

A COMMUNICATION PERSPECTIVE OF ALCOHOLISM RECOVERY:

NARRATIVES OF SUCCESS

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Abstract

Understanding alcoholism and how it wreaks havoc upon the human condition has been and continues to be a prime concern for social scientists, psychologists, physicians, therapists, the legal system, a host of other concerned professionals, and society in general, particularly those who suffer from this “dis-ease” (Denzin, 1987a). Much past research has focused upon physiological concerns, suggesting disease, genetic, or even allergic connections. While such research certainly carries significant import and credibility, this study focuses on the social construction of the alcoholic identity and eventual evolution into a recovering identity. The methodology of narrative inquiry with conversational interviewing as method provides insight into six individuals’ shifting perceptions of self and relationships from their alcoholic experiences to increasingly more viable social interactions and eventual positive self identity construction. Emergent themes focus on interactive social context, divided feelings toward alcohol, communication of individual responsibility, and realignment of human values.

Table of Contents

	Page
Signature Page	i
Title page	ii
Abstract	iii
Table of Contents	iv
Acknowledgments.....	vii
Chapter One: Review of Related Literature.....	1
1.1 Introduction.....	1
1.2 Traditions and Attitudes.....	4
1.3 Changing Lived Experience.....	12
1.4 Resocialization: Moving from Alcoholic Identity to “Recovered” Identity	13
1.5 Narrative: Resocialization is Changing Stories	18
1.6 Self as Central to Constructing a Recovered Identity	23
1.7 Perception as Process in Constructing a Recovered Identity	27
1.8 Summary	29
Chapter Two: Methodology	31
2.1 Human Science	31
2.2 Research Contexture	33
2.3 Epistemology: Constructionism.....	34
2.4 Theoretical Perspective: Social Construction of Reality	35
2.5 Methodology: Narrative Inquiry	38

	Page
2.6 Method: Conversational Interviewing	41
2.7 Researcher as Research Tool	43
2.8 Co-researchers.....	45
2.9 Analysis.....	46
Chapter Three: Description.....	49
3.1 Description of the Interviews.....	49
3.2 Interview One: George.....	52
3.3 Interview Two: Barbara	61
3.4 Interview Three: Al.....	74
3.5 Interview Four: Frank	83
3.6 Interview Five: Peg	94
3.7 Interview Six: Monica.....	112
3.8 Description Summary	133
Chapter Four: Analysis	134
4.1 Analysis of the Interviews	134
4.2 Theme One: Immediacy of Perceived Social Context; “It would depend upon the environment I was in.”	136
4.3 Theme Two: Vacillating Attitude Toward Alcohol; “I had a love/hate relationship with alcohol.”	142

	Page
4.4 Theme Three: Reflexivity and Responsibility for One’s Own Life; “You’ve got to crawl out of your skin and start moving and growing.”	146
4.5 Theme Four: Valuing Life Beyond Addiction; “...Something more important than alcohol...”	152
4.6 Conclusion	156
References.....	161
Appendix.....	167

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Eleanor Grace Locke Arlen

Grace Taylor Hench Locke

To my mother and grandmother: “This one’s for you.”

Chapter One

Review of Related Literature

1.1 Introduction

It was one of the most anxious, critical, and memorable moments of my life. Several years ago I was testifying to the Alaska State Senate's Finance Committee because the state was considering making substantial statewide funding cuts to substance abuse and mental health programs. Any person could testify, but everyone was limited to three minutes, including a brief introduction:

"My name is Kathryn Arlen, and I am a certified substance abuse professional. I work here in town with our local juvenile treatment programs and volunteer at the detention center," I began.

I then told them how I had come to Alaska several years before, with nothing more than a 40 pound pack on my back, an abusive male partner, and hopes of changing my life. As I calmly, progressively looked each Committee member in the eye, I briefly summarized my current secure financial status including two bank accounts, two major credit card accounts (in good standing,) and the fact that I owned my car and other valuable items. The abusive male partner was long gone, I quickly assured the Committee. I then clearly stated:

"I am also a grateful, successful, recovering alcoholic, and I am here to tell you that treatment works." I knew I had their attention.

I chose to publicly reveal these very personal facts about myself because I believe in the power of narrative. Many other people also testified that day. Ultimately, perhaps

partly due to our collective efforts, the proposed funding cuts were dropped. Since I only had a few minutes to “make my case,” so to speak, the Committee members could not know about other parts of my personal history: that I had a Bachelor’s degree in Communication, had written and published a book about professional football, had been a successful professional fashion model for several years, and that at one time people had sought my autograph.

Gradually, in a methodical progression over time and through a wide variety of social interactions, I realize how I became increasingly socialized into an alcoholic world and lifestyle. I did not come from an alcoholic family nor did I succumb to any high school or collegiate peer pressure. Looking back, I can see now what types of events and subsequent socializing processes led me into a place where I thought I would never be or voluntarily go.

I still think about some of the people I knew during my early recovery years, the stories they shared, and how some of their lives ended earlier than they had hoped or planned. One man that I only knew slightly had been sober for years but had never totally severed his ties with some past negative associations. One evening he was found bludgeoned to death in his apartment, and to this day his murder remains unsolved.

Another had significantly “slowed down” his alcohol consumption, claiming that he “never really had a problem.” Yet one morning his body was found floating under a dock. He and a friend had been quietly drinking beer the evening before, his buddy left, and he apparently had slipped on the wet wood, knocking him unconscious before he hit the water. A third man was someone I knew better, a slight, sweet, and caring person who

enjoyed taking his smoking breaks outside the AA meeting rooms. He developed lung cancer after being misdiagnosed with laryngitis, and, before the disease could be arrested, it rapidly spread throughout his body. He died six months later. These were all people I knew who had maintained a level of sobriety for at least some period of time, but I never perceived any of them as having truly attained a state of ongoing recovery.

This research highlights the personal narratives of six individuals' lived experiences of both their alcoholic and successful recovering[ed] identities. All these co-researchers were not only honest and straightforward, but eager to share and relive their stories with me. All of them reported as I do, that narrative helps create, construct, and promote better self understanding and more effective communication with "others like us" in the multi-leveled culture in which we live.

My anecdote about the Alaska State Legislature provides an appropriate epilogue: two days later I visited the office of one of the Committee's two co-chairs seeking additional information. I approached the desk, introduced myself to the staff member, and was totally surprised when she reacted:

"Oh, you don't need to introduce yourself, we know who you are!"

"You do? How?" I exclaimed.

"We saw you on TV the other day, testifying about [whatever number that bill was.] You were great--you should be a lobbyist!" she cheerfully explained.

I had totally forgotten that not only had I voluntarily divulged my [previous] alcoholic identity to the Senate Committee and everyone else in the room, but also to anyone in the state of Alaska watching that particular news channel that day. "So much

for anonymity,” I started laughing to myself as I thanked her, left the office, and began walking down the hallway. “A *lobbyist?*,” I wondered. I couldn’t see myself as a “lobbyist,” since that word carried heavy negative connotations for me, but maybe a counselor, advocate, and perhaps a researcher; those identities seemed much more to my liking.

1.2 Traditions and Attitudes

Studying and interpreting the affects of alcoholic beverages on the human being has become as determined a pursuit of medical, psychological, spiritual, social, and lay analysts as has the insistence of men and women to continue alcohol consumption. Since approximately 1940 the words “new approach to alcoholism” have found a permanent place in the growing mass of theories, research, treatises, essays, and policies, all seeking the Holy Grail of definitive answers and solutions to this destructive human condition (Jellinek, 1960, p. 1). Descriptions of alcoholism often portray it as a disease of body, mind, and spirit.

Previous research into successful recovery from alcoholism has been primarily focused on the alcoholic behavior. The “problem” is essentially viewed as a matter internal to the individual who has become addicted to alcohol to the point of dysfunction in her or his everyday life. The longest tradition of research into alcoholism has been framed in the discipline of psychology and the most recognized program of recovery has been Alcoholics Anonymous (AA). While both the theoretical knowledge developed from psychological research and the applied knowledge accumulated in the history of AA address changing the behavior of the alcoholic individual, little has been said from the

actual experience of the recovered alcoholic. Nor do either knowledge base attempt to account for the recovery process of individuals who may reach and maintain a state of recovery outside organized programs. Given such gaps in our scientific understanding, it seems useful to conduct research from alternative points of view. One such perspective can be derived from the theoretical perspective of the social construction of reality. The social construction view places human communication at the center of the development of human reality. Through communication, human beings “create, maintain, and transform” (Deetz, 1982) the realities we experience as our everyday life world. Among such realities is the matter of identity.

Many scholars (e.g., Gergen, 1994, Harre & Gillett, 1994; & Deetz, 1982) have begun to discuss identity as one of the realities that is socially constructed. From a social construction of identity perspective, this research begins in the assumption that an individual moves from a constructed alcoholic identity to a re-constructed, recovering identity in the process of overcoming alcoholism. Such re-socialization/re-construction is not sufficiently explained through genetic, behavioral, or simplistic “program” perspectives. Such change in the human condition requires an understanding based in the interactive nature of human association. One becomes an alcoholic in the company of others. One becomes recovered in the company of others. This research considers prior perspectives, but approaches identity re-construction as a social phenomenon based in communication.

Denzin (1987b) provides an appropriate and useful description for research, defining alcoholism as a “dis-ease of conduct” and uneasiness with time, self, emotions, and relations with others (p. 12). Many substance abuse professionals and individuals struggling with the addictive affliction of alcoholism claim that there is no such state as a “recovered” alcoholic. My research attempts to neither support nor dispute this opinion. Indeed, if I were to describe my concept and usage of the past tense of the verb it would be as in having *perceived*, *accepted*, and *integrated* the realization that *recovery* is always an ongoing process in individual human existence, no matter what affliction an individual experiences. Recovery as an ongoing process is a natural part of human beings’ co-constructed individual and social reality maintained and transformed by our communication interaction.

“Recidivism,” as defined by Webster’s College Dictionary, means: “repeated or habitual relapse, as into crime.” Webster defines relapse as: “to fall or slip back into a former state of practice.” However, the world of alcoholism and chronic inebriation embraces and encourages another more positive and renewable human state, that of recovery, or “the regaining of something lost or taken away...restoration or return to any former and better condition, esp. to health from sickness, injury, *addiction* [italics and emphasis added], etc.” (p. 1104). Addiction is one of the most critical factors in defining an alcoholic identity, but cannot simply be explained in terms of the effect alcohol has on the individual. Denzin (1987a) suggests the key to understanding addiction focuses on the user’s symbolic and interactional relationship with alcohol, or any other drug (p. 51). Wilson and Wilson (1992) simply tell us that recovery is “a *journey*, not a *destination*”

(p. 283) and “ a process, not an event” (p. 285). Alcohol recovery is a process of changing, of disengaging from negative substance dependence and addiction into the freedom of self-empowerment and an expanded understanding of a malleable, self-constructed identity.

Denzin (1987c) explains that alcohol recovery is a lifelong journey filled with problems (p. 109). I agree; however, any life is a journey and will inevitably be filled with problems. The peculiar differences in alcoholic lived experiences have been the source of many research studies hoping to better explain what this particular grievous human condition is all about, what causes it, and what can alleviate it. In this research I am not concerned with suggesting a remedy. I am concerned with better understanding the perceptions of others like myself, who have achieved a solid, continuing, and interacting communicative process that enhances all sectors of their lives, not just sobriety maintenance.

Better understanding the concept of addiction is a prime consideration as this is a power-packed buzzword full of negative connotations in contemporary Western society. If one is labeled an “addict,” one is often perceived as a morally weak person possessing little if any will power. Negative stereotypes and stigmas often attach themselves to the word “addict” through our repetitious and reinforcing descriptions associated with the original definition of the word. Addiction is traditionally interpreted as an uncontrollable compulsiveness affecting all components of the human being: physical, mental, emotional, and spiritual. Many natural science approaches to understanding addiction also stress its allergy associations, focusing on biochemical imbalances, adaptive

behavior, and tolerance levels (Wilson & Wilson, 1992, p. 40). This addictive interpretation of the alcoholic concept or “conception” (see Jellinek, 1960, p. ix) has traditionally been incorporated into the disease model and reflects a pervasive debate over the physical disease requirements of the human condition labeled alcoholism.

Jellinek (1960) chose to address the disease concept of alcoholism only after the American Medical Association (AMA) and the World Health Organization (WHO) had gone on record as having officially accepted it as an illness (p. 161). Throughout his research he continued to clarify that this is still a debatable issue, although he himself subscribed to the disease concept. One of the more critical elements of this ideology, still important today, is that by having an official, physical diagnosis of alcoholism as a disease, those suffering from alcohol dependence are able to obtain necessary medical assistance, especially for initial sobriety attempts and chronic organ damage. Hospitals can then accept alcoholics for treatment, physicians can acquire additional expertise, and medical insurance can cover many treatment programs and alcohol-related physical issues (p. 160). However, this study is not concerned with the standard disease concept of the alcoholic identity but instead focuses on the perceptions that successful recovered/recovering alcoholics have about themselves and their lived experiences.

Since the late 1960's many theories and models have evolved to better deal with the alcoholic individual, and one of the most popular has been the Transtheoretical Model of Change (TTM), popularly known as the “Stages of Change,” first introduced by Prochaska and DiClemente during the early 1980's. Although its first and primary focus was on smoking cessation, the model quickly adapted to other addictions and became

popular in alcohol treatment. I was introduced to this circular, staged model when I navigated my own treatment program and have on occasion employed its approach with other associates and clients. However, although the model represents a logical progression of change stages, its value still primarily lies in its descriptiveness, enabling the alcoholic individual to better understand what has happened, what is happening, and what can happen on the Road to Recovery.

Although the stages of change model has undergone modifications over the years, it still encompasses six basic progressive stages of behavior adjustment: pre-contemplation, contemplation, determination, action, maintenance, and, when applicable, relapse (Annis, Herie, & Watkin-Merik, 1996, p. 184). Pre-contemplation describes an individual still unaware of any possible alcohol problem. Contemplation defines the individual's awareness of a need to change, but can be accompanied by ambivalence about taking action towards problem solving. Determination reflects a "hypothetical point where the seesaw or balance tips in favor of change." Action describes the process of choosing a strategy for change and pursuing it. Maintenance addresses the person's challenge to keep from relapsing by practicing the gains he or she has made. Relapse, or falling out of the wheel of recovery, need not be disastrous and is common to determined and successful recovering individuals. And, as both these authors, Alcoholics Anonymous (AA) advocates, my colleagues, and myself explain: "It is common for alcoholics...to go around the wheel several times before finally escaping through the permanent exit of maintenance" (p.185).

As criticism of the model began to surface in following years (see *The British Journal of Addiction*, 1992, [87], pp. 821-835), Prochaska and DiClemente, the creators of the model, themselves admitted that it was not clear what proportion of people successfully dealing with addictions progressed in an orderly way through the posited stages. The authors also discussed the fact that they had tested, integrated, but then discarded many variables during the model's evolving years as such changes did little or nothing to predict or describe behavior change (p. 826). The concept of predictability exists within the objectivist epistemology and is not of special interest to this human science study of human interaction, perception, and communication. I have always believed that overemphasis on what a final outcome "should be" somehow inhibits a person's capability of actually attaining that outcome.

Although interesting and easy to follow, the concepts of the stages of change still subscribe to what Coulter (1979) describes as psychological and sociological attempts to impose a logically inappropriate methodological explanatory program onto the conceptual and discursive world of the human mind. In fact, he also believes that most of the puzzles, problems, and confusions about mind, subjectivity, and associated concepts derive from these attempts (p. 6). Polkinghorne (1988) also confronts the "flattened reality" of formal science's attempt to research the human self by stressing its inability to account for the unexplained variability in human behavior (p. 149). Perhaps Crotty (1998) says it best: "Different ways of viewing the world shape different ways of researching the world" (p. 66).

Critical to the logical progression of the stages of change model is the initial motivation or readiness to change. Babad (1983) observes that this ability to change or admit one has changed is enhanced when an atmosphere and social norms are favorable to changeability and when the individual can identify external reasons justifying the change (p. 52). This sentiment accurately reflects the social constructionist theoretical perspective emphasizing the role human interaction plays in forming and communicating healthier perceptions and self-identities.

Recent research reveals that only a minority of alcohol-dependent individuals seek help and that a large portion of all alcohol recoveries takes place without professional assistance (Sobell, Cunningham, & Sobell, 1996; Rumpf, Bischof, Hapke, Meyer, & John, 2000; Blomquist, 2002). Citing Makela (1980) Blomquist (2002) adds: "...there are no effective professional techniques to treat addictive problems that radically differ from the techniques of advice, persuasion, and conversion used in *everyday social interaction* [italics added]" (p. 121). More current statistics from the National Drug Court Institute's (NDCI) studies reveal that: "most addicts and alcoholics, given a choice, will not enter a treatment program voluntarily. Those who do enter programs rarely complete them... 80 to 90 percent have left by the end of the first year. Among such dropouts, relapse within a year is the norm" (retrieved from http://www.ndci.org/dwi_drug_court_hm, April 7, 2006).

In comparing successful recovery efforts of individuals who have participated in treatment programs, Alcoholics Anonymous (AA) meetings, or a combination of those two approaches, a variety of studies discovered no significant or meaningful outcome

differences in facilitation (Tucker, 1995; Sobell, Cunningham, & Sobell, 1996; and Blomquist, 2002). One of the critical similarities revealed in much of the above research was the increased or prolonged socialization efforts by successful respondents, whether through self-initiated membership in a variety of organizations including spiritual, fortified marriage stability, or through civic involvement. Tucker concludes: "...these findings implicate interpersonal factors as primary incentives for help-seeking" (p. 805). Whatever empirical label help-seeking methods may be given, they all contribute to a healthier re-socialization of the alcoholic identity through increased interactive and communicative human efforts.

Bowden (1998) also challenges current research and treatment philosophies based primarily on the medical model of investigation insisting on treating alcoholism as a physical disease (p. 337). Throughout her analysis she raises specific questions about the empirically-based positivist epistemology's inability to isolate and account for human meaning and subsequent motivation. She also specifies that little has been done to discover the lived qualities of those alcoholics who are committed to a life of sobriety.

1.3 Changing Lived Experience

Albert Einstein, noted for both his superior scientific intellect and his devout humanitarianism, once commented: "The significant problems we face cannot be solved at the same level of thinking we were at when we created them" (as cited in Covey, 1989, p. 8). Covey is discussing human effectiveness and what can or will be the most powerful human catalysts to succeed or motivate positive change (p. 9) Recognizing one's own perceptual limitations and appreciating the rich resources available through interaction

with other human beings can provide the most powerful stimulus for discovering that necessary level of problem solution we need (p. 78).

Change and recovery are not events but interactive processes, and both are ongoing and unique to each individual in his or her lived experience of alcohol abuse and dependence. The alcoholic in denial, or refusing to both acknowledge his or her own alcoholic dependence and the accompanying intolerable emotions (see Wilson & Wilson, 1992, p. 107), needs to experience positive human interactions to reframe, re-socialize, and change.

1.4 Resocialization: Moving from Alcoholic Identity to “Recovered” Identity

Berger and Luckmann (1966) tell us that individuals are not born as members of society, but are born with a predisposition toward sociality in order to become members of society (p. 129). Shotter (1984) adds that: “Human babies are ...born...into a humanly created setting, an institution designed in advance through artifice and foresight to provide for human needs” (p. 53). As individual human existence evolves, the natural action of human sociality directs human conduct toward socially constructed needs and interests (p. 54). And although the human organism may be born with innate capacities to behave in a multitude of ways, the knowledge children need to acquire effectiveness in their society lies within the practical activities of everyday life. As Shotter pointedly states: “Practice precedes theory” (p. 75). Acquisition of this practical knowledge is a process of human interaction.

Interpretation of objective events lead toward expressions of meaning and manifestations of human subjective processes. An individual’s introduction to the world

at birth represents his or her primary socialization. However, secondary socialization may be any subsequent process inducing an already socialized individual into new sectors of human activity (Berger & Luckmann, 1966, p. 129). Introducing any secondary socialization can also depend on the additional process of *accommodation* allowing the cognitive system to adapt itself to the structure of the world (Gergen, 1994, p. 67). For the alcoholic individual this adaptive ability is critical to the resocializing process and becoming free from alcohol dependence and alcoholic associations.

Denzin (1993) explains the socialized alcoholic in terms of functional autonomy of the drinking motivation. He describes an individual's progressive construction first aimed toward a desire to escape then to ultimately "find self." This alcoholic desire to be free of the primacy of alcohol is a mode of self-consciousness finding itself altered through the streams of experience alcohol produces and is consciousness aimed at its own change, both self and body-centered (pp. 352-353).

Resocializing the alcoholic is, therefore, one of the prime concerns of most therapeutic programs. For this study, the working definition of resocialization is: *a process of transforming the dysfunctional alcoholic individual to a more positive, socially constructed functional identity.* In-patient treatment programs and therapeutic communities are currently two leading examples of planned resocialization institutions.

Referring to Berger and Luckmann's (1966) socialization concepts, Soyez, Tatrai, Broekaaert, and Bracke (2004) describe contextual therapy as a substance abuse treatment practice aimed at resocializing an individual's impaired socialization processes or faulty secondary socialization into the world of alcohol addiction by examining

original socialization processes. This approach attempts to both isolate any original issues inherent to unsuccessful socialization and to redirect an individual's perceptions towards more positive human interactions and shared meanings. Soyez et al. assert that contextual therapy employing supportive peers within the confines of a therapeutic community relies on trust and safety to change substance abusers' lifestyle and identity. The authors discuss various case studies illustrating that "problems and evolutions relating to family [primary socialization] issues have a deep impact on how the client functions in the peer community." Theme groups were established within the therapeutic community (TC) so that residents could "discuss their family history and other family issues in an intimate climate of trust and acceptance" (p. 300).

However, motivation to begin this resocializing process still lies at the bottom of the pool of recovery questions. Some theories advocate outside influence and pressures as the straw that can break the proverbial back for some alcoholic individuals. For example, family insistence or fear of jail time and heavy fines may work well for some individuals. But others need something else and/or something more.

As Prochaska, Norcross, and DiClemente (1994) conclude, major therapies currently may battle over "why" humans encounter identity and mental challenges, but the majority concur on the essential processes of change. These processes, the authors explain, are: "Any activity that you initiate to help modify your thinking, feeling, or behavior" (p. 25). But the positivist epistemological approaches inherent to these social sciences do not address the human science question of "how?"

In contrast to positivism's quest for one indisputable Truth to explain and satisfy human inquiry, the epistemology of constructionism offers ongoing interaction and interpretation between individuals as the processing medium for acquiring shared human understanding. Shared understandings becomes reality and perceived knowledge for an individual. Berger and Luckmann's (1966) seminal treatise on "The Social Construction of Reality" explains that any society's acquisition of "knowledge" must account "for the processes by which any body of 'knowledge' comes to be socially established as 'reality'" (p. 3). One of the authors suggests:

I live in the commonsense world of everyday life equipped with specific bodies of knowledge. What is more, I know that others share at least part of this knowledge, and they know that I know this. My interaction with others in everyday life is, therefore, constantly affected by our common participation in the available social stock of knowledge. (p. 41)

He continues to explain how knowledge is also structured "in terms of relevances, or perceived importance. Some of these [relevances] are determined by immediate pragmatic interests of mine, others by my general situation in society" (p. 45).

Anderson and Ross (2000) also highlight the critical role "perceived importance to the self" plays in the communication process by defining it as "perceptual salience" (p. 109). Resocialization through interaction requires such self-recognition. Resocializing an identity that finds itself encumbered with internal battles and constant challenges to successful social interaction depends on revitalizing, adjusting, and reinventing our daily use of our culturally inherent tools.

Duncan (2005) reveals that it took fifty years of psychotherapy research on human change to conclude that the client is the “single most potent factor” contributing to how change occurs (p. 4). But one of the most critical elements the individual requires for resocialization changes is a successful reframing of his or her social thinking. That is, taking into account the views, expectations, reasons, and premises of whomever’s problems need to be changed. However one goes about constructing resocialization, acknowledging what is already present, and working with that, is critical for successful and longer lasting, positive change. Reframing an alcoholic’s present language (with its own sets of symbols, negative associations, and references into more positive discursive habits) actually “teaches a different game, thereby making the old one obsolete” (Watzlawick, Weakland, & Fisch, 1974, p. 104).

Reframing, reinterpreting, or readjusting a familiar and often tired perspective presents a wider spectrum of options for the change-oriented individual and can inspire creativity and ingenuity. In my own resocialization experiences, I can recall many group discussions and meetings when just one comment spoken in a slightly different manner gave rise to previously unspoken questions and challenges from other group members. This type of rejuvenation depends, obviously, upon human interaction. And, as Berger and Luckmann (1966) constantly remind us: “...the reality of everyday life is ongoingly reaffirmed in the individual’s interaction with others. Just as reality is originally internalized by a social process, so it is maintained in consciousness by social processes” (p. 149). Vaillant (1988) specifically explains how restructuring life in the community

(parole, medical and diet supervision, AA attendance) is critical to sustained alcohol abstinence (p. 1151).

Formation of new relationships [new social interactions and constructions] is critical to sustained recovery. Bonding with individuals whom alcoholics have not hurt in the past is particularly relevant to the task of reframing and associating with freedom from relapse (Vaillant, 1988, p. 1154). In addition, continued association with struggling individuals may also inhibit a determined alcoholic's progress toward sustainable recovery.

As stated earlier, I do not know of any former "alcoholic self" (myself included) who did not reach his or her current state of both sobriety and recovery without some kind of supportive, continuing social interaction, no matter what form that interaction took. Lorber and Moore (2002) remind us that, in addition to any potential professional help, "...the social experience of being a patient also involves kin, colleagues, friends, and one's place in the world" (p. 6). Through continued positive interaction with others a re-socialization, or acquisition of a different and more positive worldview, can take root and finally successfully grow. Resocialization has another interpretation as well: learning a different, and maybe more interesting, way to tell one's story.

1.5 Narrative: Resocialization is Changing Stories

Story-telling of any kind offers a wide range of interpretations through human interactions and perceptions. Alcoholics Anonymous (AA) has for decades provided a forum for alcoholic individuals to share experiences and personal narratives in their personal quest for not only continuous sobriety, but also a new outlook on life. However,

as I gradually grew more confident in my recovering identity, I personally began to find AA meetings unsatisfying as my needs for broader forms of human interaction grew. My own social and identity needs have become satisfied in other ways as I realize and experience broader dimensions of my narrative and interactive self. The social constructionist point of view developed in my graduate education explained this aspect of my own resocialization.

I found a way, a “how,” that was unique to me, and something that would work only for me. The reconstruction of my own reality very simply lay in the continual, ongoing process of living and sharing human experience, my unique and ongoing self-narrative, and finding supportive relationships in which to interact from a new worldview.

Polkinghorne (1988) reflects this attitude:

That which differentiates a person from all other persons is a construction as well as a discovery, for the person’s story is open-ended, not finished. The realization of self as a narrative in process serves to gather together what one has been, in order to imagine what one will be, and to judge whether this is what one wants to become. Life is not merely a story text: life is lived, and the story is told. (p. 154).

As Bowden (1998) suggests: “Alcoholism recovery...is an internal phenomenon, a success story that can be told only from within” (p. 337). Denzin (1987b) also emphasizes how critical story-telling is within the framework of Alcoholics Anonymous’ meetings, although use of narrative is not exclusive to organized self-help institutions (p. 169). Spinning tales and hopefully entertaining others is one of civilization’s most

ancient methods for transmitting knowledge, customs, ideas, laws, and feelings. Human narrative predates any written language.

How humans acquire and generate knowledge is critical to all civilizations for survival, maintenance, and growth. Narrative in everyday life, portraying sequential descriptions of experiences, provides both unity and continuity in transmission of human thought, opening floodgates of ideas and possibilities (Clandinin & Connelly, 2000, p. 3). When Polkinghorne (1988) tells us that meaning is an activity and not a thing, he also emphasizes that each of us has direct access to only one realm of meaning—our own (p. 6). Storytelling becomes an activity based on each human being's selective perceptions of the world existing around him or her self, including both individual observations and selective data offered by others. As information is collected through human experience and interaction, narrative construction serves as an expedient conduit for knowledge transmission and reality construction. Alcohol and addiction therapists using the narrative approach emphasize that there is no direct access to reality, only the stories we tell about it (Duncan, 2005, p. 260).

Polkinghorne (1988) stresses that understanding one's existence rests in accepting that "narrative is a scheme by which human beings give meaning to their experience of temporality and personal action" (p. 11). He asserts that thorough narrative analysis can help an individual understand how he or she arrived at his or her current position in life. Such analysis is critical to a chronic alcoholic's hopes for recovery since acknowledging and accepting a transitional process, involving ongoing perceptions expressed through language, can further empower individual understanding and desired motivation to

change. Polkinghorne adds that narrative meaning helps provide the critical framework for understanding individuals' past events by joining everyday actions and events into episodic units (p. 10).

Narrative is not to be confused with basic chronological listing of activities or occurrences. Polkinghorne (1988) first establishes and clarifies that the term "narrative" can apply to the process of making a story, to the cognitive scheme of the story, or to the end result activity: the story itself (p. 12). Critical to understanding the term "narrative expression" is recognizing that plot and theme govern and connect events and stories (p. 131). In reviewing the history of narrative and its role in human deliberation, Ryfe (2006) explains that true narrative invokes a sense of organized sequential events comprising a beginning, middle, and end. Narrative referentially stitches events into a pivotal story involving some sort of problem, and the story is always about something. Ryfe also emphasizes his belief that storytelling helps individuals overcome barriers to deliberation (p. 74). Motivation to successfully move away from alcohol addiction is an excellent example of deliberate human action.

Narrative serves a crucial communication role between predecessors and successors as it transmits past possibilities to a present-day audience (Polkinghorne, 1988, p. 134). It also provides us critical access to our own self concepts and personal identities through expression of our own unfolding stories (p. 150). Self experiences are organized along temporal dimensions in the same manner that narrative events are synthesized into a unified story through plot development. Every separate and unique human experiential plot provides coherence, context, significance, and unity toward the overall creation of

each distinct human life (p.152). Social roles and specific others also play both sustaining and pivotal roles in creating and maintaining the individual story.

One particularly powerful example of the effectiveness of narrative in alcohol recovery comes from Smith (2003), a Native American and former practicing alcoholic. She shares her own narrative of recovering self by explaining that “answers are finally starting to come when I listen to people at conferences speak about their lives.” She reflects a constructionist philosophy as well when stating: “In order to heal you need to share your pain. In order for you to heal you need to name it. In saying what it is accurately, I can deal with it” (p. 84). Smith reveals even more detailed criteria about her recovery to functioning self-identity when tracing her story back to 1990. While in a treatment center in Anchorage, Alaska, she found herself searching for the source of her “deep pain and emptiness.” During her self-search she realized that the way she was feeling then, at the age of 39, was not the way she wanted to feel for the rest of her life (p. 84). Once again, the ability to envision her life along a continuum helped her construct a healthier, hopeful self-identity.

Smith made these remarks while addressing the Board of Regents at the University of Wisconsin when she was invited as a guest speaker. Some of her closing comments centered on intimacy and the constructive role that concept has in her life now: “The word ‘intimacy,’ as I’m referring to it, can be described as the ability of one human being to relate to another human being on the basis of trust....With intimacy, my path and your path can be brought together to form one road, so we can move forward together...” She added that she feels fortunate she has a language to define and explain her experiences

with trauma, such as alcohol and drug abuse: “I have come to that place where I need to heal. I cannot run from who I am. I must put my language to this experience and it will resolve my pain” (p. 86).

Smith’s understanding of her own past helped her both appreciate her present and better plan for and anticipate her optimistic future. She realized that through her perceptions and her ultimate voicing of her perceptions she can attain a necessary re-socialized role with an improved and altered lifestyle. Change, we have been told, is the law of life. It is also the construction of a process, and a process can only develop in stages of shifting perceptions.

1.6 Self as Central to Constructing a Recovered Identity

During the first year of an alcoholic’s recovery process, language problems may persist in the forms of thinking errors and memory lapses, an inability to understand certain language, confusion with similar and dissimilar terms, omission of small grammatical words and word endings, or improper sentence structure (Denzin, 1987a, p. 107). All these and other related disorders, however slight they may seem, contribute to an individual’s inability to best present one’s self and most adequately communicate both personal and social perceptions.

Investigating the perceptions and interpretations of “self concept” has continually motivated human researchers, from psychologists to philosophers to poets. When both Polkinghorne (1988) and Gergen (1994) comment on Descartes’ ultimate analysis of self identity, “*Cogito ergo sum*” or “I think, therefore I am,” they challenge the simplistic premise of this brief, blanket analysis. Polkinghorne comments that individuals know

they remain in some ways their same coherent selves throughout their lifetimes because they periodically reflect upon themselves, including their own corporeal bodies.

Polkinghorne states that such reflection includes viewing the mind or self as a collection of different perceptions. Understanding of the self then becomes simply the sum of all one's experiences without any specific "something" behind them (pp. 148-149). Gergen insists that certitude of existence lies in relationships of interdependency and not in the mind of any single individual. In fact, he goes so far as to amend Descartes' dictum to: "*Communicamus ergo sum;*" "We communicate, therefore we are" (p. viii).

We learn how to create our individual identities through social interaction, no matter what culture from which we come, and, as Wood (2000) states: "Like mind, self is not present at birth but is acquired in interaction" (p. 25). Through this interaction, whether in daily conversation or in a research interview, intersubjective knowledge is created as we "let the object [self] speak" (Kvale, 1996, pp. 297-298). And, as Gergen (1994) adds, a relational view of self-conception depends upon discourse about ourselves and our actions and performance of languages in the public sphere (p. 185).

Smith and Liehr (2005), nursing practitioners, describe a current nursing practice of "story theory" which is a "... nursing theory that describes story as a narrative happening of connecting with self-in-relation through intentional nurse-person dialogue to create ease" (p. 273). This concept aligns with Polkinghorne's (1988) view in that he claims the individual temporal continuum can be used for both practice and research and assumes that understanding a present health challenge occurs through understanding past events related to the challenge. Such new understanding also facilitates future identity

reconstruction (p. 274). Alcoholism presents both health and identity issues. As

Polkinghorne explains:

Identity consists not simply of a self-narrative that integrates one's past events into a coherent story, however. It also includes the construction of a future story that continues the 'I' of the person. If a person fails to project a hopeful story about the future, he or she undergoes a second kind of unhappiness, a life without hope.

(p. 107)

Individual choice and an awakening of the ability to choose consistently appear as a major function of reconstructing self-identity. Denzin (1987b) discusses the transition of selves from the "old ways of thinking" (for the active alcoholic) into the newer, non-drinking self of the present and future as a matter of choice for the individual to reconnect with others (p. 158). The entire process of reconnecting depends on successful communication. Although Denzin continually stresses the need for Alcoholics Anonymous (AA) attendance, I maintain that the choice to change can depend on any healthier social association. In other words, the process of positive, healthy individual change can begin by simply choosing to connect or reconnect by communicating with any positive social relationship.

Both my own personal reflections and those that others have shared with me acknowledge that sometimes this connective association may be with just one other individual. And Mead (1982) reminds us: "...that we live in an open universe of open selves... Thus, the individual can choose on the basis of reflective intelligence and is a free moral agent insofar as his [her] choice is sustained by his [her] social and physical

environments” (p. 24). Research mentioned earlier (Sobell, Cunningham, & Sobell, 1996; Blomquist, 2002) bear testament to the variety of means a person may employ to attain significant personal change (resocialization; reconstruction) from an alcoholic identity.

Recognizing that one can change is often, although sometimes unconsciously, reflected in many AA meetings and treatment centers’ practicing philosophies: “Remember, you are not alone, and together we can all help one another.” For many alcoholics the loss of self-identity to alcohol remains their most challenging frustration and source of grief. Realizing that others share this experience helps create an interactional basis for potential reconstruction of one’s identity. Denzin (1987b) addresses this fluctuation of self when he defines the recovering alcoholic as a person “who has stopped drinking and *regained a sense of self previously lost to alcohol*” [italics added] (p. 15).

Sobriety is simply abstaining from alcohol. Recovery and sobriety are not necessarily synonymous: one can maintain sobriety yet still not experience the transformation of recovery. In recovery an individual can move beyond the daily struggles of simply “staying sober” as his or her primary goal. In a full and honest recovery process a previously alcoholic individual becomes strengthened, confident, and better empowered to pursue and enjoy additional satisfying life goals as well. Recovery holds alcohol abstinence as only one of its goals and components and an ongoing process of developing identity as the cohering factor.

1.7 Perception as Process in Constructing a Recovered Identity

Schutz and Luckmann (1973) describe the understanding and socialization of the life world in terms of experiencing our own social circumstances and explain that we immediately perceive another person only when he or she shares a sector of the life-world's space and time in common with us. Only under the shared conditions of communication are Self and Other capable of simultaneously sharing intersubjectivity. These face-to-face situations determine the style and structure of social relations (p. 62). The authors' critical thesis is founded on the axiom that all social reality experiences are posited on the existence of "other beings like me" (p. 61). Every individual uniquely possesses his or her own "stock of knowledge" or "stock of experiences" accumulated since birth and integrates, reflects, and expresses this unique internal orientation into the structure of every social situation (pp. 99-100). In addition, constituting face-to-face situations relies on each individual's abilities to acknowledge, experience, and perceive the other's stock of knowledge/experience as best as possible (p. 62).

Our current perceptions are influenced by the past experiences which comprise our personal stock of knowledge and affect both our present motivational state and future goals. Past learning significantly influences our perceptions, but it always operates within a framework of purposive procedural activity and personal achievement aimed at problem solving. Our perceptual processes serve as organizing agents creating meaning and making sense for us from our surrounding active world. The physiologically distorting effects of alcoholic beverages further complicate the human perception process. Berger and Luckmann (1966) emphasize that "... insofar as all human

'knowledge' is developed, transmitted and maintained in social situations, the sociology of knowledge must seek to understand the processes by which this is done in such a way that a taken-for-granted 'reality' congeals for the man [sic] in the street" (p. 3).

For the practicing alcoholic, everyday lived experiences have become interdependent on acquiring, imbibing, and reacting to a variety of chosen forms of alcoholic products and all the resultant human interactions that follow those choices. This alcoholic dependence represents a dominant negative re-socialization process in a human being's life, and through a perception shifting process the "alcoholic self," that Denzin describes, can again re-socialize into a sober and recovering identity.

Our perceptions make sense based on both our past experiences and present interpretations and could not exist without active problem solving (Schneider, Hastorf, & Ellsworth, 1979, p. 7). Perceiving is always an ongoing process based on three sub-processes happening simultaneously: selecting, organizing, and inferring. We first select from the stream of incoming cues which ones we will address, then organize them into some kind of structure, pattern, or arrangement that makes sense to us, and finally interpret the incoming data for our own purposes. These inferences or judgments depend on the cues we select as we organize them into relation to our own assumptions, expectations, and goals (Stewart, Zediker, & Witteborn, 2005, pp. 131-133).

The perception/interpretation process is an ongoing human activity that enables every individual to select and categorize other individuals' actions, words, facial expressions, or any other non-verbal movements to create his or her perceptions of other human beings and produce structure in the world shared with other people (Schneider, Hastorf, &

Ellsworth, 1979, p. 12). For the struggling alcoholic, attempting to establish, maintain, and enjoy a recovery state, acknowledging and readjusting negative thoughts is critical for the reentry process into a more positively structured and supportive social world. Reconstruction or resocializing to a new identity is primarily a social process.

The ability to perceive is inherent to the human condition. Perceptions also shift and change as situations, external influences, circumstances, timeframes, and other human actions intervene, and perception changes through interaction with others. I have always thought of the interactive process of perception as the “building block” of communication, for without it, we cannot select, organize, and interpret the volumes of incoming raw data bombarding us at every given moment.

1.8 Summary

As Wood (2000) states, the individual self is acquired through interaction although we are all born with a predisposition toward society (Berger & Luckmann, 1966) and the process of socialization. Through primary socialization, acquired from original caregivers, usually family members, humans learn how to interact with other individuals and begin the process of self-perception. Through communication one begins to acquire shared meanings. Without communication, interaction leading to the social construction of both our reality and identity cannot occur.

Social constructionism, according to Berger and Luckmann (1966), finds that all human knowledge is developed, transmitted, and maintained through social interactions. Long before writing emerged, communication and knowledge transmission developed as story telling: the narrative. Narrative employs both language and non-verbal expressions,

as well as mutually agreed upon shared sets of meanings and/or symbols. And, as Polkinghorne (1988) notes, the realization of “self” is a narrative in process, an open-ended story, and both a construction and ongoing discovery.

Narrative individual understanding and ongoing self-perceptions, and realizing the events and choices of one’s own stories, provides unity and continuity. One can begin to see how one has overcome barriers in the past or how poor choices have led one to further problems. What can happen, especially for those suffering from negative afflictions such as alcoholism, is a resocialization or a reconstruction of both our perceptions and choice-making processes. Learning how to make better choices comes from repetitious re-associations with more positive human contacts and resources leading to a stronger, more positive and capable self-perception.

This research investigates the narratives of six co-researchers, willing, even eager, to share their stories of alcoholism, choice-making, shifting perceptions, and change, all leading to an eventual, personal, ongoing state of recovery. However, as my co-researchers and I all agreed, life itself is an ongoing experience of recovery and discovery, and suffering from the dis-ease of alcoholism is only one part of the equation. Some stories are longer than others, some are more expressive than others, and some more detailed. But all co-researchers chose their own methods of story-telling to best communicate memories of their lived experiences, actions, interactions, reactions, confusion and questioning, and emotions all leading toward that eventual turning point, releasing them from their personal alcoholic identity. Yet the one constant, throughout all

of my co-researchers' narratives, was reaffirmation and demonstration of how communication was always the thread pulling the fabric of their lives together.

Chapter Two

Research Methodology

2.1 Human Science

The focus of this study is: *How is the lived experience of alcoholism recovery without recidivism perceived by the recovered person?* Many professionals throughout the treatment community and general populace maintain that there is no such individual as a “recovered” alcoholic. I do not intend to dispute whether or not any alcoholic individual can ever be termed “recovered” in the treatment or 12 step usage of that verb. Instead, this study will focus on individuals' own perceptions of experiences that have contributed to their successful, holistic, and sustained recovery process from a negative alcoholic lifestyle. The research interest here is a shared story that is the basis for an ongoing journey. To discern that story, this research must generate from a coherent research perspective.

Human science and the interpretive worldview anchor this study and must, like all scientific research, follow systematic procedures with specific procedural choices. As Crotty (1998) emphasizes, research ...must first explicate our form of human inquiry so that we may be taken seriously as we describe our epistemology, perspective, methodology, and method (p. 13). Of first concern, as Van Manen (1990) posits, is that human science meets individuals immediately in their own world (p. 18). My own previous world of personal alcoholic life experiences plus my knowledge of others'

similar stories have convinced me that a more perceptive, active, intuitive, and pragmatic type of scientific approach is both appropriate and necessary for better understanding the lived world of alcoholism and individuals' restructuring their lives away from that experience.

Human science focuses on the production of action sensitive knowledge and sponsors a certain concept of progress. This "progress of humanizing human life" helps humans become more thoughtful and prepared to handle the vastness of life situations they will confront (Van Manen, 1990, p. 21). My own experiences with alcoholism, through the suffering and the recovery, have proven that concept valid for me. That construct also emerges throughout my co-researchers' experiences.

In creating this research my goal was not to address the physiological and/or medical aspects of alcoholism: that discussion would be more appropriate within the scope of the natural sciences. This study focuses on the perception of lived experiences of recovery from alcohol use/abuse and the human meanings unfolding through these experiences. Van Manen (1990) explains that detached observation, controlled experiments, and mathematical/quantitative measurement and analysis would be typical preferred methods of inquiry for a positivistic epistemology. In contrast, description, interpretation, and self-reflection are basic preferred methods for human science. Citing Dilthey (1976), Van Manen adds: "We explain nature, but human life we must understand" (p. 4).

2.2 Research Contexture

The research interest always guides the study. Here, as in any research on human life, epistemology grounds how to proceed in answering the critical research question, dictating how to proceed in exploring our research interest (Crotty, 1998, p. 13). My investigation of individuals' perceptions of lived experiences embraces constructionism (Crotty, 1998) as its epistemological source. A more specific theoretical perspective emerges from that basis, and this study's perspective is the social construction of identity. Theoretical perspective then describes the general orientation, assumptions, and characteristics of inquiry into human life experience, or, as Van Manen (1990) explains, the theory behind the methodology. Methodology is the operational procedure within that framework (pp. 27-28). For my study, stemming from a constructionist worldview, I wanted to know how individuals perceive themselves in the reconstruction of their identity from their alcoholic to their post-alcoholic world. In order to best investigate those perspectives, a narrative inquiry process, utilizing a conversational interview method, proved to be the most viable, productive, and illuminating research procedure.

This research interest demanded careful, controlled interaction to pursue other individuals' perceptions of the "dis-ease of conduct" (Denzin, 1987a, p. 194) in alcoholism that I myself endured for many years. I was not looking for generalizations, only pursuing possible expectations. I was, am, and probably always will be curious about both the similarities and the differences between my own and others' experiences with alcohol dependence.

2.3 Epistemology: Constructionism

Epistemology, or the way we know what we know, guides any research.

Constructionist epistemology, grounded in human science, asserts a qualitative research emphasis on human processes and meaning acquisition which cannot be experimentally measured (if measured at all) in terms such as quantity, amount, intensity, or frequency. Qualitative researchers emphasize the intimate relationships that develop between the researcher and the study subject along with the situational constraints that shape such inquiry. Positivistic science's criticism that qualitative research is not viable and/or credible has come to be regarded as nothing more than "...an attempt to legislate one version of truth over another" (Denzin & Lincoln, 2000, p. 8).

The traditional positivist search for causation typically drives quantitative research which postulates the objective existence of meaningful reality (Crotty, 1998, p. 40). However, constructionism, emphasizing the shared meanings created through human interaction, is the epistemological base for this research. The world of the alcoholic is one that unfolds as a perceptual construction of physical, mental, and spiritual ailments and imbalances; and ultimately of dysfunction. The human science approach to alcoholism, investigating perceptions, motives and outcomes of human interaction and communication, provides a more appropriate way to investigate the meanings of one's lived world.

The objectivist epistemology or positivistic perspective suggests that meaning is out there and inherent in the world, and we just need to find the appropriate ways to discover it. The constructionist worldview, however, embraces the belief that "meanings are

constructed by human beings as they engage with the world they are interpreting” (Crotty, p. 43). In relational interactions humans generate the basis for a mutual understanding through which they can then develop other bases for interaction as their perceptions of self-in-the-world ground action and communication. Defined as human science, constructionism allows researchers to decide among alternatives in scientific methods (Polkinghorne, 1983, p. 241) in order to understand such perceptions.

2.4 Theoretical Perspective: Social Construction of Reality

As Gergen (1994) elaborates, while constructionism as an epistemology expands the framework of knowledge acquisition, social constructionism is a specific view of knowledge situated within the sphere of social relatedness (p. 30). Crotty (1998) reminds us that the “social” part of social constructionism emphasizes the mode, way, or the specific method of meaning generation, not the type of objects potentially bearing meaning (p. 55). Action as a method generates intended meaning, and, as Polkinghorne (1983) adds, “Human action concerns intended activity.” While intention implies choice-making, it also addresses how human action can be accounted for and explained (p. 172).

Van Manen (1990) discusses “lived meaning” in terms of how individuals experience and understand the ways in which their world is real and meaningful (p. 183). In every individual’s world he or she is in some way connecting with other individuals at some level, even if this connection is accomplished only by engaging with written text or memories. As each of us interacts and attempts to connect with all the various individuals who come into our respective worlds, we first perceive, then select and organize what we perceive, and finally interpret and live our selected perceptions (Anderson & Ross, 2002,

pp. 106-107). We use any and all communicative tools available to us, both verbal and non-verbal, to communicate ourselves to others. In this manner we are socially constructing our worlds: the reality in which we live at that moment. Constructionism establishes the relationship and not the individual as the focal point of knowledge creation (Gergen, 1994, p. x).

Understanding reality based on individual interactions is a basis for social constructionism (Gergen, 1994, p. 68), and I explored how interactive identity creation in an alcoholic's lived experience shifted perceptions to one of sustained, lived recovery. Berger and Luckmann (1966) describe the concept of the Social Construction of Reality as an enterprise geared to understanding reality as it forms the subject matter of everyday life (p. 19). Citing Harre (1986) Crotty (1998) states: "All reality, as meaningful reality, is socially constructed." He next cites Greenwood (1994) saying that: "Social reality is...a function of shared meanings; it is constructed, sustained, and reproduced through social life" (p. 54). Social refers to the how; the way that meaning is generated between human beings. Crotty explains that this does not refer to the kind of object constructed though it may be an experiential one.

Our culture and the received notions from our culture(s) have also socially taught us how to perceive and interact with both the natural world, such as sunsets, trees, or the Grand Canyon, and our social, human world. But our basic generation of meaning is always social (p. 55). We interact not only with other human beings, but also with the human representations, creations, and ideas we have been individually and culturally groomed to receive. In the alcoholic world, inescapably bonded to internal physiological

distortions, social representations become distorted as well, including one's self-perspective.

Gergen (1994) tells us: "Conceptions of self have played and continue to play an immensely important role in human affairs." In a most general approach, scholars explain that individual minds play powerful roles in justifying and maintaining patterns of cultural life (p. 211). Gergen also cautions, however, that just as the human sciences play powerful roles in sustaining culture and individual cultural practices, "All that is natural, normal, rational, obvious, and necessary is—in principle—open to alteration" (p. 59). Human beings, that is, create our own experiential worlds.

The twin concepts of alteration and transformation of self are critical in successful alcohol recovery. Many treatment centers focus on re-socialization of the chronic alcoholic hoping to address serious individual self-concepts possibly contributing to specific negative anti-social alcoholic behavior such as violence, dishonesty, even withdrawal. I recall one past female associate whose repeated attempts at traditional treatment approaches failed her. She eventually enrolled in a one-year rehabilitation "ranch" focusing on re-inventing or attempting to recreate one's primary socialization. Though I have lost track of her, the last I heard she was doing well.

Gergen (1994) remarks how traditional scientific research, situated within the positivistic epistemology, is largely concerned with establishing general principles about cognition, perception, and so on which are uncontaminated by either culture or history. However, "The constructionist, in contrast, has an acute sensitivity to the perspectives of other people and times" (p. 137). Lived perspectives are often revealed through stories

(narratives) which are, after all, forms of accounting for human action, and, thus, intention. Narrative accounts are embedded within social action, rendering events socially visible and establishing expectations for future events. Self-narratives helping explain the self are not fundamentally possessions of the individual, but rather products of the relationships in social interchange (p. 186).

Who someone perceived he or she “used to be” and who individuals report they are now were prominent experiential perspectives throughout my conversational interviews. My co-researchers’ experiences in many ways paralleled my own, and we all shared memories of an ongoing frustration stemming from a central crisis of identity. My co-researchers shared similar memories of fluctuating feelings and loss of control which contributed to dysfunctional misunderstandings about the everyday world around them. Our conversations often centered on the meanings of their memories.

2.5 Methodology: Narrative Inquiry

Remembering that Crotty (1998) tells us meaning is not discovered, but constructed (p. 9), I easily recall many discussions with recovering individuals during my years as an active alcoholic. So often these discussions focused on attempts to explain and understand behavior. We not only shared our stories with each other, we enjoyed doing so. Narrative methodology, emphasizing the construction and telling of stories, therefore surfaces as a viable form of inquiry. Gergen (1994) explains how identities are constructed largely through narratives, but also stresses that these narratives become properties and substance of communal interchange (p. x).

Story-telling often predominates during the course of Alcoholics Anonymous meetings. In fact, many communities dedicate one meeting out of the entire weekly meeting format to just one individual's life narrative allowing traditional sharing session to follow. Over the years I realized two critical matters emerge during these meetings: first, sharing one's experiences helps to dispel feelings of isolation and despair; second, often hearing someone else's experience helped other individuals construct new and better ways for handling future and similar challenging situations. In addition, simply expecting one or both of these goals to be met provided continuing motivation to attend meetings and maintain sobriety. And if someone did relapse, the expectation of understanding and compassion "from others like me" created a safe port in the storm.

As Berger and Luckmann (1996) state: "Men [sic] must talk about themselves until they know themselves" (p. 38). As one of the authors adds: "Language originates in and has its primary reference to everyday life; it refers above all to the reality I experience in wide-awake consciousness...and which I share with others in a taken-for-granted manner" (p. 38). Language is, of course, the essential communicative element of narratives and conversations which reflect changes in thought, philosophy, activities of everyday life, meanings, and all levels of human observations (Kvale, 1996, p. 8). Stories and both the language and concept of "self" are vitally connected: "A self without a story contracts into the thinness of its personal pronoun" (Polkinghorne, 1988, p. 107), and pronouns are by definition only bland representations of the personal noun and individual identity.

Narrative schemes and descriptions are ubiquitous in our lives, filling our cultural and social environment with storied accounts attempting to explain both our and others' behaviors (Polkinghorne, 1988, p. 14). Story-telling and narrative knowing are a unique human practice for creating social reality, and narrative knowing is being able to structure information according to a schematic or holistic format (p. 111). Polkinghorne (1988) suggests that from an increased personal knowledge base improved through narrative analysis, individuals may acquire necessary assessment and interpretive tools for improved social interaction. The practicing alcoholic attempting sustainable sobriety and continuing recovery exists in a social world. His or her perceptions of that world, and his or her ability to interact with this social environment, are critical to perceptions of self and others.

By understanding the perceptual process through human discourse researchers may come closer to understanding the real behavior of real people and the way in which those people derive information from their experiences in a dynamic and meaningful world (Harre & Gillett, 1994, p. 171). The concept of identity, formed by social processes through narrative roles and determined by social structure, continues to be maintained, modified, and reshaped through social relations (Berger & Luckmann, 1966, p. 173). Harre and Gillett (1994) also examine the hypothesis that the mind of any human being is constituted by both private and public discourses and emphasizes that this is a viable concept for studying how selfhood is produced (p. 104). Discourse, or conversations, and narrative are "essential for obtaining knowledge of the social world, including scientific knowledge" (Kvale, 1996, pp. 8-9).

As Harre and Gillett (1994) explain, human beings live in two worlds, one being essentially discursive [conversational] in nature. This world of signs and symbols, human language, only comes into being through intentional action. The authors emphasize: “The relationship of a person to that world is to be understood through the idea of a skilful action...” and that only through an individual’s acquired skills can they become and continue to be a person (p. 99).

In discussing the concept of becoming and continuing to be a “person,” Polkinghorne (1988) has already reminded us how the experience of self is organized along a temporal dimension in the same manner that narrative events are organized into a unified story (p. 152). He summarizes that the individual’s life experiences gather these events into a coherent and meaningful unity giving context and significance to the “overall configuration that is a person” (p. 152). The narrative approach of conversational research interviewing is a storytelling investigation from beginning to end (Kvale, 1996, p. 274) and one in which two partners discuss a theme of mutual interest; in this case, one individual’s story about alcoholism and recovery. This form of research interview is a “specific form of human interaction in which knowledge evolves through dialogue” (p. 123). Dialogue as conversational interviewing therefore becomes the immediate vehicle for this narrative inquiry.

2.6 Method: Conversational Interviewing

Method is a systematic way of gathering data for scientific analysis. The research method should maintain a harmony with the research study’s deep interest (Van Manen, 1990, p. 2). My interest lay in others’ perceptions of their lived experiences with alcohol

and recovery. Dialogue, encouraging personal stories, was my most viable choice of method. Within the qualitative research framework of human science, the conversational interview, based in narrative inquiry methodology, allows the “self” to emerge with its own unique perception of human identity as it interacts and creates meaning with another “self.” During this interaction meaning and knowledge are created between the two “selves” of the co-researchers. As Kvale (1996) emphasizes, “The *inter view* is a situation of knowledge production in which knowledge is created between the views of the two partners in the conversation” (p. 296).

I chose to use conversational interviewing in this study as the most productive method in eliciting evidence of narrative self-constructions from my co-researchers. During conversational interactions with my co-researchers I encouraged them to share their personal stories of addiction and recovery by primarily asking open-ended questions. I occasionally used necessary probing and validating questions utilizing active listening skills. Kvale (1996) stresses that “Active listening—the interviewer’s ability to listen actively to what the interviewee says—can be more important than the specific mastery of questioning techniques” (p. 132). When appropriate, I also briefly shared critical and encouraging examples from my own recovery narrative in order to create an empathetic atmosphere for my co-researchers, to provide better access for eliciting layers of disclosure (p. 135), and to encourage shared constructions of meanings and expanded personal knowledge bases.

I allowed my co-researchers latitude in telling their stories and redirected only when necessary to bring the narrative back to the focus of interest. Being aware of the primacy

of my research question, I focused our conversations on the integral concept of perception. The capta created by the co-constructed, conversational interviews was then analyzed for pattern development and theme emergence.

Kvale (1996) states that “The interview conversation is part of the social world studied and [is] a ... means for obtaining knowledge of the social world.” However, although we exist in a conversational circle “where our understanding of the human world depends on conversation and our understanding of conversation is based on our understanding of the human world” (p. 296), we can expand our comprehension of this human world by initiating dialogue with it. Knowledge production evolves from conversations between the views of two individuals (p. 297).

Kvale (1996) addresses the proverbial question of “How many interview subjects?” by simply stating, “As many as you need to find out what you want to know” (p. 101). To best explore and describe attitudes, he recommends 15 plus or minus ten, or between five and twenty-five subjects/co-researchers. For this study I looked for the “how” of perceptions relating to alcoholics who have maintained continual sobriety for at least seven years. I was not looking for numbers from which to make generalizations, and the only information I was seeking is knowledge about specific attitudes and perceptions. Therefore I interviewed six individuals representing a balance between male and female plus diversity in ethnic, social, and vocational backgrounds.

2.7 Researcher as Research Tool

As the research interviewer, I am also the research tool. As the research tool, I must bear scientific responsibility for the “methodical production of new knowledge” (Kvale,

1996, p. 285). Van Manen (1990) reminds us that knowledge speaks through our lived experiences (p. 46). Since the conversational interview is the construction site for new knowledge, my own lived experiences and perception of these experiences affected the manner in which I implemented myself as research tool during the interview process.

From my own personal background as a practicing, struggling, relapsing, and eventually sustaining recovered alcoholic I knew I shared much in common with my co-researchers. These specific lived experiences were, after all, the motivation for this research study. Therefore, my intuitive approach to the research interviews already provided a natural sense of empathy. However, although I shared similar background with my selected participants, I was also aware of a researcher's moral obligation to maintain integrity, acuity, and balance as the research tool.

Staying on course and true to the primacy of the research question is the number one priority, and this same dedication commands an animated orientation to the co-researcher. Qualitative research cannot permit an attitude of disinterest. It is an act of attaching ourselves to the world: "it is a caring act" (Van Manen, 1990, p. 3). However, as I also maintain another role as a trained alcoholism professional, neither could I allow any interview session to become therapeutic in nature or scope.

Considering the combination of experiential roles I brought with me as the research tool, I discovered I was frequently challenged by assumptions based on past personal knowledge. As Van Manen (1990) concurs, how do we then, as researchers, come to grips with our own presuppositions? How do we or can we "let go" of what we already know? He suggests that: "It is better to make explicit our understandings, beliefs, biases,

assumptions, presuppositions, and theories” and not to forget them, but in order to keep them at bay and controlling any attempt for our presuppositions to creep back into our reflections (p. 47).

2.8 Co-researchers

In addition to exhibiting a willingness to share their experiences (with alcohol, its abuse, and their recovery) the only requirement for participants in this study was the maintenance of a minimum seven years of sobriety. Through my own experiences with treatment and counseling professionals, consensus suggests that five–seven years of clean, alcohol-free living is a significant milestone in sobriety success (Sobell, Cunningham, & Sobell, 1996, p. 969). Many of my co-researchers have experienced at least twenty years of sobriety and indicated to me that their recovery process was so intact that remembering the precise number of alcohol-free years often seemed irrelevant.

I recruited my co-researchers as volunteers from current professional contacts who then referred me to other potential participants residing in either Fairbanks, Alaska or the immediate area. This common human science research technique is referred to as “snowballing” and participants “emerge through a process of reference from one person to the next” (Streton, Cooke, & Campbell, 2004, p. 37). This research technique is often used for studies with a particularly sensitive focus having possibly hidden or elusive populations, and I found it to be ideal for locating potentially qualified co-researchers (p. 39).

All participants’ confidentiality was respected and protected through use of pseudonyms in the final written research and by careful editing of specific and unique

individual descriptions. All co-researchers signed necessary consent forms in keeping with the Institutional Review Board (IRB) requirements. Interviews took place in the conference room of the Department of Communication at the University of Alaska Fairbanks.

2.9 Analysis

Capta, information transformed through data transcription, resulted through interplay of research questions and answers. Critically important throughout human science data collection process is the researcher's constant awareness of the continuum between description and interpretation as co-researchers discuss their lived experiences (Kvale, 1996, p. 187). During my interview sessions I focused on the co-researchers' perceptions of his or her experiences. I asked a preliminary open-ended question encouraging the participant to describe his or her experiences with alcohol and recovery to create the initial conversational "inter-view" research cite.

Kvale (1996) suggests several steps of methodological analysis, beginning with the participant's description of his or her lived experiences while the researcher remains focused on saturated listening. While guiding the conversational interview, the researcher may offer co-researchers opportunities to expand upon or clarify statements or interpretations by reframing, confirming, denying or restating their comments. For example, as I was both the interviewer and research tool, I occasionally found myself injecting questions or observations such as: "Can you back up a moment? Did I understand that when...?" or "But was that when you first realized...?" and "Now I think I better understand what you meant earlier when you said..."

This process of reflexive listening allows the researcher to obtain the most accurate possible data for transcription and capture results while encouraging co-researchers to precisely describe aspects of their life world, including both feelings and actions (Kvale, 1996, p. 32). During this mutually reflexive process, co-researchers themselves may begin to relate any discovery of new meanings or relationships in terms of their experiences and convey these realizations to the researcher (pp. 187-190). The researcher may also lead co-researchers toward themes, but not to certain opinions about these themes (p. 34).

Next, the researcher tries to analytically transcribe the co-researcher's verbal expressions, noting any significant non-verbal expressions which may clarify the verbal. To further insure confidentiality and establish a higher level of validity, I personally transcribed all the taped narrative interviews. While replaying the tape recordings I found myself visualizing my co-researchers' faces, dress, hand gestures, and other physical movements and used these triggering vocal cues to provide additional richness and depth to the eventual interview descriptions. And, although all dialogue was transcribed verbatim, including "um's," repetitions, pauses, exclamations, etc., the vernacular language was adjusted for smoother reading and interpretation. Presenting interview findings through selected quotes validating these emerging similarities and concepts helps the reader mentally recreate the actual interview interaction while also providing material for research analysis (Kvale, 1996, p. 266).

Transcription analysis and interpretation depends on the purpose of the study and the narrative interviews (Kvale, 1996, p. 190). My research focused on my co-researchers'

perceptions of their lived experiences during both their alcoholic and recovering lives, and I was particularly interested in learning what my co-researchers perceived of as their “turning point” involving the different construction of self choices (Stewart, Zediker, & Witteborn, 2005, p. 263). I wanted to discover what common themes emerged from the personal stories of my disparate co-researchers’ lives as they evolved from their alcoholic identities into their continuing recovering selves. Thematic analysis emphasizes the significance of patterns, broader meanings, and implications and focuses on underlying ideas, assumptions, and conceptualizations (Braun & Clarke, 2006, p. 84).

Therefore, theme emergence and re-emergence, meaning interpretation from the researcher’s perspective, and meaning categorization from all six narrative interviews surfaced as the primary “inter-view” transcript analysis methods. As my goal was to investigate the commonalities in both alcoholic and recovering identities from the social constructionist epistemological perspective, research analysis focused on condensing all six co-researchers’ narratives into one general storyline, revealing similar perceptions and emerging self-identity concepts. With my own perspectives and limitations as the research tool influencing this research narrative development, ad hoc intuitive reflections also contributed to analysis direction.

Bonvillian (2003), quoting Labov (1997), states: “Narratives are privileged forms of discourse that play a central role in almost every conversation” (p. 94). Kvale (1996) reminds us how common-sense understanding of ordinary conversation may contribute to a refined understanding of the human world understood as conversational reality (p. 285). And in our conversations we describe: we tell each other what we saw, did, heard,

encountered, or thought, and we depend on our descriptive communication to accomplish everyday tasks and literally keep our world moving. It is the descriptive narrative's purpose, as Polkinghorne (1988) asserts, "...to produce an accurate description of the interpretive narrative accounts individuals or groups use to make sequences of events in their lives or organizations meaningful" (pp. 161-162).

Chapter Three

3.1 Description of the Interviews

This Communication study of the social construction of both the alcoholic and recovering self identity employs narrative inquiry and conversational interviewing as methodology and method. Because of my own alcoholic past and successful recovery from it, I wanted to discover how other individuals with similar alcoholic histories had perceived their own life experiences and ultimately achieved a sustainable lifestyle and rejuvenated self-perception. I selected narrative inquiry as my methodology because, as Polkinghorne (1988) suggests, it helps define the "...realization of self as a narrative in process" (p. 154). Conversation between two individuals elicits the narrative and "...is to be thought of as creating a social world..." (Harre, 1984, p. 65). As one's social world is created, narrative becomes the primary means through which the individual can construct the dimension of his or her life's meaningfulness and understand it as significant (Polkinghorne, 1988, p. 155).

As the conversational interviewer, I myself was the research tool, and my responsibility lay in defining the situation, introducing the topic, and steering the course of the interview (Kvale, 1996, p. 126). In the research interview, a specific form of

human interaction in which knowledge evolves through dialogue, the interviewer/research tool must create an atmosphere of safety allowing his or her co-researchers freedom to talk about a range of issues, including personal ones, but not permit the session to become therapeutic in nature (p. 125). Recognizing the roles and perceptions I brought with me to the interviews, as both past practicing alcoholic and now certified counselor, I remained consciously focused on my researcher responsibilities and code of ethics. Considering the possibility of painful or emotional issues arising out of the co-researchers' dialogues, I also provided each co-researcher with a short list of local counselors or therapists they might contact. All co-researchers indicated they appreciated that foresight; however, none of them left our interview session with any indication of sorrow, anger, frustration, or any other type of "dis-ease."

Procuring my co-researchers mostly through the "snowballing method" proved to be a satisfying and enjoyable experience. I did personally know one of them before; "Barbara," from a counselor training academy we had both attended. However, the others were all referred to me by other counseling contacts I know.

My co-researchers included three men and three women. Two were Alaska Natives, and the remaining four were Caucasian. Their chronological age averaged in the fifties. In order to take part in this research, the minimum number of successful recovery years was seven, however, the smallest number of co-researcher recovery years was actually ten. The other five participants had been in recovery for more than twenty years. All six face-to-face interviews took place in the Department of Communication interview room at the University of Alaska, Fairbanks; however, due to a technical problem that occurred

earlier in Barbara's interview, a portion of her narrative was reconstructed in a follow-up, long-distance telephone interview ten days later.

We co-constructed a portion of Barbara's narrative that had not recorded appropriately earlier. When I attempted to lead the conversation in a direction similar to our previous interaction, I noticed no significant difference in her choices of stories, responses, or descriptions as I employed the same conversational interviewing methods I had previously used. These included my asking Barbara and every other co-researcher to begin by "framing" their past alcoholic experiences in whatever manner that best suited them, and then steering or guiding the conversation through reflexive listening skills: asking the co-researcher to help clarify a statement by rewording it and sending it back, asking for specific definitions, and encouraging the co-researcher to expand on certain elements.

Occasionally I needed to redirect one of my co-researchers back to our research topic in that sometimes one of their digressions exceeded the realm of this study's focus. For example, one co-researcher's friend, who was diagnosed with HIV, played a critical part in her recovery experience. Her [attempted] monologue on the history of AIDS research, however, did not. None of my co-researchers who occasionally needed that refocusing "prod" showed any signs of resentment and each one got back on task with cheerful energy and continued his or her story. Not only were all my co-researchers cooperative and mindful, they all exhibited interest in this research project and curiosity about its progress and finalization.

3.2 Interview One: George

George was the only co-researcher I recruited by calling the Alcoholics Anonymous (AA) listing in the local phone book. I was already aware that all AA communication insists upon a “first name only” personal reference, and members do not voluntarily share each other’s phone numbers. In my initial call I explained who I was, the nature of my research, and the fact that I was looking for volunteer co-researchers. My message was passed along, and George called me expressing his interest. He agreed to participate, and we arranged a meeting time on the University campus.

We had a few initial problems connecting with each other. The first time George had forgotten about our appointment, and I needed to phone him to find out what had happened. He apologized for his forgetfulness, and we rescheduled. Before our second appointment, he called me explaining that he had a conflict and requested we set yet another interview time. On that third rescheduled date, I encountered car problems on the way to our appointment and had to temporarily abandon my automobile. I hurriedly arranged other transportation and was only five minutes late in meeting George at our campus appointment spot. We proceeded to the Communication Department interview room, and, after our interview session had ended, he happily volunteered to drive me home.

George is a professional gentleman in his late fifties with a pleasant, gentle, and patient disposition. He was also the only one of my co-researchers who still maintains active involvement with AA. He appeared reserved and seemed unsure about what to say about himself, so I consciously focused on helping him to relax. I asked him to tell me

about his experiences with alcohol, giving him leeway to begin his story any way he chose.

George restated my question: “How I became an alcoholic, you want me to talk about that first?” Again I reassured him that he could approach this topic in any way that made the most sense to him. He replied: “I believe my problems with alcohol were sort of coincidental with my arrival in Alaska, taking a job with...” and he mentioned the name of his employer, the same company for which he has now worked twenty-five years. We first discussed his adult past and the role of alcohol in his life. He explained that he never drank until he had “a few typical drinking experiences” in high school and that he “only drank beer sparingly while in college.”

I noticed that by now George had become more relaxed and had removed his knit cap. Throughout the rest of our conversation he held his hands neatly folded in his lap while occasionally crossing and re-crossing his legs in front of him. He maintained natural, direct eye contact with me, only shifting his gaze for emphasis when he began describing specific memories. He appeared to enjoy recounting his academic and employment history.

I discovered that I needed to probe and redirect George several times to make sure I understood the correct chronology of his narrative, but he did not seem to mind these attempts. He did, however, ask me a few times, “What was the question?” or “Where were we?” I got the impression that he was not used to telling his story, or perhaps not sharing it very often.

He told me that after college graduation, he joined an organization which he described as “a sort of Catholic Church’s Peace Corps.” He was assigned to Freeport, in the Bahamas, where he taught junior high school math. “A bunch of us,” he recalled, “teachers, ‘pats,’ short for ‘patriots’, basically Americans and some Canadians, got into the habit of having a ‘happy hour.’” He smiled and added, “And the happy hour very often lasted well into the evening.”

“Now I hadn’t had too much experience with alcohol, and I ended up getting really *wasted*, several times,” he admitted, noting that this always happened when he was with other people: “Yeah! It was a party situation.” George continued, “After awhile I learned how to handle my liquor, so to speak, and decided I didn’t like being drunk and stopped doing it. And I didn’t really have a problem with liquor for,” taking a thoughtful deep breath, “ten or twelve years.”

After his stay in Freeport, George was assigned to a high school teaching position in Bogota, Columbia. “That was a good experience,” he began: “I’d have a drink every now and then, on occasion, but I don’t believe I was ever significantly *impaired*.” I asked him if he could clarify what he had meant by “every now and then,” and wondered if that could have been “every few days?” At first he quickly denied that interpretation as he responded, “Oh, no, no,” and paused while he continued to reflect. “A lot would depend on the environment I was in,” he finally responded, adding, “Yeah, when I was in Bogota, every few days. Ah, it might have been more often than that. But I think I’d usually rather have coffee with dinner than beer, for example. As I said, my consumption at that point was quite low.”

George completed his teaching commitment in Bogota, he remarked, and returned home to Iowa. He worked a variety of jobs, saving money to finish his Master's degree program, and claimed that he ... "did very little drinking during that time." His voice dropped when he confided that: "I kept a bottle of Scotch around, and I'd have a belt once or twice week, or something like that." His voice trailed off in an almost apologetic tone.

George carefully detailed the next few years of his life leading up to his arrival in Alaska, where, he reminded me, "as I said, my real problems started when I came up here and started drinking habitually." After receiving his Master's degree, he discussed his difficulty finding a job in his chosen field due to a hiring freeze from the Federal Government. Thanks to connections he formed while working as a security guard at that same university, he was eventually offered a job in the same city in Alaska where he still lives. George began wandering off from the topic at this point, reminiscing about unrelated incidents, but then refocused. We began discussing his drinking habits and how they had changed over the years.

"The reason I stayed here," he emphasized, "was that I liked the town, I liked the job, and I liked the people I was working with. I didn't have any need to go anywhere. I didn't have any need to prove anything. But," he confessed, "as I said, I did get into the habitual drinking." I asked George if he could more accurately describe what "habitual drinking" meant for him. I wondered if he had just suddenly decided one day to go out and buy a bottle of liquor to bring home. He quickly responded:

No! I had always kept a bottle around, okay? What changed was, when I was in my

twenties it might have taken me a month or two to get through a bottle. Whereas towards the end of my drinking career I was going through a fifth, or nearly quite a fifth, a day.

After a long pause George slowly articulated what he had come to finally realize: “I don’t know the exact time, of course, when I became a full blown alcoholic, but I think it took about six or seven years. And the difference was,” he carefully emphasized, “you know when you stop doing other things that you like to do so that you can spend more time drinking. That’s a clue right there, you know?” he concluded. We silently nodded our heads in agreement.

George spent the next ten years of his life as a solitary alcoholic and revealed that: I was going through not quite a fifth of Jack Daniels a day towards the end. I would start off drinking when I’d get home, have a belt, watch the news, a movie, unwind a little bit, have something to eat. And, eventually, you know, the ‘belt’ became three or four belts, you get the idea.

To his surprise, he admitted, he was able to manage his alcoholism successfully. He qualified that statement: “Certainly there were days when I called in sick because I was sick from drinking, particularly towards the end. But, I never got a DUI [Driving Under the Influence]. I paid off my house in 1992.” I expressed positive, non-verbal approval at this comment. “I certainly was a full blown alcoholic,” he admitted, adding that: “and I was even doing volunteer work for one of the crisis lines.”

At this point my growing curiosity overtook me, and I asked him if other people had ever noticed anything unusual or discordant about his behavior. He replied, “I don’t

believe so.” I had wondered why George never mentioned any specific close human relationships, either with friends or family. I hoped to find out more about his social interactions with other people, so I expanded my question to include any family members. All he told me was: “Well, that’s the thing. I’m not married. I don’t have any family this side of Iowa, and I’ve lived alone for most of my life now. So, I mean, there wasn’t really anybody to whack me upside the head and tell me to straighten out.”

Although this explanation described part of George’s social environment, I still wondered about his personal history. However, I had at least opened the door offering him an opportunity to discuss any important relationships in his life. I had to honor the fact that he apparently chose not to discuss this topic any further.

George carefully and cautiously continued his story: “I was drinking quite a lot, and my pancreas gave out on me, and, when I started puking blood, that was a clue. I remember my last drink was around 2:00 a.m.” and he stated the precise date, month, and year. I remember thinking how interesting this was, that someone can remember so much detail about one event in his life, even one that shattering. He described an intense two-week stay in the hospital with multiple doctors’ appointments. During that time: “I guess I damn near died! I remember how wasted I was and that they kept me whacked up on Librium.” He looked at me and flatly stated: “I finally realized that maybe I had been doing something wrong.”

With seemingly combined relief and pleasure George described a final, self-actualizing decision on his part: “I was pretty well de-toxed at that point. So I got my foot on the IV trolley, and I wheeled it down the hall, got in the elevator, went up a floor,

went down to the family recovery center, and,” he cheerfully concluded, “told them to sign me up.” At this point I also began to wonder about how honest, if at all, George may have been with his family doctor about his drinking habits. He did admit that his doctor did know that he drank, but, when I probed further, George confessed that his doctor did not know how much alcohol he had daily consumed.

During the rest of our talk we focused on how George had felt during the last years of his active drinking. I realized that throughout our session he had grown increasingly more open and honest, even though sometimes I had needed to ask for further clarification. George described how he hadn’t been able to sign his own name at times because his hands shook so badly during the last “two years or so” of his drinking. He confided that:

At that point I tried all the customary strategies that alcoholics try when they won’t give it up entirely; rationing, changing brands, beer only, you know. I think I probably tried all those things more than once. Those things would all work for several days, then I’d tie one on.

George sighed at this memory and began sharing more specific perceptions about his addiction process:

During my drinking career I saw a kind of vicious circle to alcoholism, to any addiction, but particularly alcohol and drugs. I got to drinking too much, getting really lit when I was feeling bored and depressed. Well, the problem with that is, okay, you’re bored and depressed so the more you drink, which means that there’s less that you do that has any real value to it. You get more bored and depressed.

I noticed that George had become more relaxed by this time and revealed a more easygoing personality. We talked more comfortably about the types of changes and alcoholic experiences, and he solemnly confided that:

I guess there wasn't any specific event that brought this to my attention, but when I thought about it at all, all my life had become, you know, not much. There wasn't much to it besides the work and the drinking. There wasn't enough to it besides the work and the drinking at the end.

I assured George that I totally understood and empathized with him. He quickly continued, again insisting that: "I think that the turning point was when I stopped doing other things, when I cut back on other things in order to drink." He listed some of his favorite activities: day hiking, back packing, and cycling. He paused for a moment, then confessed that not only had he been "dishonest to some degree" with his doctor, but, "I obviously wasn't honest with myself, either."

After George enrolled in the hospital's recovery program, he found himself in an intensive outpatient plan keeping him "incredibly busy for months" as he juggled doctors' appointments, various meetings, and rotating work shifts. He recalled, "For several months I was too busy to drink, besides," he added with a punctuating laugh, "I was up on that pink cloud, and I felt *good!* I didn't want to drink, and I don't really understand, frankly," he slowly, thoughtfully continued, "the alcoholics who are still 'white-knuckling' it a month, two months, or three, after they've stopped drinking."

I asked if he had any final comments, opinions, or perceptions about himself that he would like to share. After a brief pause, he quietly explained that: "I think perhaps my

experience in sobriety is atypical because my sobriety has never really been threatened. I felt really good for a long time, months and months, and, to some extent,” he smiled, “that feeling hasn’t ever gone away. But that’s not to say that I don’t miss being able to drink. There are occasions when I actually miss the drinking. But not,” and with slow, dramatic emphasis he stressed, “to the extent that I would be tempted to try it again. A big component is a fear of death, that if I start drinking again I will die, and probably fairly quickly.”

George also described another motivation to end his alcohol-obsessed life style: “I was living in practically a sort of emotional and spiritual *void*,” stretching out that last word. “In AA meetings I would speak of myself as having lived in a deep vegetative level, because I was only capable of being irritated. A lot of alcoholics would at least have some fun with it, but I wasn’t having any fun at all,” he admitted, adding that: “I was one miserable son of a bitch for a long time.”

In his closing remarks George mentioned that he wasn’t really sure if he had been a “good subject” for this study. I quickly assured him he had done a fine job and restated that this research is not a “how to” project. I again described my interest in individuals’ experiences and perceptions of their alcoholic and recovering identities. He finally added:

I haven’t relapsed, but, then, I haven’t gone through all the stress that so many recovering alcoholics seem to go through. As you know, I’m a member of AA, and I am not by nature a particularly spiritual person, but I have to acknowledge that there is an important spiritual component to sobriety for a lot of people, and I think, possibly, that I am one of those people.

He delivered those self-revealing words with patient emphasis, a characteristic he maintained throughout our conversation. George shared one last perception: “Prayer is an important *tool* for maintaining sobriety. I don’t think that prayer changes anything else, but I think that it does change you, which is usually what needs changing.”

3.3 Interview Two: Barbara

I had met Barbara several years ago in a counselor training program we had both attended and have retained a long-distance friendship with her since then. She is a petite, energetic, dark-haired Native American woman with a ready smile and open disposition who has worked as the village-based counselor for many years in a Native American community in the far northern part of the state. We had agreed to meet on campus on the day of our appointment since she had already come to the city for her own class sessions at the University. I met her at our pre-arranged location, and together we walked over to the Communication Department for our interview.

Barbara seemed immediately comfortable in the department offices and in our private interview setting. We briefly exchanged updates on each others’ lives. She was dressed casually, keeping her jacket on throughout the interview, and, although Barbara maintained sufficient direct eye contact with me, she kept physical movements to a minimum, seemingly content to occasionally hug her short jacket around her. After briefly processing our necessary paper work, I began by asking her to tell me about her experiences with alcohol. She answered, “Present or former?” and I simply encouraged her to share whatever came to her mind.

Barbara's first description of herself was: "I'm a recovering alcoholic in recovery." She clarified this statement by explaining that, although the last time she ever went out on "drinking parties" was in the early '80's, she still likes to have "one strawberry margarita with dinner at a Mexican restaurant when, and only when" she and her husband visit a larger city in the state. I found this habit very interesting, remembering how she had mentioned this practice when we first met. At the time I had wondered why that one margarita didn't serve as a trigger for her to continue drinking. She had explained that this was something she did only when she and her husband went to a certain restaurant in Anchorage and added that sometimes she does not even finish the drink.

I suggested to her that perhaps the drink was just a positive association, almost a ritual, that had become habit for her. When I asked her if she had ever considered ordering the drink without the tequila, she thoughtfully responded, "I never even think about that. It's the connection between having the strawberry margarita with eating my food." Barbara also explained that when she mentioned this same margarita story to one of her elders, who worked for the same behavioral health organization that Barbara had, her elder had "scolded [her] right there" and told her that even one very occasional drink meant that she was still in a recovery process. I remember thinking at the time that Barbara must also highly respect her elder's opinions.

Later in our interview Barbara and I revisited that "margarita situation," and I asked if she would like to comment about "relapse" and "recidivism," wondering if she thought that those were two different concepts. I particularly liked Barbara's definition of relapse: "As far as relapse, like in sliding back, and not being capable of staying away from

alcohol, and then once you get to feeling better you go back to drinking again.” I then explained that, to me, “recidivism” referred to not just going back to drinking alcohol, but also to the negative behaviors associated with doing that. I reassured her that I did not view her one occasional strawberry margarita as a relapse or recidivistic.

Barbara smiled as she nodded in agreement: “Now I know where you’re going with that, yeah, I agree...I see how it happens nowadays, like with my native people? The families? The ones that are still in alcohol abuse. They get into trouble. I’ve heard about young girls...getting raped...or couples seeing their significant other coming home beaten up.”

She mentioned several times throughout our talks that she is deeply troubled by how often this type of violence happens with her people and how such relapse so seriously affects families. By not having alcohol in her life, she noted, she can do things with her job as village-based counselor: “Alcohol is not in my horizon anymore...I love being out in the country. I love being an advocate for our kids.” She spoke proudly of her civic duty positions: being a member of the local council, corporation, and especially of being on the advisory education committee. “Dat’s like a local board of education. I’m proud of dat,” she declared. I noticed that throughout our interview time, Barbara often pronounced the “TH” sound as a “D.”

During my years in Alaska I have noticed this is a common speaking practice among many native people who have been socialized with both English and their own native language or dialect. In Barbara’s case, this mixed pronunciation pattern became more obvious when she spoke fondly and lovingly of her native home, family, and cultural

practices. However, for purposes of reading clarity and smoothness, I have supplanted the “D’s” with “TH’s” in the rest of Barbara’s interview quotations.

Barbara shared several stories with me about her first partying days, her first husband who had physically abused her, her second, current husband, and her shifting relationships with her family and native culture. Recidivism, she declared, was and still is a problem within her native culture. She explained that, to her, “recidivism” is “more like them sliding back, ‘cause I’ve seen some people when they get back to alcoholism—they try to go sober, and then they go to town, and they get with their friends, peer pressure...” Speaking for herself, she clarified: “I don’t crave for it, like I used to when I first stopped. I remember craving for it.” Barbara reflected upon her first drinking days and how much she enjoyed “being a dancing girl.” She also admitted, however, that she wished she had gone back home to her family in her native village after she and her first husband had divorced. She described how she had met Rick, husband number one.

Barbara maintained that she didn’t start drinking until she had “come of age” (i.e., turning twenty-one) when she was living and working in another, yet larger, town in Northern Alaska. She and her girlfriends from work liked to take off an hour early on Fridays, then go shopping, do their hair, and buy a six-pack of beer “so we could be half lit by the time we got to the bar.” Sometime during these carefree drinking and dancing days, she met her first husband, Rick, and remarked that she did live with him contentedly for the first two years of their relationship.

By the third year they were together they decided to get married, she recalled, and for some reason things changed. Barbara mentioned that Rick worked out of state once in

awhile and “he was back in California. When he came back, and he worked so hard, and I was young, and he started to hit me, but I went back to him.” We discussed the fact that this abuse didn’t start until after they were actually married. I commented to her that I thought that was curious, and she responded that she hadn’t thought about this before. She shared her story easily with me, making direct eye contact, and I once again felt grateful for our friendship and mutual trust. But the next experiences she described were especially horrific.

When I replayed the audiotapes of Barbara’s narrative, this was the spot where I noticed the recording malfunction. I re-interviewed her long distance over the phone, first making sure we could re-conduct this portion while she was in a private place with no potential interruptions. We successfully accomplished the second conversation to recapture that part of her life narrative. Our phone interview covered her experiences with her first husband, then the rest of the narrative process resumes from the original interview location in the Communication Department.

In addition to waking up with black eyes and finding blood on herself, Barbara told me that Rick used to snap wet towels at her head. When she said that, I tried to imagine what that must have felt like. Noticing my non-verbal reaction as I exclaimed “Wow! What?,” she quickly clarified that, even though she hadn’t been able to see out of one eye after one such incident, the condition was only temporary. I noted that Barbara told this story and a few more with calm composure, until she began talking about dog mushing. At this point her face and tone of voice brightened, and she smilingly recalled the names of her favorite dogs, Butter and Clapper. She then began documenting the personal

history of her dogs and their original owner, but after awhile I had to refocus her attention back to our topic.

I then realized that this was the one positive, enjoyable memory she has of her marriage to Rick, but one that also reminded her of her worst physical abuse. She described how Rick had gotten so angry about her dog team getting entangled and fighting, that he beat one of her dogs with a bungee cord, and then started beating her with it. He hit her so hard, she realized, that even though she was wearing several layers of clothing, including a heavy parka, she bore welts on her body as testament of the beating.

Barbara confessed that the beating and the mutual drinking still continued after that. She recalled that Rick often dropped her off at her sister's after he had beaten her, and her sister often encouraged Barbara to leave her husband. Then suddenly, she exclaimed, "just out of the blue he said he wanted to file for divorce, after he beat me up and dropped me off at my sister's. I was fine with it because I was so happy I didn't have to be beat up by him again, and by that time I accepted it; and I was working." After Barbara described this experience, I empathized with her, adding that it must have been a difficult thing to do, since many women in abusive situations usually just return to it or end up back in another violent relationship. She responded she was very glad that she had not returned and later realized she had learned how to break the abusive, victimizing cycle. She also revealed, after I questioned her further, that "we were separated for awhile, and I think he was seeing somebody, so I was happy just not being with him anymore so it didn't matter." She admitted, however, that her own drinking still continued after the divorce.

Barbara disclosed that she had shown up drunk at work one day. She also revealed that her friends and co-workers “who really cared about me brought me to my apartment and when I find out about it the next day I felt so embarrassed and bad I called and said, ‘I resign’ and moved to [her home town.] In fact, I was so broke my mother’s younger brother had to pay my way home.” At this point I remember noticing that throughout our interview conversation Barbara’s tone of voice remained calm, almost methodical, giving me the impression of her being self-assured and in control. At the same time, her continued eye contact with me and pleasant facial expression captured my attention as I listened to her storytelling.

During the rest of our conversation Barbara shared a much happier story with me as she discussed how she met her second, and current, husband, Joe. We discussed how she had actually met him through family members at the same time that her family was coming back into her life. I had to interrupt at times, asking for clarification about who was actually related to whom and how while Barbara happily, rapidly chattered on about her parents, brothers, sisters, and cousins. She recalled becoming reacquainted with her cultural base and finally escaping from her alcoholic identity and lifestyle. The village where she had grown up and still lives had been voted “dry” several years ago, so no alcohol was legally allowed. At this point I noticed that she increasingly referred to her family members and her connections to other people, for example, “My cousin and I were like brother and sister.” She spoke fondly of her parents, who didn’t know about Rick’s abuse: “My Mom and Dad, they were so happy that I got divorced after they found out that he was beating me up.”

As I was listening to Barbara describing this part of her story, I remember thinking that I wanted to know more, to learn more about this part of her life. All I really knew about her was that she lived “way up north,” was also a counselor, and was always very friendly and gracious toward me. I knew something about native family traditions, but listening to her certainly revealed much more. She began talking about how she met Joe, her second husband, and the part her family had played in this romance:

“My dad was a miner and we’d go to [the mining camp] to get away from [the village.]” During this part of her narrative I had to keep reflecting Barbara’s words back to her in order to make sure I understood the sequence in which events had happened. I also realized that at this point in her story-telling, when she started spending time in the mining cabin and more time with her immediate family, she stopped mentioning alcohol or alcohol use. Barbara then began talking about Joe again and suddenly started smiling. Her tone of voice shifted from a casual, flat tone of explanation to one of interest and affection.

She told me that Joe had been a friend of her cousin “who was like a brother to me,” and that’s how she had met her next and current husband. Even though her first memory of Joe was meeting him in a bar, she admitted, family members and friends were also present so it hadn’t seemed like a traditional “bar scene” to her. She recalled that Joe had befriended her brother, and that was how he gradually grew closer to her entire family: “I met him through my cousin, but at first he didn’t catch my eye. But then he got to be good friends with my brothers, so we’d start seeing each other ‘cause, you know, he’d come over.” She also described how “Joe had made a habit out of checking on me and

my father when we were at the mining camp, ten miles away from the village, to see if we needed anything.”

At this point, when Barbara was easily and fondly revisiting these memories of Joe, her family, and their shared activities, I had to verify the specific time table, defining the locations, and asking again who was present so I could get a clearer picture of her story. She did not seem to mind my probing and clarified some of the dates and sequences of events.

Barbara confided that Joe also had a history of drinking and alcohol-related issues and that he had told her this had been a problem with his first marriage. As she continued her story, I noticed that her face became more expressive, and she began using hand gestures to emphasize critical points. She obviously enjoyed sharing her love story about Joe with me as much as I enjoyed hearing it. We both laughed while she recalled one of her favorite anecdotes about their courtship:

One time I slept at my folks’ place in the bedroom and I didn’t know that Joe had slept in the living room area. He woke me up about 7:00 in the morning and asked me if I wanted to hike back with him to the mining camp. I said ‘No.’ I was too shy, and told him I was going to hike back later by myself. And so today that’s what he tells people—that he chased me over the mountain!

Another one of Barbara’s favorite tales highlighted her native culture and traditions when she shared a particularly special Christmas memory with me:

During the holidays, the holidays started, of course it’s the winter time, he’d come over and slowly we’d just do some active things like some card games,

Yahtze or something. And so we started going together, eventually. I remember I was making my first and only pair of seal skin slippers...I was nervous about Joe's coming over...and I sewed that one heel part all the way to the front. I got upset with myself, I practically cried and I told Mom I wasn't going to sew again. And in May I picked them up and finally finished them.

Soon after that and without her knowledge, she declared, Joe had asked her father for her hand, and in June he asked her to marry him.

All this time I found myself listening intently, allowing Barbara to share her stories with me in her own fashion, realizing she needed little or no prompting and very little redirection at this point. She had easily made eye contact with me throughout our conversation, although her hand and facial gestures remained minimal. She continued carefully detailing the next sequence of events, confessing that when she and Joe married in 1979, the drinking issue for both of them had not yet ended. Barbara recalled that "I remember when we got married I told my husband I wanted a baby...and he said, 'No' and told me that he had had a vasectomy." She also explained that the two of them had normally celebrated their anniversary with her relatives, traveling by snow machine to a larger nearby village. On their third anniversary, she calmly revealed, she was ordering more than her usual amount of drinks, got very drunk, argued with her husband and her sister, and stayed sick for almost three days. She distinctly remembered:

I was drinking grasshoppers so I wouldn't get drunk, but then I had Black Russians, and what made it bad was pretty soon every time the barmaid came, I'd order, and to make things worse, I ordered *double* shots...When the bar closed I started arguing

with my sister and my husband. I don't remember this, about the alcohol. The next day I was *so sick*, and I was sick for two and a half days...The next day, when I went outside and the fresh air hit me, I just got sick all over again...

My body couldn't take it. I didn't want to drink again after that.

She expanded on this story by sharing another incident that her sister had mentioned to her: the one and only time when Joe had physically harmed her, or so her sister-in-law had told her just a few years ago. Barbara claimed she does not remember the incident at all and did not have any bruises or cuts afterwards, even though her sister-in-law had said Joe had been "throwing her around like a rag doll," and with her being 4'11" and his being 6'6", that had scared her sister-in-law. We talked about this, and shared another perception about what might have happened. When I asked if her sister-in-law had also been drinking, and Barbara said "yes," we considered another possible explanation: perhaps her sister did not remember accurately either. Whatever may have happened, she assured me that no other abuse issues have arisen since then. She claims that they have been happily married for 28 years. What seemed important to Barbara, however, was considering another possible explanation for something that she admitted to me had truly disturbed her at one time.

Barbara then revealed to me what she called the "bottom," the turning point in her life. The "bottom" seemed to arrive with an unplanned synchronization. After that sickly, drunken anniversary celebration, she confessed that she knew she never wanted to feel like that again, and she and Joe made the same decision: "The reason why I quit was with the support from my husband and...we both quit together. I couldn't do it by myself.

Together we chose to quit, and it's with a new outlook on life..." After speaking of this breakthrough realization and mutual commitment, Barbara then told me about the wonderful surprise Joe had been planning. Unknown to her, Joe and her cousins had been building a new house for the two of them in their home village, and Joe had included a special room in the floor plans.

Though this event had occurred over twenty years ago, it was obvious to me that, to this day, Barbara still treasures the memory of her unexpected joy when Joe presented her with a brand new home. She described what happened at that moment: " We drove to the home, and he said, 'Now you can have that baby that you wanted.' I said 'WHAT? No way! You told me that you had a vasectomy and you couldn't have any children, any more babies,' and he said, 'I said that because we were drinking at the time.'" At that point she just looked at me silently, with a beatific smile spreading across her face, and revealed what Joe had admitted to her:

When he told me the reason why he didn't want a child was cause of alcohol problems, that I was wanting to go out and drink. And I just quit right then. I chose if alcohol was more important or, as a mother, do I want to have this baby—I wanted my babies to be healthy and not get FAE or FAS. Our son was a big change in our life.

She and Joe moved into their new home in the village and had their baby boy, and Barbara reported that even though their son is now a young man, he still uses the "special room" to operate a small yet successful village business. Barbara kept emphasizing how

family and culture are two of the most important issues in her life now. She reiterated how she wished she had gone back home to her village sooner:

After I'd been away, and hearing stories by my folks and aunts and uncles, it was brought back to me...how our people lived, and then also got it back again, being able to come back and live with my folks...I'm glad I could spend time with them, and that's how it got back to me. That was lost to me....culture, and the traditions in our culture, living off the land and going to camps...my folks would always go back to their childhood and let us know how things were compared to what ours were.

She continued to talk about learning how to sew and to do beadwork, and especially how she now knows what types of grains and berries to look for in the summer, particularly “the good memories of our mothers and aunts, lot of family time...I hold onto that very close. That culture is a great part in our upbringing, going back to our roots, our identities.”

Again, as I had already noticed, Barbara's mixed linguistic influences became more pronounced as she spoke of her culture and native background. At this point I suddenly began to realize something about myself; even though Barbara's dialect had grown stronger, I had begun to more easily understand her words, enunciation, and regional meanings. I discovered that I did not need to interrupt as much to ask for explanations, pronunciations, or spellings. I found myself easily understanding that crowberries and blackberries are the same thing, and I finally learned the definition of “tundra tea.”

After Barbara had shared with me all the delight she felt with her native world and being with her family and living their traditions, she once again stressed how important her son was to both her and Joe and what having him meant to them and their lives. “Our son was something we really wanted in life,” she paused, “something which was more important than alcohol. And it’s a whole life, our whole style, and that’s what made us quit.”

3.4 Interview Three: Al

I had contacted another associate in the substance abuse counseling field and explained my need for volunteer co-researchers for work on my Master’s thesis. She recommended someone, so I asked if she could suggest he get in touch with me. Shortly afterwards Al called, and we arranged to meet at a coffee shop near the University campus. His wife had dropped him off there, since she needed their automobile, and I drove Al over to the Communication Department. We held our session in the same Communication Department’s interview room that I had used for my other co-researcher sessions.

Al is a Native American in his mid-fifties with over twenty years of sobriety. He was, like my other co-researchers, casually and comfortably dressed. After he had signed the appropriate consent form, I noticed that Al carefully folded the paper into a smaller, square-sized piece and kept it in his left hand throughout our entire interview, tapping it on the table from time to time. His right hand remained in his pants pocket during most of our conversation, and he only used both arms twice to help emphasize one of his statements. He appeared slightly nervous at first when I asked him how he would like to

talk about his experience with alcohol. Al cautiously responded: “Well, you know, alcohol can be touchy subject to a lot of people. Unless you’re in a program, and getting some kind of professional counseling, you just don’t want to talk about it.”

Like other co-researchers, Al “grew up around alcohol.” He told me how he and his friends and cousins used to “play bar. We’d flip these old crates upside down, throw a cloth over them, and then somebody got to play bartender. We had these little shot glasses, and we just sat down there.” [Al, like Barbara, retained the same type of Native language speech accent, tending to pronounce the diphthong “TH” as a “D,” so I have altered the written word for reading ease and clarity.] He shared other early memories of alcohol in his life, first mentioning how one of his female cousins, whom he also called “sister,” was babysitting him when he was only six years old and got him “drunk on wine, because she and her friend thought it was funny.”

Another direct, childhood alcoholic influence, he casually explained, was the fact that “Everybody used to make home brew, and they’d sell it, and if it didn’t come out right, they’d just give it to us kids. It was kind of flat-tasting stuff.” Al nonchalantly added, “You know, you just kind of grew up around it, and nobody ever saw alcohol as a problem. You would see alcohol at celebrations, birthdays, weddings, New Year’s—just being happy.”

By this time I was wondering about Al’s own parents and his immediate family. He didn’t answer my question about his own family structure immediately, but eventually explained that he had been “adopted out to my aunt, and I came from a single parent household. We lived a full subsistence lifestyle back then, and we had no assistance

whatsoever.” By the time Al was thirteen, he had “fallen in with a lot of kids who were getting into trouble, a lot of drinking, and a lot of things going on.” His adopted mom sat him down one day and told him: “If you’re going to be running around drinking, I don’t want you to get into trouble. If you’re going to drink, you sit down in front of me and drink,” as she firmly set a bottle of beer in front of him. He admitted being surprised and confused:

I didn’t know what to think. I let it sit there awhile, and then I drank it. Then a couple of my friends came over and started drinking with me, but she only had a six pack of beer. She said: ‘That’s enough. You don’t need to get drunk.’ So we left and started walking around. As time went by there was more drinking.

We talked about Al’s life during his teenaged years, when he actually started drinking “somewhere around 13,” and he began detailing his progression from beer-drinking “with my buddies” into harder alcohol use and his increasing criminal behavior. “People were moving around,” he remembered, “and there was basketball, stuff like that, but by that time I started partying a little more heavily. And we started having dances, used to sneak around drinking, getting drunk, and that was with whiskey.” He described how he and his friends “got into music. We started with disco, they called it back then, and it got popular. People got to know us, and they brought stuff in: we’d dance, and then go outside and drink.”

When Al began relating his teen years, I sought clarification in order to understand exactly what had happened after that. He gradually revealed more of his experiences:

My high school peers, we all hung out, and in a small town you just kind of know

everybody and what everybody is doing. There was a whole bunch of us, and when I was about 12, I guess, some of these guys broke into a box car on the railroad, and we went down there to check it out.

At first he and his friends discovered only “candy bars, pop, chips, but then somebody ran into a whole bunch of booze inside one of those cars, and we were like, ‘Hey! Yeah! Let’s take some of that!’” He pulled his right arm out of his pocket at this point, waving it in the air, and I noticed that was one of those rare times he used hand gestures during our entire interview. “But when I was thirteen,” he admitted, “that’s when people started getting into trouble, and I was already in that bunch. People were stealing, and they began to send them away, like to detention places.” Even though he himself was also stealing boxes of liquor from local bar storerooms and even reselling some of it, “bootlegging,” he insisted: “I never did get caught.”

Al’s mother finally took him aside one day and confronted him. She told him, “You’re drinking more, and you’re starting to get into trouble more, and I don’t want you to get sent away. Why don’t you go visit your sister [cousin] in Washington [state] for a little while?” He agreed to do that. Al also described his mother’s alcohol habits during this time and acknowledged that he did not know how progressively serious her problem was becoming. She had already become a daily, habitual drinker, with wine being her beverage of choice.

I found Al’s perception of alcohol use back then both interesting and unusual, because while he thought beer was fine, “the party drink,” as he had told me, and whiskey was just “the hard stuff,” he totally disapproved of wine. “When you get so low

that you drink *wine*,” he almost snarled, “and then all the winos start coming around...” he trailed off, not completing his sentence. Even though I questioned him about these negative attitudes towards wine, he never did fully explain his reasoning. Based on his descriptions of his mother’s behavior, I concluded that he just didn’t like the type of people her wine-drinking attracted, in his words, “the winos.” Once again, even though I asked him what he had meant by that statement, he still avoided my question and changed the subject. By this time in our interview session I realized that Al could easily drift away from the immediate area of our discussion, so I frequently needed to refocus his attention or reflect my understanding of his words back to him. Both tactics seemed successful.

At his mother’s urging, he left for Washington when he was in his mid-teens to spend time with his sister and her family. Al enjoyed his stay there, he confessed, and finally graduated from high school, but eventually it was time for him to return home.

Another one of his sisters picked him up at the airport, and, after they had been riding around for a while drinking beer, she asked him if he wanted to go see his mother, Al recalled. Instead of heading toward their nearby village, he noticed that they were going in another direction. When he asked her what she was doing, his sister simply replied, “Going to see your mom. She’s over at the hospital,” then she realized, “Didn’t anybody tell you?” Al was stunned, he said, and emphasized that no one had told him anything.

His shock deepened when he first saw his mother lying in the hospital bed, and he recalled thinking: “Man, what the hell *is* this? I looked at my mom, and her stomach was all blown up. I knew she couldn’t be pregnant, she was too old.” We talked about his mother for awhile and finally determined that she must have been suffering from

cirrhosis of the liver. Al told me repeatedly that he did not want to leave his mother's side, and remembered how she kept telling him, "Son, I'm okay, I'm okay."

Other relatives kept drifting in and out of the hospital room, he continued, and eventually they persuaded him to go home and get some rest.

I realized that by now I had become totally caught up in Al's personal narrative and was easily able to visualize this hospital scene. I found myself wanting to know how his story ended, hoping the inevitable conclusion involving a terminal illness might change. It did not, however, and he finished describing the remaining events. Al finally went home to rest, and shortly afterwards the rest of his family arrived at the apartment. He recounted how his aunt, his mother's sister, took him aside to gently tell him, "Your mother didn't make it, son."

"I just stood there," he declared, with an intense look upon his face.

I was in a daze. I was in disbelief. And the first thing I did was go to a friend's house, and they had a case of beer sitting on the floor. I just picked one up and drank it. They asked me what was going on, and I just said, 'My mom just passed away. My mom just died.'

His friends had looked stunned, he remembered, and he said it again: "My mom just died."

Once the funeral and other family obligations were over, Al described how his drinking use accelerated:

That's when I started hitting the whiskey, and I just drank and drank. I mean, everyday. And I was doing other drugs, too. I always worked, but, you know, I

had always stayed sober. I was working up North, and when I had money, I just partied. I never bought a car, or a chain saw, or an axe. One day my boss caught me doing some cocaine on the work site, and he said, 'Al, it's time to take a hike. Time to go.'

After he was fired from that job he remembered "buying cases of beer and whiskey. I went back home, and then I blacked out. When I came to, I realized that I had nothing."

Al confided that while he was staying with his aunt during this grieving and drinking period, he had also come to realize that:

A lot of my *friends* had died, from drugs and alcohol, and I thought for sure my number was up next. I thought I was going to die, and my friends were going to say, 'Hey, Al! Welcome to a cold day in hell! You finally made it!'

However, thanks to a "little old lady who showed up at our door looking for her son," he related how his attitude about life soon changed.

Al and I chatted about this incident for a little while because I needed more clarification. We went back and forth, one easy question at a time, until I finally realized the bigger picture he was painting for me. This lady had been looking for her son, he continued, because he was "supposed to go to the meeting." Al told me that he thought this was some kind of meeting at the Community Hall, an event that always provided food and drink. Since he was hungry, he volunteered to escort her. No lights were shining from the Hall, he remembered telling her, so she had quickly informed him, "Oh, no. The meeting is over here," leading him towards a smaller dark building. After they had entered, Al suddenly realized, "'Oh, shit. It's an AA meeting.'"

“I didn’t want to go in there,” he emphasized, “but out of respect and kindness I just humbled myself and *walked* with her.” It was during that meeting, he described to me, that alcohol withdrawal symptoms had hit him hard, and he “was cold and dehydrated. I couldn’t even sweat. I was shaking, and all I could drink was warm water.” He stayed until the meeting’s end, listening to other people’s stories, and eagerly shared his feelings with me:

It was *their* story, and they were telling it like it is, what it was like, and then I knew that I really wanted to turn my life around. I wanted to turn my life over. I was tired of living like this. I’d been kicked out of all the places I used to go to, my family didn’t want me around anymore, and I just didn’t have any place to go. They all helped get me to a de-tox center for three days, and then to a 30 day treatment program. And I’ve been sober ever since; it’s been 26 years.

I knew from my own experience that what Al had just described was only a beginning for many alcoholics, and I had heard his type of experience before; stories that very often ended in failure. So I was most interested in the next part of his recovery progress.

He told me it had been “tough, real tough. I went back to my biological mother and father, and I said to my dad, ‘I want to make amends and earn your trust. And I just want to stay sober.’ So he said, ‘Well, why don’t you go camping. Go out in the woods. That will keep you sober,’” which is exactly what Al did. He described how the next winter he learned how to mush dogs and trap for furs, even in temperatures thirty degrees below zero. He grew more excited as he described coming back into town on Easter Day, which in his past had been a usual cause for celebration and drinking, but this time he “stayed

with people who were sober.” He enjoyed selling his furs, the product of his own, hard labor, and later explained that he still traps fur as part of his own subsistence.

During the latter part of our conversation, Al related something about his ongoing recovery process that had at first truly surprised him, the attitude of his Native elders:

You know, I listened to my elders, and it just really shocked me, with all their kindness and love, and how much you respect them, that you would never think they had had a drinking lifestyle! So when they said, ‘Oh, yeah. I, too, had a drinking problem.’ And you think, ‘What?!’ Here’s a 70 year old man telling me he had been a hell-raiser. Because they were so timid and slow, you think, ‘No way!’ But when I went back to my fur camp, they were the ones who came down to visit me with their snow machines and their dogs. They came to support me in my sobriety.

I wanted to know how Al feels about himself today, how he looks at sobriety, and what the entire concept of “recovery” has come to mean to him. But I never specifically asked any of those questions. Instead, we talked about the whole idea of a person’s human evolution. He enthusiastically summarized his beliefs:

Once you begin to go through your feelings, your self-pity, your honesty, and a lot of other feelings you never thought you had, people start to see the change in your life. When you share your experiences, strength, and hope with somebody, and it helps somebody else, you can go back ten or fifteen years later, maybe sitting on the porch in the rocking chairs, laughing when you can say, ‘Remember when?!’ You’ve got to crawl out of the shell, start moving and growing, and then you have something alive that you can share with people.

Al is not a substance abuse counselor today, as he focuses on other professional choices which still include trapping and additional subsistence activities, but he is totally involved with as many projects as possible to help others gain and keep sobriety. “And, you know, there’s no better way of life than to help somebody else out in recovery, and to share your stories,” he concluded. “Their stories are a lot like mine, and that’s what makes it happen for me.”

3.5 Interview Four: Frank

Frank contacted me after a mutual acquaintance informed him about my research. We agreed to meet on campus, and I found him already waiting for me on the building’s steps. Although we had never met, I immediately found him outgoing, pleasant, and sociable. Frank is a tall, distinguished looking professional gentleman in his late fifties with a quick and amiable sense of humor. We established a friendly and conversational relationship while sharing pleasantries on the way to the Communication Department’s interview room.

Frank was casually dressed, and, at first, preferred to stretch his legs out in front of him, although he adjusted and readjusted his posture as our interview progressed. He maintained full and direct eye contact throughout most of our conversation, although he occasionally shifted his gaze while voicing his thoughts and descriptions. He never appeared to be uncomfortable, and, like my other co-researchers, also displayed a great deal of interest in looking at my completed study. I assured him that would be possible. After sharing some interesting professional anecdotes, including his suggestions of other

possible co-researchers, I initiated our conversation by asking him to tell me about his experiences with alcohol.

Almost immediately Frank informed me that: “I grew up with alcohol” and began sharing his first childhood memories. “I was about two or three, sitting on my Dad’s lap, sipping beer. I still remember how that beer tasted. That’s kind of funny, and one of the warmest experiences I had with my dad, with me drinking beer.” He explained that since his father “died of alcoholism when he was 42 and I was twelve,” he still has what he referred to as his “Pre-dad’ and “Post-dad” memories. “Like a lot of alcoholics,” he admitted, suddenly looking toward me, “my memories are like ‘what happened when.’ I do know that ‘Pre-dad’ things got real bad, Christmas trees being knocked over, and me thinking that I would *never* drink like that.”

Frank told me more about his family, some of his background, and how he had interacted with his parents. Not only had his father been alcoholic, he pointed out, but his grandfather, a first generation Irishman, had been as well. He described his father as having been communicatively consistent. “I knew how to read my dad. I could tell how drunk he was, and I knew when he was in black out and when I could ask him if I could do something,” he remarked, “And if he’d say, ‘No, son,’ then I’d have to wait until he was just a little bit drunker.” On the other hand, he distinctly recalled that his mother had been the opposite:

She was seriously inconsistent. One day she’d be just sweet and kind, and extra generous with us, and the next day she’d be frantic and tied up with thoughts of her own. She was never mean, just wasn’t caring at times. But now I realize that she was

involved with an alcoholic marriage and she was trying to survive that.

Frank discussed his family's situation as each member had dealt with his father's alcoholism, and he particularly stressed his belief that "Alcoholism affects the *entire* family, and, oddly enough, when my dad died, the disease [sic] was still there. It was as if he was still there, and we still behaved in our roles and in the same way. It just didn't end with his death." He said he thinks his mother has eventually dealt with the cumulative negative effects from his father's alcoholic lifestyle, but his only brother, still an active alcoholic, has diabetes and other severe problems. I noted that, as Frank continued his story, he did not mention his birth family again.

We started discussing his own alcoholic history, and he told me that he himself had not taken a drink on his own volition until he was about sixteen: "Probably about the same time everybody else was doing it," he shrugged. Frank described his teenaged drinking years as "just the normal thing, a beer-drinking crowd. I mean, that was accepted, they were not alcoholic. It was a lot different than the way my dad drank. They drank quite a bit, they still do, and they have a good time."

It was after high school when Frank first realized he was drinking "way too much," he remembered, "and I was a very dishonest person at that time. I was already stealing, lying, cheating, in any way I could." He added that he wasn't sure if he could have been diagnosed as an alcoholic, but that he "probably looked a lot like someone with an anti-social personality."

After graduation, he continued, he and a friend decided to join the army during the heart of the Vietnam War. Frank carefully explained to me that he "really believed in

Vietnam at the time. I believed it was the right thing to do.” But, as he laughingly confessed, “I was in trouble with the military a lot. I was *not* a good soldier, from day one.”

He shared several stories with me about his army service years and Vietnam. One of the personal challenges encountered was the fact that: “Like thousands and thousands of other troops, I discovered drugs. I got heavily involved with opium, marijuana, and really strong drugs.” And, of course, “alcohol was everywhere and very easy to get,” he recalled. He also discovered speed, he confessed, and one of its more attractive benefits was that “it sure did let me drink a lot, and it helped me avoid the negative affects of alcohol. I didn’t go into black outs.”

“By this time,” Frank continued in a matter-of-fact tone of voice, “I thought I was the flaming addict. I’d gone over the line somewhere along there.” Eventually it was time for him to go home, and he explained that he decided to extend his tour, because, he soundly stressed, “I just couldn’t see myself going home and being 20 and not even being able to go into a bar and drink.”

Frank had some leave time between his first and second tours. During that timeframe he decided to go back home to marry his high school sweetheart. He described a poignant and moving experience that occurred the day his extension started:

I flew out of Vietnam, cleared through Seattle, and flew into Denver the same day.

And that evening I was sitting in a bar in Denver, the drinking hour, and people were sitting around talking very loud, laughing. It was 6:00, the TV at the end of the bar was on, and Walter Cronkite was talking about the TET offensive in Hue. I’m

watching this and thinking, ‘This is very, very odd, ‘cause that’s the place where I should be. That’s reality. This is not.’ I just didn’t—didn’t fit in this bar anymore.

Frank did marry his high school sweetheart as planned, but he claimed he did it because “I was supposed to, that’s the way it had been my whole life as an alcoholic. I did everything I was supposed to do, or somebody else wanted me to do. I never seemed to really lead my own life.” I wondered at that point if Frank’s slightly bitter tone was jokingly sarcastic or genuine. His marriage did not last long, he quickly added, and he eventually relocated to Washington D.C. after the war ended and decided to continue his education. He majored in English/Journalism, discovered a growing curiosity in philosophy, but remembered mostly that: “I was very interested in drinking, and I was drinking the whole time. I fell in with some guys who did a lot of marijuana and other drugs, but I didn’t do any of those,” he clarified, almost defensively. “I did just the alcohol, and just the marijuana.”

Frank’s substance abuse intensified over the next several years, he confided. Along with his continued heavy alcohol dependence, he also became involved with several different women over the next fourteen years. His first significant romance, after his divorce, was with a woman in the Education field, and he admitted that he “chose to follow her professional pursuits,” as his voice dropped and I noticed his eyes glancing around as he seemingly searched for words. Frank told me that new educational developments at that time had “looked really interesting, at least it looked more interesting to her, and I was with her, so we moved to a farm in North Dakota.” He

added, “From there it got progressively worse, things got really bad, really ugly. She got pregnant, we had a baby, and then we split up.”

He stayed on the farm, and added: “I was aware that I was drinking way too much, and I was doing things I just didn’t like. I was just really offensive to myself.” He did not specify any of those “things,” and as this part of our conversation seemed to rekindle unpleasant memories, I did not press him to explain.

Frank picked up his story, telling me about the next woman in his life. The two of them decided to leave North Dakota and move to Canada. At that point I interrupted, seeking timeline clarification. While Frank was answering my question, he also mused that:

There had been a lot of people in and out of my life, and I didn’t *dislike* them, but I didn’t *like* them. They were just there. I didn’t seem to have a full range of emotions, of feelings. I don’t know, it’s really strange. I don’t know how to explain that, but... his voice tapered off.

Frank noted that the main reason for the move to Canada was “to get away from things, but things were there!” He chuckled while explaining how easy it was to get liquor there, and that, even though he had a reputable job in the school system, he still was “picking up planeloads of booze and bringing it back. It was just very easy.” Eventually the two of them decided to move farther north to Alaska. Frank laughingly described to me what sparked this decision for him: “I read in a book that Alaska was the only place in the country where you could still drive with an open beer. They didn’t have any open container laws in Alaska, so I thought: ‘That sounds like my kind of place!’ and

that's exactly why I came to Alaska!" We both laughed as we recognized his comment as one of the more self-centered "thinking errors" common to the alcoholic.

Frank seemed more comfortable with his story-telling after sharing this incident in life. He quickly glossed over the ending of that relationship, even though the lady had been with him for many years. Eventually Frank ended up in the Bush area of Alaska, and he stressed that the next year was "the worst year of my life." He dramatically drew out each of those words. Frank moved in with yet another woman, almost 12 years younger than he; he was thirty, and she was in her late teens. I was trying to keep count, and I believe that would have been the fourth woman in his life, including his childhood sweetheart/wife, with whom he had actually lived. He told me that: "It was one of those strange relationships, and I was really kind of embarrassed about the whole thing. But it probably helped sober me up."

Just as I was about to ask Frank to clarify that statement, he launched into another critical anecdote. He again referred to that single, most horrible year of his life, which included continued heavy drinking while living in the isolated Alaska Bush, bootlegging, and a serious automobile accident. "Right around Christmas," his voice lowered, "I injured seven people on the Al-Can Highway. I mean, I just ran into this car. It was not a good accident at all." He added, "and I ended up getting sued, and that was just..." ending on a sputter. He just shook his head.

After a brief pause Frank resumed his story. He told me that later that year he moved into the city where he now lives, "probably to sober up. I just couldn't take it anymore." He recalled that he "was sitting in a bar, on August 10," I was surprised that he

remembered the exact date, “and I just said, ‘This is more than I can handle.’” He confessed, however, that he had still made an after-hours date with the female bartender. His doubts and self-recriminations were still active as he began debating with himself: “She and I were going to go out partying, and I was thinking, I didn’t want to do that, but I didn’t want to *not* do it, and I thought I just didn’t want to live anymore. I was tired of living. I really felt suicidal. I was finished,” and he carefully, singularly, emphatically pronounced the next six words: “*I did not want to live.*”

Frank revisited the rest of that night’s events. He finally decided to go home, where he still had a female roommate, and told me he could not stop crying: “I was miserable, and my girlfriend asked me what I was going to do about it. I just said I wanted to die. She asked me again, and I finally said, ‘Maybe I’ll go to AA.’” She volunteered to go with him, Frank remembered, but the next day, after they had walked over to the meeting place, “she chickened out.” Shaking his head, he recalled that: “I went in, and I’ve never had a drink since. So. That’s what alcohol did to me.” He summarized while emphasizing that: “I couldn’t believe the type of person I’d become. That sort of person was *not me.*”

All along, as Frank had been telling his story, I noticed that he always seemed physically at ease, only occasionally re-crossing his legs or shifting arm positions. His gaze was always direct, only occasionally shifting his eyes or glancing back and forth as he exaggerated a point or changed his tone of voice.

The rest of our interview time focused on Frank’s recovery process, and, as he eagerly shared with me, “What I have been able to do with my alcoholism, and my drug abuse...this was very bizarre and very hurtful, and I never want to live it again. But it

certainly has lead to everything that I am today.” He then quoted to me from one of his favorite books: “The mark of a truly successful person is somebody who will take their deepest wound and make it their greatest glory.”

Clearly Frank’s road to recovery was not an easy one. He recalled his first few years attending AA meetings and the dysfunctional relationships he continued to forge with women. He stressed how he had wanted to be “normal,” yet still struggled with his perception of what was normal for a man of his age, 34: “I really had nothing. I was unemployed and unemployable. I was just a wreck.”

Once again, Frank found himself with yet another female partner, “who had, like, 30 days of sobriety, and within a month we were engaged to be married.” I remember thinking that I was losing track of how many female partners he had acquired during these years. Yet nothing else came of that quick, spontaneous liaison, as Frank jokingly reassured me: “I dumped her in five days. I even had to call the police to get her out. It was like I was still in a blackout. Things were weird right at the beginning.” I was both heartened and relieved hearing his next comment, “the only thing we had in common was a disease [sic].” I realized Frank had encountered the same type of pain and frustration that had I in my early days of sobriety romances.

Frank confessed that he had still not learned his lesson during that first recovery year. In what sounded like a self-deprecating tone of voice, he revealed that he continued dating women from the program: “They were nice people, they were all really good, but together we were just not very good people. I mean, the relationships never jelled.” Later in our conversation, after he had mentioned his long, happy, current marriage, he

acknowledged that those dysfunctional relationships “actually played a larger role” in his recovery than the “normal” one he eventually found.

He described that first year as a “a very rocky one” and also as a time when “things were better,” telling me that: “I was learning things as I went along. It was happy, and people were supportive with me, even my stupidity.” He fondly remembered his AA sponsor who had helped guide him through some critical realizations and understandings about himself and about relationships with other people. For example, when Frank had expressed his anger and frustration with his girlfriend, his sponsor had simply reminded him, “How many people can you heal in this situation?” He admitted that he didn’t have any idea what his sponsor was talking about at that time. This was the conversation, he soundly recalled, that eventually led to his deeper, fuller understanding of the popular Serenity Prayer mantra asking for “the serenity to accept what you cannot change, the courage to change that which you can, and the wisdom to know the difference.”

Frank clearly remembered his sponsor reminding him that: “You can’t do anything about her. You can’t do anything about anything except the way you feel about it; that’s the only thing you can change.” He confided that when his sponsor had told him this, he just got angry, not understanding, and had wanted to leave. Frank chuckled at this memory, recalling that they were having lunch, his sponsor was buying, he was hungry, so he stuck it out—for both the lunch and his involvement with the AA program.

At this point my curiosity grew stronger, and I encouraged Frank to expand upon any other feelings he had experienced during that critical time in his life. He quickly responded:

The one consistent thing, and I've heard it from several other people, and I believe it to be true in my own case, is that people who have long term recovery and who are happy with it, have an intense, initial experience, when they have a program, when they start putting things together. My experience was with AA, but that's not always the case. Treatment centers can now provide that experience for a 30 day program, but, unfortunately, I don't think 30 days is long enough.

What was and is most important, he enthusiastically continued, is for "people to be totally immersed in what they are doing." For him, he mused, that meant "going to meetings two or three times a day during that first year." Eventually Frank began working again and met his second and current wife. The "one thing I did right," he emphasized in a hushed tone, "was to be there, be there, be there! Even the lousy relationships I had with people in meetings, that's what I did. I was always in meetings. People can sober up in many different ways, but they all seem to have some sort of revelation that they become involved, whatever it is."

As our time together drew to a close, I began to realize that somehow I felt I had relived much of Frank's life with him during his story-sharing, almost as if I had been there myself, feeling at times like either cheering him on or pulling him back, shouting, "No! Bad idea!" I could tell that, even though he is a very polished, poised, yet approachable, outgoing, and friendly man today, revisiting these often painful memories was not an easy task for him. I almost felt guilty.

I asked again how many total years of sobriety he had, and he honestly had to stop and think: "Well, since 1980, so you're looking at 27 years now. I do still try to go to my

Monday night (AA) meetings, and I guess I should go more, but I don't. And how do I feel? About my recovery?" He grinned, "I prioritize recovery like I do air. Breathing is important, and I can't get much done unless I breathe, and I look at recovery the same way. It's no longer an issue. It's a way of life."

3.6 Interview Five: Peg

An acquaintance of mine had suggested I talk to Peg after I had told her about my research. She gave me Peg's telephone number. I called Peg and she immediately agreed to an interview after I had explained the nature of my study. We agreed to meet in the University parking lot adjacent to my Department's building. We had each described our automobiles to each other, and, when I drove up, I noticed she had already arrived and was gaily waving to me.

Like several of my co-researchers, Peg is a professional woman in her late fifties. She was comfortably and casually dressed, and she immediately impressed me with her happy and animated persona. After settling down in the same Communication Department room I had used for my earlier interviews, Peg and I instantly established a positive and mutually respectful rapport. At first she chose to sit cross-legged in her chair, but periodically rearranged her posture throughout our interview. She was consistently animated, using both facial expressions and hand gestures, often shaping imaginary designs on the table in front of her as she emphasized her comments. I noted that she seemed to enjoy telling her story and sharing it with me.

I began by simply asking Peg to tell me about her experiences with alcohol in whatever way felt most comfortable for her. She surprised me when she quickly

responded: “That’s such a trick question, because I always thought that both my parents were intoxicated when I was conceived. I know for a fact that both of my parents drank heavily during the pregnancy, and I was born premature at seven months.”

With obvious ease and candor she continued to explain: “I weighed four pounds at birth and had a hole in my heart. I have astigmatism and other vision problems, hearing problems, learning problems—a definite learning disability.” She sighed. “I can read and write really well, I can take tests well, but I just can’t do math. Numbers go like *this* [she flitted her hands through the air] on the page. I cannot master mathematical concepts.”

She recalled when she was a child that:

I looked around at everybody else in the third grade class and watched them ‘catch’ fractions, watched them reading ‘pi’ charts, and I couldn’t get it. And it really pissed me off, because I knew I was smart and bright, and wondered why I couldn’t do this?

We discussed the problems related to Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE), the permanent disabilities a drinking mother can inflict upon her unborn child. I realized during our conversation that Peg periodically referred to her birth situation and how problems associated with it still affect and deeply trouble her: “I’ve learned how to do some multiplication because I’ve learned little tricks, but I’m six credits short of a Bachelor’s degree, and they’re both in math!” She confided to me that even in her childhood her recognition of her perceived self-deficiencies vastly contributed to her growing anger with and indifference to the world. When she finally became sober, she cautiously explained, her anger intensified as she realized that she had hidden her learning disabilities behind an angry, alcoholic façade. She reminded me

several times that: “Because I was exposed to alcohol *in utero*, I think I was a born drunk. I came out on earth a *fullblown alcoholic*, just waiting to pick up that first drink.”

Peg continued discussing her birth situation and early family memories, and I noted that throughout our interview she did occasionally refer to her parents and how each of them had influenced her life. Her parents married very young, she began, and moved from New York to the western part of the country early in their marriage. “There was a lot of drinking,” she reminisced. “My father was an alcoholic, but you know how people age out of their drinking as they gain responsibilities, like kids? My mom eventually did that, but my father didn’t.” She sighed, then added:

I grew up seeing alcohol as a very bad thing, and not liking it because of my father’s drinking. It created violence and discord, and my parents were separated and reunited multiple times, ultimately ending in divorce when I was ten years old.

Peg began shifting in her chair, looking directly at me as she talked about her first experience with alcohol when she was fifteen: “There was a lot of peer pressure that happened, and I was not particularly intrigued with alcohol,” cautiously choosing her words. “But I was very intrigued with making connections with my friends, and that was the way to do that,” she summarized. Peg had wanted to connect with one girl in particular: “I just absolutely adored Nancy. I mean, anything Nancy wanted to do, I wanted to do. She was popular, and I was not. I was awkward.” She began emphasizing her statements with hand gestures, a common habit that I noticed throughout our talk, and sighed, “I did *not* know how to connect socially, and she was my connection to a social group. And alcohol was very much involved with that.” Peg explained:

I think I was an instant alcoholic, because the first time I put alcohol in my mouth I had a blackout. I frequently became violent, and I had that distinct personality change where I would go from being this kind of shy, awkward person to being this 'in your face' personality. And almost always, when I would get any amount of alcohol in me, I would have to go pick on the boys, to find some guy and get in his face.

Peg quickly informed me that even her friend Nancy had warned her: "You shouldn't drink; alcohol isn't good for you.' She'd tell me that alcohol did something *hideous* to me," as she grabbed her head between her hands, "and I'd have this visceral head rush. I'd have this distinct personality change, like Dr. Jekyll and Mr. Hyde," she lamented. She then confided: "So I tried very hard not to drink, but by the time I was 16 I found marijuana and psychedelics, and I could party with those drugs seemingly with impunity." Marijuana continued to play a dominant role in Peg's substance abuse lifestyle, even though "I drank alcohol from the time I was 15 until the time I was 36. I had a 21 year drinking career." I was very intrigued with Peg's perceptions of alcohol and marijuana, and throughout our discussion she told me how her viewpoints about these two substances shifted over the years. She first explained:

From the time I was 15 until the time I was 25 I could count my drinking episodes on two hands. I did not drink a lot because I was a drug addict, and I was very *proud* of being a drug addict, and marijuana was also my sacred herb. Alcohol was the *ugly* drug. I am chemically dependent, and in my addiction I was going to get high on something, and if nothing else was available, I'd get high on alcohol, but always my drug of choice was marijuana by far. I *adored* marijuana.

Although marijuana played an important part in Peg's substance abuse history, several times during our conversation I needed to redirect her attention back to alcohol abuse and the progressive issues associated with that problem. She always easily complied with my redirection, but her tendency for repetition and restatement kept me constantly aware of my interviewer role.

In a clear yet often sing-song tone of voice Peg recalled: "I left home the day I turned 18 and lived on the streets in the [San Francisco] Bay area. I dealt *drugs*, I *panhandled*, I was the *street musician*. Life was good and I was happy." She stressed, "I had left the homestead, and I was out runnin' and gunnin' and partyin' pretty heavy." After a brief, failed marriage to a man Peg described only as her "running mate," she told me that the next man in her life became her baby's father:

Meeting Johnnie probably, I don't know, really grounded me. He had just gotten out of prison. He was a heroin addict who had to be tested weekly because of his probation situation, and since he couldn't afford to go back to prison, he would not let *me* drink, either.

Peg had been living with two female friends and told me that she did not let Johnnie stay with them. By the time her daughter, Annie, was born, she continued, Johnnie had unfortunately resumed some of his previous criminal behavior, becoming involved in drug running, stolen merchandise, and other illegal activities. She grew more anxious and worried being around him.

Later in our discussion Peg recalled the day Annie was born: "I remember holding her in my arms and telling her, 'I will *love* you, and I will *protect* you, and I promise you that

you will never be bored.” She first paused then began softly laughing with this memory. “And she never *was* bored, and I did *love* her, but I really failed to protect her,” she solemnly concluded. Peg declared that Johnnie’s accelerating criminal activity prompted her into deciding it was time to leave, for Annie’s sake. With a friend’s help she scraped together enough money for a ticket to Alaska where “first I went to Barrow, but bounced back to Sacramento, then back up to a gold mine where we spent about a year and a half.” Eventually Peg and Annie ended up in another smaller Alaskan town, “Smithville,” where they stayed for many years. Peg described her situation then:

I had a little five-year-old daughter. I was a very hard core marijuana user and an intermittent speed user, because speed is what helped me to be able to work.

I became a bartender, and that was when my heavy drinking really kicked in. My drinking career, when I was using a lot of alcohol, happened between 1981 and 1986, because I was in the *barroom*, surrounded by *alcohol*...It was “Party Central.” I could not *not* drink, and I could not drink right, so I was really stuck.

Peg had mentioned several times that alcohol was not a “safe” drug for her, so I asked her to expand on that statement. She first explained that she “used to be kind of resentful” of people who could “slam down that alcohol,” as she relaxed more into her chair and began undoing and re-braiding one of her two side ponytails. “Alcohol wasn’t safe to me because I couldn’t stay in control,” she emphasized, “I had a kind of love/hate relationship with alcohol.” She continued: “I liked that incredible exhilarating rush that I got from it, but I never liked all the after effects. I would always be offensive to people I cared about and often had brushes with the law.”

Peg and I discussed some of the illegal acts she had committed, and she told me: “I was never involved in organized crime, or gangsterism, but I was a real ‘scofflaw;’ mostly drunk and disorderly stuff, and the only times I ever got arrested I was drunk.” While we were discussing some of these past petty crimes, Peg began to remember her mother, and confided: “All those years I was out and about I didn’t call home or write or check in with mom and let her know, ‘things are okay,’ because how do you explain that kind of lifestyle to your mom?” At that point I suddenly realized that Peg still cared about her mother and her mother’s opinion of her.

More references to her parents were made as we talked about her first years in Alaska. Peg recounted her father’s dream of eventually taking the family to Alaska: “My dad was in the Army Air Corps and came up here during World War II, and he loved this place. I grew up hearing, ‘it has the biggest *mountain*, deepest *lake*, longest *river*.’” Her typical “sing-song” vocal pattern re-emerged. She remembered that her father also told her:

‘We’re going to Alaska, build a cabin, live off the land, and life will be good.’ After I got sober, looking back on my life, I realize what my father probably meant was that you can drink with impunity in Alaska, there were few social restraints. People drink *happy* up here.

It was during those years living in Smithville and working as a bartender, Peg continued, that she first encountered a substance abuse counselor who convinced her to “take a little test.” She told me, “‘Well, you’re an alcoholic according to this test.’ And I told her, ‘I am *not* an alcoholic: I go to *work on time*, I know where my *kid is*, I pay my

taxes, I'm registered to *vote*." She recalled telling the counselor, "You come to where I work, and I will show you some alcoholics. Why are you trying to convince me I've got a drinking problem?" She admitted that: "I got drunk, but it was always an accident. I never planned to get drunk." Her voice suddenly dropped when she concluded: "I had this false idea that you had to *like it* to be an alcoholic."

When Peg began talking about those early years as a single, working mother surrounded by people she identified as "alcoholics," she also shared many of her previous beliefs about alcoholism and various forms of "victimization." According to her perceptions of what an alcoholic was, she believed that:

I wasn't an alcoholic because I *did* work, and I *had* a bank account, and I *didn't* bounce checks. These people [i.e., alcoholic customers] made it kind of a lifestyle not to work. They knew how to work the system and just party. They were just like unhappy white trash having fun. These people had problems, and I drank too much, I understood that, but my problem wasn't alcohol—my problem was sexism, racism, ageism, and a male dominant society.

I noticed Peg's increasing agitation in recalling these memories, so I asked her if she would care to talk some more about these "problems" she had identified.

I remarked that I wasn't sure if I had understood her when she began listing various "isms," and wondered if she had meant that she had considered herself "sexist" or "racist." She immediately corrected me, clearly stating: "No! I would consider myself a victim of those things:" When she noticed me nodding my head in agreement, she continued in a lowered, dramatic, and hushed tone of voice.

For some reason my dad chose to propagandize me as a kid, telling me our nation was founded on the genocide of the red people and the enslavement of the black people so that robber barons from Europe could come over and carve out 'Capitalist Nirvana' on the backs of the poor working class.

She rationalized this concept by telling me "my father was Irish. What can I say? I picked up all those resentments as a little impressionable child, and I hated white people like you wouldn't believe."

Hearing my surprised laughter, she quickly added "I know, people would tell me, 'you know, you *are* a white person!,' but what I said was 'I'm not really white, I'm Irish, we're Celtic.'" When I indicated to her that I was beginning to understand, she remarked: "We are a tribal people: we had this thrust on us by the Romans, and I was just a victim. I had this very well-defended alibi system for all this shitty, crazy stuff that happened in my life; none of it was my fault!"

At this point in our discussion I began to realize Peg's increasing willingness, even eagerness, to discuss and self-analyze past events and her feelings about them. Even though she had a habit of digressing into unrelated topics, I could always quickly bring her back to our focus. I also found that, as she began recounting a wide variety of events, that asking her how old her daughter Annie had been during any specific event more easily constructed her narrative's timeline. I noticed that this methodical technique not only aided my data-gathering, but seemed to help Peg's own memory re-construction as well, as she occasionally interrupted and corrected herself.

The rest of our interview time together concentrated on Peg's stories about critical people and relationships in her life, choices she made, and her honest self-revelations. Throughout this entire narrative conversation with me she continued her dramatic, non-verbal activities: raising her eyebrows, pointing fingers, shaping impressions on the table, and gesturing with hands and arms. All of this seemed totally natural and appropriate for her.

One of the most critical relationships in Peg's life had been with a young man named Andy whom she cheerfully described as her "evil twin." They met somewhere in the drinking community in Smithville and almost immediately began living together. Peg instantly clarified that Andy was homosexual, so the two of them never enjoyed anything beyond a close platonic friendship. She told me: "He was funny, he was smart, he was charming, he read books, and he was everything my dad was, except straight." Annie also "adored him," she continued, "and he would play Barbie dolls with her for hours. We were going to be Mama and Papa Bear," she fondly recalled.

Peg shared a significant self-revelation with me: "When I brought that man [Andy] into my family I think I was trying to rescue my father. I think I was trying to recreate a relationship with my dad." When I asked her to tell me more about her parents when she had been growing up, she revealed: "My mom supported us, but I hung out with my dad. He was my hero, my role model, my love...I can't remember a time when I couldn't read, because I grew up in my dad's lap with him reading to me." Andy was "a lot like my father," Peg insisted, "and especially because he was so charismatic."

Peg and Andy lived and partied together for a few more years, she continued, but multiple problems eventually surfaced:

Within a five month period, the house I was living in burned down, I got fired from a job, I went to jail for driving on a revoked license, and then Andy came up HIV positive. This all happened in 1984, the worst year of my life.

She described in detail all the steps she took in researching this disease so she could advise Andy on what he needed to do to take care of himself, actually insisting that he stop drinking, drugging, and partying. “Andy didn’t do that,” she sighed. Instead, “for whatever reason, he chose to go back to using needles, and I would watch him go back into the bar bathroom, with people I *knew*, and I knew he was ‘fixing’ in there and wasn’t telling them about his medical status.”

Peg stared intently at me while she confided:

For the first time in my life I was caught in a moral dilemma and feeling like a participant in murder, like a silent, co-conspirator of people who had bailed me out of jail, cleaned me up when I was drunk and got me home. And this was fucking me up, and almost overnight I went from a full blown addict into this instant Al-Anon with no recovery problems whatsoever. I started stalking Andy, controlling his money, silently following his friends around, and desperately trying to get him to clean up, or at least to stop shooting up with people we knew.

Much of her frustration stemmed from Andy’s denial and his insistence that he didn’t “believe in HIV.” She told me, quoting Andy: ““It’s all just another government scare tactic because they don’t want us to have any fun.””

Peg finally realized that, in all her information gathering and surveillance activities, she had decided to “single-handedly, on my white charger, save that guy from himself.”

She exclaimed:

Only in retrospect did I realize that I had just turned into my mom! Because that’s what my mom did for ten years. She tried and tried and tried to save my father, tried everything she could, and finally she was broken in that process.

About a year after Andy’s original diagnosis, Peg’s frustration with him had grown so ferocious that one time when she had been drinking “...I came to and found I had Andy by his hair and was bashing his head into a tree screaming, ‘You want to die? How about this? I’ll kill you!’” She confessed, “And that was the night I quit drinking, so that I wouldn’t go into a blackout and kill him.”

After this admission, Peg and I together began sorting out the chronological order of the next significant events in her life. She stopped drinking in 1985, when Annie was about ten years old. It was another year later, she eventually recalled, that she began attending AA, but only to “help Andy” because she herself was still heavily smoking marijuana. “I would go to AA, sit and listen,” she recalled, “then I’d come home and feed this information to Andy, and our relationship became more strained because I wouldn’t party with him anymore.” She insisted, “I wouldn’t let him bring people to the house to party, either, and that’s when I found out I had basically turned into ‘Mom, the Mother,’ and I wasn’t fun anymore.” Andy began to show some repentance, crying about his confusion over his illness, Peg told me, and soon they would make up and “go get loaded. We’d smoke pot and things would be fine for a couple of days.”

Eventually other AA members at the meetings Peg attended started challenging her philosophy about her marijuana use, telling her she couldn't have "conscious contact with a greater power" because first she "had to be conscious." For the first time, she admitted, she seriously considered what others in recovery had been telling her, and she decided to attend a "women's spiritual retreat with about 50 or 60 women from AA, NA, OA, and Al-Anon." She listened to women who were former drug addicts and former alcoholics telling their stories, and also listened to ladies talking about their pill addiction, when "All of a sudden I was able to hear, for some reason, from the women in this group: 'A drug is a drug is a drug,' and I made a pact with myself that I was going to try not to smoke marijuana."

Meanwhile, she added, somehow "my evil manipulations actually worked. Andy went to treatment, he got clean, and stayed clean for almost two years when he relapsed." At this point her voice started becoming raspy, and I wondered if she was becoming emotionally tired. Peg had told me earlier in our conversation that when she and Andy had bitterly fought over his illness and denial of it that "my recovery began around that issue." After his relapse, when Annie was about 13, Peg described how she began journaling, consulting a private counselor, and realizing that she needed to change her life. She stopped using marijuana, quit her bartending job, and started work in a Christian restaurant, but also mentioned experiencing heavy depression for almost two years afterwards.

Peg explained: "When Andy relapsed I started looking at *my* sobriety as being *my* *sobriety*. It was no longer something I was doing to save him. It was only my illusion that

we had a relationship, and our malfunctions meshed perfectly: he needed rescuing.” She admitted that: “My need to rescue him was as strong as his need to be rescued, but his need to be rescued finally grew stronger than my need to rescue, because he jettisoned out of our relationship.” When I asked her more about Andy and what had happened to him, she told me that he “just left, moved down south, and found other caretakers.” She noted that he is still alive, but very ill, and at least has relatives nearby.

We discussed Peg’s realization she “had some issues. I didn’t know how to be a parent, or how to have an intimate relationship. I had sexual abuse issues, victimization issues a mile wide, and I needed to work on myself.” She described the simple, rustic life she and Annie adopted: living in an older cabin, dog-mushing to work, taking her daughter to school, learning how to spin, and eventually taking night school classes. She began her re-education with a class in sign language. Having done well with that, she proudly explained, she received a grant to take another class in alcohol and drug information. She continued her education pursuits over the ensuing years and today still professionally practices the knowledge she acquired during that time.

Peg mentioned one critical incident that particularly intrigued me. During her third year of sobriety, she recalled: “I had been doing a lot of journaling, and I pretty much looked at my entire life. I looked at the result of my life and tried to figure out, ‘what do I do now?’ I was so demoralized I could not think.” She mentioned having had a discussion with an old high school friend who had reminded her that: “You have always bragged about being a survivor, but what I would like to hear is if you’re thriving.” Her voice dropped into a low, dramatic hush as she leaned towards me and whispered, “He

said, ‘I think survival is setting the bar a little too low. *Thriving*; what would that look like?’” She leaned back, registering mock surprise on her face, and I listened to her begin explaining that: “I was good at survival; I was in survival mode probably from the day I came out of the chute. But I didn’t know how to put a life together. I knew how to change the sheets, and the house decorating, but I didn’t know how to put a game plan in place.”

At this point in our conversation I realized that I needed to probe Peg’s feelings about the concept of “thrive” and her concept of it. When I asked how she had felt after this conversation with her friend, she replied: “Devastated. I didn’t know how to thrive; I didn’t know how to do that, and I was very depressed.” We discussed what she had done after her friend confronted her. Her first reaction was to consult her therapist. Peg suggested to me that her therapist apparently helped her realize that even though she was depressed, she was not suicidal. Peg disclosed that after that point she remained able to maintain her sobriety.

She continued sharing details about her lifestyle during that period, and I decided to let her narrate those events in her own way with as little direction from me as possible. I was still waiting to hear any mention of “thriving” and her understanding of that concept’s meaning. She did offer, however, her original understanding of “recovery” when she told me that “my perception of recovery was, ‘keep holding hands, keep coming back, it works’” as she quoted one of AA’s most popular doctrines. “And I quit drinking, I quit doing drugs, but life got really gray and flat, and all of a sudden: *I am the perpetrator.*” She spoke those last words with heavy emphasis, looking directly at me. “I started looking at all the mistakes I’d made, my thinking, my behaviors and choices, and I

asked, ‘How do I clean up this mess?’” Her voice noticeably softened at that point, and she relaxed back into her chair.

Peg followed this statement by explaining how she had begun to review the way she had always perceived herself. She discussed how one human characteristic in particular had haunted her all her life, her lack of object permanence, a result of her birth defects: “It was making me very angry! I was angry at the circumstances and the world, so I started working on my anger issues and my parenting skills. I also discovered that my daughter is probably fetal alcohol affected, too.” She recounted how she spent a lot of time “dragging Annie around to Al-Anon meetings, Alateen groups, and leadership development conferences for teens, and my biggest fear in the world was that she was just going to--whoosh!--spiral off into the universe,” and her flying hands helped dramatize that last remark.

Peg continued sharing a variety of her life stories with me, mostly describing Annie’s development and her own educational and employment progress. I still waited: what did “thrive” mean to Peg? I still wanted to know. I noted that she again mentioned the promise she had made to Annie when her daughter was born, assuring her that she would never be bored: “Being bored was my biggest fear. I remember actually thinking, ‘Oh, my God, I’m having a feeling that I’m getting bored, I have to do something so I won’t get this feeling,’ so I started working towards some concrete goals.” Boredom, she emphasized, meant a life that was “flat and gray and horrible.” She admitted that she’d be willing to experience that if she could still accomplish her goals. Although I detected a self-contradiction within these statements, I chose not to bring that to Peg’s attention. I

was now accustomed to her breezy, chatty narrative style and was confident she would eventually clarify her meaning.

My intuition proved correct when she finally began to answer my question focusing on the difference between “survival” and “thriving,” as she further described her activities, goals, and perceptions about her current life. I also began to realize that every time I had rephrased my specific topic interest, she seemed to honestly try to answer my question. Like many people I know, myself included, Peg would get sidetracked to another related topic and merely needed prompting to return to the main question. She did not seem annoyed about my redirecting attempts.

I finally reminded Peg that when she had first mentioned her friend’s concern for her welfare, she had seemed confused about the entire concept of “thriving.” I realized we needed to construct a mutually agreed upon shared meaning of that word, at least in this narrative context. She provided me with her own rich, descriptive interpretation:

I have a garden, and ‘thrive’ is when I tend to it. It doesn’t do well if I forget to weed it or water it; the plants all lay down and die. Or they can just hang there, but not make fruit, or blossoms. So thriving in a human being would be someone who was comfortable in his or her own skin, had a good sense of where they were going, and believed they were supported in those goals, and had faith that they could accomplish the things that they set out to accomplish. And when they experience failure, they understand it as a learning process and not that they are permanently flawed in some way and will never be able to do that thing again.

Commenting on herself, Peg confided: "I'm pretty resilient, but there are a lot of areas where I still have a lot of brokenness, and I have good days and bad days. I probably do still spend a lot of time in survival mode, but I have a pretty nice life."

Peg spent the final minutes of our conversation discussing her feelings about what recovery means to her now, since her original perceptions have changed and expanded. "My belief in recovery is that what is, is. What is not, is not. You've got to play with the cards you have on the table," she began. "I've got some jokers on the table and I wish they weren't there, but they're in the game, so you have to deal with them." At this point she also told me that she sometimes experiences "debilitating anxiety" and "profound depression" even though she has many present professional commitments. These problematic issues balance out with her other beliefs, however, and she emphasized that: "The only explanation I have for the fact that I am sitting here alive, and I've seen so many people die, is that I have a mission, and I'm not done yet."

By the end of our conversation, I realized that both Peg and I seemed somewhat mentally tired. However, we also felt invigorated as together we had revisited her progress from the creation of her alcoholic identity to her current stage of recovery. Her final words focused upon any advice she may offer someone still suffering from the trauma of alcohol abuse:

I *have* no advice. The older I get, the longer I grow in my recovery, the less capable I feel in regards to telling someone, 'Just do this, and it will work.' Because I don't know. When I first went into recovery, I believed that there was some book, or workshop, or person that could tell me, 'A, B, and C, and that's how people get

better.’ But, it turns out, there is no formula that works for everybody.

Still looking directly into my eyes, she finally said: “I tell people, ‘You’re going to have to find your answers yourself, because I don’t know what they are. I don’t even know for a fact what the *questions* are. Just know that if you want to do this, I’ll walk with you. I *will walk* with you.’”

3.7 Interview Six: Monica

Monica first me contacted after one of my co-researchers suggested she might be interested in my research. When she called, I briefly explained my research question, requirements for participation, and confidentiality assurance, and we agreed to meet on campus for our interview. We met over a weekend, and I escorted her to our offices in the Communication Department. No one else was in our office complex, and we both settled comfortably in the interviewing room.

Monica is also an attractive professional woman in her mid-fifties, and we immediately established a congenial, mutually respectful rapport. I explained in more detail my own background as a former practicing alcoholic, currently certified substance abuse professional, and the reasons for my research. One potential concern arose as I was assembling the tape recorder arrangement. For all the conversational interviews, I had created a decorative, microphone camouflage area in the middle of the table, providing water and cups, a box of tissues, and a small clock in order to assure a more comfortable and less threatening environment. Several co-researchers later commented that this type of setting helped dispel anxiety issues they may have had.

Monica had not realized, or remembered, that this interview would be taped and asked me if taping was absolutely necessary. I told her that, yes, it most definitely was. She explained that her concern was that she knew many people in the community who would recognize her voice. I then reassured her that no one other than myself, or, in a remote possibility, my thesis advisor, would ever hear the tapes, that they would be secured in confidential files after research was completed, and destroyed after a required period of time per IRB requirements. Now satisfactorily reassured, Monica immediately expressed her relief and signed the consent form.

I initiated our conversation by asking her to tell me a little about her experiences with alcohol, and, without hesitation, she began telling me about attending a party when she was thirteen:

I had just turned 13, and I was at a New Year's Eve party. Our parents were gone, and my brother and his friends had gotten a bunch of bottles of wine, and so it was just my brother and his friends, and me and my friend Debbie, and drinking a lot of wine—drank a LOT of wine---I got really sick (as she laughingly recalled)...

It was the first time I remember getting drunk, you know, REALLY bad...the dry heaves...[and] up until the time I quit drinking, I didn't care for wine after that.

Although she first seemed slightly nervous when confiding her initial drinking experience, Monica quickly began to relax. Throughout our entire conversation she maintained good eye contact with me, often using expressive hand gestures and upper body movements. I also noticed that her vocal intonations and level always seemed appropriate for the incident or type of reactions she described.

Monica continued her story: "I grew up in a kind of factory town, a very small town in upstate New York. We were just blue collar kids, and we hung out, had a lot of parties. There really wasn't a whole lot to do, there was not a lot of community recreation." She talked about her immediate family, adding that she has "five older brothers and two younger sisters. My parents divorced when I was seven, but honestly, they should have divorced years before. It was a 'rock 'em, 'sock 'em' marriage." Her tone noticeably dropped as she spoke. "It was pretty devastating. There were always police involved. It was really out there. I mean, we lived in the middle of town anyway, a tiny little town. It was like living in a fish bowl."

Monica described how her parents' conflict affected the rest of her family: "I think my brothers got the worst brunt of it, to tell you the truth. They ended up in reform schools and jail, running away from home. I mean, it was just a pretty awful scene for them." When I asked her if she had experienced any physical abuse, she said: "Yeah. I got it from my brothers." She focused much of her family description on her mother and her mother's state of mind at the time.

Monica explained that after her parents divorced, her mother moved out and her grandmother moved in, and her grandmother insisted on order and structure. She continued: "My mother was out of the house, and she also had a nervous breakdown at the same time and ended up in the local mental hospital. And for the next ten years or so she was in and out and in and out of there, and it's odd--" she started to laugh "--I work in a place like this, so it's funny. I see women coming in and out and I'm thinking like: 'This is probably what was going on with my mother this whole time.'" Again her voice

audibly dropped, and she added, “It’s no wonder I end up in the field I’m in and what I do, of course.”

She revealed that her mother, unlike her father, also had a “big time drinking problem, so I don’t know which came first, the chicken or the egg in the situation, and whether it was her and my dad’s relationship being the way it was, physically violent.” She described her father, a prison guard who “looked like a pugilist and like he had meat hooks on the end of his arms.” I noticed that Monica’s eye movements immediately accelerated as they began moving both up and down and back and forth and wondered if she was remembering other characteristics about her father that she hadn’t mentioned.

The point she wanted to make about her mother was that: “My mom drank, so that was her escape. She’d go to the local bars and drink, or,” she sighed, “have her girl friends over and drink, so of course that just added more *fuel* to the fire, so I think that back then mostly she was looked at as having a very bad drinking problem.”

Monica concluded: “Anyway, so there’s the whole situation. So it’s no wonder that I started running with a crowd when I’m in my teens, get out of the home, and, of course, if you know anything about the children of alcoholics, they’re addicted to excitement and that was me!” Her vocal pace started speeding up and she began to smile, emphasizing: “I loved it. I loved roaming around and being wild, and going in fast cars, all kinds of stuff. Anytime anyone would propose anything, I’m up for it, ‘Let’s do it, let’s go!’”

During her teenaged years, she recalled, the “burden of cooking, cleaning, taking care of Grandma” fell on her shoulders, and she focused on making a good impression on her father. “So I’m doing all this and looking really good at home, being very

responsible, practicing the violin every night, getting pretty decent grades in school,” she remembered, “And I’m looking good, the ‘Shining Star’ and looking forward to knowing that my father knows that I’m a really good student and a good kid.”

She eagerly described another side of her story: “But, when I’m *out* of there, I’m running with my friends, having fun, and--” her voice began speeding up, her eyes grew brighter, and she started gesturing with her hands—“getting away with everything I can. There was kind of a two-sided thing going on there; the really rebellious teenager and the really responsible teenager.” Monica related how her self-described rebellious teenager identity met a point of decision-making when “this guy comes hitchhiking through town, he knew some friends that I knew in high school, and he and I started seeing each other. So he asked, ‘Why don’t we go hitchhiking after you graduate?’ Cause that’s what he liked to do.” She confessed why she decided to go with him:

Remember, I was always up for adventure, and I’m going to blow this one-horse town, and I convinced my father to let me go. I made up some B.S. story. My father didn’t really buy it. He knew I was going to do whatever I wanted to do, anyway, and I was sick of the burden I had to do at home, of taking care of everybody.

Monica described a totally carefree time of her life, laughingly flitting her hand through the air, as she recalled how she and her companion (“he liked to be called ‘Dave,’” she told me) used to panhandle “people who were going through the ‘drive thru’s’, you know, a hamburger joint? We’d get away with this, I didn’t care” she grinned. “We were just bumming around, it was just going to be a summer thing. Finding

a patch of woods, or sleeping under a bridge, whatever, and washing up in the restrooms of gas stations.”

After a few misadventures, including a short stay in a California commune and a subsequent shoplifting arrest, Monica explained that she and her friend Dave started hitchhiking back east. She smilingly recalled that: “Somewhere on the way back, he went like, ‘Let’s get married.’” She admitted feeling both surprised and doubtful, but she finally rationalized that when her “low self-esteem kind of kicked in,” she decided:

Oh, great, this is probably the only person that’s ever going to ask me to get married in my WHOLE life. I mean, that’s how, this feeling I had about myself was *nothing*, was *zero*, and so, ‘I might as well go for it.’

Monica finished, telling me how she and Dave did safely return to the east coast where his mother arranged a quick wedding for them, and that they settled down in New York. After that, she quietly continued, they both found and held jobs, and “my drug using and drinking really slowed down a lot when I was with him: he liked to smoke pot mostly, and we didn’t really run with any kind of crowd. It was mostly just the two of us.”

By then she realized that “the marriage is boring, of course, ‘cause I don’t really love this guy, and after a couple of years I think, ‘We’ll have a kid.’ That will put some meaning--” she begins to laugh “-- into this relationship.” At this point I asked her if she was still drinking, and she replied:

Yes, but I didn’t have any booze in the house. It was when we would go out. Then, of course, drinking to *me*, when I did drink, I never really just drank a little. It was

always, when I did drink, the whole goal was to *get drunk*. I never did understand anybody who just wanted to have one or two drinks.

I asked her if she considered herself a binge drinker, and she agreed, commenting that “yeah, it was an episodic thing.”

Monica quickly picked up her story, explaining that she and Dave did have their first child and also separated for a while, but neither development seemed to solve any of their problems. She told me: “We really shouldn’t have gotten married in the first place. But my Catholic upbringing kicks in, and once you get married you stay married. So,” she added with a heavy sigh, “I guess I’d have another child, after another two and a half years.”

I commented that I was curious about Monica’s reasons for deciding to have another child. She nodded her head as if agreeing with my question and stressed that: “I *knew* I was getting out of this marriage, there was *no way* I was staying in it. The whole time I was pregnant, I swear, it was like making plans to get out of this marriage.” I curiously noted her disparate desires of wanting to get out of the marriage yet also having another baby, and she quickly reacted: “That’s a conflict. Don’t you think I’ve said that to myself?” Monica began laughing and shaking her head as she confessed that: “I was trying to make something like a square peg fit into a round hole. I wasn’t really honest with myself at the time, but,” her vocal tone dropped lower, “I was *bored to death*. I had to get back to some excitement. I had more to get out of my system, obviously.”

Monica and Dave finally divorced, and after that she moved in with an old friend of hers who also had a small child. Her friend worked in a bar, she pointed out, and she

described a living situation that lasted about a year. During this year she and her friend were:

...going out three or four times a week, and we're getting practically anybody to babysit. There's really not a lot of thought behind it. I'm just getting these people to watch my kids, 'cause I just wanted to get out, I just wanted to get to the bars, and run around and have fun, and that's all there was to it. You can justify anything in your head, you know what I mean? You can make it 'okay' just to get out and do it.

That's what we were doing.

Monica told me that she realized a major social difference between her new living situation and her marriage years:

I had just gone from five years of basic social isolation and now being back in my home town and having lots of friends, and I'm just lapping it up, 'cause I *love* it. So, at a lot of different levels this was really a great thing for me.

She also confided that she had had an intense love affair during this time, and told me that: "Although we both said right in the very beginning this is only a physical thing, let's just do this and have fun, I ended up really falling for this guy, which was a big mistake, 'cause he never lost sight of the fact that this was all it really was."

"But," she added, "that was a good learning lesson in the long run, because I had never really cared for anybody like that before, so at least I know how that felt. It's like, 'Wow! So that's what people are talking about.'" Monica confessed that after the affair ended, she felt that: "I didn't think I ever really want to do that again. That was really just too much. That really bothered me, that feeling of falling so hard for somebody." After a

long pause and deep breath, she added: “So then after a year I moved out and got my own apartment. I just needed my own place.”

“Somewhere along that year,” Monica continued, “My friend’s younger brother rolled back into town, and I had always known him. He was just ‘My Best Friend’s Younger Brother,’ and was a big time partier, a big time drinker.” She added, “But he was so sweet, and everybody loved him. You know how male alcoholics are like little lost boys, and you want to rescue them?” I actually thought to myself that I really didn’t, but she continued: “It’s just sort of like, ‘Yeah, come on over here’ and he was just cute and funny. Then he started going out with us, bar hopping and all that stuff.”

Shortly after Monica and Max, her friend’s brother, started their barhopping activities, she explained that she finally moved out and got her own apartment. Not long after this move, her former apartment building, where Max still stayed with his sister, Monica’s friend, burned down. She told me that she offered to let Max stay with her. She notified him: “Okay, you can sleep on my couch. I’ve got a big enough apartment.” She quickly added, “Then again, our only relationship really was drinking buddies. That’s what it was.” But, as Monica calmly continued her story, “Weekends come, you drink. Any occasion comes along, you drink. I mean, that’s what you do, that’s what people do when they get together, they drink. It’s like eating, it’s like anything.”

Monica disclosed that her relationship with Max changed after a family holiday outing, and she and Max found themselves alone together drinking in their regular bar: “We would go back to this bar, a quiet bar, and drink and drink and then go home. Well, the next thing you know, me and Max were more than just friends. It’s funny how those

things happen, right?” She laughingly recalled, “Within another month or so we’re talking about getting married, and everybody was saying: ‘Oh, my God, are you kidding?’ because we were just buddies, and he was three years younger than me, anyway.”

They didn’t immediately marry, but she acknowledged that their living relationship changed from platonic to romantic. During the next part of her story, Monica described how she began to realize the extent of Max’s drinking as she compared him to herself.

She began to focus on his situation:

I thought he was pretty much the same kind of drinker I was, where you could drink, but yet still hold a job and keep a roof over your head. He was more of a drinker than that. He was the kind of drinker who really couldn’t see that things would fall apart for him, his drinking would get so bad. And I didn’t really, really, really see that. You look at things through rose-colored glasses.

Max started “taking off in the middle of the day and go drinking with his buddies while I was at work,” she continued. She worked “a regular job,” but also admitted that, “I still had a social life to take care of.”

Monica revealed that she was “beginning to see that’s causing a lot of arguments between us, his drinking versus *my* drinking. I didn’t mind if he drank, as long as we drank together. The whole idea is we do this together.” She began telling me more about her own past experiences and her confusion about his behavior:

Mind you, I’d never actually lived with an active drinker like that before, even though I came from a background of drinkers. My parents broke up when I was so young,

that I never really *lived* that experience. So I'm just like, 'what is going on here?,' and I begin to do these things like, 'I'll make better meals,' or, 'I'll keep the kids occupied and quiet so he won't have to worry about that,' or, 'I'll be funnier,' or 'I'll be this or that.' I'll do all these different kinds of things so that he wouldn't want to go out and drink with the boys 'cause he's got this great relationship.

She recalled an incident when she had come home and found a note from Max telling her he'd gone out with his friends, something he'd been doing two or three times a week. This particular time, Monica emphasized, she found him later on that afternoon on a street corner, sitting in her car: "*my* little Volkswagen." Her voice definitely grew more intense, almost angry. "They were all sitting there drinking, and I started yelling and screaming. I am *mad*, and for the outsider looking in, they could be thinking, 'who is really out of control in this picture?'" She chuckled at the memory: "I was looking more and more like the one who was out of control, and I *was* compared to what he was doing. He was just doing what alcoholics do, they drink. That's what they do—they just drink." Monica clarified that Max didn't really "cause a lot of problems, *per se*. He was just causing a lot of problems in our relationship."

They were not married yet, she explained, and, "We broke up. Finally we had this big fight, we broke up for about six months, and guess who asked him back again? Me," and she stretched out that word and smiled at me. She added, "I wrote him this letter, took all the blame myself, saying, 'How do I ruin relationships? It's all my fault.' So he came back, we got back together, and we started planning this wedding." They did get married, Monica confirmed, emphasizing that: "Of course it's very important, again, with

all of our get-togethers, that there has to be a lot of booze, 'cause this is how you show people what a good person you are. You're practically pouring booze down people's throats."

Monica discussed how she focused upon Max's drinking throughout the first five years of their marriage, what she did that she thought would help their relationship, her perceptions of herself, and what changes she made. I found myself enjoying her animated self-narrative and realizing that I could identify with many of her feelings.

She described how their married life began: "Baby number three was already conceived before we got married, I was already a couple of weeks pregnant." At first she had told me, "I didn't drink when I was pregnant, I never drank when I was pregnant, or get drunk—" then she suddenly recalled, "Actually, I take that back. I didn't know I was pregnant when I got married, and we went on a honeymoon, and we drank the whole weekend. But I didn't know I was pregnant, but, anyway..."

She failed to finish that sentence and, instead, jumped forward to the time when she now had "three kids running around the house" and didn't have time for a lot of drinking, "but there's still weekends." His drinking had become such an issue at this point in time that he was drinking more or less out of the house, Monica confided. "It had gotten to a point where if he walked through the door with even a beer in his hand, that was all I could see. I zoomed in on that, and there was a fight, there was an argument." She summed up the way she saw her life then: "A big focus of my thinking was about him, about getting him to quit, 'cause his drinking was so much of a problem."

By that time Max's drinking had started to affect other family members and not just their own relationship, Monica explained. Some misunderstanding about something Max had said led to a physical fight at a family wedding, she remarked, and eventually she found that: "When I had my get-togethers, my younger sister and her husband didn't want to come, and then my other sister and her husband didn't want to come."

Max continued to drink, and before their third child was one year old, Monica told me that she discovered she was pregnant again. Her first reaction was: "Oh, my God! What is going on here?" She "had kicked him out and brought him back in" too many times to count, she admitted, and described their relationship as "butting heads all the time." His drinking had become: "the number one focus of everything for me. It was all I thought about 24 hours a day." She told me about her next decision:

I was hell bent on making him quit, so out of complete, absolute, sheer desperation I go to Al-Anon [a support organization for people dealing with alcoholics in their lives] because they must know everything there is to know about this—*thing*. They can teach me what I don't know to get him to stop drinking.

She said that Al-Anon had told her "pretty much the same thing" he had told her: "He's an alcoholic, he's doing what alcoholics do. You have absolutely no control over what he's doing." Hearing that only made her angrier, she remembered: "I was quite an angry person at that point in time, for a long time."

Monica spoke of Al-Anon with a great deal of interest, respect, and enthusiasm, and informed me that: "You learn a lot about the disease [sic] of alcohol, you get a whole complete education. I didn't realize it at the time, but it was giving me a bad, bad feeling

about drinking in general.” She laughingly recalled, “It wasn’t just about him; it was about this whole drinking thing. There was still a part of my brain that thought it was okay to keep seeing my friends and go out partying four or five times a year.”

Monica told me she had rationalized to herself that since she “wasn’t drinking at home,” and had “covered all the bases,” her drinking habits were acceptable. “The kids were taken care of, I wasn’t spending bill money, and I wasn’t getting DWI’s [driving while intoxicated] or losing jobs. His drinking,” she emphasized, was “right out there in public. This is what a problem drinker does, and I was never going to get into those kinds of situations.”

Monica shared a critical “turning point” story about Max and where his drinking had led him during the final days of her last pregnancy. She told me that one night after Max got off work, he went to his local bar as usual and got very drunk. After he had left the bar he broke into a meat locker at a small grocery store. He got caught and was taken to jail. She revealed that: “I had been going to Al-Anon pretty much from the time I got pregnant, and what they tell you over and over is, ‘you have no control over this person.’ I had enough Al-Anon under my belt at that point in time, that I’m like—I’m not bailing him out.”

Monica continued her story, describing how Max was approached by a probation officer who told him he could get out of jail free if he enrolled at a Veteran’s Administration treatment center nearby. Max agreed, she explained, “because he thought, in his mind, ‘yeah, okay, this will get me out of this stupid jail.’” What turned out to be most important to Monica, she emphasized, was that when she and the children visited

Max every week she realized that “something had happened to him during that whole process and his attitudes began changing.” She added that later he had told her part of it was the whole idea of his family showing up every single weekend: “our little entourage, me and the three kids.”

Monica finally began to talk more about herself and her own drinking habits. I did not have to prompt or guide her in any way. She voluntarily described what her alcoholic behavior had been like at that time:

Well, I tried to be a lot more discreet if I was drinking, but, you know, once I got into a bar and I started drinking, my voice went up, I became more sarcastic, words flew out of my mouth, and I would think, ‘All in the name of a good time.’ But I would say hurtful things to other people, even people who are my friends, and I didn’t understand why they just couldn’t go along with it. You know, I’d just very often be not a very nice person to be around.

She had also begun to realize how *her* drinking was affecting their family. For example, after a night out drinking with the girls: “Of course the next morning I’d be so hung over I didn’t want to get out of bed to take care of my kids like I’m supposed to,” she confessed. Mimicking her daughter’s voice, she playacted: “Mommy, I’m hungry, Can I have some breakfast?” Monica honestly admitted, “For your kids to have to beg to be fed, because you’re just too hung over? This is what the kids had to look forward to after Mom’s been out drinking all night. So truly my children got the biggest brunt of me in my drinking.” She spoke these last words with a quiet and soft emphasis.

The next part of Monica's story particularly impressed me because she described an incident that helped lead her towards her own personal turning point in her alcoholic activity. One night four months after her last child was born, Monica and her girl friends were out "doing the typical barhopping in different places, but I'm looking at it [drinking] from completely different eyes now," she began explaining. "We're at this hole-in-the-wall bar out in the woods somewhere, and there's this woman at the end of the bar." I also noticed that her vocal pace began to quicken, something I realized Monica usually did when she retold one of her anecdotes. She recalled, "And she is sloppy, kind of 'urrrr, urrrr' drunk." She continued:

She's with this man, and he keeps saying, 'Go home, go on home to your kids.' And she's crying in her drink, and all I was seeing was, 'Oh, my God! Look at this situation. What are you doing here? You should be home with your kids.' I couldn't get through that night. Everything that I saw; it was almost like Scrooge in the Christmas Carol. All I could see was the down side of this, and I am *not* having a good time.

When she had finished sharing her memories about that evening, she waved her hands through the air claiming, "that just pretty much did it for me." She concluded, "I mean, I just lost my desire to drink, to go into bars, and I had loved everything about bars. I don't know why. So now, it was like, everywhere we went, I just couldn't, couldn't get into it. And that was the last time I drank."

Max had also begun working on his sobriety after his stay in the treatment center, and within the year, both of them were committed to an alcohol-free life style. She

acknowledged that: “Here we are, we’re both sober now, and things should be great—I’m going to Al-Anon like crazy, but I’m not admitting that I ever had a drinking problem. And he’s total AA completely, going to meetings every possible chance he could get.”

“So he’s not really home that much, and I’m going to Al-Anon as much as I possibly can, besides being a stay-at-home mom,” she clarified. “And that’s the way it was for probably the first four or five years. We were committed to our various programs, which was great for our own sanity and mentality.” Major problems still existed in their marriage, however. Monica confided: “Because we’re still not getting along that well. It’s a lot of superficialness that was going on there.”

She described how the problems she and Max were having “eventually started to manifest” with their kids. “Our oldest kid started acting out in school, and we ended up getting counseling for him, and eventually family counseling.” At this point, and for the rest of our conversation, Monica focused entirely on the next decision she and Max made: “First it was family counseling, because of our son’s acting up, but eventually we started going to couple’s counseling, because it was recommended.”

Monica revealed that: “I still had this anger, I had the anger of a lifetime, of what I was raised on, and now I’ve got the anger of...now I’m home with these four kids and I’m *overwhelmed*.” She told how she realized that she “was the kid who always wanted excitement and running around having fun,” but now she had to be a “real person, and somehow raising these kids.” She needed help, and Max was too busy with his sobriety. She insisted, “He really couldn’t devote too much of his time to the family.”

Monica recalled that she and Max tried various couples' therapists until he happened to locate a specific couples' meeting that helped turn their lives around. Suddenly, Monica began weeping, and I was glad I had remembered to place the box of tissues on the table. I was also deeply touched by her display of emotion.

She quickly assured me that these were "happy tears" and explained that: "When I think of Paul and Ruth, they did so much for us. It just brings up a lot of memories, *good* memories." After several quiet, tearful moments, Monica smilingly regained her self-control and declared, in a solid, clear voice: "That's how we learned how to be a couple. And we went for months and months and years and years, and we used to go to some couples' retreats. It was hard to explain. But that's where it all came together, really the whole *recovery*." At that moment I felt as though I had been holding my breath and could now safely let it out.

Monica eagerly continued describing how the couples' meetings functioned:

It wasn't an AA meeting, and it wasn't an Al-Anon meeting. These were just called 'couples' meetings.' In AA and in Al-Anon you have to open up in a certain way, and the meetings have to be run a certain way, and they're very locked in with the traditions and all that stuff. This meeting wasn't. It was a group. People would share their experiences, going around the room like in an ordinary meeting, but you could feel safe enough in a room where you could talk about all the thoughts and stuff that was going on in your relationship.

What affected her most, Monica emphasized, as she began chuckling again, was: "You begin to realize that all these couples are struggling with many of the exact same issues

that you are. You're realizing that you're not alone, that other people are struggling with this, too."

She explained how she had come to realize her role in the issues she and Max had created for themselves. For one thing, she stressed that:

My idea, once he got sober, was that now he was going to be like the Little League coach, or the dad that got down on the floor and wrestled around with the boys. I had this idyllic version of how I wanted him to be, I never said these things to him, but I was trying to push it. I just was such a controlling person in that way, and I didn't want to let go.

I noticed Monica had spoken all this without any visible signs of self-recrimination. "I had to back off and just let him be whoever he wants, and whatever relationship he was going to have with the kids, it was going to happen," she admitted. "Anyway, you can talk about these kind of things in the couples group because you're in a setting where nobody is going to interrupt you, and you're going to be civil, and not call people names."

We discussed some final thoughts, and Monica eagerly shared with me many of her changing self perceptions from the time when she was still drinking to where she feels she is now. One result from the family counseling that she and Max had first encountered was that she started seeing an individual counselor who had recommended she also attend ACOA meetings, Adult Children of Alcoholics. "And that was like, *Wow!*," Monica exclaimed. "That was probably, out of all the meetings I went to, the one I needed to go to the most, really, because it brought up the whole childhood. And I kept going to

meetings, talking about my family, and my mom. It was painful.” Her voice started to quaver. “But it was very cleansing at the same time. Now I realize her life was dictated by her alcoholism, and she was raised in a very difficult situation where there was drinking, too.”

“And I started to understand how this disease [sic] gets passed along,” she continued. “But I also do believe there’s a lot of learned behaviors, too, and people get trapped in a cycle, repeating the same things over and over. So the ACOA meetings really gave me a lot more understanding about my mom.”

Monica eventually focused on herself, beginning with her decision to also attend AA meetings. “I did finally begin to see my own past, and my own drinking past,” she admitted, “and on my own, not because anybody shoved it at me, I started going to AA, too, and began to realize it wasn’t Max’s fault, or my mother’s fault, or whatever. It was just—I had to really get on it, my own drinking past.” She emphasized that: “I had to just really see all the things that I had done, because of my desire to get out there and have fun, raise Hell, and do whatever...” Her voice softly trailed off.

Monica outlined her history with AA and Al-Anon meetings, first restating that she originally attended “just to help Max.” After some time had passed, she realized that: “There was always in my head, the whole time I was going to Al-Anon, it was like—not that I was completely denying anything that I had done, but, I had started asking myself, ‘Are you an alcoholic?’” She started to chuckle again, “And I had a list in my head, when I would hear people talk about things, and I would say, ‘Oh, you’ve never done that, or this’ so that I couldn’t have really been an alcoholic.”

Monica confided, as her tears reappeared:

But then it occurred to me that after six years of saying that, almost on a daily level, ‘Are you or aren’t you?’ It was like, I had to say to myself, ‘Why is this such a big deal?’ I mean, if you’re having so much of a struggle inside of you, you obviously *are*, just say *it*, and so I did.

She told me that she cried the first time she said: “I’m Monica, and I’m an alcoholic,” at an AA meeting. “And I finally realized how hard it is for somebody to sit down and say that.” She started laughing as she shared with me the response she received from others in the room: “They said, ‘We were wondering when you were going to get tired of tripping over your own two feet!’”

Monica and Max are still together after more than twenty years. “We don’t go to meetings anymore,” she admitted, “And I feel a little bit guilty. But we talk about this quite a bit, the whole desire to drink, or that compulsion to drink. We don’t even experience that anymore. But this is what I do for a living.” She began smiling, “so that’s what I tell everybody, ‘Go to meetings, go to meetings.’” She informed me that she insists on telling everyone: “The early years are the hardest, but in time it does get better, and one day you just realize that things aren’t as hard as they used to be.”

We revisited something Monica had said when she had been describing her inner battle about whether or not she was an alcoholic. She commented:

But then it finally occurred to me, it finally sunk in: people who don’t have, and who never have had a drinking problem, don’t have to struggle with this. They don’t even

ask themselves these questions, they don't wrestle with this and size themselves up all the time.

I was nodding in agreement as she concluded: "It's not as if you never think about it, because you do. We live in a world where people drink all the time, and alcohol is pushed towards you in a million different advertisements."

3.8 Description Summary

With justifiable understatement Monica concludes that: "We live in a world where people drink all the time..." and Denzin (1993) directly reminds us that: "Drinking is basic to the American way of life." All six of my diverse co-researchers, from subsistence practitioners in Alaska to the East Coast party girl, from the Vietnam war veteran to the diligent government employee, have experienced the lingering negative effects of a society that promotes and encourages alcohol consumption as a "valued form of self-expression" (p. vii).

Escaping from the vastly distorted societal image that alcoholism and its negative connotations creates can be the most daunting yet self-empowering challenge in an individual's life. All six of these unique co-researchers provided me with incredibly open, honest, and often painful narratives of their selves and their lives, and, perhaps most importantly, they were willing to share experiences of identity distortion and re-creation as the basis for successful recovery from the dis-ease of alcoholism. I value the mutual trust, empathy, and understanding we jointly constructed in pursuit of this research.

Chapter Four

Analysis

4.1 Analysis of the Interviews

Mutual trust was essential to this research. For me, that meant that my co-researchers would, to the best of their abilities, share accurate information about their personal histories and feelings. For them, trust meant that I would honor their confidentiality and maximize any personal beneficence they might enjoy from participating in this study. I firmly believe both perspectives were realized, and I thank these six special people who took the time and concern to share their highly personal narratives with me in hopes that together we might advance public knowledge about the dis-ease of alcoholism.

My perspective as a researcher extended beyond my own personal alcoholic experiences, however, for within that particular standpoint I also was privy to many other personal stories from people I knew through treatment programs and AA meetings. For many years I heard about life experiences from other individuals in various stages of the recovery process and interacted with them on several different levels of interest. Eventually my interest and concern for others' issues evolved into a desire to become a state certified substance abuse professional, and I remain one today.

In addition to my basic preliminary background, during the course of this research I also attended an annual three-day state conference focused on expanding education and maintaining state substance abuse counselors' certification. Interaction with other professionals provided both additional information and critical insight. We often discussed the various definitions of "recovery," "relapse," and "recidivism." We did not

always see eye to eye on specific term definitions, but we did share a basic consensus that successful recovery from alcoholism requires more than alcohol abstinence. For me, maintaining sobriety is no longer an issue and has not been for many years. It has simply become, as one of my co-researchers described, as normal as breathing.

I entered into this research with expectations of learning how others like me had experienced both the negative human identity that alcoholism creates and a reconstructed, ongoing recovered perspective about life. I do choose the past tense of the verb “recover” because, as I stated earlier, “recovered” to me represents having *attained the ability* to perceive, accept, and integrate the realization that recovery is an ongoing perspective on all areas of human existence. Simply maintaining sobriety as the focus of one’s life is goal-limiting and not synonymous with the holistic concept of recovery embracing the multitudinous challenging facets of our lived experiences.

Before I began my research I did harbor some expectations about the types of narratives I might encounter based on past experiences in AA meetings. Thankfully my expectations remained largely unmet. My co-researchers provided more detailed, intimate descriptions of their life experiences than the type of stories I used to hear during the AA meetings I had once attended. They all seemed to take a great deal of pleasure in sharing with me how they feel *today* and how much they appreciate the process that brought them to this point in their lives. All of us gratefully acknowledged the critical life lessons our alcoholism experiences taught us, but all of us also enthusiastically expressed how our personal lives continue expanding in so many various directions.

This constructionist analysis offers reflexive insight into the creation of both alcoholic and recovering human identities and provides the reader an opportunity to relive the critical, life-altering experiences these individuals have graciously provided. I wanted to see what commonalities existed in my co-researchers' lives and how these became realized, but only their individual perceptions could verify and validate any emergent concepts, especially concerning that often elusive idea of a "turning point."

4.2 Theme One: Immediacy of Perceived Social Context; "It would depend upon the environment I was in."

The social environment one inhabits greatly affects an individual's choice of behaviors, as all of us are born with a predisposition to sociality (Berger & Luckmann, 1966, p. 129). An individual born and/or raised in an alcoholic family has, therefore, already entered into a world over which he or she has no control or choice. Most of my co-researchers openly discussed alcoholic family situations, often beginning with early childhood memories. Others focused on the situations they were in when they first began to drink. None of my co-researchers within the venue of this research described their drinking career as having been a "solitary choice." All co-researchers identified some sort of family influence or suggestive, even pressuring, peer atmosphere that was evident when they were introduced to alcohol.

Berger and Luckmann (1966) inform us that the kind of world we are born into influences the identity we develop. That original socialization teaches us how to interact with others; "how to become a member of society" (p. 129). Recalling how so very often I had heard stories from people growing up in alcoholic families, I was not surprised that

the majority of my co-researchers shared that synonymous experience. Both Al and Frank spoke the identical words, “I grew up with alcohol,” when I first asked them to tell me about their alcoholic experiences. Peg and Monica openly discussed their parents’ use of alcohol with Peg additionally acknowledging that she knew “for a fact” that both her parents drank heavily when she was conceived. Although popular theories support and advance the concept of alcoholism running in families via possible genetic transfer (Goedde & Agarwal, 1987, p. 5,) the primary socializing effects of an individual’s family and first surroundings make an equally if not greater impact on a person’s likelihood of drinking. What we first learn from our primary caregivers becomes our first version of human reality. In the therapeutic community studied by Soyez, Tatrai, Broekaert, and Bracke (2004), members of a resident’s “family of origin” are not considered important to the substance abuser’s recovery, are, in fact, labeled “part of the problem,” and are reported in that study to “wield negative influence” on the resident (p. 289).

The negative effects of a drinking family environment were obvious in several of my co-researchers’ social situations, but the socializing influences of peer pressure, celebrations, or any other type of social events or activities also play a large part in their alcoholic identity development. For example, Al spoke lovingly about his relationship with his mother [aunt] who also drank a great deal and had apparently tried to encourage him to drink only in her presence. However, Al’s sister had already introduced him to alcohol, deliberately getting him drunk on wine when he was only six years old. Another incident he shared was learning how to “play bar” when he and his friends and relatives were still children. All such activities definitely predispose and socialize a young person

into an alcohol-related lifestyle. As Al also explained, “you just grew up around it, and nobody every saw alcohol as a problem.” To him as a young man, alcohol use was a normal, acceptable part of his natural environment.

Al’s decision to hang out with other young people who also drank was understandable: drinking was part of their social life, their daily culture. Ironically, it was this same socializing process that eventually helped Al turn his life around after he reluctantly attended his first AA meeting. He literally “did not have another drink again.” Frank’s experience was similar. Both men very candidly discussed some of their most desperate moments. Al spoke of having nothing left. His mother had just died, and many of his friends were gone, too. Frank was suicidal, and decided to try an AA meeting as a last resort. Both men report that the positive environment provided in these meetings helped define a new identity for them. Denzin (1993) succinctly sums up this phenomenon: “...the resources for discovering a nonalcoholic, serene self lie in interactions with one’s fellows; just as it supposedly rests in the drinking groups that make up our society” (p. 355). Human sociability worked for my female co-researchers as well as the males.

Monica and Peg discuss coming from alcoholic families and experiencing a similar environmental influence. They, too, began drinking at an early age. But both of them report heavy peer pressure outside their family as part of their alcoholic identity construction. Denzin (1993) states: “The drinking motives of the individual are driven by the ‘desire’ to escape and then to find self” (p. 352). Monica was looking for escape from her parents’ dysfunctional, abusive relationship and began partying whenever she could

escape with her friends. Peg admits “not being particularly intrigued with alcohol” but being “very intrigued” with making social connections, and “that was the way to do that.” Both women experienced the negative effects of parental anger, even physical violence at times, and both sought more positive environmental situations. However, they could only find solutions available using information and training from the lives they had. In their case, they grew up thinking alcohol was a normal part of their environment. As Al told me, drinking was also associated with celebrations, parties, and any event involving other people.

Barbara’s situation did not apparently depend on direct family influence, but she also reveals the fact that it was social involvement (going out with her friends from work) that led her into an alcoholic lifestyle. Barbara began her drinking “career” or “alcoholic identity process” through environmental associations. However, this same socializing process is shown to work the other direction and help transform an alcoholic identity into a recovering one. Berger & Luckmann (1966) tell us that the “alternation [of self]...involves a reorganization of the conversational apparatus....and in conversation with new significant others subjective reality is transformed.” Old realities are reinterpreted within the legitimating apparatus of the new reality (p. 159). Barbara provides me with an especially touching example of this process with her rich descriptions of her family, her native culture, and her dedication to her husband and son.

After escaping from a physically abusive marriage, Barbara eventually returned to her original Native village and became reacquainted with not only her own family members, but her ethnic, cultural practices as well. She began re-socializing herself into

the positive, close knit, and powerful environment from which she came, providing an example of “how the past is reinterpreted to conform to the present reality” (Berger & Luckmann, 1966, p. 163). I find it ironic that Barbara’s sobriety and recovery began by going back to her family, whereas other co-researchers needed to escape that particular reality in order to construct a recovering identity. In reality, this incident is in no way surprising. Both social environments, alcoholic versus recovering, are influenced by the people we choose to allow important roles in our lives.

George had never mentioned any close family members or any significant relationships with others, but did admit that he “always kept a bottle around.” He had first explained, however, that he had only started drinking on any kind of regular basis when he was around his peers during his teaching assignments; first in the Bahamas and then in Bogata. He is also the only one of my co-researchers who continues to rely on AA attendance. Another critical fact about George is that he also is the only one of my co-researchers who is not married, never has been married, lives alone, and never mentions any significant groups or individuals other than his work or AA involvement. George recalls that in his final drinking days he had realized his life had become “not much” and his life was really nothing more than “working and drinking, drinking and working.”

One thought that occurred to me at that time, one which I still ponder today, is the observation that George may have mostly substituted AA for his drinking: working and AA, AA and working, as suggested in Vaillant (1988, p. 1156). An interactive, influential, social environment remains a constant factor in all of my co-researchers’ narratives, from both the negative and positive perspectives. I am happy, of course, that

George has found significant, supportive interaction and need satisfaction with his AA involvement, but I am still curious if his life has also expanded into other areas of interest besides work. During my transcription of George's interview, a pertinent quotation came to mind: "AA is a great place to *get* sober, but a terrible place to get accurate information," (Erickson, C., 2007, 33rd Annual School of Addictions, Anchorage, AK). Dr. Erickson made this statement during his keynote address at the conference I had attended earlier in 2007. When someone in the audience asked him to explain, he clarified that AA caters more to people early in their sobriety and recovery years who may not have all the pertinent information, yet expound upon ideas, comments they have heard, etc. as if these statements are factual. It is in just this manner, he explained, that myths and legends begin.

George himself told me, when I had been looking for additional co-researchers, that it might take a while to find qualifying individuals [minimum of seven years sobriety] within the confines of AA meetings. His point was that once people were that far into their recovery, they do not attend meetings very often. I know that to be true in my own case, although I did attend some AA meetings during the course of this research to validate my previous perceptions, and found that George's comments seem accurate. The specific critical service that Alcoholics Anonymous does provide, however, is introducing or reacquainting individuals suffering from an alcoholic identity to more positive interactive associations in an alcohol-free environment. My belief is that once an alcoholic has learned or relearned better social and communication skills, other social and

interpersonal opportunities will naturally develop for him or her. I found this true for both myself and for my co-researchers.

One of the most critical factors for identifying social situations and environments as thematic is the fact that such environments very often provide the backdrop, showcase, or opportunity to discern other themes. For example, when Monica found herself once again in an alcoholic environment, drinking at a bar with friends, she experienced what I term a “life-altering” incident: observing a drunken woman who she perceived should have been at home taking care of her children. Possibly seeing herself in this woman’s actions and leading her into more confusion about her identity at that moment, Monica told herself: “I want to be *here*, but I should be *there* [home].” Her recognition of that time is typical of my co-researchers’ experience of vacillating attitudes toward alcohol and its associated lifestyle.

4.3 Theme Two: Vacillating Attitude Toward Alcohol; “I had a love/hate relationship with alcohol.”

These were some of Peg’s words to me when I asked her to tell me more about why she thought alcohol was not a “safe” drug for her. She told me that she had been resentful of people who could “slam down the alcohol” because whenever she drank she “couldn’t stay in control.” The fact that she had tried to kill Andy by banging his head repeatedly against a tree during her last drunken episode was ample evidence of that statement. But even before that incident, Peg elaborates that she’d had mixed feelings about alcohol’s effect on her. She loved the “exhilarating rush,” but never liked “the after effects.” Being offensive to people and having “brushes with the law” were two such effects. Monica

also tells me that when she had been drinking she became more sarcastic, saying hurtful things to friends, then not understanding why “they just couldn’t go along with it.” Both women obviously experience the thematic vacillation in at least these two areas.

Peg particularly intrigues me, mostly because I am aware of the types of quality professional positions she now holds. Yet she willingly reveals her extremely multi-layered, colorful past to me, especially when she openly describes her physical situation as being Fetal Alcohol Effected (FAE). Because of that, she claims, she “could not *not* drink,” but “could not drink right.” She suffered similar confusion about whether or not she was an alcoholic. In Peg’s mind she wasn’t an alcoholic because she worked, had a bank account, and didn’t bounce checks. Alcoholics, in her perception, are “people who know how to work the system and just party.” Another of her misconceptions about the nature of alcoholism, which she admits added to her confusion, was her “false idea that you had to *like* it to be an alcoholic.” The dissonance between such thoughts allow her to reconstruct a new identity.

Monica also endured some serious soul-searching about her possible status as an alcoholic. Just as Peg had done, Monica originally started attending AA (and Al-Anon) meetings to help a male partner, both hoping that by acquiring additional knowledge they would learn how to “fix” their respective, alcohol-dominated, dysfunctional personal relationships. Both women, by definition, were guilty of “codependency,” a fairly common occurrence in a dysfunctional, alcoholic family where one member “takes over the control functions...in the always disappointed hope that the dependent [partner] will thus be able to control his alcohol problem” (Zernig, Saria, Kurz, & O’Malley, 2000,

p. 109). Not unpredictably, both Peg's and Monica's confusion about their behaviors and their responsibilities to significant others impeded their abilities to take a solid long look at their own identities. Codependents can be hostile, apologetic, rationalizing, and indirect: not saying what they mean, or meaning what they say (Beattie, 1987, p. 165).

Monica elaborates on her codependent issues with Max when she discusses her growing irritation, anger, and confusion about "his drinking versus my drinking." As she explains, even though she comes from a background of drinkers, she never actually lived with someone who drank as constantly as Max did, so she remained continually unsure about what to do. Should she make better meals, keep the kids always quiet and occupied, be funnier, etc., just so he wouldn't want to go out and drink. Only when she finally began to see her own drinking habits as part of their issue did the personal vacillation begin to lessen.

Much of Frank's narrative is filled with confusion and self-contradictions, including the irresolute attitude he had about his first marriage, his feelings about the Vietnam war and his army commitment, the many women in his life ("the only thing we had in common was a disease [sic]"), and especially his relationship with self. "I was aware" he says, "that I was drinking way too much, and I was doing things I just didn't like. I was just really offensive to myself." Denzin (1993) speaks extensively about the "Divided Self," a condition in which the alcoholic self and the sober self are in constant dialectic (p. 121). Over years of heavy drinking, the "two selves" create an alcohol-centered relationship, with the alcoholic self being supported by the sober or "lover" self, and the two selves co-exist "in a field of contrasting emotional experiences" (p. 123). Such self-

division and identity contradiction contribute to many of Frank's dysfunctional female relationships. For example, he talks about going out partying, then realizes "I didn't want to do that, but I didn't want to not do it." Probably the most relevant, pertinent revelation Frank makes about his alcohol-induced personal confusion is when he tells me that he had desperately wanted to be "normal," but that he had absolutely no idea what was normal for a man of his age.

Considering the stories Peg, Monica, and Frank share made me gradually aware that all of them had as much trouble with their relationships as they had with understanding themselves, and that none of them had any solid grasp of their own identities. Once again, the critical importance of relationships, perceptions, and interactions surface as the opportunity for solid identity reconstruction. Crotty (1988) says that all meaningful reality, including individual, is socially constructed (p. 54). How can someone continue to create, maintain, and transform a solid self-identity if they cannot interact successfully with other human beings to gain perspective and reflexivity about who and how they are? Alcohol abuse and dependence muddies perceptions, aggravates emotions, and obscures normal, healthy relationship goals. Confusion reigns and manifests itself as thematic vacillation between perspectives of alcohol and self.

Other co-researchers also provide clear-cut examples of such confusion and identity dialect. George tells me about his vacillating perception of feeling "bored and depressed." He would then cue himself to drink more and would end up feeling even more "bored and depressed." This vicious cycle of interdependency thus continued intact, and he had felt helpless not knowing how to break the circle of his own entrapment.

Much of Al's issues revolve around not really knowing what was happening with his mother. He never really knew how much she had been drinking, even though she always seemed concerned about his alcoholic issues. He was totally unaware that she was terminally ill during the time he lived in Seattle, and her death not only shocked but bewildered him: "I was in a daze. I was in disbelief." The enormity of this experience only exacerbated his continuous drinking, until he had almost reached a "point of no return." Once again, a stranger, another human being reaching out at the appropriate moment, helps him reconnect to others long enough to begin his own identity reconstruction. All co-researchers, in becoming aware of the dialectics of their own attitudes toward alcohol and self, find a path toward identity reconstruction in taking ownership of their own lives.

4.4 Theme Three: Reflexivity and Responsibility for One's Own Life; "You've got to crawl out of your skin and start moving and growing."

I have labeled this third theme "reflexivity and responsibility for one's own life" because I wanted to identify the concept of individual choice in the recovery process. The moment when the alcoholic individual/identity begins to truly realize that they do possess the potential to change their own lives appears to be a thematic turning point for all co-researchers. Duncan's (2005) statement that the [alcoholic] client is the "single most potent factor" in how change occurs is profound. He elaborates: "...the total matrix of who they are—their strengths and resources, their social supports..." matter more than anything physicians or therapists might do. These factors may include such qualities as persistence, openness, faith, optimism, and/or support from any significant other (p. 4).

I was interested in how my co-researchers responded to challenges in the final days of their drinking lives. Frank admits that he had consistently experienced some sort of stress about doing what he was supposed to do, what others expected of him. This situation usually seemed to occur with female relationships. For example, he admits marrying his high school sweetheart because “I was supposed to, that’s the way it had been my whole life as an alcoholic.” In a later instance, he talks about moving to a farm in North Dakota with another woman he had been living with because he “chose to follow her professional pursuits.” He explains, “...at least it looked more interesting to her, and I was with her, so we moved.” I believe Frank analyzes that particular problem fairly accurately when he honestly states that: “I did everything I was supposed to do, or somebody else wanted me to do. I never seemed to really lead my own life.” How did he overcome this tendency, I wondered, or did he?

Later in our conversation Frank shares details about his first days in the AA program, and some of the issues he had faced. He was confronted, again, with a situation involving a live-in female partner, and his AA sponsor at the time had reminded him, “How many people can you change in this situation? You’ve forgotten the Serenity Prayer.” At first, Frank confesses, this discussion had angered him, but he chose to “stick it out” since they were in a restaurant and his sponsor was buying lunch. That decision turned out to be one of his better ones, he admits, because he finally stopped to think what the words of that prayer meant; especially the third part, “understanding the difference” between what he could change and what he could not. Most importantly, Frank stresses, he began to finally realize that the only thing he could change about the situation was the way the way he

perceived it. With his sponsor's support, the man who had now become a "significant other" to Frank, he began to realize his own power to choose. Frank's story is an example of Babad's (1983) observation that one's ability to change is enhanced when an atmosphere is favorable to changeability and when the individual begins to see a rationale for the change (p. 52).

Realizing a "rationale for change" helps an individual acquire ownership of the power to redirect his or her own life. Prochaska, DiClemente, and Norcross (1992) outline this understanding as a step in their "Stages of Change" model, yet fail to provide substantiating human science research supporting this vital concept. Both Peg and Al specifically explain to me that, for them, listening to other people's narratives describing issues so similar to their own helped them better understand that they did have the ability to change; to reconstruct their identities.

"Shaking, cold, and not even able to sweat," Al describes to me some of the unpleasant physical side effects of withdrawal he was experiencing when he first heard other people sharing stories similar to his own at the first AA meeting he had [reluctantly] attended. As he began listening to other people in the room, he recounts appreciating the fact that: "It was *their* story, and they were telling it like it is." Al was able to associate the similarities between other people's stories and his own: "Their stories are a lot like mine, and that's what makes it happen for me." He thereby gives himself hope, a critical concept for future identity reconstruction as Polkinghorne (1988) outlines in his temporal continuum of identity construction (p. 107). Al recalls realizing that: "I really wanted to turn my life over. I was tired of living like this." He *did* turn his

life around by taking command of his own situation and voluntarily entering both detoxification and treatment programs, thus beginning to construct a “recovered” identity.

On the other hand, Peg had been diligently attending AA meetings for some time in the hope that she would acquire some kind of information to help her better deal with Andy’s problems and that Andy would listen to her. Her motives were other oriented and not self directed, an extremely critical difference in an initial, successful recovery process. As Frank points out, he experienced a very similar situation when he discussed his frustration about his live-in girlfriend, whom he wished would change, with his AA sponsor. His sponsor reminded him of the Serenity Prayer and the concept about “power to change,” and Frank was finally forced to realize that the only thing he truly had power over was himself and his own feelings, including the ability to choose and redirect his own life (Duncan, 2005, p. 123).

Peg’s situation was somewhat different from my other co-researchers’ as she had already stopped drinking when she started attending AA meetings. Her “drug of choice” was marijuana, and she saw no problem with that. However, when she attended a slightly different group, a women’s spiritual retreat including ladies from several types of support groups, all telling their stories and “talking about their addictions,” her perception changed.

I noticed something different about Peg’s story at this point. For the first time she began to talk about interacting with other people whom she seemed to value and respect. She may have heard similar stories of abuse and recovery before, but she might not have been able to connect and relate them to her own life at that point. Gergen (1994) explains

one of the critical, effective elements of good storytelling as having some sort of causal link (p. 192), and when the link is one of personal association, as Al had discovered during his first AA meeting, the other's narrative becomes more powerful.

Peg emphasizes that it was at this retreat when she finally began to realize that marijuana is also a drug, ("a drug is a drug is a drug"), and she talked about "making a pact with herself," (taking ownership) to try not to smoke marijuana again. For Peg, this was a critical beginning in the perception-shifting process in that she located a "new mode of selfhood" in the interactional structures [and processes] of social support groups such as AA or any other kind of special retreat (Denzin, p. 1993, p. 355). After this incident, Peg's sense of recovery began to materialize, beginning with her realization that Andy's relapse triggered her ability to look at her sobriety status as her own and not something she had been doing in order to help him. This was a critically self-empowering moment in her life and one which suddenly unveiled her own issues to her including the fact that perhaps she had not been a victim as much as she had been the "perpetrator." She asks herself: "How do I clean up this mess?" Taking responsibility for one's actions is a critical component in both AA and treatment philosophies.

George's realization of ownership arose from a different perspective: a personal, medical, life-threatening emergency, basically an external motivation which generally is not seen to be as effective as an internal motivation to change (DiClemente, Bellino, & Neavins, 1991, p. 88). Yet as soon as he was able to at least get out of his hospital bed and maneuver himself onto a trolley ("IV and all") he wheeled down to the hospital's family recovery center and signed himself into a treatment program. His brush with death

when his pancreas began to fail and he was “puking blood” startled him into realizing that maybe he “had been doing something wrong.”

Barbara’s and Monica’s stories of ownership share at least one similar component: they both express concern for children already present or for children “hoped to be.” Monica’s moving, poignant description of her night at a bar, watching some other mother literally crying into her beer, moved her toward more realistic self-acknowledgement and a renewed sense of responsibility. After that, Monica’s narrative covers several more years of a gradual, step-by-step, topic-by-topic realization of identity problems for both her and Max, individually and as a couple, until they were both able to achieve a state of individual and mutual recovery and reconstructed identities. Gergen (1994) describes this process: “Our present identity is not a [product of a] sudden and mysterious event but a sensible result of a life story” (p. 187). It is not usually a choice, but a pattern or series of choices over time that constructs an identity.

Barbara’s experience was somewhat different as her motivation, or version of ownership, includes the incredibly empowering presence of hope; wanting to have a child yet fearing that could never happen. Reliving with her the joy as she describes to me how Joe had finally revealed his “secret,” that he had not had a vasectomy, and, if they could both stop drinking, they could have a child of their own, was one of the most satisfying moments of my research process. Many of my resources emphasize the empowering emotion of hope as a source of motivation and esteem-building, lending strength to an individual’s ability to create a better future self (Polkinghorne, 1988, p. 107).

4.5 Theme Four: Valuing Life Beyond Addiction; “...Something more important than alcohol...”

A central focus of this research is: *How is the lived experience of alcoholism recovery without recidivism perceived by the recovered individual?*

The concept of human perception and its tendency to shift directed this research focus. For one thing, agreeing on what and who an alcoholic is depends on one's perception. My co-researchers themselves make an excellent case for this argument as they share what their various concepts of “alcoholic” and “recovery” mean to them. Peg tells me that she once believed recovery simply meant to “keep holding hands, keep coming back, it works.” Yet this is a concept she began to find totally frustrating. Monica notes that neither she nor her husband Max ever felt they were into a state of “recovery” until five years after they both had become sober. When they finally realized how to interact as a couple, this simultaneously resolved both couple-created problems and subconscious, individual frustrations.

Frank's opinion is that people can sober up in many different ways, but the one thing that successful recovering individuals have in common is “some sort of revelation” to become involved or “totally immersed” in whatever program, group, commitment, etc., one might choose, and to “be there, be there, be there!” This attitude worked for Frank, as he explains that even with some of his “lousy relationships,” he was always involved in a learning process, especially discovering that “people were supportive” even in his “stupidity.”

Barbara, my friend from the Native village, provided the lead quotation identifying this theme. Her complete sentence in my transcription reads: “Our son was something we really wanted in life, something which was more important than alcohol.” But along with this dream fulfillment, she had also returned to her native cultural way of life. For her it is an association with her original socialization, sound roots, and the happier, healthier basis for her original identity. She is back in touch with her “whole life, our whole style,” something more valuable to her, and that is “what made us quit.”

Sometimes value is found only by contrast, as in George’s case: stay sober or die, and the realization that he had been living in what he described as a “vegetative state.” Value to him also is realizing he wanted to escape from that condition. Even though I may have questioned George’s intrinsic recovery status due to his dependence on the AA structure at this point in his sobriety, for him and his own life choices that may be totally relative to and appropriate for his personal needs. Such involvement seems to provide him with continuing positive, social interaction as support for his “recovered” identity.

For many alcoholics “turning points” may be difficult to pinpoint. Many will claim to have reached a “bottom” that turned them around on the road to recovery. However, throughout my years of experience both during and after my own alcoholic activity, I periodically noted that other alcoholics often described several types of incidents that could qualify as a “bottom,” i.e., “the worst thing possible,” yet they would still continue to drink. More lasting remission begins as a “rational and gradual process frequently motivated by positive incentives” as Blomquist (2002) citing Sobell et al. (1993) and Klingemann (1991) inform us. I maintain that a turning point is mostly the result of

continuous, repetitive processing of negative or significant events gradually pulling or directing the individual to a point of decision, an impetus to act. Polkinghorne (1988) eloquently adds: “Action is the poetic expression of human existence as it moves toward valued ends” (p. 146). Clearly, in this research, the valued end for my co-researchers is life beyond addiction.

Attaining sobriety and recovery may happen at the same time, but sobriety can continue without recovery, and recovery goes beyond simply maintaining sobriety. Maintenance, or sustainability, is a prime requirement for both conditions, and reflects the mantra of the social construction of reality [and identity] that all human knowledge is “developed, maintained and transmitted in social situations” (Berger & Luckmann, 1966, p. 3). The difference between maintaining sobriety and maintaining recovery is often unclear to people, since many believe those two terms are synonymous.

Peg shares some interesting attitudes related to this concept. She tells me that she was aware that after Andy knew he was HIV positive, he knowingly was “shooting up drugs” and sharing needles with people who had been good friends to her. She found herself deeply troubled and challenged as she realized “for the first time in my life I was caught in a moral dilemma and feeling like a participant in murder.” This realization and challenge to her own value system played a pivotal role in her recovery process. She was sober, but not yet in recovery. She had to make some critical decisions based upon what was most valuable to her. She could not maintain or sustain a relationship damaging to her intrinsic moral beliefs and harmful to her recovering process.

Peg's "turning point" did not come suddenly or with any fanfare. When she and Andy began their relationship, they satisfied mutual, codependent needs: her need to rescue him was as strong as his need to be rescued. However, her own value system began evolving and finally his need to be rescued grew stronger than Peg could sustain. She explains, he "jettisoned out" of their relationship. As Peg's recovery process began to flourish, other changes evolved. Instead of working as a bartender she took a job at a Christian restaurant. She took up a new, practical hobby—spinning. She started a long series of night classes, eventually acquiring enough training and education in order to hold several responsible positions in the care-taking and substance abuse field. Peg's values emerged, she took possession of them, and steered her recovery course and identity reconstruction toward life beyond addiction.

Al's value system lies in sharing. He was the co-researcher who claims: "You've got to crawl out of your shell, start moving and growing," adding: "and then you have something alive you can share with people." Experience, strength, and especially hope were the qualities Al mentioned as valuable and essential to share with others struggling through the addictive process. Al's attitudes echo Smith's (2003) sentiments when she insists that: "in order to heal you need to share your pain," (p. 84) and the importance of "one human being to be able to relate to another human being on the basis of trust" (p. 86). Once again the critical value of "trust" emerges.

For a long time trust was an issue in Monica's marriage and definitely impeded her ability to process her own issues. She could not trust Max to remain sober and responsible to her and their children. Like Peg, Monica became obsessed with another

individual's issues, problems, and failures to the exclusion of satisfying her own needs and value system. Only through an honest, self analysis, suggested and encouraged by qualified others, was Monica able to more clearly see communication and interaction failures in her own marriage. A critical, life-altering event in both Monica's and Max's life was her refusal to bail him out of jail, just as Peg had finally refused to continue enabling Andy's deceitful drug practices.

Also like Peg, Monica's "turning point" was a long time in coming. She had had identity, confusion, and ownership problems for many years, remembering her first marriage in which she describes herself as trying "to make a square peg fit into a round hole." She acknowledges the conflict between wanting to get out of a marriage, yet trying to have another baby. She still had not been able to qualitatively identify what was valuable, and workable, for herself. Years later, her collective experiences with Al-Anon, ACOA (Adult Children of Alcoholics,) and eventually AA helped her better understand what was most important and supportive for her.

Like Frank, (and Peg and Barbara), Monica also works in the professional counseling field and always encourages individuals new to the sobriety and recovery process to "go to meetings! Go to meetings!" Yet this does not necessarily have to be AA or any of the other traditional better known support groups. The main concept is interaction with positive, supportive others in the transformation of self: the restructuring of one's beliefs (Denzin, 1993, p. 380) and a re-socialization of one's identity.

4.6 Conclusion

Even before my research began, I was vividly aware of the social constructionist aspect of alcoholism and of the construction in the recovery from alcoholism. I have both observed and participated in many situations where alcohol use was either encouraged or prohibited and have the advantage of experiencing both types of socially-constructed identities. I did not harbor many expectations before engaging in this research, other than assuming that former alcoholics who volunteered to participate would be honest with their narratives, for honesty with one's self is an embodied component for any successful recovering alcoholic. My co-researchers met that expectation.

As I listened to the audio tapes of my co-researchers' sharing their various narratives with me, I began to see themes developing even before I had completed the description chapter. One of the most critical concepts is theme one, "the immediacy of the perceived environment," because all co-researchers reported that whatever social environment in which they spent concentrated periods of time affected their choice of whether or not to drink. Successful recovery depended on resocialization processes moving an individual from a drinking atmosphere to an abstinent environment. But just relocation of the human body is not enough to ensure that an individual can secure a recovering identity. I have argued that sobriety and recovery are not synonymous. Continuous association with non-drinking others can definitely aid an individual's sobriety, as one tries to "fit in" to the immediate, social environment, but that usually is not enough to ensure long-lasting change.

Long-lasting, more effective change emanates from within. Such change comes about when an individual sees personal advantages and reasons for changing life-threatening habits. My co-researchers all experienced a wide variety of discontent, confusion, self-struggles, or, as Denzin (1993) aptly describes, a “dis-ease” with self, conduct, and emotions. They all experienced inner battles of self-doubts and questions of self-identity, and, therefore, an ongoing “love/hate relationship with alcohol,” theme two. They could identify alcohol as part of their problem and each developed a vacillating attitude toward it, but they did not seem to know how to eliminate alcohol’s influence in their lives.

Through more positive social interactions and effective communication, providing a wider range of lifestyle choices, my six co-researchers all began to see, in their own fashion and unique set of circumstances, that they did have the ability to change their lives. Most of them specifically reported how hearing others’ stories so similar to their own gave them hope and confidence for taking “responsibility for one’s own life,” theme three. When they began to experience even the smallest successes, their hope and confidence expanded as did a more supportive, healthier social environment. As their social contacts became more positive, so did their own self-esteem and their eye-opening realizations of what their true values should be. They all began to see that they had “something more important than alcohol” to fight and live for; theme number four, “valuing a life beyond addiction.”

One final concept emerged that was of special interest to me, although it was not a critical theme in my co-researchers’ narratives. Monica told me that in her final days of internal struggling, when she was at last able to say, “I’m Monica and I’m an alcoholic,”

she wondered about people who are never forced to question this, to have to deal with this type of inner battle, to never have to be forced to face and question one's true identity. She stated: "People who don't have, and who never have had a problem, don't have to struggle with this. They don't have to ask themselves questions. They don't wrestle with this and size themselves up all the time." I remember smiling and nodding my head enthusiastically, telling her how grateful I was to know someone else felt the same way I did.

However, we do not seem to be alone in that observation. In some of his concluding remarks about "The Alcoholic Society," Denzin (1993) observes that in studying alcoholics "...we study ourselves. Active or recovering, the alcoholic reveals to each of us how we might become more than we currently are, or considerably less than we now take for granted" (p. xxxii). To that end and the implied suggestion for continued investigation into the alcoholic and "recovering" world, I would strongly recommend future longitudinal studies of individuals' AA participation and other personal social habits as their recovery years expand.

I would also definitely suggest more concentrated study and documentation of successful recovering alcoholics' lived experiences, especially since Denzin and other researchers noted a lack of this critical type of data in today's human science communities. One of the most powerful and endearing traits specific to human science research is its dedication to the "how" of our world, and as more and more data can be collected about the human commonalities of the alcoholic society, I would hope greater understanding, tolerance, and therapeutic support can flourish.

One of the main problems I have encountered in my own experiences and discovered through shared conversations with other present and previous human alcoholic identities is dealing with the negative stereotypes of the alcoholic fostered by a misinformed and/or disinterested society. I strongly recommend further communication research through the human science perspective investigating differences between the types of associations and interactions the practicing alcoholic experiences and those that the long-term, successful recovering (or recovered) alcoholic enjoys. Who do they talk to, what types of social activities and interactions appeal to them, and how much time do they spend in these activities? I began the research portion of this Master's thesis by suggesting that as long as men and women continue to imbibe [alcohol], humans will continue to write about alcohol dependence and abuse as a perennial social phenomenon. Billig (1996) lends substance to this view: "We may search for the last word, but so long as human thought continues, the last word should be unattainable, for there is always more that can be said" (p. 286).

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Appendix

Informed Consent Form

Study Title: A Communication Perspective of Alcoholism Recovery: Narratives of Success

Description of the Study: You are being asked to take part in a research study about successful alcohol recovery. The goal of this study is to learn how former active alcoholics perceive their lived experiences as they maintain continuing sobriety without returning to negative alcoholic behavior. You are being asked to take part in this study because you have volunteered as a former active alcoholic with at least seven years continuing sobriety. Please read this form and ask any questions you may have before you agree to be in the study.

If you decide to take part, you will participate in a one to two hour confidential conversational interview with me during which time we will discuss the nature of the study's description and how this pertains to you. You will help decide the date, time, and location that may best ensure your comfort and convenience. If you decide to participate, you may still choose to not discuss certain topics and may withdraw at any time without penalty.

Risks and Benefits of Being in the Study:

The risks to you if you take part in this study are minimal. However, if at any time retelling of past experiences causes you distress, I am a certified substance abuse counseling professional and can help you determine if you wish to continue the interview

or not. I also possess necessary contact information with other professional counseling services.

Benefits to participation in this study include contributing information to a broader knowledge base about successful alcohol recovery and the potential for additional self-revelations. We do not guarantee that you will benefit from taking part in this study. There will be no direct benefit to you.

Confidentiality:

Your name will not be used or connected to this study at any time. I will audio-record our conversation and later transcribe the recording to text. All your responses in this research will be strictly confidential. All information will be kept in secure files, and all material for this research will be securely locked in the UAF Department of Communication. After a period of five years all documents and recordings will be destroyed. This research study's purpose is about shared experiences and not any one individual. You will never be personally identified in any way. The information gained from this research may be used in future papers, presentation, and publications.

Voluntary Nature of the Study:

Your decision to take part in the study is voluntary. You are free to choose not to take part in the study or to stop taking part at any time without any penalty to you.

Contacts and Questions:

If you have questions now, please feel free to ask. If you have questions later, you may contact me, Kathryn G. Arlen, at (phone) 457-3121 (home) or via email at

fkga@uaf.edu, or my thesis advisor, Dr. Jin Brown at (phone) 474-6818 or via email at ffjgb@uaf.edu.

If you have questions or concerns about your rights as a research subject, please contact the Research Coordinator in the Office of Research Integrity at 474-7800 (Fairbanks area) or 1-866-876-7800 (outside the Fairbanks area) or fyirb@uaf.edu.

Statement of Consent:

I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been provided a copy of this form.

Signature of subject

Date

Kathryn G. Arlen (person obtaining signature)

Date