lack of meaningful changes to our culture that would actually make women safer. She notes that “[s]afety bestowed conditionally isn’t safety—it’s implied violence.” Eighty-four percent of female-identifying runners reporting some form of harassment while running (Rom, March 1, 2022). Rom notes that, given the larger societal statistics, racialized and transgender runners likely face even more harassment than the cisgender white women who are typically the focus of conversations around women’s safety. Rom’s simple wish is to “to live in a world where I don’t have to modify my behaviour based on how ‘grabbable’ it makes me” (March 1, 2022).

Désir (May 8, 2020) noted the exclusion of black runners from the conversation on safety when they similarly “never go running alone at night”. She calls on “white people in the running community to cultivate a white identity that is separate from white supremacy—that means committing to antiracism and social justice.” The societal changes that Désir, Rom, and Liz are calling for clearly fit with “pursuit of social justice”, one of the key values of the Canadian social work code of ethics (CASW, 2005a). Working for a society that is safer for all runners goes hand-in-hand with promoting running to service users as a tool to help with addiction recovery.

Limitations

I acknowledge that, despite my best efforts, my subjective feelings about the topic have inevitably affected my results, as they influenced my choice of this topic. Also, my thesis will also necessarily be limited by excluding those who do not self-identify as in recovery, as well as those for whom abstinence is not a goal. Also, I interviewed individuals who were already running. Arguably, I’m not so much talking about the benefits of running for individuals in recovery, as I am talking about the benefits *for the sort of people who are drawn to running to begin with*. Finally, I must acknowledge my own limitations as a first-time qualitative interviewer and researcher. For example, by offering the opportunity for participants to identify as members of the LGBTTIQ2SA+community, I may have gained valuable perspectives on the interaction between sexual orientation/gender identity, running, and recovery.

Future Areas of Research Suggested

Topics for further research are recommended throughout the literature. Social workers Williams and Streat (2008) point to the need to determine more precisely how exercise affects the mechanisms related to recovery. More et al. (2018) recommended further research into the cathartic effects of exercise, and how this might help with cravings, the formation of healthy

relationships, sleep quality, and symptoms of withdrawal. They also propose studying adherence to exercise over a longer duration, and how this relates to ongoing quality of mental health, sleep, and relationships.

A substantial body of research has explored the potential benefits of exercise on mental health, including recovery from substance use. However, most of these studies have been quantitative in nature. While this has created valuable knowledge of the mechanisms involved, the numbers do not give us a complete picture. They cannot tell us how individuals perceive these experiences, and the meaning they attribute to them. Zangeneh et al. (2007) highlighted this lack of qualitative research on exercise for addiction and suggest that future research explore the “meaning that participants might attach to exercise as part of their recovery and everyday life” (p. 215). I would particularly appreciate more research in this area that represented an Indigenous population. As I noted in the literature review, diversity is not adequately reflected in the literature.

McKay (2017) points out a lack of research into how to encourage meaningful replacements into recovery. That is, “activities that bring pleasure, enjoyment, engagement, excitement, hope for improvement and sense of belonging and purpose” (p. 753). He argues that these act more directly to reset the reward centre than talk-based therapies.

Arguably, I’m not so much talking about the benefits of running for individuals in recovery, as I am talking about the benefits *for the sort of people who are drawn to running to begin with*. Further research of other exercise modalities for this purpose would help amend this. Powerlifting has given me many of the same benefits as running. Also, I have seen a growing number of anecdotal stories of individuals using the sport to help them recover from disordered eating (as well as from addiction). Based upon anecdotal evidence, I believe the sport has

tremendous potential to help social work service users overturn unhealthy beauty standards they have internalized.

Chapter Twelve: Conclusion

Give a couple paragraphs to social work education and the inclusion of recovery narratives, examination companion intervention initiatives and how social work students might be better prepared for working creatively to support recovery. Some reflections on the role of social health care institutions in supporting the inclusion of such practices (running). While you may find it necessary to cite literature, I would recommend you use your own experience and reflection as your source material. If possible, within these considerations, comment about the potential for countering treatment related stigma when treatment approaches become more inclusive of healthy mind-body-spirit practices.

I see my work in a RAAM clinic through a harm reduction lens. Abstinence is an excellent strategy for reducing harms but it is not the only way to do so, and it need not be the goal for everyone. Furthermore, my years as a rehabilitation counsellor have reinforced the fact that nobody can be pushed into making changes. It simply does not work. I see all substance users as members of our society who are inherently valuable and deserving of our compassion. My job is to help everyone who presents at our clinic work towards *their* goals around their substance use. This fits with Fisher's (2022) second, more all-encompassing definition of recovery: "any kind of positive change" (p. 299).

As social workers walk alongside service users, we can help by pointing out activities and services that might help them reach their goals. This requires not only a thorough knowledge of available resources but also keen observational skills and creativity. Despite my enthusiasm for running, I would not suggest that social work education should include learning to be a running coach. Simply walking in nature can provide many of the benefits that running can. Also, your diversity is a wonderful thing. I encourage social work students to search for and

nurture recreational hobbies they are passionate about. Passion is contagious. You may inspire those around you to find their own passion.

Guided by space constraints, I removed a chapter on running and spirituality. Extending beyond the previously discussed mind-body connection, running can positively affect all four quadrants of the medicine wheel: physical, mental, emotional, and spiritual quadrants (FNHA, n.d.). Participants spoke of experiencing a number of elements listed by Jirásek (2015) as defining spirituality: a sense of gratitude, a feeling of appreciation for the natural world, a connection with questions of the meaning of one's life. Service users need not run but any activity that nurtures their spiritual side can radically improve their recoveries and their lives.

Social workers often counsel service users “to help them develop insight, solve problems, deal with emotional pain, and enhance relationships” (Heinonen & Spearman, 2010, p. 4-5). While no substitute for professional help, the introspective rhythms of running provided an ideal avenue for me to work on all of these areas. For me and the individuals I interviewed, running is more about moving towards goals than escapism. It is exploring, playing, daring; it is hunting, not fleeing. It is creating a space to let in what Neil Gaiman (2009) calls "the miracle of putting one foot in front of the other and pushing the world towards you” (p. 73).

Given the well-documented benefits of exercise, I would love to see more resources put into providing access to fitness equipment and exploring sport/recreation with individuals in early recovery. Canadian doctors can now prescribe park passes to their patients (Park Prescriptions, 2022). I would love to see expanded affordable public transportation from city centres to nearby provincial and national parks, as Seattle has done with its Trailhead Direct bus service (Scruggs, 2021).

Running has given me many gifts: an activity to replace the time I spent using; a way to set and achieve progressively harder challenges; a healthy, reliable way to relieve stress and elevate my mood; a space conducive to spiritual development and contemplation; and an ideal forum for building mutually-supportive social connections. I have also, at times, experienced the negative side of running. I have pushed myself, physically and emotionally, when I would have been better off resting. I have used running as a distraction when a problem would have been better addressed head-on. I neglected developing other coping strategies and then struggled when I became injured. And I have used running to reinforce my state of denial and the false image I presented to the world when my substance use became problematic again.

Looking back, I would describe my decision to forgo professional treatment or mutual help groups in favour of running as Daniloff (2012) does: “It wasn’t a deliberate move, more like naïve inaction” (p. 112). But, after years of trial and error (and, sometimes, stubborn re-error), I feel like I am finally getting it right. I have nurtured other interests, developed other healthy coping mechanisms, gotten better at asking for and accepting help, and achieved some semblance of balance in my life.

“What would it mean if we saw the opportunity to recover as a right, and we had the political and moral imagination to confront all the ways that right is routinely denied to so many of us?” (Fisher, 202, p. 299)

Given the prevalence of addictive behaviours within the populations that social workers serve, it is important to keep looking for ways to reduce the stigma attached to it and to improve the ways we see and treat these issues, both personally and professionally. This is especially true of those who are also marginalized in other ways. Almost any substance or activity can become

an unhealthy coping mechanism. It is likely that many of our lives would be improved if we relied less on their phone or television.

Going hand-in-hand with this are the proven benefits of regular physical activity. For many of us, our coping strategies become addictions, and we are prompted to make major changes in our lives. This can lead to improvements that we may not have otherwise made. Experiencing addiction can be reframed as an opportunity to become a better person than we would have been without it. As Fisher (2020) puts it: “recovery has no endpoint; in fact, it is contingent on a process of ongoing change, of growth past the boundaries of the usual medical outcome of remission” (p. 296).

References

- Adams, T. E., Holman Jones, S. L., & Ellis, C. (2015). *Autoethnography*. Oxford University Press.
- Addictions Foundation of Manitoba (2012). *Fundamentals of addiction: Resource manual*. Addictions Foundation of Manitoba.
- Anderson, J. J. et al. (2019). The state of running 2019. *RunRepeat/IAAF*. <https://runrepeat.com/state-of-running>
- Anonymous, A. (2019). *Twelve steps and twelve traditions*. Alcoholics Anonymous World Services Inc.
- Anonymous, A. (1993). *The story of how many thousands of men and women have recovered from alcoholism*. Alcoholics Anonymous World Services Inc.
- Anxiety Canada (n.d.). *What is CBT?*
https://www.anxietycanada.com/sites/default/files/What_is_CBT.pdf
- Askari, J., Saberi-Kakhki, A., Taheri, H., & Yassini, S. (2017). The effect of aerobic exercise on different symptoms of depression: An investigation of psychological mechanisms of stress and coping. *Open Journal of Medical Psychology*, 6(2), 86-102. DOI: 10.4236/ojmp.2017.62007
- Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, 84, 191–215. DOI: 10.1037/0033-295X.84.2.191
- Barber, J. (2009). Work with substance abusers. In Rooney, R. H. (Ed.), *Strategies for work with involuntary clients* (2nd Ed.), (pp. 276-292). Columbia University Press.
- Bastian, B., Jetten, J., & Ferris, L. J. (2014). Pain as social glue: Shared pain increases cooperation. *Psychological Science*, 25(11), 2079–2085. DOI: 10.1177/0956797614545886
- Berman, M.G et al. (2008). Interacting with nature improves cognition and affect for individuals with depression. *Journal of Affective Disorders*, 140(3), 300-305. DOI: 10.1016/j.jad.2012.03.012

Bernicker, B. (January 28, 2016). Brain in a vat. Thought experiments.

<https://sites.psu.edu/bernickerpassionblog/2016/01/28/brain-in-a-vat/>

Best, D., Gow, J., Taylor, A., Knox, A., White, W. (2011). Recovery from heroin or alcohol

dependence: A qualitative account of the recovery experience in Glasgow. *Journal of Drug Issues*. 41(3), 359-377. DOI: 10.1177/002204261104100303

Best, D. & Laudet, A. B. (2010). The potential of recovery capital. *RSA*, 1-6.

<https://www.thersa.org/globalassets/pdfs/reports/a4-recovery-capital-230710-v5.pdf>

Beverly, J. (Dec. 29, 2016). "The lovely loneliness of the solitary runner." *Runner's World*.

<https://www.runnersworld.com/runners-stories/a20840071/the-lovely-loneliness-of-the-solitary-run/>

Boone, A. (July 12, 2019). Amelia Boone Opens Up About Her Eating Disorder. *Outside Online*.

<https://www.outsideonline.com/health/nutrition/amelia-boone-eating-disorder/>

Boston Athletic Association (2021). Qualify for the Boston Marathon [web page].

<https://www.baa.org/races/boston-marathon/qualify>

Bradley University (2020a). Beauty industries. *The Body Project*.

<https://www.bradley.edu/sites/bodyproject/standards/beauty-industries/>

Bradley University (2020b). Body and beauty standards. *The Body Project*.

<https://www.bradley.edu/sites/bodyproject/standards/>

Bradley University (2020c). Male vs. female body image. *The Body Project*.

<https://www.bradley.edu/sites/bodyproject/male-body-image-m-vs-f/>

Bratman, G. N., Hamilton, J. P., Hahn, K. S., Daily, G. C., & Gross, J. J. (2015). Nature experience reduces rumination and subgenual prefrontal cortex activation. *Proceedings of the National*

Academy of Sciences of the United States of America, 112(98), 8567-8572. DOI:
10.1073/pnas.1510459112

Burfoot, A. (2000). *The runner's guide to the meaning of life*. Daybreak.

Campbell, J. (1973). *The hero with a thousand faces* (2nd Ed.). Princeton / Bollingen Paperbacks.

Canadian Association of Social Workers (2005a). *CASW Code of Ethics*. CASW.

Canadian Association of Social Workers (2005b). *CASW Guidelines for ethical practice*. CASW.

Canadian Centre for Substance Use and Addiction (2019). *Alcohol (Canadian drug summary)*.
CCSA.

Canadian Institute for Health Information (2019). *Health System Resources for Mental Health and Addictions Care in Canada*. CIHI.

Carroll, A., Gordon, K., Haynes, M., & Houghton, S. (2013). Goal setting and self-efficacy among delinquent, at-risk and not at-risk adolescents. *Journal of Youth and Adolescence*, 42(3), 431-443. DOI: 10.1007/s10964-012-9799-y

Chansonneuve, D. (2007). *Addictive behaviours among Aboriginal people in Canada*. Aboriginal Healing Foundation.

Cho, J., & Trent, A. (2006). Validity in qualitative research revisited. *Qualitative Research*, 6(3), 319-340. DOI: 10.1177/1468794106065006

Clewell, T. (2011). Subjectivity. In Taylor, V. E. & Windquist, C. E. (Eds.), *Encyclopedia of Postmodernism*. Routledge.

Clift, B. C. (2014). Suspect of smiles: Struggle, compassion, and running to reclaim the body in urban Baltimore. *Cultural Studies ↔ Critical Methodologies*, 14(5), 496–505. DOI:
10.1177/1532708614541893

- Cloud, W. & Granfield, R. (2008). Conceptualizing recovery capital: Expansion of a theoretical construct. *Substance Use & Misuse*, 43, 1971–1986. DOI: 10.1080/10826080802289762
- Collins, S.E., Witkiewitz, K. (2020). Abstinence Violation Effect. In: Gellman, M.D. (eds) *Encyclopedia of Behavioral Medicine*. (pp. 8-9). Springer. DOI: 10.1007/978-1-4419-1005-9_623
- Cooney, G. M., Dwan, K., Greig, C. A., Lawlor, D. A., Rimer, J., Waugh, F. R., McMurdo, M., & Mead, G. E. (2013). Exercise for depression. *Cochrane Library*. DOI: 10.1002/14651858.
- Corbett, C., & England, D. (2018). *Reborn on the run*. Skyhorse Publishing.
- Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches*. Sage Publishing.
- Crocq, M.-A. (2007). Historical and cultural aspects of man's relationship with addictive drugs. *Dialogues in Clinical Neuroscience*, 9(4), 355-361. DOI: 10.31887/DCNS.2007.9.4/macrocq
- Dai, C.-L., Chen, C.-C., Richardson, G. B., & Gordon, H. R. D. (2020). Managing substance use disorder through a walking/running training program. *Substance Abuse: Research and Treatment*, 14. 1-8. DOI:10.1177/1178221820936681
- Daniloff, C. (January 31, 2017). The runner's high. *Runner's World*.
<https://www.runnersworld.com/runners-stories/a19042332/runners-high/>
- Daniloff, C. (2012). *Running Ransom road: Confronting the past, one marathon at a time*. Houghton Mifflin Harcourt.
- Désir, A. M. (May 8, 2020). Ahmaud Arbery and whiteness in the running world. *Outside*.
<https://www.outsideonline.com/2413115/ahmaud-arbery-murder-whiteness-running-community>
- Douglas, S. (2018). *Running is my therapy: Relieve stress and anxiety, fight depression, ditch bad habits, and live happier*. The Experiment Publishing.

- Dube, S. R., Felitti, V. J., Dong, M., Chapman, D. P., Giles, W. H., & Anda, R. F. (2003). Childhood abuse, neglect, and household dysfunction and the risk of illicit drug use: The Adverse Childhood Experiences study. *Pediatrics, 111*, 564-572.
- Edgley, R. (2018). *The world's fittest book*. Sphere Publishing.
- Ellis, C., Adams, T. E., & Bochner, A. P. (2011). Autoethnography: An overview. *Historical Social Research, 36*(4), 273-290.
- Engle, C. (2016). *Running man*. Simon & Shuster Publishing.
- Ferguson, C. (2009). *American on Purpose: The Improbably Adventures of an Unlikely Patriot*. HarperCollins Publishers.
- First Nations Health Authority (FNHA, n.d.). *First Nations perspectives on health and wellness* [web page]. Retrieved from <https://www.fnha.ca/wellness/wellness-and-the-first-nations-health-authority/first-nations-perspective-on-wellness>
- Fisher, C. E. (2022). *The urge: Our history of addiction*. Allen Lane.
- Fitzgerald, C., Barley, R., Hunt, J., Klasto, S. P., & West, R. (2020). A mixed-method investigation into therapeutic yoga as an adjunctive treatment for people recovering from substance use disorders. *International Journal of Mental Health and Addiction, 18*(1), 1-16.
- Flanagan, O. (2013). Identity and addiction: What alcoholic memoirs teach. In Fulford, K., Davies, M., Gipps, R., Graham, G., Sadler, J., Stanghellini, G., & Thornton, T. (Eds.), *The Oxford handbook of philosophy and psychiatry*. (pp. 865-888). Oxford University Press.
- Fragkiadaki, E., Triliva, S., Natsopoulou, O., & Tzanakis, E. (2020). From social work to socio-therapists: The transformative journey of substance abuse therapists. *Journal of Social Work Practice in the Addictions, 20*(2), 89-104.

- Froese, I. (August 7, 2019). Tories announce 3-component plan to tackle Manitoba's meth problem. *CBC News*. <https://www.cbc.ca/news/canada/manitoba/tory-meth-strategy-announcement-1.5239102>
- Gaiman, N. (2009). *Odd and the frost giants*. Harper Collins Publishers.
- Giesen, E., & Bloch, W. (2016). The role of exercise therapy as a complementary measure in the addiction treatment of a multiply impaired alcohol dependent client: A case report. *Journal of Substance Abuse & Alcoholism*, 4(1), jscimedcentral.com/SubstanceAbuse/substanceabuse-4-1041.pdf.
- Grant, A. (2010). Writing the reflexive self: An autoethnography of alcoholism and the impact of psychotherapy culture. *Journal of Psychiatric and Mental Health Nursing*, 17, 577–582. DOI: 10.1111/j.1365-2850.2010.01566.x
- Griffin, K. (2004). *One breath at a time: Buddhism and the twelve steps*. Rodale.
- Gunillasdotter, V., Andréasson, S., Jirwe, M., Ekblom, Ö., & Hallgren, M. (2022). Effects of exercise in non-treatment seeking adults with alcohol use disorder: A three-armed randomized controlled trial (FitForChange). *Drug and Alcohol Dependence*, 232, 109266-109266. DOI: 10.1016/j.drugalcdep.2022.109266
- Gür, F., & Can Gür, G. (2020). Is exercise a useful intervention in the treatment of alcohol use disorder? Systematic review and meta-analysis. *American Journal of Health Promotion*, 34(5), p.520-537. DOI: 10.1177/0890117120913169
- Harrison, A. K. (2018). *Ethnography: Understanding qualitative research*. Oxford University Press.
- Heinonen, L. & Spearman, L. (2010). *Social work practice: Problem solving and beyond* (3rd ed.). Nelson Education.

- Hennessy, E. A. (2017). Recovery capital: A systematic review of the literature. *Addiction Research & Theory*, 25(5), 349–360. DOI: 10.1080/16066359.2017.1297990
- Ivsins, A. & Yake, K. (2020) Looking beyond harm: Meaning and purpose of substance use in the lives of marginalized people who use drugs. *Drugs: Education, Prevention and Policy*, 27(1), 27-36. DOI: 10.1080/09687637.2018.1497145?journalCode=idep20
- Jirásek, I. (2015). Religion, spirituality, and sport: From *religio athletae* to *spiritus athletae*. *Quest*, 67, 290-299. DOI: 10.1080/00336297.2015.1048373
- Kaplan, B. (February 14, 2017) *King of Pain: The life and death struggle of Lionel Sanders*. iRun. <https://www.irun.ca/index.php/king-of-pain/>
- Kelly, J. F., Green, M. C., Bergman, B. G., White, W. L., & Hoepfner, B. B. (2019). How many recovery attempts does it take to successfully resolve an alcohol or drug problem? Estimates and correlates from a national study of recovering U. S. adults. *Alcoholism, Clinical and Experimental Research*, 43(7), 1533-1544. DOI: 10.1111/acer.14067
- Kleisiaris, C. F., Sfakianakis, C., Papathanasiou, I.V. (2014). Health care practices in ancient Greece: The Hippocratic ideal. *Journal of Medical Ethics and History of Medicine*, 7(6), 1-5.
- Koski, T. (2005). *The phenomenology and the philosophy of running: The multiple dimensions of long-distance running*. Springer Publishing.
- Koski-Jännes, A. (2002). Social and personal identity projects in the recovery from addictive behaviours. *Addiction Research and Theory*, 10(2), 183–202. DOI: 10.1080/16066350290017266
- Kovach, M. (2009). *Indigenous methodologies: Characteristics, conversations, and contexts*. University of Toronto Press.
- Lancaster, K. (2017). Rethinking recovery. *Addiction*, 112(5), 751-757. DOI: 10.1111/add.13552

- Landau, R. (2008). Social work research ethics: Dual roles and boundary issues. *Families in Society: The Journal of Contemporary Social Services*, 89(4), 571-577. DOI: 10.1080/16066350290017266
- Laudet, A. (2008). The road to recovery: where are we going and how do we get there? Empirically driven conclusions and future directions for service development and research. *Substance Use & Misuse*, 43, 2001–2020. DOI: 10.1080/10826080802293459?journalCode=isum20
- Laudet, A., Savage, R., & Mahmood, D. (2002). Pathways to long-term recovery: A preliminary investigation. *Journal of Psychoactive Drugs*, 34(3), 305–311. DOI: 10.1080/02791072.2002.10399968
- Laudet, A., & White, W. (2008). Recovery capital as prospective predictor of sustained recovery, life satisfaction, and stress among former poly-substance users. *Substance Use & Misuse*, 43(1), 27–54. DOI: 10.1080/10826080701681473
- Lembke, A. (2021). *Dopamine nation*. Penguin Random House.
- Lewis, M. (2011). *Memoirs of an addicted brain: A neuroscientist examines his former life on drugs*. Double Day Publishing Canada.
- Lewis, M. (May 25, 2015). A new look: Merging approaches to addiction. Understanding Addiction. <https://memoirsofanaddictedbrain.com/connect/a-new-look-merging-approaches-to-addiction/>
- Linke, S. E., & Ussher, M. (2015). Exercise-based treatments for substance use disorders: Evidence, theory, and practicality. *The American Journal of Drug and Alcohol Abuse*, 41(1), 7–15. DOI: 10.3109/00952990.2014.976708
- Mackie, C. T. (2008). Leaving an alcoholic life. *Journal of Loss and Trauma*, 13, 547–556. DOI: 10.1080/15325020802173512
- Maté, G (2008). *In the realm of hungry ghosts*. Vintage Canada.

- McGannon, K. R., L'Estrangea, M., & McMahon, J. (2020) The role of ultrarunning in drug and alcohol addiction recovery: An autobiographic study of athlete journeys. *Psychology of Sport & Exercise, 46*, 1-10. DOI: 10.1016/j.psychsport.2019.101585
- McKay, J. R. (2017). Making the hard work of recovery more attractive for those with substance use disorders. *Addiction, 112*(5), 751-757. DOI: 10.1111/add.13502
- McQuaid, R., Malik, A., Moussouni, K., Baydack, N., Stargardter, M., & Morrissey, M. (2017). *Life in recovery from addiction in Canada*. Canadian Centre on Substance Use and Addiction. <https://www.ccsa.ca/sites/default/files/2019-04/CCSA-Life-in-Recovery-from-Addiction-Report-2017-en.pdf>
- Melemis, S. (2015). Relapse prevention and the five rules of recovery. *Yale Journal of Biology and Medicine, 88*(3), 325-332.
- Menzies-Pike, C. (2016). *The long run: A memoir of loss and life in motion*. Crown Publishers.
- Mertens, J. R., Kline-Simona, A. H., Delucchi, K. L., Moorec, C., Weisner, C. M. (2012). Ten-year stability of remission in private alcohol and drug outpatient treatment: Non-problem users versus abstainers. *Drug and Alcohol Dependence, 125*, 67-74. DOI: 0.1016/j.drugalcdep.2012.03.020
- Miron, S. & Scarpulla, S. S. (Directors). (2015). *A new high: Recovering addicts climb Mt. Rainier*. [Film]. 1091 Media.
- More, A., Jackson, B. , Dimmock, J. A., Thornton, A. L., Colthart, A., & Furzer, B. J. (2018). "It's like a counselling session ... but you don't need to say anything:" Exercise program outcomes for youth within a drug and alcohol treatment service. *Psychology of Sport & Exercise, 39*, 1-9. DOI: 10.1016/j.psychsport.2018.07.002
- Morris, T. (2006). *Social Work Research Methods: Four Alternative Paradigms*. Sage Publications, Inc.

Murphy, T., Pagano, R., & Marlatt, G. (1986). Lifestyle modification with heavy alcohol drinkers:

Effects of aerobic exercise and meditation. *Addictive Behaviors, 11*, 175-186. DOI:

10.1016/0306-4603(86)90043-2

National Health Service (NHS, 2020) Get running with couch to 5k. *Live Well*. [https://www.nhs.uk/live-well/exercise/running-and-aerobic-exercises/get-running-with-couch-to-](https://www.nhs.uk/live-well/exercise/running-and-aerobic-exercises/get-running-with-couch-to-5k/#:~:text=What%20is%20Couch%20to%205K,each%20of%20the%209%20weeks)

[5k/#:~:text=What%20is%20Couch%20to%205K,each%20of%20the%209%20weeks](https://www.nhs.uk/live-well/exercise/running-and-aerobic-exercises/get-running-with-couch-to-5k/#:~:text=What%20is%20Couch%20to%205K,each%20of%20the%209%20weeks).

Nettleton, S. (2013), Cementing relation within a sporting field: Fell funning in the English Lake District

and the acquisition of existential capital, *Cultural Sociology, 7*, 196–210. DOI:

10.1177/1749975512473749

10.1177/1749975512473749

Nietzsche, F. (1984). Twilight of the idols. In W. K. Kaufman (Ed.), *The portable Nietzsche*. Penguin

Books.

Onken, L. S., Blaine, J. D., & Boren, J. J. (1995). *Integrating behavioural therapies with medications in*

the treatment of drug dependence. National Institute on Drug Abuse.

<https://archives.drugabuse.gov/sites/default/files/monograph150.pdf>

O’Sullivan, D., Xiao, Y., & Watts, J. R. (2019). Recovery capital and quality of life in

stable recovery from addiction. *Rehabilitation Counseling Bulletin, 62*(4), p.209-221. DOI:

10.1177/0034355217730395

Palm, F. (2021). Working the self: Truth-telling in the practice of Alcoholics Anonymous. *Human*

Studies, 44(1), 103-120. DOI: 10.1007/s10746-020-09569-w

Park Prescriptions (January 31, 2022). Announcing a new collaboration between PaRx and Parks

Canada. *Park prescriptions*. [https://www.parkprescriptions.ca/blogposts/announcing-a-new-](https://www.parkprescriptions.ca/blogposts/announcing-a-new-collaboration-between-parx-and-parks-canada)

[collaboration-between-parx-and-parks-canada](https://www.parkprescriptions.ca/blogposts/announcing-a-new-collaboration-between-parx-and-parks-canada)

- Pascal, J., Johnson, N., Dore, C., & Trainor, R. (2010). The lived experience of doing phenomenology perspectives from beginning health science postgraduate researchers. *Qualitative Social Work, 10*(1), 172-189. DOI: 10.1177/1473325009360830
- Patterson, M. S., Spadine, M. N., Graves Boswell, T., Prochnow, T., Amo, C., Francis, A.N., Russell, A.M., & Heinrich, K.M. (2022). Exercise in the treatment of addiction: A Systematic literature review. *Health Education & Behavior, 1*–19. DOI: 10.1177/10901981221090155
- Pickard, H. (2016). Denial in addiction. *Mind & Body, 31*(3), 277-299. DOI: 10.1111/mila.12106
- Prochaska, J. O., DiClemente, C. C., & Norcross, J. C. (1992). In search of how people change. Applications to addictive behaviors. *The American Psychologist, 47* (9), 1102-1114. DOI: 10.1037//0003-066x.47.9.1102
- Raichlen, D. (2012). Wired to run: Exercise-induced endocannabinoid signaling in humans and cursorial mammals with implications for the ‘runner’s high.’ *Journal of Experimental Biology, 215*, 1331-1336. DOI: 10.1242/jeb.063677
- Ramin, B. (2021). *The perfect medicine: How running makes up healthier and happier*. Dundurn Press.
- Ratey, J. & Hagerman, E. (2008). *Spark: The revolutionary new science of exercise and the brain*. Little Brown Spark Publishing.
- Rawson, R. A., Chudznski, J., Gonzales, R., Mooney, L., Dickerson, D., Ang, A., Dolezal, B., & Cooper, B. (2015). The impact of exercise on depression and anxiety symptoms among abstinent methamphetamine-dependent individuals in a residential treatment setting. *Juvenile Substance Abuse Treatment, 75*, 36-40. DOI: 10.1016/j.jsat.2015.04.007
- Rector, N. A.. (2010). *Cognitive-behavioural therapy: An information guide*. Centre for Addiction and Mental Health. <https://www.camh.ca/-/media/files/guides-and-publications/cbt-guide-en.pdf>

Rizzo, (September 21, 2021) Running boom: 28.76% of runners started during the pandemic. *RunRepeat*.

<https://runrepeat.com/new-pandemic-runners>

Robbins, S. P., Chatterjee, P., & Canda, E. R. (2012). *Contemporary human behavior theory: A critical perspective for social work* (3rd ed.). Pearson Education Inc.

Robert, M. (June 3, 2015). Relapse, prolapse, and mindfulness. *Understanding addiction: A new perspective linking brain, behaviour, and biography*.

<https://memoirsofanaddictedbrain.com/connect/relapse-prelapse-and-mindfulness/>

Rom, Z. (March 1, 2022). Opinion: You can't sell safety. *Trail runner magazine*.

<https://www.trailrunnermag.com/people/culture-people/opinion-you-cant-sell-safety>

Rom, Z. (January 5, 2022). Bigger than the trail: How one trail runner's journey made space for mental health in the endurance community. *Trail runner magazine*.

<https://www.trailrunnermag.com/people/bigger-than-the-trail>

Rom, Z. (December 8, 2020). Running isn't therapy. *Trail runner magazine*.

<https://www.trailrunnermag.com/people/culture-people/running-isnt-therapy>

Rooney, R. H. (2009). Effectiveness with involuntary clients. In Rooney, R. H. (Ed.), *Strategies for work with involuntary clients* (2nd Ed.), (pp. 45-64). Columbia University Press.

Rothman-Zecher, M. (Jan. 13, 2017). "Running with the pack." *New York Times*.

<https://www.nytimes.com/2017/01/13/opinion/running-with-the-pack.html>

Salmon, P. (2001). Effects of physical exercise on anxiety, depression, and sensitivity to stress: A unifying theory. *Clinical Psychology Review*, 21(1), 33-61. DOI: 10.1016/s0272-7358(99)00032-

- Sari, S., Bilberg R., Sjøgaard Nielsen, A., & Roessler, K. K. (2019). The effect of exercise as adjunctive treatment on quality of life for individuals with alcohol use disorders: a randomized controlled trial. *BMC Public Health*, *19*(1), 727-734. DOI: 10.1186/s12889-019-7083-8
- Schäfer, T. & Schwarz, M. A. (2019). The meaningfulness of effect sizes in psychological research: Differences between sub-disciplines and the impact of potential biases. *Frontiers in Psychology*, *10*(813), 1-13. DOI: 0.3389/fpsyg.2019.00813
- Scruggs, G. (May 25, 2021). The cities trailblazing transit service into the wilderness. *Reasons to be cheerful*. <https://reasonstobecheerful.world/transit-to-trails-seattle-trailhead-direct>.
- Shaw, G. B. (1903). *Man and Superman: A comedy and a philosophy*. University Press, Cambridge. https://www.google.ca/books/edition/Man_and_Superman/NS9pt1465pAC?hl=en&gbpv=1&printsec=frontcover
- Shebib, B. (2011). *Choices: Interviewing and counselling skills for Canadians*. Pearson Canada.
- Sheehan, G. (1978). *Running & being: The total experience*. Rodale Books.
- Shinebourne, P. & Smith, J. A. (2011). 'It is just habitual': An interpretative phenomenological analysis of the experience of long-term recovery from addiction. *International Journal of Mental Health & Addiction*, *9*, 282–295. DOI: 10.1007/s11469-010-9286-1
- Shipway, R. & Holloway, I. (2013). Health and the running body: Notes from an ethnography. *Sociology of Sport*, *51*(1), 78–96. DOI: 10.1177/1012690213509807
- Silverman, D. (2017). *Doing Qualitative Research*. Sage Publishing.
- Smith, M. J. W., Whitaker, T., & Weismiller, T. (2006). Social workers in the substance abuse treatment field: A snapshot of service activities. *Health and Social Work*, *31*(2), 109–115. DOI: 10.1093/hsw/31.2.109

- Sparkes, A. C. (1996). The fatal flaw: A narrative of the fragile body-self. *Qualitative Inquiry*, 2(4), 463- 494. DOI: 10.1177/107780049600200405.
- Stats Canada (July 17, 2015). Mean height, weight, body mass index (BMI) and prevalence of obesity, by collection method and sex, household population aged 18 to 79, Canada, 2008, 2007 to 2009, and 2005. *Health Reports*. <https://www150.statcan.gc.ca/n1/pub/82-003-x/2011003/article/11533/tbl/tbl1-eng.htm>
- Stevens, M., Hubbard, E., & Leutwyler, H. (2020). Tools you'll have for the rest of your life: A qualitative evaluation of a fitness and vocational training program for substance use recovery. *Substance Use & Misuse*, 55(4), 628-635. DOI: 10.1080/10826084.2019.1691599
- Strean, W. E. (2009). Remembering instructors: Play, pain and pedagogy, *Qualitative Research in Sport and Exercise*, 1(3), 210-220. DOI: 10.1080/19398440903192290
- Sussman, S., & Sussman, A. (2011). Considering the definition of addiction. *International Journal of Environmental Research and Public Health*, 8(10), 4025–4038. DOI: 10.3390/ijerph8104025
- Thorne, S. (2020) On the use and abuse of verbatim quotations in qualitative research reports. *Nurse Author & Editor*, 30(3), 4–6. DOI: 10.1111/nae2.2
- Van Manen, M. (1997). *Researching lived experience: Human science for an action sensitive pedagogy*. The Althouse Press.
- Veach, L. J., & Moro, R. R. (2018). Cross addictions and comorbidities. In Veach, L. J., & Moro, R. R. (Eds.). *The Spectrum of Addiction: Evidence-Based Assessment, Prevention, and Treatment Across the Lifespan*. (pp. 264-287). Sage Publications. DOI: 10.4135/9781071800478.n12
- Volkow, N. (March 19, 2012). “Running helps me cope with stress” [video]. https://www.youtube.com/watch?v=BYGX_0mUEKY

- Wakeman, S (2014). Fieldwork, biography, and emotion. *British Journal of Criminology*, 45(5), 705-721. DOI: 10.1093/bjc/azu039
- Wall, S. (2006). An autoethnography on learning about autoethnography. *International Journal of Qualitative Methods*, 5(2)146–160. DOI: 10.1177/160940690600500205
- Wang, D., Wang, Y., Wang, Y., Li, R., & Zhou, C. (2014) Impact of physical exercise on substance use disorders: A meta-analysis. *Public Library of Science*, 9(10), 1-15. DOI: 10.1371/journal.pone.0110728
- Weinstock, J., Farney, M. R., Elrod, N. M., Henderson, C. E., & Weiss, E. P. (2017). Exercise as an adjunctive treatment for substance use disorders: Rationale and intervention description. *Journal of Substance Abuse Treatment*, 72, 40-47. DOI: 10.1016/j.jsat.2016.09.002.
- Whittemore, R., Chase, S. K., & Mandle, C. L. (2001) Validity in qualitative research. *Qualitative Health Research*, 11(4), 522-537. DOI: 10.1177/104973201129119299
- Williams, D.J., & Streaan, W.B. (2008) Physical activity as a helpful adjunct to substance abuse treatment. *Journal of Social Work Practice in the Addictions*, 4(3), 83-100. DOI: 10.1300/J160v04n03_06
- Williams, D.J., & Streaan, W.B. (2006) Physical activity promotion in social work. *Social Work*, 51(2), 180-184. DOI: 10.1093/sw/51.2.180
- Williams, P. (Oct. 21, 2020). OxyContin maker Purdue Pharma pleads guilty to federal criminal charges. *NBC News*. <https://www.nbcnews.com/news/us-news/oxycontin-drugmaker-purdue-pharma-pleads-guilty-federal-criminal-charges-n1244155>
- Witkiewitz, K., & Marlatt, G. (2004) Relapse prevention for alcohol and drug problems: That was Zen, this is Tao. *American Psychologist*, 59(4), 224-235. DOI: 10.1037/0003-066X.59.4.224

World Health Organization (2018). *Global status report on alcohol and health*. WHO.

<https://apps.who.int/iris/bitstream/handle/10665/274603/9789241565639-eng.pdf?ua=1>

Zangeneh, M., Ala-Leppilampi, K., Barmaki, R., & Peric, T. (2007). The potential role of physical exercise in addiction treatment and recovery: The social costs of substance misuse. *International Journal of Mental Health and Addiction*, 5(3), 210-218. DOI: 10.1007/s11469-007-9111-7