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The Experience of recovery From the Perspective of Chemically Dependent Women: A Qualitative Study

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THE EXPERIENCE OF RECOVERY FROM THE PERSPECTIVE OF
CHEMICALLY DEPENDENT WOMEN: A QUALITATIVE STUDY

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Submitted in partial fulfillment of the requirement
for the degree of
Master of Social Work

AUGSBURG COLLEGE
MINNEAPOLIS, MINNESOTA

2000

MASTER OF SOCIAL WORK
AUGSBURG COLLEGE
MINNEAPOLIS, MINNESOTA

CERTIFICATE OF APPROVAL

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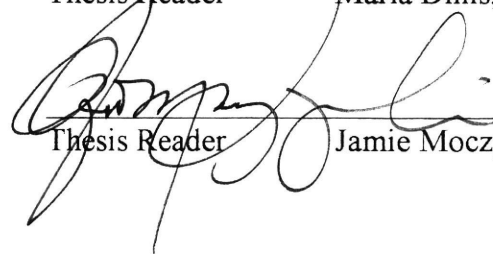
has been approved by the Examining Committee for the thesis requirement for the Master of Social Work Degree.

Date of Oral Presentation: May 19, 2000

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DEDICATION

This work is dedicated to the many individuals, women and men, who choose to live recovery on a daily basis. May their choices to live recovery offer hope to those with alcoholism and chemical dependency who are still suffering.

This work is especially dedicated to the six women who participated in this study. The beautiful articulation of their meanings and experiences of recovery offer insight and hope.

ACKNOWLEDGEMENTS

People need people. There are so many people I wish to acknowledge and thank for their support in my graduate school experience. It is their assistance and support that have guided me to this accomplishment. First, I wish to thank the six women who volunteered to participate in the study. I want to thank each one for so openly articulating their recovery experience.

I wish to thank Laura Boisen, my thesis advisor for her ongoing guidance throughout the thesis process. I wish to acknowledge her professional integrity, intelligence, wisdom, and genuine care and concern throughout my graduate study. Dr. Boisen is truly a role model to the profession of social work. Thank you to my thesis readers Jamie Moczynski and Maria Dinis for their feedback and support.

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A special thank you to my husband and best friend Jim Jensen, for your patience, love, and support throughout my graduate school experience. Thank you for walking with me on this journey. I am truly a better person for having you in my life. I also wish to thank my family – my parents Dennis and Kay, my brothers Roy, Matt, and Josh – for encouragement, support and love.

Finally, I again wish to thank all of the people in my life who help me to continue striving to a greater purpose. Thank you for helping me to remember, 'Life itself can't give you joy, unless you really will it; life just gives you time and space, it's up to you to fill it.'

Abstract

THE EXPERIENCE OF RECOVERY FROM THE PERSPECTIVE OF
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Heidi Kammer Jensen

May 19, 2000

Research on the experience of chemically dependent women has evolved over the past two decades. This qualitative study contributes to the increasing research on women's issues by exploring the experience and meaning of recovery for women. An interview guide was used to conduct in-depth interviews with six women about their meanings of recovery and motivation for seeking and maintaining recovery. Content analysis was used to find common themes of the recovering experience. Results of the study concluded that recovery for a women is not only sobriety, but also includes change and self-discovery. Findings displayed themes of insight and pain as motivation for seeking recovery and themes of remembering and rewards were displayed as motivation for maintaining recovery. Significance of this study is the potential increased understanding and enhanced services for women in recovery. Implications for practice and policy are discussed.

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CHAPTER 1: INTRODUCTION

Chemical dependency affects individuals of all social and economic levels (Mondanaro, 1989). Chemical dependency is a non-discriminatory illness.

Individuals of all age, culture, career, social, political, economic, geographic, and gender groups are impacted by chemical dependency. According to Mondanaro (1989), chemically dependent women are among the most wounded members of our society, yet their special problems have long gone under recognized and under treated. In response to the issue, this research study explored the experience of women in recovery from chemical dependency.

Background of the Issue

Historically, women who have used alcohol and/ or drugs have been shunned. Society has not approved of women who use. These attitudes and stereotypes date back to the Old Testament in the Bible (Blume, 1990). According to the story of Hannah in the Old Testament, Hannah was admonished to give up drinking when the priest Eli assumed she had been drinking. McKinlay (1959) noted that ancient Roman law prohibited drinking of alcoholic beverages by women because it was believed that alcohol caused women to be sexually aggressive and promiscuous. These attitudes were not only limited to early history, but are also present today. When college students were surveyed in the 1980s, both male and female students reflected the opinion and stereotype that if a woman ordered an alcoholic drink instead of a soft drink at a bar, she would be more likely to engage in sexual activity (Blume, 1990).

These intense attitudes and stereotypes have a profound effect on women. Specifically, women are impacted by the stigma. As a result, chemically dependent women tend to hide their chemical dependence (Blume, 1990). This contributes to chemical dependent women being an under recognized and under treated group (Mondanaro, 1989). Women's issues have been misunderstood. Furthermore, the needs and issues of women have not received the attention they deserve. This study of chemically dependent women in recovery and their experience and meaning is particularly important because it has been neglected over time.

Purpose and Significance

The purpose of this study is to focus on the meaning of recovery and motivation for seeking and maintaining recovery for women recovering from chemical dependency. This study provides the stories and experiences of women who have struggled with chemical dependency and are currently living lives of recovery. The significance of this study is that it explores issues women encountered as they sought recovery and continue maintaining recovering lifestyles. The study explores and provides meaning and experiences from the female perspective. This study also provides beneficial information for helping professionals working with recovering women to be more aware and sensitive to issues of chemically dependent women. Findings from this study will hopefully lead to improved services and understanding for women recovering from chemical dependency.

Research Questions

This exploratory qualitative study addresses the following research questions:

- 1.) What is the meaning of recovery to women with chemical dependency?
- 2.) What experiences are most significant in motivating women to seek and maintain recovery?

By addressing these research questions, this study provides a fuller understanding of the experiences of women living in recovery. Furthermore, this study provides common themes that enhance women's motivation to seek and maintain recovery.

Summary

Given the significance of the issues of chemically dependent women, this research will explore the experience of recovering women. This chapter has provided a background of this study; furthermore, the purpose and significance of the study were provided. Chapter 2 will present a review of literature concerning chemically dependent women, including definitions of chemical dependency, the meaning of recovery, issues specific to chemically dependent women, and gaps in the literature. Chapter 3 provides the theoretical framework upon which this study is based. Chapter 4 outlines the methodology. Chapter 5 presents the findings that evolved from the responses to the interview guide as they relate to research questions. Chapter 6 offers a discussion of the findings as well as implications for practice, policy and research.

CHAPTER 2:LITERATURE REVIEW

This chapter focuses on a review of literature relevant to the issue of recovery from chemical dependency for women. Specifically, this literature review will define chemical dependency and other key concepts, discuss recovery, identify special issues for women, discuss findings of studies, and identify gaps in the literature.

As presented in Chapter 1, the background on this issue indicating a social stigma towards women who use alcohol and/ or drugs. Mondarano (1989) noted treatment programs were initially designed for men. It was not until 1985 when the National Institute on Drug Abuse (NIDA) took on an initiative to developing better ways for working with chemically dependent women.

In 1985, Reed identified several reasons why chemically dependent women were unrecognized and undertreated:

- Admission criteria for treatment programs
- Male oriented treatment models
- Sexism and harassment within treatment programs
- Different help seeking patterns of women compared to men
- Social stigmatization and/ or social protection of alcohol and drug dependent women
- Family responsiveness
- Economic barriers (p. 2)

Since the 1980s there has been an increase in research on the needs of chemically dependent women (Gomberg & Noremborg, 1993).

Definitions of Chemical Dependency

Several definitions have been offered for chemical dependency. Terms such as alcoholism, addiction, substance abuse, and chemical dependency are offered. According to Ray and Ksir (1996), addiction is defined as “a behavioral pattern of drug use, characterized by overwhelming involvement in the use of a drug (compulsive use), the securing of its supply, and a high tendency to relapse after treatment” (p. 39). Two types of dependence identify chemical dependency: physical and psychological. According to Ray and Ksir (1996), physical dependence is “drug dependence defined by the presence of a withdrawal syndrome, implying the body has become adapted to the drug’s presence” (p. 4). Psychological dependence is “behavioral dependence indicated by a high rate of drug use, craving for the drug and a tendency to relapse after stopping use” (Ray & Ksir, 1996, p. 471). According to the DSM IV (1994) substance dependence is defined as:

A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12-month period:

- (1) tolerance, as defined by either of the following:
 - (a) a need for markedly increased amounts of the substance to achieve intoxication or desired effect

- (b) markedly diminished effect with continued use of the same amount of the substance
- (2) withdrawal, as manifested by either of the following;
 - (a) the characteristic withdrawal syndrome for the substance (refer to Criteria A and B of the criteria sets for Withdrawal from the specific substances)
 - (b) the same (or closely related) substance is taken to relieve or avoid withdrawal symptoms
- (3) the substance is often taken in larger amounts or over a longer period than was intended
- (4) there is a persistent desire or unsuccessful efforts to cut down or control substance use
- (5) a great deal of time is spent in activities necessary to obtain to substance (e.g. visiting multiple doctors or driving long distances), use of the substance (e.g. chain smoking), or recover from its effects
- (6) important social, occupational, or recreational activities are given up or reduced because of substance use
- (7) the substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely caused or exacerbated by the substance use (e.g. current cocaine use despite recognition of cocaine-induced depression, or

continued drinking despite recognition that an ulcer was made worse by alcohol consumption). (p. 108 – 109)

The literature pointed out 'drug' referred to any substance, natural or artificial, other than food that by its chemical nature alters structure or function in the living organisms" (Ray & Ksir, 1996, p. 471). Furthermore the category of drug not only includes illegal drugs such as heroin, crack cocaine, and marijuana, but it also includes alcohol, over the counter medications, and prescription drugs.

The Meaning of Recovery

The literature offers varying data about the meaning of recovery; however, several authors refer to the terms abstinence and sobriety when discussing recovery. Abstinence and/ or sobriety refers to "refraining from the use of a drug or alcohol. Complete abstinence means no alcohol or drug use at all" (Mondanaro, 1989, Ray & Ksir, 1996, Stevens & Werner, 1998). Mondanaro (1989) explains recovery is not only abstinence, but also changing behavior patterns associated with use.

Larson (1985) defines recovery as having two stages. Stage I is "breaking the primary addiction – getting sober" (p.4). Stage II is "rebuilding of life that was saved by getting sober... where the ability to express and receive love is the central issue... dealing with those habits, traits, and patterns within ourselves which stand in the way of achieving more happiness, success, and love" (p. 17).

Brooks and Rice (1997) describe recovery as a ongoing process. They also note recovery involves a series of stages.

One goes through a series of stages in recovery, in a gradual process that requires the construction and reconstruction of knowledge, information, and experiences guided by the individual. The individual creates a way of living that allows her a life free of addiction by recreating her system of beliefs and values (p. 144).

One component of recovery is change. Larson (1985) explains “recovery is and demands change. It means things have to be different than they were” (p. 46). Furthermore, change means doing something really different; so different it can not be accomplished without breaking through the old patterns” (p. 53).

Anonym (1980) describes change in terms of a new lifestyle.

Our lifestyle is called new because we change our life role from the role of the drinking alcoholic to the person in recovery. This involves change in the perspective, in behaviors, in manners, in values, in goals, in friendships, in a way of life suitable to recovery (p. 63).

Another component of recovery described in the literature is growth and discovery. Brooks and Rice (1997) explain

the individual continues to gain insight about feelings and experiences while reworking the past and creating the present in healthy and safe ways. There is growing self-acceptance, self-reliance, and positive self-regard. Although the addict is still learning how to care for herself in positive ways, including how to eat, rest, play, and exercise, she is also discovering how to balance the many aspects of her life, such as work, family, relationships, and leisure time... One of the important tasks in

connecting with one's sense of identity, is accepting one is indeed an addict while, exploring and defining other areas of one's identity (p. 159 – 160).

Characteristics of Women with Chemical Dependency

Women with chemical dependency are a special population with unique needs. Treatment has historically been designed for men; consequently, many women have not received the appropriate services and treatment. The literature presents many findings about the characteristics and attributes women with chemical dependency. According to Beschner, Reed, and Mondanaro (1981), chemically dependent women report lower levels of self-esteem, higher levels of depression, and higher levels of anxiety. This study also found 60 to 70% of women who are chemically dependent have children. Another study found chemically dependent women are more likely to report dysfunctional families than chemically dependent men do. Ryan (1981) found women more often than men report living experiences with chemical dependency, mental illness, suicide, family violence, and physical and sexual abuse (Mondanaro, 1989). Mondanaro's extensive research on chemically dependent women also found women report lower incomes, poorer job histories, and less evidence of work-related identity. Mondanaro indicated a 42% rate of rape in chemically dependent women (1989).

According to Reed (1985), women are less likely to deny they are experiencing problems; however, women are less likely to be found in treatment. She explains,

More often, a women will not even find her way into the chemical dependency treatment system initially. She may recognize she is overusing a chemical; but she is much more likely to understand this as being related to some other event, most often a crisis. Thus, while she is less likely to avoid the fact a problem exists than a man would be, she is very likely to seek assistance from persons or systems she perceives to have expertise in health, relationships, or mental health areas (p.36).

Gomberg and Nirenberg (1993) found chemically dependent women display different patterns of use than do men. They found women are more likely to drink or use alone. Furthermore, women are more likely to use at home. Findings indicated women are more likely to misuse prescription medications with alcohol use (Gomberg & Nirenberg, 1993).

Another study examined characteristics of homeless women with substance abuse problems. Results of this study indicated women were more likely than men to misuse drugs, but less likely to receive chemical dependence treatment. Findings also indicated the longer a woman was homeless the more likely she was to “be less educated, have been assaulted, and have attempted suicide” (Geissler et al., 1995, p.78, 81).

Issues for Chemically Dependent Women

According to Reed (1985) and Mondanaro (1989) women experience many barriers to recovery. Specifically, Reed (1985) found the following barriers to women entering treatment:

- Lack of economic resources

- Child-related responsibilities
- Lack of women-oriented services
- Less sensitive referral network (Stigma/stereotypes, lack of knowledge)
- Lack of interpersonal network support
- Women attend to the needs of others before their own (Mondanaro, 1989, p.9)

Reed (1985) found there were also several barriers to sobriety, abstinence, and improved quality of life. Barriers included: "lack of available, sensitive support groups, lack of meaningful roles (underemployment), financial difficulties, other psychiatric disorders, child-related responsibilities, sexism, and too many other responsibilities" (p. 9).

Gender Specific Issues

Several recent studies have had significant findings related to services for women with chemical dependency. Blume (1990) conducted research into chemical dependency in women. Her research looked at national surveys, which found an underrepresentation of women in services. She found the ratio of males to females with significant alcohol problems was 2 to 1. The study also found in 1987, the ratio of males to females in treatment was 4 to 1.

Comfort et al. (1999) explored the importance of assessing the needs of substance misusing women, using the Addiction Severity Index (ASI) and the Psychosocial History (PSH) instruments. The results of this study found the Psychosocial history was more comprehensive and prompted greater disclosure

of needs. In the areas of pregnancy, family issues, and victimization, the Psychosocial history appeared to be more helpful at obtaining necessary data about the needs of chemically dependent women.

A study on the effect of referral intensity was conducted by Loneck, Garrett, and Banks in 1997. This study found several significant findings. First, results showed women who had high referral intensity were more likely to complete services. Second, findings found women who relapsed during treatment were less likely to complete it, indicating the importance of relapse prevention.

McCrary and Raytek (1993) studied treatment interventions and outcomes. Their findings pointed to the importance of addressing the various basic needs of women. Women tended to be more successful in treatment and recovery when their basic needs were also being addressed such as medical issues, child care, food, and shelter. Women tended to be more successful in intensive outpatient treatment settings where they were able to address other needs. Their findings also concluded gender-specific services and programs which involved the support network (other systems) led to more successful outcomes (Gomberg & Nirenberg, 1993).

Nelson-Zlupko et al. (1996) did an exploratory study to determine the perceptions of recovering women about service effectiveness. Findings concluded women have special characteristics and needs warrant gender-sensitive treatment approaches. Results indicated many treatment programs fail to provide services in the context that supports and promotes women. As a

result, women “continue to experience negative stereotyping and sexual harassment as their gender-specific needs remain ignored, silenced, or deemed pathological” (p. 57).

Conclusions from the Literature

Several conclusions can be drawn from the literature. First, chemically dependent women have unique characteristics and attributes. Second, the specific needs of women in treatment and recovery often go unaddressed. Third, chemically dependent women encounter many stereotypes, stigmas, and barriers to treatment and recovery. Fourth, the role of gender-specific service appears to be important for the recovery of women. Fifth, the meaning of recovery is more complex than maintaining sobriety.

Gaps in the Literature

Gaps in the literature pointed to a lack of research on women with chemical dependency. According to Gomberg and Nirenberg (1993), further research is needed on specific treatment interventions and approaches for women in the areas of behavior therapy, pharmacotherapy, acupuncture, and 12-step interventions. Blume (1990) calls for further research into the understanding of the experience of chemically dependent women and their specific issues. According to Loneck et al. (1997), further research should focus on how to keep women in treatment and recovery through addressing barriers. All of the studies stressed there is a lack of research on chemically dependent women, in general. Research into chemically dependent women and their issues appears to be open for continued research.

Research into chemical dependency in women appears to be an evolving and growing area. This research study attempts to address the gap in the literature presented by Blume (1990), which points to a need for further research into the experience of women with chemical dependency. There are few qualitative studies which examine women's recovering experience.

This study challenges this gap by explaining the in-depth meaning of recovery to women and the experiences that motivate women to seek and maintain recovery.

Summary

This chapter provided a review of literature related to issues of chemical dependence in women, as well as presented conclusions from the literature and gaps in the literature. The next chapter will present the theoretical framework to view the experience of women with chemical dependency.

CHAPTER 3: THEORETICAL FRAMEWORK

This chapter presents the theoretical framework used for this study, which explores the experience of women recovering from chemical dependency.

Psychosocial theory and feminist theory are used as the framework because of their congruence with each other. According to Turner (1996), social psychology and sociological theories are congruent with feminist theory. Specifically this chapter describes the psychosocial development theory, presents key concepts/assumptions of the theory, and applies the framework to the research study. Furthermore, feminist theory is described and applied to the research study.

Psychosocial Development Theory

One of the frameworks that guides this study is psychosocial theory. Psychosocial theory recognizes the many influences including biological, psychological, emotional, and environmental (social and physical) that impact a person's life. Psychosocial theory also recognizes the interaction between these influences (Turner, 1996). Turner (1996) explains this theory takes into account the impact change in one area (family, environment, social, or psychological) affects the other areas. Psychosocial theory views the individual, family, and environment.

The psychosocial framework has developed out of many disciplines including psychology, sociology, psychiatry, anthropology, and social work. Turner (1996) notes that many have contributed to the evolving psychosocial theory, including Mary Richmond whose work during 1890s to 1930s stressed

“focus on people and their environments, having agencies with trained, supervised, paid, and accountable workers; differential diagnosis and differential treatment; and indirect and direct treatment” (p. 558 –559). The 1930s and 1940s brought the influence of Freud’s psychoanalytic framework (ego-defenses), Taft and Robinson’s, functional approach, and Hartmann’s identification of ego functions (Turner, 1996).

The influence of Erik Erickson in the 1950s strongly advanced psychosocial theory. He defined eight stages of human development in which each mark a crisis in life. Coping with each crisis (stage) prepares a person to better cope with the next. Erickson stressed how personalities develop throughout life as a result of interaction between biological growth and societal demands, as well as the role of the social environment in personality development (Zastrow & Kirst-Ashman, 1994).

Specifically Erickson’s eight stages of development are:

- | | | | |
|-------------------|-----|-----------------|----------------------|
| 1.) Basic Trust | vs. | Basic Mistrust | Birth to 18 months |
| 2.) Autonomy | vs. | Shame and Doubt | 18 months to 3 years |
| 3.) Initiative | vs. | Guilt | 3 years to 6 years |
| 4.) Identity | vs. | Inferiority | 6 years to 12 years |
| 5.) Identity | vs. | Role confusion | Adolescence |
| 6.) Intimacy | vs. | Isolation | Young Adulthood |
| 7.) Generatively | vs. | Stagnation | Maturity |
| 8.) Ego integrity | vs. | Despair | Old Age |

(Newton, 1995, p.16; Zastrow & Kirst-Ashman, 1994, p. 28).

In 1964, Hollis clearly defined and wrote out the theoretical framework for psychosocial theory in the book Casework. The framework has remained constant from the late 1960s until the present, yet it has integrated new concepts since that time (Turner, 1996).

Key Concepts and Assumptions of Psychosocial Theory

According to Turner (1996), psychosocial theory believes that “people of all ages have the capacity to grow, learn, adapt, and modify their social and physical environments, and when people are engaged in empathic human relationships, untapped wellsprings of strength, creativity, and resilience are released” (p.561).

The assumptions of psychosocial theory are:

Significant feelings and thoughts lie outside of awareness.

- 1.) Personality is a fluid and dynamic system of forces that influences behavior, even small internal modifications reverberate within the personality as a whole, often serving to alter thinking, feeling, and behavior over time.
- 2.) Defenses are constructed that serve both positive and negative ends.
- 3.) Symptoms are adaptive attempts to uncover and resolve internal conflicts.
- 4.) Neurosis is actually social in origin rooted in and individual's experience in relationships, not a manifestation of constitutional weaknesses as some pre – Freudian theorists postulated (p. 564).

Overall, the psychosocial theory supporters believe behaviors develop out of many systems interacting. Human adapting comes out of the interaction between the person and situation. Also, change in one system affects change in another (Turner, 1996).

Psychosocial Theory as it Relates to Women with Chemical Dependency

Psychosocial theory provides a framework for viewing chemical dependency and the impact it has on women's lives. Women recovering from chemical dependency have several issues. This framework helps view the individual, the family, and the environment that all help shape the individual. This framework helps display the interaction between them. For example, family impacts the individual just as the individual impacts family. The psychosocial framework leaves room to understand the many significant systems involved in the life of a recovering woman. It promotes treatment of chemically dependent women from many perspectives. The recovering woman is a complex individual with many interacting systems, a notion recognized in this framework. Furthermore, this theory identifies the potential for a woman to increase functioning and improve coping is also identified.

Feminist Theory

The other theory that best guides this research study is feminist theory. Jagger and Rothenburg explain feminist theory in the 1980s as:

Feminist frameworks were integrated theories of women's place both in our present society and in the new society that feminists were struggling to build. We saw feminist frameworks as including descriptive, explanatory,

and normative elements, offering both comprehensive analysis of the nature and causes of women's subordination and correlated sets of proposals for ending it (cited in Turner, 1996, p. 285).

In the 1990s and today, feminist theory continues to be a blend of views to the extent inequality is linked to other areas of dominance (i.e. class, race, ethnicity, sexuality) and the importance attributed to differences in gender (Turner, 1996). Feminist theory seems to be an overall framework focused on eliminating oppression of women. According to Van Den Bergh (1991), the following are key principles of feminist theory and/or perspective: "1.) reconceptualizing power, 2.) eliminating false dichotomies 3.) valuing process equality to product 4.) validating on renaming his/her reality; and 5.) believing the personal is political" (p.30).

Key Concepts of Feminist Theory

The concepts that appear most prevalent in feminist theory are sex, gender, and empowerment. Gender refers to the physical characteristics that distinguish or characterizes an individual as a woman. It includes thoughts, attitudes and belief systems society has developed about women (Van Den Bergh, 1991).

Empowerment is a concept seen repeatedly throughout feminist theory literature. McWhirter (1991) defines empowerment:

Empowerment is a process by which people, organizations, or groups who are powerless (a) become aware of the power dynamics at work in their life context; (b) develop the skills and capacity for gaining some

reasonable control over their lives; (c) exercise this control without infringing upon the rights of others in their community (p. 224).

Feminist Theory As It Relates to Women in Recovery

Feminist theory helps provide a framework for women in recovery. Feminist theory considers the societal oppression women with chemical dependence encounter including shame, guilt, and hiding their addiction (Lawson & Lawson, 1989; Mondanaro, 1987). Feminist theory offers a guide to understanding the behaviors many chemically dependent exhibit as a result of societal oppression.

With respect to recovery from chemical dependence, feminist theory offers an optimistic perspective of empowerment. Empowerment offers a process by which women may step into sobriety, recovery, and improve quality of life (Van Den Bergh, 1991). Ettorre (1992) explains that women are “acutely aware of debilitating aspects of power and lack of access to power”; therefore, “they discover the importance of empowerment” (p. 144). She also notes “women substance misusers must recognize that they are in a position to challenge hierarchical structures of power such as class, gender, and role, as well as the hierarchy of drugs... Consciousness of their own vulnerability is empowering” (p. 144).

Feminist theory is considered to provide hope to women in recovery. Ettorre (1992) expresses women need hope to see their womanselves as they recognize their close involvement in the sphere of healing. She offers a quote

from Peggy Kurneger that emphasizes hope as instrumental for the empowerment of women. "Hope is women's most revolutionary tool; it is what we give each other every time we share our lives, our work, and our love. It pulls us forward out of self-hatred, self-blame, and the fatalism which keeps us prisoners in separate cells" (p. 144).

Summary

This chapter presented the theoretical framework for this study on the experience of recovery from the perspective of women. Psychosocial and feminist theory were presented and explained. The theories were related to the issue of recovery for women with chemical dependency. The next chapter will present the research design and methodology.

CHAPTER 4: METHODOLOGY

This chapter presents the research design and methodology. Definition of key terms, sample description, sample selection, measurement issues, data collection, data analysis, and procedures for protection of human subjects will be addressed.

This research study used qualitative methods. According to Patton (1987) “qualitative methods emphasize the importance of understanding meanings of human behavior and the social cultural context of social interaction”(p.20). Patton (1990) explains qualitative research aims to understand the world from an individual’s own perspective. This study aims to use qualitative research analyzed through or by themes.

Research Questions

This study focused on the experience of women recovering from chemical dependency. This study used an interview process to understand the experience of women and attempted to answer the following research questions.

- 1.) What is the meaning of recovery to women with chemical dependency?
- 2.) What experiences are most significant in motivating women to seek and maintain recovery?

This study hopes to provide a fuller understanding of the meaning of recovery for women. Furthermore, this study explored common themes that enhance a woman’s motivation to maintain sobriety and/or recovery.

Research Design

This qualitative exploratory study was completed by conducting in-depth interviews. A list of questions known as an interview guide was used. The purpose of the interview guide was “to serve as a checklist in the interviews to make sure all relevant topics are covered and to make sure the interviewer has decided how to best use the limited time available”(Patton 1997, p.111).

The strength of this design was it allowed for flexibility and is fairly inexpensive. This design increased the comprehensiveness of the data and make the collection somewhat systematic (Patton, 1997). Weaknesses of this design were that some important data could be have been inadvertently missed. Flexibility of the interviewer could result in very different responses, therefore, it could reduce comparability of responses (Patton, 1997).

Definitions of Key Concepts

Recovery – The process of living a life abstinent from alcohol and drugs and free of old behaviors (i.e. drug dealing, prostitution, maintaining environment of use, etc.).

Women – Refers to individuals of the female gender. In this study, it refers to women between ages of 18 to 55.

Sobriety – The act and/or process of abstaining from alcohol and other mood altering chemical (i.e. crack, cocaine, heroin, PCP, designer drugs, etc.).

Length of Sobriety – The number of days, months, and/or years an individual has maintained abstinence.

Significant – “full of meaning or important” according to Webster’s New World Dictionary (1990, p. 548).

Motivating/Motivation – “To provide with” according to Webster’s New World Dictionary (1990, p.385).

Study Population

The study population was selected in order to better understand the experience of women in recovery and to explore what factors were most significant for their recovery. The overall goal of understanding the female experience of recovery was the focus of this study. Decisions related to sampling were made according to these goals.

The study population included all women between the ages of 18 to 55. The study population included women who had a minimum of 90 of days sobriety. The study population was selected from women who participated in recovery services in the Twin Cities, Minnesota. Because the focus was on the experience of recovery from the perspective of women, participants in the study population were chemically dependent in recent past. Women of all cultural, spiritual, and belief orientations and expressions were invited to participate in the study.

Sample

The sample group was selected from women living in recovery from the Twin Cities, Minnesota; therefore, purposeful sampling was used. According to Patton (1987), purposeful sampling allows for selection of information – rich cases that allow for in-depth study. Because this study pursued an in-depth

understanding of the experience of a specific population of women, a homogeneous sample was selected. In order to gain information rich data, in depth interviews were conducted with 6 women. Potential participants in the study were given a research study announcement that described the goal, purpose and benefits and risks of participation in the study. The research study announcement listed a telephone number individuals could contact if they were interested in participating. Telephone calls were used to verify eligibility. Interviews were held at a convenient time and location for the participants.

Measurement Issues

According to Patton (1987), qualitative interviews make validity less of an issue due to the detail interviews provide. Several issues were considered to ensure that validity was maintained. First, the concern with qualitative research about whether the responses given will be reflective of the questions asked was explored. This was addressed by having the interview guide reviewed. Further, in qualitative research, the assumption was made that responses will be reflective of the questions asked. Second, the concern of validity in qualitative studies as to whether the research questions are addressed by the interview questions was addressed. This concern was accounted for by ensuring the interview questions directly related to the research questions. Third, using unbiased language ensured validity. Fourth, using the interview guide minimized the issue of researcher bias. This helped keep the interviews consistent. The issue of reliability was addressed to ensure the interpretation of the data was similar,

even if another researcher conducted it. The reliability was addressed by having colleagues review the interpretations to see if they were consistent.

Data Collection

Data was collected by conducting in-depth interviews with each participant. An interview guide, consisting of interview questions relevant to the research questions, was used. Each interview lasted no longer than 45 minutes. The interviewing guide is one form of qualitative research (Patton, 1987). The interview guide consisted of open-ended questions designed by the researcher. All participants received a brief demographic sheet to complete, which included questions about lifestyle of recovery, length of sobriety, and chemicals of use. The interview guide was used because it allowed the participants to give their individual perceptions of the meaning of recovery, factors involved in motivating them to seek recovery, and factors motivating them to maintain recovery. The interview questions were asked in the same way and order for each participant to ensure consistency. This design did allow for flexibility in order to probe for more detail. All participants were interviewed individually to prevent bias.

All participants in the study were required to sign a consent form before participating in the study. The consent form was reviewed with each participant at the beginning of the interview to clarify questions. The consent form reviewed the purpose of the study, procedures, risks and benefits of participating in the study, confidentiality, and voluntary participation in the study. The consent form included permission to audio record the interview and to use quotes in the findings. Participants were given a copy of the consent form, and a contact name

and phone number for a counseling agency. Participants were notified they would not have any further contact from the interviewer after the interview. All participants were given an honorarium of a gift certificate and transportation money for participating in the study.

Data Analysis

After the audiotapes were transcribed, the data was read through and interpreted. The data was interpreted by organizing it into patterns. As the data was organized, common themes were noted. The analysis of this data was targeted at finding themes and regarding the meaning of recovery to women. Furthermore the study explored factors that motivate women to seek and maintain recovery. This data offers beneficial information for professionals working with women, in that it will promote awareness about how to better help women in the recovery process. Furthermore this information will benefit other women in recovery and women considering entering recovery by presenting the experiences of the six women that may help inspire and/or motivate.

Protection of Human Subjects

An application to the Augsburg Institutional Review board was approved Augsburg College IRB approval number is 2000 – 06 –1 (Appendix A). Consent to participate was outlined in the research study announcement describing the study as well as the consent form participants were asked to voluntarily sign. Participants were protected throughout the interview process. The interviewer was sensitive to the participant's thoughts and feelings. Because some of the questions were emotionally intense, the interviewer proceeded to the next

question if there was a sense of discomfort. Also participants could have ended the interview at any time. All data presented in the study findings, was without identifying information to protect confidentiality. Quotes were used if the participant gave consent. From quotes used, participants may be able to identify their own quotes; however, others will be less likely to know because of the procedures used for protection of confidentiality. Also, most findings were presented in general terms. Participants were protected in that all written material, consent forms, and audiotapes were destroyed after analysis of the data.

Summary

This chapter discussed the research design and methodology of this study by offering definition of key terms, description of the sample, data collection process, measurement issues, procedures for protection of human subjects. The next chapter will present the demographic information of the study participants and offer findings from the interviews.

CHAPTER V: FINDINGS

This chapter describes demographic information about the participants. It also presents findings from the responses provided by participants as they relate to the research questions:

1. What is the meaning of recovery to women with chemical dependency?
2. What experiences are most significant in motivating women to seek and maintain recovery?

Recurrent and common themes from the research findings are presented.

Demographic Information of Study Sample Participants

Sample Size, Gender, Race, Age, Geographic Residence

The sample size for this study consisted of six participants. All six participants in the study were women, as the research methodology was a homogeneous design of women. All participants in the study were Caucasian, although the study was designed to be multicultural. Age of the participants ranged from 30 to 41 (see Table 1). All participants reported their current place of residency as the Twin Cities, Minnesota metropolitan area and 100% reported they were in recovery from substance use at least 90 days.

Recovery Lifestyle

All six participants reported they felt they were in recovery from alcohol and/or other chemical dependency (see Table 2).

TABLE 1

Gender, Race, and Age Demographics (in percents) (n = 6)

	n	%
<u>Gender</u>		
Male	0	0
Female	6	100
<u>Race</u>		
Caucasian	6	100
<u>Age Range</u>		
30 – 32	2	33
33 – 35	0	0
36 – 38	3	50
39 – 41	1	17
<u>Geographic Residence</u>		
Metropolitan/Urban	6	100
Rural	0	0

n = number of participants

% = percentage of participants

TABLE 2

Recovery Lifestyle

	n	%
"Do you feel you are in recovery from alcohol and/or other chemical dependency?"		
Yes	6	100
No	0	0

n = number of participants

% = percentage of participants

Alcohol and Other Chemical Use

All six of the participants through self-report acknowledged being alcohol and/or other chemically dependent. The alcohol and/or other chemicals of use varied between the participants. Three of the participants or 50% reported one other chemical of dependence. Each of the three had a different chemical of dependence. They were alcohol, cocaine, and heroin. The other 50% or three participants reported two or more other chemicals of dependence. Other chemicals of dependence included heroine, methamphetamine, cocaine, marijuana, prescription medications, and alcohol.

Length of Sobriety

Length of sobriety reported by the participants varied. All of the participants reported over one year of sobriety. Length of sobriety ranged from 14 months to 18 years. Five of the six participants or 83% reported two or more years of sobriety (see Table 3).

Summary

All of the six participants in this study were women and reported being chemically dependent; furthermore, all participants reported they felt they were living a recovering lifestyle. Five out of six participants were in the age range of their thirties. All of the participants lived in an urban geographic area. The participants in this study reported varying chemicals of dependence with 50% (three participants) having one chemical of dependence, and 50% (three participants) reporting two or more other chemicals of dependence. All of

TABLE 3

Length of Sobriety

	n	%
0 – 2 Years	1	17
2 – 4 Years	3	50
4 – 6 Years	1	17
6 – 8 Years	0	0
8 – 10 Years	0	0
10+ Years	1	17

n = number of participants

% = percentage of participants

the participants in the study reported over one year of sobriety with the range of sobriety being 14 months to 18 years.

Introduction to Findings

The six women who participated in this study all reported being chemically dependent in recovery. The participants displayed openness to discussing their meanings and experiences of recovery from their individual perspectives as women. While there was significant variations in the participants' other chemicals of dependence and lengths of sobriety, many common themes were displayed in the findings.

The presentation of the findings will include the research questions and the themes identified for each question. The themes presented were developed from the participants' responses to the interview questions. Quotes are provided to substantiate and elaborate the interpreted common themes.

Findings

Research Question One: What is the meaning of recovery to women with chemical dependency?

Recovery has many meanings. In order to find out what the meaning of recovery was to women, it was important to determine what recovery was to each of the women individually. To find an in-depth understanding, participants were asked to describe recovery, whether they were living a life of recovery and how they felt they were living it. In order to gain better understanding of what recovery means participants were asked to describe it by what it feels like and what is necessary to maintain recovery. Furthermore, greater understanding was

pursued by directly asking participants if they felt they were living recovery and how.

Findings Related to Question One

All six of the participants in the study expressed that they felt they were leading a life of recovery. All of the participants confirmed recovery had meaning/s to them. Most of the women who participated in this study described the meaning of recovery as having three levels. The themes identified from the interviews, included sobriety/abstinence, change, and discovery.

Sobriety/Abstinence

Sobriety/Abstinence was a strong theme identified by the participants as necessary for recovery. Sobriety/abstinence was defined as the act and/or process of abstaining (not using or ingesting) from alcohol and/or mood-altering other chemicals (i.e., cocaine, heroin, PCP, marijuana, designer drugs, etc.). All six participants reported sobriety/abstinence was a necessary level of recovery. Participants expressed this theme in the following ways: "...recovering ... means not using" (03), "recovery means to me simply not using any mood altering other chemicals" (02), and "stop drinking" (04).

Change

Change was another strong theme articulated by the participants. Change involves doing things differently. Participants described change as giving up the old behavior of using and finding new ways to cope. It involved giving up the people, places, and things of using and replacing them with new people, places, and things that support recovery. For example, some participants described no

longer socializing with acquaintances that used and meeting new friends that did not use and/or were recovering. Others explained the change process as doing things the right way instead of the old wrong way. Furthermore, change was described as a commitment to recovery. Trying to stay sober but still doing old behaviors (i.e. socializing with using friends, lying, stealing, promiscuous sexual behavior, spending time in using environments, etc.) was not recovery. The chances of maintaining recovery improved as the level of commitment to change increased. Again all six participants expressed change was a meaning of recovery. The theme of change was expressed in the following ways:

...That when I stopped using, came to recovery and realized there was a different way to live, and I could actually do it... that's offered to all of us in recovery if we choose to take it. And I chose to take it because I had nothing to lose.... And it's changed my life (05).

When you enter in recovery, you slowly recover from that suffering and then soon you find yourself in what now I see myself in, as leading an upstanding life – contributing citizen. Citizen – you know, I vote and I participate in church and I have strong opinion on how things out to be operated. You know, values and things like that. When I was a suffering alcoholic, my life was focused on drinking and getting the next drink, survival. It's very different now. When I think of recovery, it now refers to a life style, not an event. When somebody says, "I'm in recovery", that means they're on the other side of the coin... because you change radically (04).

This (recovery) is a hard road to go if you're sitting on a fence, if you're still thinking there's other options. You can't sit on the fence for very long and have any kind of quality sobriety and any kind of recovery because you're still ... committed to the old life. And you can't do both (01).

What recovery means is a completely different way of life – thinking, behavior – it's like an evolution. It's being moral and law-abiding. It's being Christian, to me (03).

Discovery

The theme of an ongoing process of discovery was the third level of recovery described by the participants. The process was described differently by each participant, but each story had an underlying theme of an ongoing discovery and/or journey. The unique process of discovery involved working to find out who they are as individuals and striving towards who they want to become. The participants stressed recovery is not something that is attained or given, but it is a daily, weekly, monthly, yearly, sometimes even hourly process. Some days are more difficult than others. Participants describe the discovery process component as spiritual, behavioral, cognitive, and/or emotional. While the description of the process varied, the theme was recurrent. Four of the six participants expressed and described a recovering process. They articulated this theme in the following ways:

It means the removal of the obsession to continue on a self-destructive lifestyle, and self-destructive life choices. It means accepting that I'm not

the one in control. Recovery is a process definitely. It's being more willing to be on a path of growth and self-accountability and responsibility (01). Recovery is about returning to myself. Because everything about me was not okay before. And using made it okay for things not to be okay about me. It gave me some peace and relief from that. And the longer I stayed in recovery, the more I'm finding out that I get to go back to dreams that I gave up at that time [when using]. I get to have more courage to be more like me than I was before (06).

It's been really instrumental in my recovery to get back in touch with a higher power in terms of having faith and sort of a meaning and purpose to life. And being able to turn things over, like emotionally. Being able to cope with life, on life's terms (02).

Summary

The women recovering from chemical dependency who participated in this study offered insight in to the meaning of recovery from their perspective as women. The participants' stories articulated a meaning of recovery that is multi-level. The themes of sobriety/abstinence, change, and discovery were identified as a pyramid with sobriety as the base or foundation followed by change and discovery. While all of the participants (n=6) described abstinence/sobriety as the foundation of the meaning of recovery participants described recovery as much more than maintaining sobriety/abstinence. All participants described change as another level in the meaning of recovery. Four of the six participants articulated

the process of discovery, making steps or an ongoing journey, as the third level in the meaning of recovery.

Question Two: What experiences are most significant in motivating women to seek and maintain recovery?

Many experiences motivate women with alcohol and/or other chemical dependency to seek and/or maintain recovery. The interview guide incorporated five questions to explore in-depth meaning of the significant experiences. Questions targeted at exploring the experiences that motivate women to seek recovery included asking about what led each participant to recovery. Questions exploring in-depth meaning about what motivated women with alcohol and/or other chemical dependency to maintain recovery included: asking participants about experiences and motivations, the most positive experiences, the most difficult experiences, and enhancing the recovering experience.

Findings Related to Question Two

From the interviews with the participants, several themes evolved. Findings were separated in two categories: seeking recovery and maintaining recovery. Most participants in the study articulated significant factors that motivated them to seek and maintain recovery. Common themes that emerged in the category seeking recovery included insight and pain. Common themes that emerged in the category maintaining recovery included remembering and rewards.

Seeking Recovery

Insight

The theme of insight appeared many times in the responses related to motivation for seeking recovery. The participants' responses about insight included a description of an awareness she came to. Four of the six participants articulated insight as a motivation for seeking recovery. Responses included: "I figured something was wrong with my brain that in order to get by I needed those things [drugs]" (06), "It was a time I decided I couldn't do this any more" (04), and "I'm not willing to continue on that downward spiral" (01). Another participant provided a detailed picture of her insight process:

I first realized or started to see that I had a problem when I was pregnant with my daughter and I couldn't stop using. Normal people don't shoot drugs when they're pregnant... That wasn't enough to get me clean, but that was enough to awaken my consciousness of the fact that I had a problem (02).

Pain

The strongest theme that emerged from the responses about motivation to seek recovery was the theme of pain. Pain was described in a variety of ways including physical, emotional, and spiritual. Some participants described pain evolved as a result of consequences of their alcohol and/or other chemical dependency. The theme of pain was recurrent throughout the interview responses. All six women who participated in the study expressed the pain as motivation for seeking recovery. Responses were articulated as follows:

What led me to recovery is that I was going to die. Even though I had a medical condition, I was taking major amounts of drugs, and I didn't want to die from the drugs as an overdose. Drugs were going to kill me and I didn't want to die... there was no need to take the drugs any more because pain never really was as much physical, as emotional (05).

It was consequences! It was consequences and partly doing what they told me to do because what's worse – going to treatment or going to jail? And partly because I wanted to not use. I wanted to not disappoint people anymore. I wanted to have money. I wanted to not use drugs and be looking terrible and feeling terrible and you know, I wanted something better (03).

Most of us have awful crisis and bottom out. And the life that I was living, I had two children and there was just a part of me that knew it should be better than it was. And I was in a violent relationship... I could never control when I drank. But it was certainly a spiral down; it was a fast spiral down (04).

Maintaining Recovery

Two significant themes emerged from the responses to the interviews regarding maintaining recovery: remembering and rewards.

Remembering

Many of the women described thoughts and memories from their past use and the fear of returning to the chaos and insanity their use brought. As a result, the theme of remembering evolved. Four of the six participants described

remembering as motivation for maintaining recovery. The following quotes endorse the theme of remembering:

If I use, I will end up, you know, stealing something or doing something stupid. And it'll just lead me back. What motivates me is that I know exactly what will happen if I use. I mean, it might not be the next day, ... but it is inevitable, because I've tried it every which way (01).

I have to go to meetings because it reminds me that I'm a drunk. It reminds me that I'm an alcoholic. When I see people with less time than me, I remember what 30 days felt like. I remember what 60 days felt like (06).

I still see the insanity in the drinking and the yeah, the chaos and insanity. And so I don't want that (04).

If I remember the pain. If I remember the pain of where I was, if I remember the horror of detoxing off of heroin, I just put those thoughts in my brain for a second and I do not want to go back. I look at the quality of my life now and I compare it to the quality of my life back then and there's no comparison (02).

Rewards

The other theme recurrently endorsed, as motivation for maintaining recovery was the rewards. Rewards took on a variety of meanings for the respondents, varying from rebuilding relationships with family, friends, etc., to jobs, school, money, spirituality, and inner peace. All of the participants

described rewards from recovery as motivation to continue. Participants articulated the rewards in the following ways:

My life now. Talking to other people in recovery, actually being, having people respect me now and not disrespect me now and I do not disrespect myself. I have a house, paycheck, and a business (03).

The most positive experiences I think I've gotten out of recovery so far is that I like who I am and it's okay to be who I am. If I don't like who I am there's a way to change it and a means to do that. What motivates me to continue is that I see results. I see the success; I see the victory. I see the things in my life that I've wanted since the very beginning of my life. And I'm seeing today I can get that (05).

For me, the rewards and the gratitude that I have, it's a gift from God. And you just know that. So if I consider it as, and sometimes we think about it as a second chance at life. So it's something that you value and you don't want anybody to take it from you (04).

Summary

The women in recovery from chemical dependency who participated in this study expressed there are many experiences that motivate them to seek and maintain recovery. Insight and pain were the most significant themes described and expressed as motivation to seek sobriety. Maintaining sobriety was described and articulated by themes of remembering and rewards. The experiences of the women in recovery seemed to strongly impact their individual meanings of recovery.

Chapter VI: Discussion of FINDINGS AND IMPLICATIONS

Overview

This chapter will discuss the significant findings of the study. The findings will be related to the literature and the theoretical framework used in this study. Implications for practice, policy, and research will also be presented.

This qualitative study explored the experience of recovery from the female perspective. Six women with chemical dependency shared their experiences, perspectives, thoughts, and feelings in an open and insightful way. Each woman, with strength and insight, expressed their empowering experiences and meaning of recovery.

While the experiences and perspectives of recovery expressed by the women who participated in this study do not reflect the meaning of recovery and motivation for seeking and maintaining for all women with chemical dependency, valuable information was presented. Much can be learned from the experiences of the women, and insight can be gained into the meaning of recovery for women with chemical dependency.

Discussion

The findings of this study offer insight into the meaning of recovery for women with chemical dependency issues. Motivation for seeking and maintaining recovery for women is described as a multilevel process. The findings from the study concurred with the literature regarding recovery being a multilevel process. The foundation of recovery is sobriety/abstinence, yet striving towards growth is regarded /considered to lead to a fuller type of recovery. Themes of the meaning

of recovery that emerged from the study findings included sobriety, change, and discovery. These themes represent the multilevel process of recovery and the significance of more change and discovery resulting in enhanced recovery. While sobriety is necessary for recovery, sobriety alone does not necessarily make a meaningful recovery. Participants in the study expressed increased commitment to sobriety, change, and discovery, leads to their greater chance of maintaining recovery. All of the participants endorsed sobriety and change as a meaning of recovery, while four of six also endorsed discovery as a meaning of recovery.

Emerging from these findings were the themes of insight and pain as motivation for seeking recovery. Four of the six participants described insight as leading them to recovery through recognition they had a problem with their chemical use. All of the participants described pain as motivation for seeking recovery. Realizing the destruction that chemical use had caused in their life whether it be physical, emotional, and/or spiritual. Many participants described the consequences of use such as loss of relationships, legal consequences, loss of possessions, employment loss, and/or loss of self-respect as causes of their pain. Reaching a point where the pain was unbearable seemed to be motivation for seeking recovery.

Also evolving from the findings were the themes of remembering and rewards as motivation for maintaining recovery. Most of the participants (four out of six) expressed how remembering the pain, insanity, and destruction of their

use motivates them to maintain recovery. Part of remembering was keeping in mind where they came from and not wanting to go back.

All of the participants described rewards as motivations for recovery. Significantly, the women repeatedly described the benefits of recovery such as healthy relationships, employment, possessions, and self respect. The women in the study described appreciation for the rewards of recovery and described not wanting to lose those rewards. Participants expressed the insight that going back to use would cause them to lose the rewards of recovery. The women expressed motivation for maintaining the rewards by maintaining recovery. Overall, the stories and meanings shared by the participants offered in-depth description of the experiences of women in recovery. The commitment to share wholeheartedly provided the opportunity to gain further understanding of the female recovering experience.

The Meaning of Recovery: Sobriety, Change, Discovery

The participants in this study all reported being alcohol and/or drug dependent and living lives of recovery; therefore, the participants could be described as recovering women. According to the findings, the meaning of recovery can be described as multilevel, first sobriety, and then change and discovery.

The foundation of recovery appears to be maintaining sobriety/abstinence from the use of alcohol and/or other chemicals. This finding coincides with the literature defining sobriety/abstinence as refraining from the use of a drug and/or alcohol (Mondanaro, 1989; Ray & Ksir, 1996; Steven & Werner, 1998). All of the

participants in the study expressed that sobriety is necessary for recovery. Without sobriety recovery is not possible.

All women in the study expressed change as a meaning of recovery. The theme of change was also consistent with literature on recovery from alcohol and/or drug dependency. Recovery is not only abstinence, but also changing patterns associated with use (Mondanaro, 1989). Increased commitment to change involved increased success in recovery.

Most of the participants in the study also offered discovery as a meaning of recovery. The theme of discovery offers insights into the ongoing process recovering individuals maintain. Most of the participants stressed recovery is not something to be obtained, but it is something to work for on a daily, weekly, monthly, and yearly basis. As the process of recovery is lived, there is a discovery and finding oneself. This theme of discovery does coincide with Brooks & Rice (1997) discussion:

the process of growth and change continues to flourish in ongoing recovery...the individual continues to gain insight about feelings and experiences while reviewing the past and creating the present in safe and healthy ways. There is a growing self-acceptance, self-reliance, and positive self-regard (p. 159).

Seeking Recovery: Insight and Pain

Insight and pain were strong themes as motivation for women to seek recovery. Through the stories and experiences shared by the women who

participated in the study, it was evident that each individual who sought recovery had significant motivation.

Most of the participants expressed the significance of insight as a motivation for seeking recovery. Insight meant recognizing that she had a problem with her chemical use. Insight was realization of the impact alcohol and/or other chemicals had on their lives and lives of others. The consequences of loss of employment, relationships, possessions, legal problems, dislike of self, etc. assisted the women to gain insight into their chemical dependence.

Pain was the most significant and recurrent theme offered by the participants. The women in the study repeatedly expressed pain as a motivational factor to seek recovery. Pain was expressed as physical, emotional, and/or spiritual. Pain expressed itself in a variety of ways from consequences to fear. The findings suggest that gaining insight into having a problem and being in touch with the pain chemical use caused in their lives and the lives of others are significant motivation for these women to seek recovery.

Maintaining Recovery: Remembering and Rewards

The findings displayed two significant themes as motivation for maintaining recovery: remembering and rewards.

Most of the participants stressed the importance of remembering the chaos and insanity of their chemical use. Remembering the chaos seemed to provide a sense of gratitude for the benefits of recovery. At times when individuals questioned staying in recovery, remembering the pain offered strength to maintain the recovery they worked so hard to build.

The rewards of recovery were repeatedly described as motivation for maintaining recovery. All of the women who participated in the study described the benefits they experience in recovery. Rewards included tangible benefits such as: employment, homes, vehicles and relationships. Intimate and personal rewards such as self-respect, the ability to cope with life, dignity and spirituality were also described. No matter what the rewards for recovery were, the participants expressed awareness they would lose the rewards if they returned to chemical use. The women in the study expressed wanting to keep the rewards. The findings suggest the rewards of recovery are so important to the individuals that they continue to fight for and maintain recovery.

Implications for Practice and Policy

The findings from this study provide information about the experiences of women in recovery from alcohol and/or other chemical dependency. Furthermore, the findings offer insight into the meaning of recovery to women and the motivation for women to seek and maintain recovery. This information may be helpful to social workers, chemical health counselors, and other professionals who provide services to women with alcohol and/or other chemical dependency issues. Furthermore, this information may be helpful to women in recovery and women who are struggling with seeking or maintaining recovery, by providing inspiration and hope for a greater purpose and life of recovery. The following implications are offered: First, the meaning of recovery is much more than sobriety. While sobriety is a necessary foundation, change and ongoing discovery are also necessary for recovery. Overall success in recovery comes

from incorporating sobriety, change, and discovery. This information can provide a framework from helping women recover by helping with sobriety, change and discovery.

Second, women in recovery find motivation for seeking recovery through insight into their alcohol and/or other chemical dependency and through physical, emotional, and/or spiritual pain from their use. Pain occurs through the consequences and fear. Practitioners can play a role in helping women to become in touch with insight and pain in order to assist women with the recovery process.

Third, women in recovery from chemical dependency may gain motivation for maintaining recovery by remembering and rewards. Remembering the insanity and chaos of alcohol and/or other chemical use and valuing the rewards of recovery can provide motivation for women to maintain recovery. This information implies women in recovery may benefit from interventions that assist women to remember the insanity of use and interventions which encourage and value of the benefit of striving towards continued rewards in recovery.

Again, the experiences and stories of these women in recovery offer inspiration, hope, and encouragement to other women who maybe seeking recovery or may already be in recovery. Personal examples from the lives of women in recovery were provided. This information may also provide greater understanding of women, which could lead to greater sensitivity and empathy towards women in recovery by practitioners who provide services. The findings displayed in the study regarding the ongoing process of recovery imply the need

to review policies that affect women in recovery. Current policies have led to the provision of short-term treatment and recovery services for women. The implications from this study imply the need for policies that provide longer-term, ongoing recovery services to women.

Implications for Research

This study reflects the experiences of only six women recovering from chemical dependency. The findings from a different group of recovering women could vary. There is a need to obtain more in-depth qualitative research about the meaning of recovery from a larger number of women. Furthermore, there is a need for more research about the experience and meaning of recovery for women of color. The findings from this study provide a beginning for further research. Research with a larger sample size could offer a broader picture of the experience of women in recovery. Research into the experience of recovery for women of color could help express the experience and meaning of recovery for them and lead to services that are sensitive to their meaning.

Summary

This chapter has provided a discussion of the findings, as well as presented implications for practice, policy, and research. This thesis offered an in-depth description of the experience and meaning of recovery from the perspective of women in recovery from chemical dependency. It has been the desire and intent of this research study to offer the intimate and personal journey/s of women living the recovery experience on a daily basis. Through this qualitative study, it has been the intent to discuss recovery and display the reality

its experience. As social workers and practitioners working with recovering people, it is essential to offer hope. Ettorre (1992) expresses that "... substance abusers, researchers, and clinicians all need to work toward this goal – HOPE" (p.144). It is on this note that Peggy Korneger's quote is again offered:

Hope is the most powerful revolutionary tool; it is what we give each other every time we share our lives, our work, and our love. It pulls us forward out of self-hatred, self-blame, and the fatalism which keeps us prisoners in separate cells (Ettorre, 1997, p.144).

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Appendix A

**The Experience of Recovery from the Perspective of
Chemically Dependent Women: A Qualitative Study****(Augsburg College IRB Number 2000 – 06 –1)****Research Study Announcement Script**

Hello! My name is Heidi Kammer Jensen. I am a master of Social Work student at Augsburg College. I am here to share about the research I am conducting on the experience of women in recovery from alcohol and/or chemical dependency. Thank you for this opportunity to be here. I would like to give everyone a copy of the research announcement. (Hand out copies to everyone.) Let me start out by saying that there is absolutely no obligation to participate in this study. Furthermore, your decision to participate or not to participate will not affect your relationship with this agency in any way. Let us continue by reviewing the announcement. (Read out loud the research study announcement).

Again thank you for considering participation. Please give me a call at the number listed on the announcement if you are interested in participating or if you have any further questions. Thank you.

Appendix B

February 14, 2000

Heidi Kammer Jensen
Principal Research Investigator
Augsburg College MSW Program
(651) 637-1496

RE: Research Study Announcement

Dear RWS participant:

My name is Heidi Kammer Jensen. I am a Master of Social Work student at Augsburg College. I am conducting a research study on the experience of women in recovery from alcohol and/ or chemical dependency. I am interested in interviewing women about their thoughts, feelings, and experiences of recovery.

You are invited to participate in this important study. Please find enclosed a copy of the Research Study Announcement. Participation in this study is voluntary; there is absolutely no obligation to participate. Your decision to participate or not participate will not affect your relationship with Recovering Women's Services (RWS) or Augsburg College in any way.

Please take a few moments to read the Research Study Announcement and consider participation. If you have any further questions about the study or if you are interested in participating, please leave a voice mail message at **(651) 637-1496** with your name and phone number and I will return your call.

Thank you for considering participation in this important study.

Warm Regards,

Heidi Kammer Jensen
Augsburg College
MSW Student
(651) 637-1496

Appendix C

The Experience of Recovery from the Perspective of Chemically Dependent Women: A Qualitative Study

(Augsburg College IRB Number 2000 – 06 –1)

Research Study Announcement

What is the study?

This study will explore the experiences that women encounter as they entered sobriety and live recovering lifestyles. This study is interested in gaining awareness about the meaning of recovery from the perspective of women. This study is being conducted as part of the educational curriculum at the Master of Social Work program at Augsburg College.

Who can participate?

Individuals who voluntarily agree to participate in the study agree to an interview that will be no longer than 45 minutes. Any woman between the ages of 18 and 55 with at least three months of sobriety from alcohol and/or chemicals may participate in the study. The interview will consist of answering questions related to the experience and meaning of recovery. Participants may refuse to answer any questions and may drop out of the study at any time. All participants must sign a consent form prior to the interview. Participants will not receive any contact from the researcher after the interview.

Confidentiality.

All information collected from the interview will be strictly confidential. Any identifying information will be removed from written reports and/or publications. Again, participation in the study must be strictly voluntary.

What are the risks?

Because the study is about personal experiences, there is a risk that the interview could evoke sensitive thoughts and/ or feelings. Referral information will be provided to all participants.

What do I gain from participating?

All participants will receive a \$5.00 gift certificate to McDonalds and two bus tokens for transportation. Furthermore, this study is an opportunity for women to express their thoughts and feelings openly.

How do I get Involved?

If interested in participating, please leave a voice mail message at **(651) 637-1496** with your name and phone number for me to contact you. I will contact you about the possibility of participating.

Thank you for considering to participate in this important research study.

Heidi Kammer Jensen
Principal Investigator
Augsburg College
(651) 637-1496

Appendix D

The Experience of Recovery from the Perspective of Chemically Dependent Women: A Qualitative Study

(Augsburg College IRB Number 2000 – 06 –1)

Consent Form

My name is Heidi Kammer Jensen. I am a student conducting research as part of my Master of Social Work thesis at Augsburg College, Minneapolis, Minnesota.

You are invited to participate in a research study on the experience of women in recovery. You were selected as a possible participant in this study because you are a woman between the ages of 18 and 55, and have been sober at least three months from alcohol and/or chemical use. I ask that you read this form and ask any questions that you may have before you agree to participate in the study.

Purpose:

The purpose of this study is to explore the experiences that women encounter as they decide to enter sobriety and live a life of recovery. This study is interested in gaining awareness about the meaning and experience of recovery from women's perspectives. This study is also interested in what motivates women to enter and maintain sobriety.

Procedures:

If you agree to participate in this study, I would ask you to participate in an interview that would last no longer than 45 minutes. Furthermore, the interview will be audio taped by the researcher to assist in analysis of the information. The audio tape will be destroyed at the completion of the study.

Benefits and Risks of Participating in the Study:

The benefit of participating in this study will be the opportunity to express thoughts and feelings openly regarding your experience in recovery. Also, there would be a knowledge that the information gained may help practitioners who work with women in recovery. All participants in the study will receive a \$5.00 gift certificate to McDonalds and two bus tokens to assist with transportation to and from the interview.

The risk of participating in the study would be that the interview could surface a variety of feeling and thoughts. Some of the feelings and thoughts could be troubling. If it would occur that you are in need of a referral, you may contact the Walk-In Counseling Center at the following number: (612) 870 – 0565.

Confidentiality:

Your participation and responses to the interview questions will remain confidential. Audio tapes and transcriptions will be kept private in a locked file cabinet. They will only be available to the researcher. In any published report/s, no information that would make it possible for you to be identified would be included. Furthermore, identifying information will be removed from quotes presented in study results. Audio tapes will be destroyed by August 31, 2000. Transcriptions will be destroyed by August 31, 2000.

Voluntary Participation in the Study:

Please do not feel obligated to participate in this study, unless you choose to do so voluntarily. Participation in the study will not affect your relationship with Augsburg College. If you decide to participate, you are free to withdraw at any time. You may ask to skip or not answer any questions in the interview.

Questions and Contact Persons:

Thank you for considering to participate in this research study. The researcher conducting the study is Heidi Kammer Jensen. You may contact her at **(651) 637 - 1496**. Her thesis advisor is Dr. Laura Boisen at Augsburg College at (612) 330-1439.

At the interview, I will review the consent form with you and collect one signed copy. You will receive one copy for your records.

I have read the above information. I have had all questions answered. I agree voluntarily to participate in the study.

Signature of Participant: _____ **Date** _____

I consent to be audio taped.

Signature of Participant: _____ **Date** _____

I consent for my quotes to be used in study results.

Signature of Participant: _____ **Date** _____

Signature of Researcher _____ **Date** _____

Appendix E

**The Experience of Recovery from the Perspective of
Chemically Dependent Women: A Qualitative Study**

(Augsburg College IRB Number 2000 – 06 –1)

Screening Form

Age: _____

How long have you been sober? _____

Do you feel that you are in recovery from alcohol and/ or chemical dependency?

_____ Yes _____ No

What are your drugs (i.e. alcohol, marijuana, crack/cocaine, heroin, etc.) of
choice? _____

Appendix F

**The Experience of Recovery from the Perspective
of Chemically Dependent Women: A Qualitative Study****(Augsburg College IRB Number 2000 – 06 –1)**Interview Guide

- 1.) Please describe what recovery means to you.
Probe: What does it feel like for you?
Probe: What is necessary for recovery?
- 2.) Are you leading a life of recovery?
Probe: If “yes” how?
Probe: If “no” why not?
- 3.) What led you to sobriety/ recovery?
Probe: What helped you decide to seek sobriety?
Probe: What experiences/ people/ places/ and/ or things helped lead you to sobriety?
- 4.) How would you explain what motivates you to continue to choose sobriety/ recovery?
Probe: What experiences/ people/ places/ and/ or things impact you to maintain sobriety?
Probe: What helps you stay sober/ in recovery?
- 5.) What is the most difficult about being in recovery?
Probe: What is the hardest part of recovery?
Probe: What has been your most difficult experience in recovery so far?
Probe: What meaning does the difficult time provide for you?
- 6.) What are your most positive experience/s so far in recovery?
Probe: What meaning does this/ these experiences give you?
- 7.) What could help enhance your recovery?
Probe: What could make it better?
Probe: What is missing?

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