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Speaking of Recovery

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We hereby approve the Dissertation

SPEAKING OF RECOVERY

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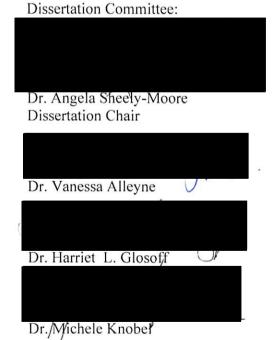
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ABSTRACT

SPEAKING OF RECOVERY

by Thomas A. Conklin

This empirical study analyzed the language used by six individuals in recovery from alcohol use disorder (AUD) who have been participants in the mutual support organization Alcoholics Anonymous (A.A.) as they described their experiences with AUD and recovery. Participants were all White middle-aged Americans without a college education, a demographic cohort that has been identified as being at elevated risk for premature death due to AUD, drug misuse, and suicide (Case & Deaton, 2017). The findings suggest that participants' experiences with AUD were associated with a constellation of factors, including culture-bound conflicting social identities, ruptured intimate relationships, and chronic unsuccessful power struggles. The participants described A.A. as playing a central role in recovery, and indicated that A.A. had provided the participants with a narrative template for reconstituting a sober identity. A.A. also offered participants a structured forum in which to rehearse and share their recovery narratives, along with the chance to develop their capacity to receive care and give care to others. The findings support theoretical models of addiction that emphasize the social dimensions of AUD and recovery, and point toward narrative therapy as an approach to addiction counseling.

Keywords: addiction, Alcoholics Anonymous, attachment theory, discourse analysis, substance use disorder

DEDICATION

This dissertation is dedicated to my loving wife, Dolores, who somehow managed to put up with me over the course of its completion.

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Chapter One

INTRODUCTION TO THE STUDY

The purpose of this study was to better understand how individuals from a specific

demographic cohort in recovery from a specific substance use disorder (SUD) used language to

make meaning of their experiences as a substance user and recovering addict. This study

focused on language used by middle-aged White Americans without a college degree who have

achieved recovery from alcohol use disorder (AUD) through participation in the mutual support

group Alcoholics Anonymous (A.A.) as they discussed their experiences as recovering

alcoholics. This particular population is of interest due to recent studies (Case & Deaton, 2015,

2017) that have found them at particular risk of dying as the result of SUD and suicide.

SUD, popularly known as "addiction," is a widespread condition in the US that directly

affects more than 40 million Americans over the age of 12 (National Center on Addiction and

Substance Abuse [CASA], 2012). It presents a more prevalent health risk than heart disease,

diabetes, or cancer (CASA, 2012). In strictly economic terms, substance use and misuse cost

American society over $400 billion annually (U.S. Department of Health and Human Services

[DHHS], 2016). In human terms, SUD contributes to an array of negative health consequences

including chronic liver disease, heart disease, and emotional disorders, and it is estimated that

SUD accounts for up to one third of all inpatient hospital costs in the United States (US; CASA,

2012). SUD is also implicated in a variety of social ills, including spousal abuse, child abuse and

neglect, accidents, homicides, and suicides (DHHS, 2016).

Due in part to the influence of research funding agencies such as the National Institute on

Drug Abuse (NIDA) and political actors (e.g., DHHS, 2016; Obama, 2015), the chronic misuse

of substances is today popularly characterized as a progressive brain disease (Munro, 2015;

Volkow, Koob, & McLellan, 2016). To the extent that SUD is a medical condition, it is unique

in that it is a disease that often causes individuals suffering from it to run afoul of the law as the

result of their condition, exposing themselves to harsh legal consequences (CASA, 2012; DHHS,

2016). While SUD afflicts people of all races, ethnicities, and social economic statuses, its

negative consequences disproportionally affect different cultural and economic demographic

cohorts over time (e.g., see Case & Deaton, 2015, 2017). This combination of medical, legal,

and cultural/economic dimensions, along with its wide prevalence and the severity of its

consequences, makes SUD (and its treatment) an especially complex and urgent concern.

     Counselors are on the front lines of treating SUD. Of the more than 15,000 SUD

treatment facilities in the US, 94% report offering substance abuse counseling services to clients,

while only 54% offer pharmacotherapy or other medically-assisted therapies (Substance Abuse

and Mental Health Services Administration [SAMHSA], 2015). It is important for counselors

working with this population to operate with a clear understanding of the factors that contribute

to SUD and to use counseling interventions devised to address those factors. Given the

prominence of the medical and law enforcement establishments in addressing SUD, approaches

to SUD are frequently punitive (Moore & Elkavich, 2008) or focus on the symptomology

associated with SUD (National Institute on Drug Abuse [NIDA], 2000). There is a need for

research into SUD counseling that is informed by a wellness, strength-based model of

counseling, and that also addresses cultural and socioeconomic factors implicit in SUD. Hence

this study.

Statement of the Problem

At the end of the summer of 2015, social science researchers Anne Case and Angus Deaton published a study with disturbing findings. In a comprehensive analysis of mortality statistics published by the US federal government's Center for Disease Control and Prevention (CDC) and the Human Mortality Database (mortality.org), Case and Deaton (2015) found a marked increase in death rates among middle-aged, White non-Hispanic Americans between the years 1999 and 2014. Every other demographic cohort in the Western world saw mortality rates decline over the same period (Case & Deaton, 2015). Part of this increase in mortality rates among middle-aged White Americans relative to other populations was because other populations saw a more rapid decline in mortality due to the leading causes of death (heart disease and cancer) between 1999 and 2014 (Case & Deaton, 2015). While all demographic cohorts saw decreases in mortality due to heart disease and cancer over this period, the decrease in mortality rates among middle-aged White Americans did not match declines in other populations (Meara & Skinner, 2015). Even more troubling, Case and Deaton (2015) found that the rising mortality rate for middle-aged White Americans had also been due to sharp increases in drug and alcohol poisonings, suicides, and liver disease associated with alcohol abuse.

In 2017, Case and Deaton presented a second paper that provided more detailed analysis of the mortality data they had begun studying in 2015. The most striking finding in this paper (Case & Deaton, 2017) was the rash of self-destructive behavior among middle-aged White Americans in the 21st century was restricted to members of that demographic sector without college degrees. Furthermore, the epidemic of what Case and Deaton (2017) called "deaths of despair" (p. 3) among less-educated, White middle-aged Americans was not restricted to any particular geographic region, and it affected both men and women. Even more disturbing were

the authors' (Case & Deaton, 2017) findings that this trend appears likely to continue with younger generations as they progress into middle age, and that the prospects for a stable, healthy life for those less-educated White Americans who survive into old age are bleak. Case and Deaton (2017) identified a far-reaching crisis that shows no signs of abating.

Case and Deaton's (2015, 2017) findings were newsworthy because they highlighted the ravages that SUD is taking on a particular section of the American population. A deeper puzzle raised by this research (Case & Deaton, 2015, 2017) is why an epidemic of self-destructive drug and alcohol use should beset a generation whose lifespan coincides with an era of American history in which addiction to drugs and alcohol had been identified as a critical social and public health issue, with unprecedented amounts of resources directed toward addressing it.

Members of the at-risk sector of the population identified by Case and Deaton (2015, 2017) were born between the years 1945 and 1970. Hence, the oldest members of the affected cohort were young children when the first modern American addiction rehabilitation center, the Hazelden Center, opened its doors in 1949 (Dodes & Dodes, 2014). Today, addiction rehabilitation and treatment is a growing industry with annual gross revenue in excess of $35 billion (Munro, 2015) and more than 15,000 residential and outpatient treatment centers in operation (SAMSHA, 2016).

The youngest members of the at-risk cohort identified by Case and Deaton (2015, 2017) were born in 1970, the same year President Richard Nixon signed legislation that led to the creation of the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA). Those federal grant-making agencies were tasked with bringing scientific and methodological rigor to research on the etiology and treatment of addictions. Today, 47 years later, these agencies operate under the aegis of the National

Institutes of Health and are responsible for approximately 90 percent of all spending on

addictions research throughout the world (Tomaselli, 2014).

Not all resources allocated toward dealing with addiction have gone into treatment or

scientific and medical research. In 1971, President Nixon became the first American president to

declare a "war on drugs" (Nixon, 1971, p. 5). In 1973 Nixon issued an executive order

establishing the Drug Enforcement Administration (DEA), a federal police force dedicated to

"enforce the controlled substance laws and regulations in the United States" (DEA, 2016, p. 1).

By 2016, the DEA had more than 9,000 employees active in 68 countries around the world and

an annual budget of $2.98 billion (DEA, 2016). Federal policing represents just one part of

America's "war on drugs." According to a study published by the London School of Economics,

the estimated cost of federal, state, and local resources directed toward policing, prosecuting, and

imprisoning drug offenders approaches $50 billion per annum (Csete, 2014).

If any American generational cohort should have benefitted from the concentration of

resources directed at preventing and treating addictions, it should have been the cohort born

between 1945 and 1970. Members of this cohort came of age as treatment centers grew into a

multibillion dollar industry, federal agencies coordinated and expanded medical research on

addictions, while federal, state, and local governments concentrated vast resources on the task of

prosecuting individuals who sell or use illicit drugs. And yet, members of that cohort who are

White and lack a college education have seen their death rates spike, in large part due to the

consequences of SUD (Case & Deaton, 2015, 2017). The coincidence of this SUD epidemic

with the establishment and growth of our current SUD research and treatment industry suggests

that this industry fails to address some fundamental aspects of the SUD phenomenon and its

treatment. This study was intended to shine light on some of those less explored aspects of SUD.

Background of the Problem

The epidemic of self-destructive behavior among high school-educated middle-aged White Americans is due, in part, to economic hardships experienced by this cohort in the first decade and a half of the 21st century. These economic hardships are the result of many factors, including the effects of globalization, a decline in the power of trade unions over the past decades, along with the decline of manufacturing in the American economy relative to the service and knowledge-based industries (Case & Deaton, 2017; Gest, 2016). These developments, which have caused a sharp reduction in the sorts of well-paid jobs held by previous generations of less-educated White Americans, has led to a cascade of negative consequences in the lives of the individuals affected. These consequences included an increase in out-of-wedlock birth rates, declining marriage rates, and an increase in drug and alcohol use (Case & Deaton, 2017; Gest, 2016).

On a sociopolitical level, members of this cohort have experienced a decline in their social and economic power relative to their expectations, which has led to a sense of marginalization and alienation. This, in turn, has contributed to phenomena such as extremist political stances and increased self-destructive behavior such as substance abuse and suicide (Gest, 2016). There are also cultural factors that contribute to these "deaths of despair" (Case & Deaton, 2017, p. 3) linked to addictions. In particular, the 1945-1970 cohort came of age as the counterculture flourished, and attitudes toward drug and alcohol use grew more lenient (Musto, 1999). Finally, all of the above consequences have been accelerated because members of this cohort have entered middle age over the course of a decade that saw explosive growth in the marketing and sales of synthetic opioids. This expansion of access has resulted in a surge in opioid addiction and associated deaths across demographic cohorts (DHHS, 2016).

Clearly, the surge in "deaths of despair" among non-college educated middle-aged White Americans is a multiply determined phenomenon, for which no single explanation (e.g., the "brain disease" concept) can fully account. This complex phenomenon presents a counseling researcher with the opportunity to analyze the psychological, social, and cultural dimensions of SUD as it is experienced by members of a population cohort at particular risk for the disorder.

Purpose of the Study

This study explored the experiences with addiction and recovery as lived by members of the demographic cohort identified by Case and Deaton (2015, 2017). The study examined language used by those individuals as they currently describe themselves and their relationships while in recovery, along with how they used language to describe themselves and their relationships retrospectively as they described the period of their lives in which they chronically used their substance of choice. This research project was the start of an ongoing inquiry into understanding how language facilitates and sustains change undertaken by a motivated client.

Theoretical Framework

My research design has been informed by concepts of attachment theory. Attachment theory is a psychodynamic ethological theory of human development that suggests human infants are born with an innate drive to attach with a primary caregiver and that internalized representations of the primal attachment relationship affect an individual's social affiliations and attachments throughout the lifespan (Ainsworth & Bowlby, 1991). These internalized representations of the infant/caregiver relationship, called internal working models of attachment (IWM), are based on cognitive schemata of the self and others formed in infancy and maintained into childhood, adolescence, and adulthood through patterns of language and mental structures (Main, Kaplan, & Cassidy, 1985). A fundamental premise of counseling informed by attachment

theory is that IWMs can be altered, resulting in improved social and emotional functioning

(Bowlby, 1988).

Counselors who address SUD with interventions informed by attachment theory see SUD

as an attachment disorder. Neuroscientific research (Munro, 2015; Volkow et al., 2016)

provided evidence to support this approach. A metaphor commonly used by researchers

following the medical brain-disease model of SUD suggests that SUD "hijacks" the reward

centers in the brain of the afflicted individual (Munro, 2015; Volkow et al., 2016). Other

researchers have pointed out that those so-called "reward centers" of the human brain evolved to

give human beings the capacity to form and maintain attachment bonds (Insel, 2003). Thus,

what is "hijacked" in SUD is the individual's capacity for attachment bonds. According to

theoreticians who argue that SUD is an attachment disorder (Ball & Legow, 1996; Flores, 2001,

2004), individuals with SUD form an attachment bond with their substance of choice, resulting

in a pattern of behavior that causes the destruction of healthy social attachments, along with the

physiological degradation described by the brain-disease model of SUD. SUD counseling

approaches informed by attachment theory aim to detach clients from their substance of choice

and cultivate their innate capacity to form healthy attachment relationships.

Rationale for a Qualitative Study

My goal for this study was to better understand precisely how the participants use

language to make meaning of 1) their experiences in addiction and recovery, and 2) their shifting

sense of self and others over time. The inductive nature of my inquiry, along with my choice of

studying language as the unit of analysis, dictated a qualitative research design. The study's

focus on language in of itself, analyzed through the lens of attachment theory, indicated the use

of discourse analysis as a specific research methodology. Discourse analysis affords a research

approach that is both inductive and applied (Gee, 2011), as opposed to purely inductive theory-building qualitative methods such as grounded theory or other phenomenological research methods.

Studied Population

In recruiting participants for this study, I used selection criteria derived from the studies by Case and Deaton (2015, 2017). Case and Deaton (2015, 2017) studied mortality rates of individuals in the "middle-aged" age range of 45 to 54 years old over the years 1999-2015. To fall within the age range of 45 to 54 years old between those years eligible, the birth year of participants in my study must range between 1945 and 1970. Case and Deaton (2015, 2017) used the U.S. Census Bureau's delineation of "white non-Hispanic" Americans to describe the population being studied. For purposes of my study, I selected participants who self-identified as meeting these criteria. Finally, Case and Deaton (2017) found that having earned a college degree is a protective factor that excluded middle-aged White Americans from the "deaths of despair" (p. 3) epidemic they described. I excluded from my study individuals who have earned a college degree.

Research Question

Given the background described above, the guiding research question for this study was: How do White middle-aged Americans in recovery from alcohol use disorder and who have taken part in Alcoholics Anonymous use language to create representations of self, others, and relationships?

Definitions and Terminology

In this study, I drew from a range of disciplines in the social sciences. Hence, I have referred to a variety of theories and constructs. Here are definitions of certain terms that appear in this study.

Alcohol Use Disorder (AUD)

This diagnosis is found in the fifth edition of the *American Psychiatric Association's Diagnostic and Statistical Manual* (*DSM-5*; American Psychiatric Association [APA], 2013). It may be applied to individuals who meet the diagnostic criteria for substance use disorder (SUD), with alcohol as the substance implicated in the diagnosis. These diagnostic criteria include physical symptoms (e.g., increased tolerance for alcohol and withdrawal when use is curtailed), psychological symptoms (e.g., urges and cravings to use alcohol), and social consequences (e.g., personal relationships severely harmed as the result of alcohol use, APA 2013). Note that AUD is the clinical term for the condition popularly known as "alcoholism."

Alcoholics Anonymous (A.A.)

A self-help organization consisting of decentralized groups meeting regularly in locations throughout the world. The organization was founded in 1935 by a pair of recovering alcoholics who had come to the realization that mutual support would help those in recovery to avoid relapsing (Kurtz, 1980). Today, A.A. has more than two million committed members who meet in more than 114,000 independent groups worldwide (A.A., 2013). The core of A.A is its 12 steps, a sequential series of actions and commitments taken by members as they achieve abstinence (A.A., 2001). Also central to A.A is its 12 traditions, which present a set of precepts guiding the organization's practices. According to the 12 traditions of A.A., the only requirement for membership in A.A. is a desire to stop drinking (A.A., 2001).

Attachment Theory

Attachment theory is an ethological approach to personality development and is based on the assumption that human behavior is directed by a series of behavioral systems that have evolved to increase the chance of an individual's survival and reproduction (Ainsworth & Bowlby, 1991). An individual's attachment style will affect the individual's interpersonal relationships throughout the lifespan, with IWMs of attachment maintained into adulthood by patterns of language and structures of mind (Main, Kaplan, & Cassidy, 1985).

"Deaths of Despair"

Case and Deaton (2017, p. 3) coined this is a neologism to describe the causes of death responsible for a sharp spike in mortality rates among middle-aged White Americans without college degrees over the years 1999-2015. The causes identified in the study were poisonings as the result of drug or alcohol overdose, suicide, and liver disease associated with AUD (Case & Deaton, 2017).

Substance Use Disorder (SUD)

The fifth edition of the American Psychiatric Association's *Diagnostic and Statistical Manual* (DSM-5, 2013) indicated that the diagnosis of a SUD is based on a pathological pattern of behavior related to the use of a substance, with an underlying change in brain circuits that contribute to cravings and relapses that persist after detoxification. Authors of the *DSM-5* (2013) identified ten substances that might be implicated in a diagnosis for SUD, including alcohol, with each of the SUD diagnoses using the same 11 diagnostic criteria.

Chapter Summary

SUD is a medical diagnosis given to a cluster of behaviors that result in a wide variety of negative consequences for those individuals engaging in the behaviors, their family and friends,

and society at large. The severity and pervasiveness of these negative consequences have led to the criminalization of many behaviors associated with SUD, which contributes to the social stigma associated with the diagnosis (Moore & Elkavich, 2008). At the opposite end of the social policy spectrum, the medical establishment (led by the NIDA and National Institute on Alcohol Abuse and Alcoholism) maintains that the cluster of behaviors falling under the SUD rubric is the result of a brain disease (Volkow et al., 2016). At the same time, population studies provide evidence that this "brain disease" disproportionally affects individuals in certain socioeconomic, cultural, and demographic groups (Case & Deaton, 2017). Clearly, what we call "SUD" (and, more traditionally, "addiction") is an extremely complicated phenomenon that involves biology/physiology, intrapersonal psychology, interpersonal relationships, socioeconomic status, and culture.

The phenomenon identified by Case and Deaton (2015, 2017) presented a challenge for the counseling profession. If a counselor's purpose is to "facilitate client growth and development in ways that foster the interest and welfare of clients and promote formation of healthy relationships" (American Counseling Association, 2014, p. 4), then it is incumbent upon the profession to research factors that contribute to the epidemic of deadly despair affecting the poorly-educated White American population, and to develop and use counseling techniques and interventions to mitigate those factors. What's more, explanatory theory informed by studying this population might be relevant to other populations affected by SUD. In-depth research with one population might cross what Pedersen (1991) called "bridges of shared concern that bind culturally different persons together" (p. 7).

Research into factors contributing to the epidemic of mortality of poorly educated White Americans can also contribute to the education of the next generations of counselors. The

"deaths of despair" phenomenon among the uneducated White population presents an intersection of topics at the heart of the counselor education curriculum, such as addressing clinical mental health issues, working through addictions and SUD, maximizing clients' education opportunities, developing clients' careers, improving the functioning of client family systems, aiding clients' physical rehabilitation and pain management, and addressing issues related to social and cultural diversity. It is challenging to imagine any future professional counselor, working in any of the five entry-level specialty areas identified by the Council for Accreditation of Counseling and Related Educational Programs (2015), who will not at some point work with clients coping with the phenomenon described by Case and Deaton (2015, 2017).

As it stands, counseling is at the heart of SUD treatment efforts in our society (SAMHSA, 2015). This is appropriate, as counseling is a discipline that addresses all of the aspects of human experience involved in SUD (CASA, 2012). SUD can be considered a holistic disease, in that it affects body, mind, and spirit. Counseling offers a holistic approach to addressing it (Myers & Sweeney, 2008).

In this project, I conducted a deep study on a particular aspect of SUD and recovery. I analyzed language used for a specific purpose (creating representations of self, others, and relationships) by a specific population (individuals from a demographic cohort at high risk for death by SUD who are in recovery from AUD). It is my wish that the results of this research project will guide future research that will inform effective addiction counseling interventions.

Chapter Two

REVIEW OF THE LITERATURE

Ad-dict, *addico*, (see D<small>ICO</small>, p. 9,) I speak to.

(Black, 1832, p. 56)

As defined in the Regency-era etymological dictionary quoted above, the English word

addict has its roots in the Latin word *dico*, which translates into English as "I speak" (Black,

1832, p. 56). *Addict* is a compound of the Latin *ad* and *dico*, which, when combined, "signifies

to speak or declare in favor of a thing, to exert oneself in its favor" (Crabb, 1826, p. 522). In

Roman and medieval law, the noun "addictus" was used to describe an insolvent debtor who,

through a legal decree, was "devoted" against one's own will to act as a servant to creditors for a

period of time (Crocq, 2007). Thus, the concepts of "addict" and "addiction," as embedded in

our language, originate in ancient terms that signify speech and actions that demonstrate an

individual's devotion to—or enslavement by—a particular person or thing.

My purpose in this dissertation was to study the interplay between these two aspects of

addiction: speech and actions. I have analyzed the language used by individuals who accept the

label "addict" as they describe the actions through which they earned the label. I've also

analyzed the language used to described the actions through which they have achieved freedom

from addictive behaviors, a status commonly called "recovery." In short, my intention with this

study was to have the participants speak to their experiences with addiction and recovery in the

hopes of learning how their use of language might shed light on the dynamics of these complex

phenomena.

A Note on Terminology

Before beginning this study of language, addiction, and recovery, I want to briefly discuss the terms that I will use throughout it. The phenomena labeled "addiction" are commonly described in terms derived from moral, medical, and psychological discourses. Addiction, viewed through the lens of moralism, is interpreted as socially offensive behavior, causing those who engage in it to be stigmatized as deviants (Becker, 1963). The social stigma associated with addiction typically causes the addicted person to experience intense feelings of shame and guilt, which leads the individual to use the psychological defense mechanism of denial, through which the individual denies problematic substance use, which in turn contributes to the perpetuation of the addictive behavior (Kurtz, 2007). For this reason, leaders from the public policy sphere (e.g., Obama, 2015) and medical field (e.g., Murthy, 2016) have stressed the importance of addressing addiction in terms that minimize the stigmatization associated with addiction in hopes of encouraging affected individuals to seek help for their condition.

In this same spirit, the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (APA, 2013), which provides criteria for diagnosing psychiatric disorders associated with drug and alcohol use, eschewed the term "addiction" due to "its potentially negative connotation" (p. 485). Along these same lines, authors of the U.S. Surgeon General's report *Facing Addiction in America* (U.S. Department of Health and Human Services [DHHS], 2016) purposefully used the term "substance misuse" instead of "substance abuse" when describing the unsafe use of drugs and alcohol, stating that the latter term "is increasingly avoided by professionals because it can be shaming" (pp. 1-16).

Clearly, members of the medical establishment are sensitive to the negative social connotations associated with the terminology used to describe the cluster of behaviors popularly

called "addiction." It is equally clear that a consensus on what constitutes "negative" or

"shaming" discourse in this field is elusive. The title of the Surgeon General's report (which

carefully avoids "shaming" references to substance abuse) challenges us to face addiction.

Meanwhile, the authors of the *DSM-5* (APA, 2013) purposefully dropped "addiction" as a

diagnostic term due to its negative connotations.

If the medical establishment chooses to skirt the use of "negative" terms like addiction

(APA, 2013) or substance abuse (DHHS, 2016), other organizations and individuals taking part

in the addictions discourse acknowledge that recognizing the negative connotations of addictive

behavior is a necessary part of recovery from that condition. Indeed, one of the criteria I used in

selecting participants is that they have taken part in the discourse of just such an organization,

Alcoholics Anonymous (A.A.). A.A. is premised on the idea that its members are afflicted by

"alcoholic addiction" (A.A., 2001, p. XVI), must embrace an identity as an alcoholic, and will

undertake a "fearless moral inventory" in order to identify their "defects of character" (p. 59).

Since one of my goals of this study was to analyze the nexus between chronic drug and

alcohol use and resulting psychosocial phenomena such as shame and guilt, it is important that I

remain as neutral as possible in presenting my data and supporting information. To that end, in

writing about the phenomena popularly labeled with the terms "addiction," "alcoholism" and

their derivatives (i.e., "alcoholic") I have, when possible, used the terminology adopted by the

APA in the *DSM-5* (2013). The authors of the *DSM-5* identified the phenomena commonly

called addiction as "substance use disorder" (SUD, p. 483), with the term "alcohol use disorder"

(AUD, p. 490) the diagnosis for those individuals who habitually and compulsively drink

alcohol. I recognize that choosing to use the *DSM-5* terminology has grounded my study in the

medical discourse, which assumes that AUD is a medical condition. I have attempted to remain

mindful of this assumption and have tried not to allow the medical framework to distort my approach to the participants and my interpretation of their language. How participants themselves described their use of alcohol and drugs over time was a major part of my study.

The following section provides recent statistics concerning the measurable toll that SUD takes on our society in general. These statistics also provide evidence SUD plays a part in a deadly crisis affecting one particular demographic group.

The Prevalence and Costs of Substance Use Disorders

SUDs are a major public health issue. In 2012 the National Center on Addiction and Substance Abuse (CASA), an independent non-profit research organization, published a comprehensive report on the impact of SUD on our society. According to the study, SUD (referred to throughout the research report as "addictions") affected the lives of more than 40 million Americans ages 12 and older, and addiction disorders are a more prevalent health risk than heart disease, diabetes, or cancer (CASA, 2012). After factoring in the social consequences of the behavior of addicted persons—spousal abuse, child abuse and neglect, accidents, homicides, suicides—the authors of the CASA report (2012) concluded that risky substance use can be considered the single greatest public health challenge facing the US. The authors of the CASA report estimated that addictions and risky substance use account for nearly one third of all inpatient hospital costs in the US, and that the consequences of related criminal activity and lost productivity resulted in total annual government costs of at least $468 billion (CASA, 2012). To place that in perspective, in the fiscal year 2015 the entire budget for the U.S. Department of Defense was $495.6 billion (U.S. Department of Defense, 2014).

The U.S. Surgeon General's report *Facing Addiction in America* (DHHS, 2016) corroborated the data presented in the report from CASA (2012). Data presented in the Surgeon

General's report suggested that alcohol and drug misuse remain widespread practices in the US;

in 2015, 66.7 million Americans reporting having engaged in binge drinking within the past

month (defined as five or more drinks at one occasion), with 27.1 million Americans reporting

the use of illegal drugs or misusing prescription medications (DHHS, 2016).

The authors of the Surgeon General's report (DHHS, 2016) estimated the annual

economic costs due to substance use and substance misuse to be in excess of $400 billion.

Breaking down the costs of substance use/misuse according to the substances involved, the

authors found that alcohol accounts for more social costs than any other drug (DHHS, 2016). In

economic terms, alcohol use/misuse accounted for $249 billion annually in lost productivity,

health care costs, and expenses related to criminal justice (DHHS, 2016).

In terms of mortality, alcohol use/misuse in the US resulted in 88,000 deaths annually,

with approximately one in ten deaths among working adults attributable to alcohol misuse

(DHHS, 2016). By comparison, drug overdoses in the US in 2014 resulted in 47,055 deaths,

with 28,647 of those deaths due to opioid use (DHHS, 2016). It is worth noting that alcohol is

implicated in many drug overdoses. In a study published by the Centers for Disease Control and

Prevention (Jones, Paulozzi, & Mack, 2014), researchers presented evidence that alcohol was

commonly involved in deaths related to the misuse of opioids and benzodiazepines (anti-anxiety

medications), as users mix alcohol with drugs in a lethal combination. The researchers' findings

indicated that in 2010 alcohol was involved in approximately one-fifth of all deaths in the US

related to opioid or benzodiazepine misuse (Jones, Paulozzi, & Mack, 2014).

The data gathered by medical researchers (e.g., CASA, 2012) and governmental agencies

(e.g., DHHS, 2016) indicated that the misuse of psychotropic substances results in devastating

consequences for our society, including misuse of substances that are socially-sanctioned and

legal for recreational use (e.g., alcohol). Having presented evidence of the scope of the problems posed by substance use and misuse, I will now examine how SUD has had a devastating effect on one particular demographic group since the turn of the century.

Middle-aged White Americans and "Deaths of Despair"

In December 2015, the journal *Proceedings of the National Academy of Sciences* journal published a paper by social science researchers Anne Case and Angus Deaton that presented disturbing findings. In a meta-analysis of international mortality statistics from the years 1999 through 2013, Case and Deaton (2015) discovered that every demographic group in every Western industrialized nation had seen mortality rates decline over those years, with one exception. Between 1999 and 2013, White Americans between the ages of 42–54 had seen their mortality rates climb (Case & Deaton, 2015). As they dug into the data, Case and Deaton (2015) identified causes for the increased mortality rates for middle-aged White Americans over those years: poisonings (i.e., drug and alcohol overdoses), alcohol-related liver disease, and suicide. In their paper, Case and Deaton (2015) presented findings to suggest that had the mortality rates for middle-aged White Americans followed global trends, there would have been 500,000 fewer deaths over the years studied; the researchers likened this epidemic of morbidity to the AIDS crisis of the 1980s and 1990s in terms of lethality.

On March 23-24, 2017, Case and Deaton presented a paper at the Brookings Panel on Economic Activity in which they shared more granular statistical details regarding the epidemic of what they termed "deaths of despair" (p. 3) among middle-aged White Americans in the 21st century. In this second paper, Case and Deaton (2017) presented data that indicated that the rise in mortality rates among middle-aged White Americans was predominantly among members of that demographic group with a high school education or less. According to Case and Deaton

(2014) middle-aged White Americans with a baccalaureate or higher degree did not experience

an increase in morbidity over the first decade and a half of the 21st century. Case and Deaton

(2017) also found that the growth in morbidity among less-educated middle-aged White

Americans affected both men and women, and was not centered in any particular geographic or

residential-urban area. In other words, deaths of despair among less-educated middle-aged

Whites are not the result of an urban or rural epidemic, nor does it represent an epidemic that

targets either men or women—instead, it is universal (Case & Deaton, 2017). Even more

troubling than the pervasive nature of this epidemic is the fact that Case and Deaton (2017)

projected that it would continue and grow worse among future generations of less-educated

White Americans.

In their previous paper, Case and Deaton (2015) declined to speculate about the causes of

this epidemic of self-destructive behavior. In their follow-up study, Case and Deaton (2017)

considered various explanations that might account for the trend. They put forth a theory that a

socioeconomic phenomenon they called "cumulative deprivation" (Case & Deaton, 2017, p. 29),

caused by a steady deterioration in employment opportunities for people with little education,

has caused a cascade of negative consequences such as lower marriage rates, higher rates of

births outside of wedlock, and increased use of drugs and alcohol. The results of this cumulative

deprivation has been a greater sense of despair among the cohorts affected.

It remains to be understood why poor employment opportunities should have had such a

powerful negative effect on White Americans. African Americans and Non-White Hispanics are

no strangers to "cumulative deprivation," yet Case and Deatons's (2017) data indicated that

mortality rates for those two groups declined as the morbidity of less-educated White Americans

rose. To explain this discrepancy, Case and Deaton (2017) suggested that the Non-White

populations have maintained stronger social support networks over time, which provide a source of resiliency. Case and Deaton (2017) also suggested that less-educated White Americans have lived through an era in which they experienced a decline in economic status relative to previous generations, whereas African Americans are more inured to economic deprivation. Historian Carolyn Anderson, taking part in a group interview with Case and Deaton in the fall of 2016 to discuss their findings, expressed this idea another way, stating, "if you've always been privileged, equality begins to look like oppression" (Glasser & Thrush, 2016, p. 6).

Although Case and Deaton (2017) presented their findings at an economic conference, they stressed that purely economic accounts do not adequately explain what they call deaths of despair. Case and Deaton (2017) suggested that economic factors "work through their effects on family, on spiritual fulfillment, and on how people perceive meaning and satisfaction in their lives in a way that goes beyond material success" (p. 34).

For the reasons cited by Case and Deaton (2017), I have chosen to center my study on the population identified by Case and Deaton (2015, 2017) as enduring an ongoing epidemic of deaths of despair. Case and Deaton (2017) spoke to the heart of the matter when they suggested that the issues involved in this epidemic are not simply material, but have to do with how people make meaning and find purpose in their lives. This insight informed my research paradigm and methodology. Finally, given that the despair which lies at the root of this epidemic will frequently manifest itself in drug and alcohol misuse, and will often be diagnosed as SUD, I have positioned my study in the context of addictions theory and treatment. I begin my review of the relevant literature with an exploration of what are often called "the models of addiction" (Capuzzi & Stauffer, 2008, p. 3).

Models of Addiction

Cultures throughout human history have indulged in what Thomas Szasz (1974) called "ceremonial chemistry" (p. 8) – the ritual use of intoxicants to alter consciousness. Practices involving intoxicants generally serve religious, medicinal, or recreational purposes (Crocq, 2007). The mind-altering nature of psychotropic substances can cause people to use them in compulsive and destructive ways. Our understanding of and approaches to this phenomenon have evolved over time, along with our understanding of physiology, chemistry, psychology, and sociology. A brief review of the histories and current statuses of three major "models" of addiction that inform current treatment policy and practices is provided below. Each of the three models to be addressed, presented in their order of historical development, are based on distinct ways of understanding individuals, culture, and society, and each engages in a distinct discourse regarding chronic, compulsive substance use. The three models of addiction addressed here are the moral model, the medical/disease model, and the psychological model.

Moral Model of Addiction

The moral model of addiction is based on ancient models of sin and redemption (Szasz, 1974). Based on this model, addicted persons choose to chronically use substances in a selfish act of hedonism, and the proper response to this behavior is punishment (CASA, 2012). The moral model of addiction in American culture traces its roots back to our colonial Puritan forebears, who preached habitual drunkards were in thrall to the devil (Levine, 1978). Equating addiction with sin has been a powerful recurring theme in American history. For example, the first great American temperance movement, which began in the 1830s and peaked before the Civil War, arose in conjunction with the abolishment movement, which agitated for the abolishment of slavery (Lerner, 2011). Both chronic alcohol use and slavery were seen as

immoral corruptions of human dignity. It is worth remembering that the word "addict" is derived from "addictus," a Latin legal term for "slave." Other morally charged social movements targeting chronic drug and alcohol use include the revived temperance movement of the Reconstruction era (which was aligned with the women's suffrage movement), and the turn-of-the-century temperance movement led by the Anti-Saloon League, which was the prototype for the single-issue political movement so common today (Lerner, 2011). The Anti-Saloon League managed to achieve its goal with passage of a Constitutional amendment banning the sale of alcohol in 1919, one year before the 19th Amendment granted women the right to vote (Lerner, 2011).

The timing of the passage of the amendment that started Prohibition is significant. Historians have pointed out that public support in favor of Prohibition peaked during World War I, as the Anti-Saloon League and other prohibitionists played on anti-German sentiments, with the prohibition of alcohol positioned as a way to preserve natural resources and to strike back at Germans by shuttering breweries owned by German immigrants (Lerner, 2011). Earlier temperance movements were also driven, at least in part, by public fear of immigrant populations who arrived in this country with their own patterns of alcohol consumption, such as individuals of Irish and Italian descent (Andrews & Seguin, 2015). Moralistic attitudes toward substance use have long been used to justify the oppression and punishment of marginalized populations (Szasz, 1974). This phenomenon is illustrated by American attitudes and public policies regarding drugs.

The most common hard drugs used recreationally today, opiates and cocaine, were first synthesized in the middle of the 19th century (Musto, 1999).   Use of these drugs was not considered immoral at that time, and they were marketed as palliatives for a variety of ailments.

In the late 19th century, American mothers dosed their babies with cough syrups laced with codeine, used "patent medicines" containing other narcotics themselves, and bought Coca-Cola (which until 1908 contained cocaine) at the local pharmacy (Musto, 1999). Ironically, many of the drug-laced patent medicines were marketed as "miracle cures" for hangovers or alcoholism (White, 2014, p. 87). The opium used to manufacture patent medicines was freely imported from East Asia (Musto, 1999). Significantly, opium manufactured for smoking—a practice of Chinese immigrants in the western U.S.—was heavily taxed, and, ultimately made illegal (Musto, 1999). This instance was an example of the use of law to make illegal the "ceremonial chemistry" of marginalized populations. Other examples include the criminalization of cocaine use in the early 20th century, driven by a moral panic over "cocainomania" among African American populations in the American South (Hart, 2014), and the 1937 Marihuana Tax Act, which essentially criminalized marijuana use in the wake of increased Mexican migration to the US (Musto, 1999).

The US federal government claimed authority over national drug policy with the passage of the Harrison Act of 1917, which created what would become the Food and Drug Administration (FDA; Musto, 1999). This action gave the federal government authority to determine which drugs can and cannot legally be sold in the US. It also granted great power to the medical establishment, by granting doctors the authority to prescribe powerful medications (e.g., opiates).

Federal authority over drug policy was consolidated under the Nixon Administration in the early 1970s with the passage of the Drug Control Act, enacted in reaction against the indulgences of the counter-culture and fear of social change represented by the civil rights movement (Musto, 1999). The Drug Control Act established different "schedules" of drugs,

with drugs on schedule 1 deemed of no medical benefit and offering danger of addiction (Musto, 1999). Schedule 1 drugs include marijuana, cocaine and its derivatives, and most of the other street drugs used today (Musto, 1999). The Nixon administration also established the Drug Enforcement Agency (DEA) to coordinate criminal justice sanctions against drug use. Nixon also was the first president to suggest that the US had declared a "war" on drugs (Nixon, 1971, p. 5). In addition, the Nixon Administration established the National Institute on Drug Abuse (NIDA) to coordinate medical research on addictions and their treatment. In the 1980s, the Reagan Administration redoubled punitive policies for drug use, passing laws to mandate harsh sentences for drug possession and use (Musto, 1999). These punitive approaches to illicit drug use have contributed to the explosive growth in the American prison population over the course of the past two generations, with no commensurate reduction in illicit drug use (Moore & Elkavich, 2008).

Public policy based on the moral model of addiction, which sees coercion and punishment as proper ways to deal with chronic substance use, has contributed to social injustice, placed a tremendous burden on public resources, and eroded American democracy due to the disenfranchisement of ex-offenders (Moore & Elkavich, 2008). There are signs of change in public policy on drugs, however. President Obama's National Drug Policy (2015) emphasized the importance of medical-assisted therapy and explicitly addressed the issue of stigma in dealing with SUD. In July 2016, Congress passed the bipartisan Comprehensive Addiction and Recovery Act, which called for the federal government to redirect public resources for addressing addiction from the criminal justice system to medical-assisted therapies (DHHS, 2016).

Medical/Disease Model of Addiction

Addictions have long been seen as a physiological as well as moral phenomenon. Dr. Benjamin Rush, a signer of the US Declaration of Independence, wrote one of the first treatises on the disease model of alcoholism, which he characterized as a "disease of the will" (Levine, 1978, p. 7). Many American physicians of the 19th century considered alcoholism and other addictions to be a form of disease requiring treatment, and by the 1870s the first professional association of addictions specialists was formed in the US. (White, 2014). The medical approach to treating addictions was not popularly accepted, though, and by the early decades of the 20th century the dominant public sentiment was to view addiction as a question of public morals, leading to the Prohibition era (White, 2014).

The next major figure to address addictions as a disease (in this case, alcoholism) was physiologist E. Morton Jellinek, founder of the Center for Alcohol Studies at Yale University. Jellinek characterized alcoholism as a progressive brain disease that could not be "cured," only arrested through total abstinence from alcohol (White, 2014). Jellinek created a model to describe what he believed to be the inevitable progress of the disease and its cure: from frequent social use (which Jellinek termed the prodromal stage), down through habitual self-destructive use (the middle or crucial stage), until the alcoholic "touches bottom" (the chronic stage) and either becomes abstinent and recovers, or dies (Jellinek, 1952).

In the decades since Jellinek (1952) formulated his disease model of alcoholism, there has been much research on the etiology and physiological dimensions of SUD. In particular, 21st century developments in brain imaging and computer technology have provided greater insight into the neurobiological underpinnings of addiction (Doidge, 2007; Lewis, 2015; Volkow et al., 2016). The current reigning medical view of addiction holds that addiction is a progressive brain

disease, brought about when the habitual use of psychotropic substances "hijacks" the dopaminergic pathways of the subcortical regions of the brain (Munro, 2015). According to the brain-disease theory of addiction, the habitual flooding of the dopaminergic receptors in the brain's reward centers desensitizes those receptors, causing the individual to require more of the substance in order to maintain equilibrium in the brain's reward center. This need leads directly to the symptomology of requiring more of the substance to achieve the desired effect (tolerance) and undergoing profound negative physical discomfort when the substance is removed from the system (withdrawal; Tabakoff & Hoffman, 2013).

This model of addiction has been widely accepted throughout the addictions treatment establishment, including the American Psychiatric Association in its *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; 2013), the American Society of Addictions Medicine (Gitlow, 2011), and the National Institute on Drug Abuse (NIDA; Volkow et al., 2016). Research on the psychotropic actions of drugs on the brain has also led to the development of pharmaceuticals that can alleviate withdrawal symptoms and/or cravings (such as buprenorphine and naltrexone; CASA, 2012). These, along with drugs that counteract the effects of overdose (naloxone) primarily compose what theorists and practitioners refer to as medical-assisted therapies.

While pharmaceuticals can be powerful tools in controlling the physical symptoms of SUD, research indicates that drugs alone do not enable the majority of people with SUD to achieve remission, and are most effective as part of a comprehensive approach to treatment that includes counseling and social supports such as mutual support groups (e.g., A.A.; CASA, 2012; Volkow, Baler, & Goldstein, 2011). Furthermore, while Volkow et al. (2016) described the physical degeneration that takes place within the brain of a chronic substance user, when drug

usage stops (or is greatly reduced) the brain is capable of repairing itself in a process called neurogenerativity (Doidge, 2007). Volkow et al. (2011) argued that the treatment of SUD should be directed toward giving the client the opportunity to heal the brain and regain the capacity to exercise judgment unimpaired by substances, while also rebuilding the client's capacity to develop healthy social relationships. According to the authors, the best treatment outcomes are associated with treatment programs that offer a continuity of care over a five-year period (Volkow et al., 2011). The third major model of addiction addresses the non-pharmaceutical aspects of treatment.

Psychological Model of Addiction

The psychological model of addiction can be traced back to the end of the 19th and early decades of the 20th centuries. William James, in *Varieties of Religious Experience* (1902/2004), described the habitual use of alcohol and anesthetic drugs as a chemical means to "mystical states" (p. 334) which, over time, leads the user to a condition of physical and moral degradation. Early psychoanalytic authors described alcoholism and addiction as being the result of distorted psychosexual development, with the alcoholic fixated at the oral stage of development (White, 2014). Karl Menninger (1938/1966), founder of the Menninger Clinic, described alcohol addiction as a form of "chronic suicide" (p. 75) driven by an individual's innate death-drive operating in a skewed balance with the countervailing life-drive.

Over the course of the 20th century American psychiatrists trained in psychoanalysis ceded work on addictions to researchers who viewed addiction as primarily a medical condition, and to the lay-persons developing mutual aid societies (e.g., the A.A. 12-step model). This shift was due, in part, to the psychoanalytic view that addiction was a symptom of deeper, intractable issues. Menninger (1938/1966), for example, wrote that "alcohol addiction can be thought of not

as a disease, but as a suicidal *flight* from disease" (p. 147, emphasis in the original). According to Menninger (1938/1966), the true disease of alcoholism is a defective personality resulting from conflicts rooted in the unconscious mind. In this view, the only effective treatment is complete personality reconstruction achieved via long-term psychoanalysis (Menninger, 1938/1966).

Emblematic of the evolution of alcoholism treatment away from psychoanalysis to the medical/A.A. approach is the career of Dr. Ruth Fox. A psychiatrist trained in psychoanalysis, in 1954 Dr. Fox founded the New York City Medical Society on Alcoholism. This organization was an advocacy group dedicated to raising public awareness of alcoholism as a progressive brain disease. Fox's group would evolve into the American Society of Addiction Medicine, which became a leading force in the medicalization of addiction research and treatment, and was also involved in the popularization of A.A. as a recovery resource in the second half of the 20th century (White, 2014).

Over the last decades of the 20th century, there began a rise of "action therapies," based on principles derived from cognitive and behavioral psychology (Corey, 2009, p. 10). Accordingly, many SUD theoreticians and researchers operating in the psychology discourse shifted from a psychodynamic perspective to an approach that saw SUD as the result of maladaptive learning, with treatment entailing the acquisition of coping skills and strategies (White, 2014). Writing about alcoholism treatment research over this period of time, Willenbring (2010) identified a set of shared assumptions that informed the field:

> (1) That change occurred because, or was substantially influenced by, interaction
>
> between a client or patient and a professional – in a word, psychotherapy; (2) that the
>
> technical differences between different psychotherapeutic approaches would result in

different outcomes, or at least different outcomes for different patients; (3) that most

people with alcohol dependence had severe, recurrent or chronic dependence; (4) that the

change depended on the development of insight and the purposeful applications of

techniques or methods taught by an expert (who in this case would include an

experienced AA [sic] member, such as a sponsor; and (5) perhaps most importantly, that

the problem to be addressed was alcoholism, not heavy drinking, which were considered

to be quite different entities (p. 56).

Research premised on these assumptions has yielded approaches that currently dominate the

SUD treatment field. Below are brief descriptions of three psychotherapy approaches that

inform commonly used SUD treatment modalities.

Cognitive behavior therapy (CBT). CBT has been tailored for work in the addictions

industry by researchers such as Marlatt (1985), whose relapse prevention model has yielded

techniques commonly used in the field. Marlatt's (1985) model calls for the client and clinician

to work together to identify the client's behavioral triggers for use, and to develop cognitive

strategies for avoiding and resisting those triggers. Marlatt (1985) also focused on the

development of cognitive and behavioral skills for coping with emotional and environmental

stressors which the client had previously anesthetized with drugs and alcohol.

A key concept in Marlatt's model is avoiding the abstinence violation effect, which

describes the wave of shame and guilt that overcomes a client who has a lapse and uses drugs or

alcohol, leading to a downward spiral of compulsive use (Marlatt, 1985). According to the

Substance Abuse and Mental Health Services Administration (SAMHSA, 2015) survey data,

relapse prevention treatment methods are used "often or always" or "sometimes" in 95% of the

14,152 treatment facilities surveyed in 2014; general CBT approaches were used often, always or sometimes in 93% of the facilities.

Person-centered therapy. Person-centered therapy is at the heart of motivational interviewing (MI), a treatment approach developed by Miller and Rollnick (2013) for use in the early stages of treatment. A key to MI is what Miller and Rollnick (2013) called "the spirit of MI," (p. 14) which describes a counselor's attitude of nonjudgmental empathy for the client. This spirit of MI is greatly at odds with the moralistic, confrontational, combative approach to addictions counseling that had dominated the field for decades (White & Miller, 2007). The spirit of MI is combined with the "technique of MI," which employs a purposeful use of language to cultivate a client's desire to change addictive behaviors and to get a verbal commitment from the client to do so (Miller & Rollnick, 2013). MI was "often," always," or "sometimes" used in 91% of the facilities surveyed in 2014 by SAMHSA (2015).

Behavioral therapy. Behavioral principles are often used in residential treatment centers and therapeutic communities to shape client behaviors. Contingency management is the term given to the use of token/voucher reward systems to encourage client compliance with sober living policies (CASA, 2012). Hart (2013) has used contingency management in experiments to demonstrate how environmental factors can alter the most resilient patterns of substance misuse. Hart (2013) brought into his lab chronic crack users who had no intention of giving up their habit, and was able to demonstrate that his participants were able to curtail their use of crack, given a large enough cash reward, as long as they were able to stay in the lab setting. When Hart's (2013) participants returned to their chaotic home environments, most resumed their drug use. Hart's work provides evidence that environmental factors contribute to SUD along with any chemical properties inherent in the substances or the brains of the users.

Behavioral therapy principles also inform both the Community Reinforcement Approach and Community Reinforcement and Family Therapy, each of which involves training client's friends and family members to use operant conditioning techniques in efforts to encourage the client to engage in treatment and change behaviors, while also avoiding overt confrontation with the client (Smith, Campos-Melady, & Meyer, 2009). Contingency management techniques were "often," "always," or "sometimes" used in 58% of the facilities surveyed in 2014 by SAMHSA (2015). The Community Reinforcement approach was used "often," "always," or "sometimes" in 15% of the facilities surveyed (SAMHSA, 2015).

Psychological-based therapies: What works? Perhaps the most salient trait of SUD counseling interventions is that they are experienced by a relatively small percentage of the population that might benefit from them. In its most recent annual survey, SAMHSA found that in 2013 only 4.1 million Americans over the age of 21 received any kind of treatment for a substance abuse disorder (SAMHSA, 2014). In other words, roughly one in ten persons suffering from SUD receive treatment for their condition. People with addictions face multiple barriers to treatment, including personal misunderstanding of their condition (i.e., denial), social stigma, privacy concerns, lack of insurance coverage for the condition, and limited availability of resources (CASA, 2012).

CBT, relapse prevention approaches based on CBT principles, and MI are by far the most common treatment modalities in the clinics surveyed by SAMHSA (2015). Despite having different theoretical bases and areas of clinical focus, both MI and CBT approaches show evidence of being equally effective treatments for SUD (CASA, 2012; Longabaugh & Wirtz, 2001). Some researchers have suggested that factors extrinsic to the specific treatment methods are the primary causes of positive change in addictions counseling. For example, in 1989 the

National Institute on Alcohol Abuse and Alcoholism (NIAA) began Project MATCH, an eight-year, $27 million research project that was designed to discover the relative effectiveness of different forms of treatment for AUD. The authors of this project suggested that various forms of psychotherapy with distinct theoretical bases and techniques are roughly equally effective, as long as they are delivered by trained professionals who are able to form an empathic alliance with clients (Longabaugh & Wirtz, 2001).

Summary: The Models of Addiction

The above brief review covered three major models of addiction. Each, in their own way, view SUD as predominantly an individual, intrapersonal condition: adherents to the moral model see SUD as a hedonistic personal choice; practitioners of the medical model see SUD as a disease afflicting the individual brain; counselors following psychological models, to a large extent, consider SUD as an intrapsychic phenomenon (e.g. the individual has triggers, urges, cravings).

In this study, I explored the interplay of the intrapersonal (psychological) and interpersonal (social) dimensions of SUD. In the following sections of this chapter I present evidence from the literature to support this approach. The following areas are explored:

- Findings from neurobiology research that suggest SUD affects regions of the brain that are involved in social processes.

- Basic concepts from attachment theory and literature that examines the application of attachment theory to SUD research and treatment.

- A brief history of A.A., a social movement that provides support for individuals in recovery from AUD, along with a review of literature analyzing A.A. practices in light of attachment theory principles.

Neurobiological Substrates of SUD and Social Processes

In January 2016, the *New England Journal of Medicine* published a review article by Volkow, Koob, and McLellan that presented recent neurobiological advances in the prevention and treatment of SUD. Volkow et al. (2016) examined what they call the three stages of addiction and what contemporary neurobiological research indicates about the regions of the brain affected at each stage. Volkow et al. (2016) argued that the findings they have summarized provide solid evidence that SUD is fundamentally a medical condition, and, as such, treatment of it should not be denied or marginalized by private or public health care providers (Volkow et al., 2016). The authors of this review represent current orthodoxy concerning the medical establishment's approaches to researching and treating SUD.

In their review article, Volkow et al. (2016) paid little attention to the social, interpersonal dimensions of SUD. They addressed this topic in a brief section, "Biologic and Social Factors Involved in Addiction" (Volkow et al., 2016, p. 367). In this section, the authors argued that the onset of SUD is caused by the interplay of genetic and environmental factors, including poor social supports (Volkow et al. 2016). Research presented by others in the addictions field and other domains of brain science suggest that there might be more direct links between social factors and SUD than those accounted for in Volkow et al.'s model (2016).

SUD and the Neurobiology of Social Attachment

Paul Maclean was the first theorist to suggest a link between addiction to substances and brain regions associated with social attachment behaviors, speculating that substance use was the individual's attempt to replace endogenous neural factors (e.g. the neurotransmitter dopamine and the neuropeptide oxytocin) that naturally occur as the result of social attachments (Insel, 2003). Insel (2003) wrote an article examining the structure and genetics of neural pathways

implicated in cocaine use, and concluded "it seems likely that these pathways and genes evolved

not for drug abuse but for mediating the motivational aspects of pair bonding, maternal

attachment to infants, and presumably infant attachment to mother" (p. 356).

Over the past decades there have been many studies examining the correlation between

the brain regions affected by SUD and social attachment processes. Reviews of the literature

(Buisman-Pjilman et al., 2014; Mitchell, Gillespie, & Abu-Akel, 2015; Sarnyai & Kovacs, 2014;

Young, Gobrogge, & Wang, 2011) analyzed studies that examined the associations between the

chemical properties of drugs of abuse and chemicals produced in the mammalian brain that are

associated with social behavior (e.g., maternal, sexual, play, bonding). The results suggested that

there are reciprocal associations between SUD and social attachment, with the chemical

properties of drugs of abuse mimicking the effects naturally generated through social behavior.

As Insel (2003) suggested, social attachment itself might be considered an addiction disorder.

Summary: Neurobiological Substrates of SUD and Social Processes

E.O. Wilson (1998), the founder of the field of sociobiology, argued that "the human

brain is the most complex object known in the universe" (p. 106). Recognizing this statement,

any researcher would do well to avoid a too-reductionist approach when considering the

correlations between what technologies reveal about the activations of various brain regions and

human behavior. The unintended consequences of reductionism when approaching SUD from

the "brain disease" perspective can serve to perpetuate counter-productive attitudes and

practices. For instance, in their article reviewing the state of neurobiological advances in

examining SUD as a brain disease, the directors of NIDA, NIAAA, and TRI consistently refer to

the regions of the brain affected by SUD as the "reward system" (Volkow et al., 2016, p. 363-

368). By using that particular label to describe the complex functioning of the brain region

involved, the authors reinforced the idea that individuals with SUD behave in order to seek out rewards and pleasure, thus reinforcing the moral model of addiction and stigmas associated with it. This is despite other publications by the same authors in which they advocated for the removal of moral stigma from public policy regarding SUD (e.g., Volkow et al., 2011).

The recognition that the neurobiological substrates affected by SUD involve neural systems that enable humans to develop and maintain social bonds offers researchers a way to approach SUD without reducing the motivational dimensions of the disorder to mere reward-seeking. It also provides a framework for considering how SUD affects the web of social interactions necessary for any individual seeking to maintain a healthy, satisfying, productive life. Considering SUD as a condition involving the social attachment systems of the brain shifts the perspective from viewing SUD as intrapersonal reward-seeking and places it in an interpersonal, social domain.

With this perspective shift, I chose the psychological construct of attachment theory as the theoretical framework for my study. Next, a brief overview of attachment theory is detailed along with a review of the literature on SUD and attachment theory.

Attachment Theory

Attachment theory, jointly developed by Bowlby and Ainsworth, "is an ethological approach to personality development" (Ainsworth & Bowlby, 1991, p. 333) that arose as an offshoot of object relations theory. Bowlby (Ainsworth & Bowlby, 1991) suggested that human behavior is directed by a series of behavioral systems that have evolved to increase the chance of an individual's survival and reproduction. The attachment behavioral system is the means by which the human infant forms an intimate bond with a primary caregiver (usually the mother) to help ensure the vulnerable infant's survival and development. According to attachment theory,

human infants instinctively behave in order to stay close to the main attachment figure. As they develop, infants will use the attachment figure as a secure base from which the infants can explore the environment, and the infants will return to the safety of an attachment figure when they feel threatened (Ainsworth & Bowlby, 1991).

A key concept in attachment theory is that the infant develops a mental representation not only of the attachment figure but also of the *relationship* that the infant has with that figure (Main, Kaplan, & Cassidy, 1985). These mental representations of attachment relationships are known as internal working models of attachment (IWM). IWMs are conscious or unconscious "rules" (Main et al., 1985, p. 67) by which the infant organizes information relevant to emotions, cognitions, and experiences related to the attachment relationship. Ainsworth's research focusing on infant/mother interactions established that pre-verbal infants develop patterns of attachment that can be categorized according to the quality of the attachment relationship between the child and its caregiver (e.g., secure, avoidant, ambivalent-resistant; Ainsworth & Bowlby, 1991). Subsequent research suggested that an individual's attachment style, developed in infancy, will affect the individual's interpersonal relationships throughout the lifespan and that IWMs of attachment are maintained into adulthood by "patterns of language and structures of mind" (Main et al., 1985, p. 67). In a seminal article, Bartholomew and Horowitz (1991) developed a theoretical model for classifying adult attachment styles. Their model proposes four prototypical adult attachment styles based upon two variable IWMs: the adult's self-image (positive or negative) and image of others (positive or negative).

Attachment Theory and Substance Use Disorders

Despite evidence presented above to the effect that SUD is the result of a compromised social attachment system in the individual's brain, there has been relatively little application of

attachment theory in the substance abuse disorder treatment field. Current treatment practices

are dominated by approaches that emphasize work on cognitive functioning and the development

of specific skills for coping with urges to use drugs and alcohol (SAMHSA, 2015). An overview

of selected substance abuse treatment approaches that are informed by attachment theory is

presented below.

Khantzian's psychodynamic theory. Khantzian (1997, 2012) formulated a theory of

addiction based on psychodynamic theory, including attachment theory, in which he argued that

addiction is fundamentally a self-regulation disorder. His main contribution to the field of

addictions treatment is the self-medication hypothesis (Khantzian, 1997), which views chronic

substance use as an individual's attempt to change or relieve painful emotional states.

Khantzian's (2012) approach to treatment focuses on four domains: 1) recognizing and

regulating feelings; 2) establishing and maintaining a coherent sense of self and self-esteem; 3)

developing the capacity for establishing and maintaining comfortable relationships; and 4)

regulating behavior, especially self-care. It is within the third treatment domain – relationships –

that Khantzian addressed attachment theory. Khantzian (2012) suggested that, when it comes to

relationships, people with addictions are "counter-dependent" (p. 276) and alienated from others.

The addicted person's drug of choice serves to help the individual to temporarily overcome the

inability to make contact with others, until the chronic use of the substance comes to be an

artificial substitute for human contact, with attendant physical and psychological deterioration

caused by the effects of the substance on the chronic user.

Flores's attachment disorder theory. Flores (2001, 2004) took Khantzian's

psychodynamic approach a step further by suggesting that addiction should be classified as an

attachment disorder. Flores (2001) noted that there is an inverse relationship between the

severity of a client's addiction and that client's capacity for managing healthy interpersonal relationships, and he traced a common developmental trajectory of addiction. According to Flores (2001), individuals first use substances as a social lubricant to compensate for deficits in interpersonal attachment styles. The euphoric emotional "rush" associated with substance use reinforces continued use, which causes further deterioration in the user's already fragile attachment system, which leads to the ever-increasing use of the substance and a subsequent negative feedback loop.

Flores (2001, 2004) pointed out how recognizing addiction as an attachment disorder can inform treatment of SUDs. The main implication of this model is that treatment itself should be seen as an attachment relationship, a concept originally described by Bowlby (1988). Understanding treatment itself as a form of attachment led Flores (2004) to claim that abstinence is a necessary part of treatment, as "before chemically dependent individuals can become *attached* to treatment, they first get *detached* from the object of their addiction" (p. 4, emphases in the original). Flores (2001) also argued for the use of group therapy as a treatment modality for substance abusers, as this format offers the client the opportunity to form attachments with a variety of group members, as well as with the group itself while decreasing the emotional vulnerability inherent in one-on-one attachment relationships. Flores (2001) also pointed out the beneficial role played in recovery by mutual help groups such as A.A., for the same reason.

Flores (2001) described how viewing addiction as an attachment disorder could inform treatment in different stages of recovery. In early treatment, the focus should be achieving and maintaining abstinence, while cultivating healthy attachment relationships with the therapist and other recovering individuals both in the clinic and in mutual support groups (Flores, 2001). The main goals of treatment at this stage are to maintain a client's fragile recovery while developing

his or her capacity for attachment relationships. After the first few months of recovery, the focus

of treatment will shift to "affect regulation" (Flores, 2001, p. 74) which involves helping clients

recognize and manage their emotional responses to life. Flores (2001) pointed out that relapse is

common at this stage of treatment, and that emotional lability—feeling too good or too bad too

quickly—is a main cause for a client's relapse. According to Flores (2001), in late-stage

treatment, clients are prepared for more in-depth exploration of the underlying causes for their

attachment difficulties, while developing the capacity for deeper attachments, based on

mutuality, in the here-and-now. The ultimate goal of treatment is to have the client develop the

capacity for healthy attachment relationships, without the use of substances, outside of the clinic

(Flores, 2001).

Ball and Legow's developmental model. Ball and Legow (1996) also presented a

developmental model of SUD recovery treatment informed by attachment theory. According to

Ball and Legow (1996), treatment for clients in early recovery from SUDs should focus on

establishing a secure base for establishing therapeutic intimacy. This process is best

accomplished by an approach that is "active, directive, and emphasizes abstinence" (Ball &

Legow, 1996, p. 539). Much like the developers of MI (Miller & Rollnick, 2013), Ball and

Legow (1996) highlighted the importance of developing a supportive therapeutic relationship

early in treatment, saying that this quality matters more than any particular technique or

theoretical approach to counseling.

Once the client has achieved a period of abstinence and a secure therapeutic base has

been established, Ball and Legow (1996) said that treatment will transition to less directed, more

open-ended exploration of the underlying emotional and characterological issues that drove the

client's chronic substance use. Ball and Legow (1996) pointed out that the therapeutic transition

from supportive-directive to open-explorative is not necessary for all clients, and noted that some clients would achieve sobriety strictly through time-limited, symptom-reduction approaches such as CBT. However, those clients whose substance use is the result of underlying attachment disorders will most benefit from long-term exploratory therapy built upon a secure, supportive base (Ball & Legow, 1996).

Empirical Studies of Addiction as an Attachment Disorder

Although there have been theoretical explorations of addiction as an attachment disorder (Flores, 2001, 2004), along with case studies to demonstrate this model (e.g. Ball & Legow, 1996; Fletcher, Nutton, & Brand, 2014; Padykula & Conklin, 2010), there has been relatively little empirical research to establish a link between attachment styles and addictive behavior (De Rick & Vanheule, 2007; Thorberg & Lyvers, 2010). What follows is a review of empirical research on addiction as an attachment disorder in the academic literature.

Wedekind et al. (2013) conducted a study in which researchers administered a battery of tests on inpatient alcoholic participants (N = 43) to investigate the relationship between their participants' attachment styles, anxiety, anxiety coping, and dysfunctional personality styles. Results indicated that attachment style is a significant contributing factor in diagnosing and treating alcohol addiction (Wedekind et al., 2013).

Thorberg and Lyvers (2010) undertook a study to investigate the links between attachment, negative mood regulation expectancies, fear of intimacy, and self-differentiation in a population of inpatient alcohol and drug rehabilitation residents (N = 100). Results indicated that attachment predicted affect regulation abilities and troubled interpersonal functioning in SUD patients (Thorberg & Lyvers, 2010). Further, results of this study indicated attachment as

an important consideration in the assessment and treatment of clients who present with SUD (Thorberg & Lyvers, 2010).

De Rick, Vanheule, and Verhaeghe (2009) investigated the links between adult attachment style and degree of alexithymia (the inability to identify and describe felt emotions) among inpatient AUD patients (N = 101). Results indicated that a majority of the alcoholic inpatient population (52%) showed evidence of impaired attachment systems, as a smaller number (34.5%) showed evidence of difficulties in affect regulation or interpersonal functioning, and a minority (13.5%) showed evidence of well-established attachment systems (De Rick, Vanheule, & Verhaeghe, 2009).

Summary: Attachment Theory and Substance Use Disorders

SUD results in profound social problems, including criminal behavior and abuse or neglect of loved ones (CASA, 2012; DHHS, 2016). Research into the neurobiological substrates of SUD provides evidence that SUD negatively impacts the neural regions involved in forming and maintaining social attachments (e.g., Insel, 2003; Volkow, Baler, & Goldstein, 2011). Despite the social consequences of SUD and evidence that it compromises the neural social processes in individuals, the preponderance of counseling treatments focus on intrapsychic phenomenon via behavioral therapies such as CBT (SAMHSA, 2015). While SUD is recognized as a brain disease affecting systems for social processes, with diagnostic guidelines for SUD including social factors (APA, 2013) and its consequences measured in terms of its cost to society (CASA, 2012; HHS, 2016), clinical treatment modalities designed for SUD focus heavily on intrapsychic phenomena and skills for coping with those phenomena (NIDA, 2000).

There is, however, a large and highly influential approach to SUD that places social processes at the heart of recovery: the 12-Step movement, which originated with A.A. A brief

overview of the history, principles, and practices of A.A. will be explored next, along with an examination for evidence of its efficacy as a treatment modality for SUD. I will conclude with a look at the limited literature addressing A.A. as an example of social attachment theory.

Alcoholics Anonymous and Attachment Theory

A.A. was founded in 1935 as an outgrowth of the Oxford Group, an evangelical "Moral Re-armament" movement founded by American Christian minister Dr. Frank Buchman (White, 2014b, p. 23). Core tenets of the Oxford Group emphasized principles of taking stock of personal failings, public confession of those failings, making restitution for past wrongs, and service to others (Kurtz, 1980). The A.A. founders, Bill Wilson and Dr. Bob Smith, were recovering alcoholics who adapted the Oxford Group tenets as they developed A.A. as a mutual aid fellowship for other alcoholics who sought to quit drinking. In 1939, after four years of proselytizing the benefits of A.A. to other alcoholics, Wilson gathered stories from A.A. members who had found sobriety through participation in the program and outlined the principles of the organization in a book, *Alcoholics Anonymous: The Story of How More than One Hundred Men Have Recovered from Alcoholism*. This book, popularly known as "The Big Book," remains the core document of A.A. (A.A., 2013).

Over its first two decades in existence, A.A. was popularized by positive press coverage and earned recognition from addictions treatment researchers such as E.M. Jellinek and Ruth Fox (White, 2014). By the mid-1960s A.A. and its underlying tenets (alcoholism is a disease of the body and spirit) were so well established that courts routinely mandated A.A. attendance for drug and alcohol offenders (Dodes & Dodes, 2014). Wilson and Smith's 12-step model has been adapted for use with a variety of disorders, including drug addiction (Narcotics Anonymous), and gambling addiction (Gamblers Anonymous) (CASA, 2012).

The goal of A.A. is complete abstinence from alcohol, a goal achieved by members who participate in the program by regularly attending meetings with fellow A.A. members. Participants in A.A. "work" the program's 12 steps, which call on A.A. members to admit that they are powerless over their addictions, to accept the existence of a "high power" from whom they seek help in battling their addiction, and to systematically identify and address their personal character defects. A.A. also calls on its members to actively engage in supporting other members as they try to maintain sobriety, with senior members of the group acting as "sponsors" to mentor other members in the early stages of recovery (Denzin, 1993).

For more than 80 years, every A.A. meeting has followed a similar ritual: a group leader will introduce a topic (often one of the 12 Steps), and individuals are invited to "share"—that is, to recount their personal experiences with the topic under discussion. Conversation—called "cross-talk" in the A.A. vernacular—is forbidden. A.A. members frequently speak in aphorisms, and self-help sayings are common (e.g., "One day at a time," "Let go and let God," "Easy does it," "Stick with the winners"). These sayings serve as a kind of shorthand by which A.A. members communicate that they have shared common experiences (Denzin, 1993).

Although A.A.'s principles were derived from the experiences of its founders and early members, its founders also recognized medical and psychological theories of alcoholism. Wilson, in the Big Book, acknowledged the validity of the disease model of alcoholism and prefaced the book with a statement from a physician that defined alcoholism as an allergy to alcohol (A.A., 2001). To the extent that A.A. is based on psychological theory, its founders claimed to have been inspired by Carl Jung and his suggestion that only a spiritual or religious conversion experience could release an alcoholic from the compulsion to drink (Kurtz, 1980). Wilson also cited William James as an influence, writing that James's (1902/2004) concept of

the "sick soul," developed in *Variety of Religious Experiences*, described the essence of the alcoholic's malady. Wilson went so far as to claim that James had posthumously been one of the founders of A.A. (Kurtz, 2008).

A.A. as a Treatment Modality: Prevalence and Efficacy

The A.A. 12-step model is today the most prevalent resource available for individuals seeking to overcome SUD. In 2013 the Substance Abuse and Mental Health Administration (SAMHSA) collected survey data and reported that of the 4.1 million Americans who sought treatment for SUD that year, 2.3 million attended a self-help support group (i.e., A.A. or its derivatives) (SAMHSA, 2014). Another SAMHSA survey (2015) indicated that three out of four outpatient SUD treatment facilities offer treatment to facilitate clients' participation in A.A. and other 12-step groups. A.A.'s influence extends globally. It is a worldwide organization with more than two million committed members meeting in over 114,000 independent A.A. groups (A.A., 2013). Thus, A.A. has evolved from its origins as an offshoot of an Evangelical revival movement to become a ubiquitous, free recovery support program that is frequently made part of treatment for an individual seeking (or mandated) to address a SUD (CASA, 2012; DHHS, 2016; Dodes & Dodes, 2014). It is noteworthy that the use of A.A. as a form of treatment mandated by the authorities runs counter to the founding principles of A.A. as described in the Big Book of A.A. and the organization's 12 traditions. Those principles described A.A. as a fellowship, not a form of treatment, and state that the only requirement for membership is a sincere desire to remain abstinent from alcohol (A.A., 2001; White, 2014).

The effectiveness of A.A. and other 12-step programs (TSPs) is a "hotly debated" topic in the SUD literature (Humphreys, Blodgett, & Wagner, 2014, p. 2688). The Cochrane Collaboration—a consortium of independent researchers whose mission is to help people make

evidence-based health care decisions—conducted a meta-analysis of clinical trials of A.A.

conducted from 1967 through 2005 (N = 3,417). The researchers compared the effectiveness of

A.A. to psychological interventions and "no treatment" control groups (Ferri, Amato, & Davoli,

2006). The authors found that none of the studies demonstrated the effectiveness of either A.A.

or variant TSPs in addressing SUD and its associated problems. Ferri et al. (2006) concluded

their report by saying that "people considering attending A.A. or [TSP] programmes (sic) should

be made aware that there is a lack of experimental evidence on the effectiveness of such

programmes" (p. 11).

What contributes to the poor success rate of A.A. and other TSPs revealed in the

Cochrane report? Simply put, a majority of individuals who attend TSP meetings will promptly

choose to drop out of the program. Rowan and Wulff (2012) cited studies which indicated that

50% of individuals who begin participating in A.A. drop out of the program within a month, and

90% drop out within the first year. Research on the causes for such a high dropout rate suggests

a variety of possible reasons that persons with SUD choose not to take advantage of a free, easily

accessed program.

Kelly and Moos (2003) analyzed TSP participation rates over the course of a year among

2,778 male patients from 15 Veterans Administration (VA) inpatient SUD treatment centers.

The men participating in the study ranged in age from 21 to 77 years old (M = 43, SD = 9.6;

Mdn = 42); 47% were African American, 46% were identified as Caucasian; 76% were

unemployed; with the average length of stay at the VA treatment center was 25 days (SD = 11.4

days). Kelly and Moos (2003) correlated their participants' A.A. participation rates with a series

of variables revealed through psychological assessments. Results indicated that a variety of

individual risk factors predicted the likelihood of TSP noncompliance, specifically low

motivation, lack of religious involvement, and little prior TSP involvement were most influential (Kelly & Moos, 2003).

Laudet (2003) surveyed over 100 clients diagnosed with SUD and over 100 clinicians working to facilitate those clients' use of TSPs in order to uncover factors that contribute to client noncompliance with TSPs. Laudet (2003) concluded that personal factors, such as low client motivation for change, were greater obstacles to client participation with TSPs than any elements specific to TSPs.

Critics of the use of A.A. and other TSPs as treatment modalities have argued that studies such as those by Kelly and Moos (2003) and Laudet (2003) are "blaming the victim" for low participation rates in TSPs. In other words, researchers who suggested that low TSP participation rates are the result of personal qualities of program dropouts are arguing that TSPs don't fail clients, it is the clients who fail the program (Dodes & Dodes, 2014).

Even if a majority of individuals diagnosed with SUD introduced to TSPs choose not to participate in those programs, TSP participation is demonstrably beneficial for that percentage that does choose to participate. For instance, Kaskutkas (2009) provided evidence that rates of abstinence are twice as high among participants in TSPs as among those diagnosed with SUD who do not attend TSPs, and that more frequent attendance at TSPs is related to higher rates of abstinence. If individuals choose to drop out of TSPs for a variety of reasons, then how and why are TSPs effective for those who do choose to participate in them? In the next section I detail a review of articles in which authors argued that the power of A.A. could be explained in terms derived from attachment theory.

A.A. and Attachment Theory: Theoretical Articles

Vaillant (2014) suggested that the 12 steps forming the core of the TSP experience provide structure for individuals whose affect regulation and social skills have been damaged by years of substance use and that this structure enables them to begin applying positive emotions as a therapeutic tool. Vaillant (2014) linked altruism of the TSP experience to secure attachment, suggesting that addictions are at heart an attachment disorder and that TSPs provide a space where long-time substance users can begin the process of establishing secure attachments to others. This echoes the findings of Flores (2004), who wrote that A.A. provides people in early recovery from AUD with the structure and support they need as they "make the difficult transition from detachment to alcohol to attachment to recovery" (p. 36).

Fricchione (2014) also presented the argument that addiction is an attachment disorder, and cited findings by neuroscientists which suggest that alcohol has the power to "hijack" (p. 196) the neural circuitry involved in our ability to form attachments to significant others, with alcohol providing a synthetic substitute for positive emotions evoked by loving relationships. Fricchione (2014) suggested that the TSP mandate that one must succumb to a higher power, combined with the "reignition" (p. 190) of the addict's capacity to form stable attachment relationships, "maximizes the healing effects of spirituality" (p. 190).

A.A. and Attachment Theory: Quantitative Studies

There is little in the literature presenting quantitative analyses of the correlation between TSPs and attachment theory. Researchers (i.e., Brown & Whitmarsh, 2007; Smith & Tonigan, 2009) have adapted self-report survey instruments designed to assess adult attachment styles for use with A.A. members in order to discover if adult attachment styles (as revealed in the surveys) predict long-term sobriety. Smith and Tonigan (2009) surveyed active A.A. members (N = 158)

with an intention to reveal whether the participant had a secure, anxious, or avoidant attachment style before joining A.A. and whether their attachment style had shifted since joining A.A. Results indicated that AA participation correlated with increased secure attachments and reductions in avoidant and anxious attachment styles (Smith & Tonigan, 2009). Brown and Whitmarsh (2007) performed a similar study, using an instrument to determine the attachment styles of participants (N = 81) actively engaged in a TSP. Results indicated no positive relationship between a secure attachment style (as revealed by the survey instrument) and success in finding sobriety through participation in a TSP (Brown & Whitmarsh, 2007).

Both of the quantitative studies aforementioned (Brown & Whitmarsh, 2007; Smith & Tonigan, 2009) assessed participants' attachment styles using Likert-style self-report surveys adapted from Hazan and Shaver's (1987) 3-item "love quiz" (p. 513). Smith and Tonigan (2009) suggested that "retrospective report biases" (p. 171) might have influenced their study's results. They ended their article with a call for future research that examines changes in the attachment of A.A. participants over time (Smith & Tonigan, 2009).

Summary: Alcoholics Anonymous and Attachment Theory

Based on SAMHSA survey data (2014, 2015) it is safe to assume that if an individual has experienced treatment for a SUD in the US, then that individual will likely have at some point been exposed to A.A. or some other TSP. Certain outcome studies have found that TSPs show poor results in helping those exposed to them to recover from SUD, and suggested that what success TSPs do have as a treatment modality is the result of selection bias (Dodes & Dodes, 2014; Ferri et al., 2006). Other researchers have claimed that TSP outcome rates improve if selection bias is controlled through the use of instrumental variables (Humphreys, Blodgett, & Wagner, 2014), while numerous other studies have provided evidence of the efficacy of TSPs for

that portion of the population who choose to participate in the program (Bassuk, Hanson, Greene, Richard, & Laudet, 2016; Humphreys, 2006).

A.A. is an interesting phenomenon. Its concepts permeate the treatment field in what is perhaps the single most dire current public health sector, yet it was developed based on the personal experiences of its founding members with only passing reference to medical science and scant grounding in psychological theory. Much of the research on A.A. and TSPs are post hoc attempts to quantify its results or to fit it into an existing psychological framework. In addition to studies intended to demonstrate the efficacy of A.A. and other TSPs using randomized clinical trials and other methodologies from the medical field, there have been attempts to mine A.A. literature and practices to find evidence that the program works due to fortuitous alignment with psychological principles, such as schema theory or cognitive reframing (Kelly & Greene, 2014).

Attachment theory, premised on the idea that a human being's need for social attachment is a fundamental force driving human behavior, has been suggested as a theoretical framework for understanding the etiology and treatment of SUD (Ball & Legow, 1996; Fletcher, Nutton, & Brand, 2014; Flores, 2001, 2004; Khantzian, 1997, 2012; Padykula & Conklin, 2010). However, there has been little empirical research analyzing within the attachment theory framework how individuals with SUD connect with others in real-world contexts. A.A. provides a real-world context for conducting such an analysis.

Chapter Summary

In this chapter, I have presented evidence of the breadth and severity of the toll SUD takes on our society in terms of public expenditures and human suffering, with a closer look at the devastating effect of SUD in the current epidemic of "deaths of despair" among less-educated

middle-aged White Americans. I then explored the histories and underlying premises of three

models of addiction—moral, medical, and psychological—that inform current views on SUD

and its treatment. I suggested that each model addresses SUD as an individualized, intrapsychic

disorder, despite the fact that recent research on SUD provides evidence that the disorder affects

regions of the brain involved in social processes. I then presented a review of literature

suggesting that attachment theory provides a framework for considering SUD and its treatment

and that this framework encompasses biological, social, and psychological aspects of the

disorder. I finished this review with an analysis of A.A. and other TSPs as exemplars of the

social dimensions of SUD and recovery, and looked at the limited literature on TSPs viewed

through the lens of attachment theory.

Near the end of her career, Ainsworth (1989) wrote an article in which she indicated a

direction for future research on attachment theory. Ainsworth's own body of work had

established the foundation for attachment theory through observation of parent-infant

interactions. Ainsworth (1989) called for researchers to explore attachment relationships beyond

the formative parent-infant bond. She concluded the article with some thoughts on research

approaches that might be appropriate for studies of attachment beyond infancy:

> Increasingly across the years of childhood verbal behavior rivals nonverbal behavior as
>
> a basis for inferences about inner organization. Linguists know that there is more
>
> information to be gained from verbal behavior than the manifest content of what is
>
> conveyed in words. The latent content of what is conveyed in the form and context of
>
> discourse is important also—often more important than manifest content....Both
>
> researchers and funding agencies are strongly urged to turn their attention both to
>
> naturalistic observation and to the latent content of verbal behavior in discourse and the

use of the interview in studies of various kinds of affectional bonds beyond infancy.

(Ainsworth, 1989, p. 715)

With these words in mind, in the next chapter I detail the methods used in this study.

Chapter Three

RESEARCH METHODS

In this chapter, I discuss the social constructivist discourse analysis research paradigm that has informed this study. That research paradigm reflects my positionality regarding SUD, which I also describe. I also describe preparatory research on the methodology I undertook in preparation for this study. I then describe my research design, including my selection of Gee's (2011) approach to discourse analysis as my research method. This description included how I recruited my sample of participants, collected and analyzed my data, and how I established the validity of my study. I begin my discussion of methodology with a brief discussion of the philosophy of science and research paradigms germane to my current inquiry.

Rationale for Research Design and Methods

My research question was, "How do middle-aged White Americans, without a college education, who are in recovery from alcohol use disorder (AUD) and who have been active in Alcoholics Anonymous (A.A.), use language to make representations of self, others, and relationships?" I generated this question by considering SUD and AUD from a number of different perspectives grounded in the different models of SUD I described in the previous chapter. Each of these perspectives is informed by a different paradigm, or "set of basic beliefs (or metaphysics) that deals with ultimates or first principles" (Guba & Lincoln, 1994, p. 107). Clearly, the subject matter I've investigated in this study lies at the intersection of very different ways of understanding human experience: from positivist medical science, through postpositivist psychological theory, to the folk psychology principles and practices of A.A. that defy neat categorization into any of the various philosophical paradigms described above.

SUD Research and Treatment: Crossing Paradigms

While each of the models of SUD described in this study is grounded in an identifiable philosophical paradigm, individuals working within each of the models also provide evidence of how other paradigms inform their work on SUD. For example, O'Brien, Volkow, and Li (2006), medical researchers steeped in a positivist approach to science, described the process by which the term "addiction" was replaced with "dependence" in the third revision of the American Psychiatric Association's *Diagnostic and Statistical Manual*. According to the authors, the change was made due to concerns over the stigma associated with the word "addiction," and was decided in a committee procedure decided by a single vote (O'Brien et al., 2006).

If the positivist stance assumed by medical researchers such as O'Brien et al. (2006) is profoundly influenced by literal acts of social construction such as taking committee votes to determine labels for diagnoses, researchers in fields informed by a postpositivist paradigm, such as counseling psychology, are heavily influenced by the positivist perspective. One artifact of the positivist approach in addictions counseling is the National Institute on Drug Abuse manual *Approaches to Drug Abuse* (NIDA, 2000). This document, still freely disseminated by NIDA, presents detailed descriptions of 11 approaches to addictions counseling developed according to Willenbring's (2010) principles and are commonly used by treatment facilities in the US. In a preface to the manual (NIDA, 2000), the editors detailed a uniform outline all contributors were required to follow when describing their treatment approach. This outline forced authors to break down their work to identify the "causative factors of addiction" (p. 7), the "mechanisms of action" (p. 6) employed by each treatment, along with a clear and consistent "agent of change" (p. 7). These concepts assume that SUD treatment involves a straightforward cause/effect relationship that can be observed, measured, and manipulated, with predictable results.

If the medical/disease and psychological models of SUD demonstrate straightforward evidence of mixed paradigms in terms of language and treatment structures (NIDA, 2000; O'Brien et al., 2006), A.A. principles and practices reflect a cross-paradigm perspective that is subtle and profound (Kurtz & White, 2015). As evidenced in previous chapters, the A.A. literature acknowledges the disease/medical/positivist model of alcoholism, while advocating an approach to recovery based on social interaction and spiritual principles. A close examination of A.A.'s foundational principles shows how those principles can be understood in postmodern, constructivist-interpretist terms. Bateson (1971) analyzed A.A. principles and practices from the perspective of systems theory and concluded that the "spiritual awakening" (A.A., 2001, p. 60) that lies at the heart of the A.A. experience entails a personal consciousness-expanding epistemological shift within the participating individual. Such a shift accords with the constructivist-interpretist paradigm, which defines epistemology as being both subjective and transactional (Ponterotto, 2005).

If there is a clear, common philosophical theme uniting the various models of SUD and its treatment that I've discussed so far, it is that no single model is philosophically "pure." Positivist/medical approaches acknowledge and yield to the socially constructed aspects of medical practices (O'Brien et al., 2006). Counseling practices founded on postpositivist principles are made to fit the positivist medical paradigm (NIDA, 2000). The folk practices of A.A. make passing reference to medical orthodoxy while attempting to affect positive change by raising the consciousness of solipsistic alcoholics—a constructivist project (Bateson, 1971). Recognizing this untidy philosophical mix in the SUD research and treatment fields, I selected a social-constructivist research design that afforded me the chance to use a systematic method to yield constructivist-interpretivist findings.

Research Methods

In her call for research into adult attachment styles, Ainsworth (1989) suggested analyzing the discourse of adults to uncover latent meanings that provide evidence of their individual attachment styles. My intention in this study was to conduct such an analysis of how individual adults use discourse to represent constructs from attachment theory (self, others, and relationships) within the context of their recovery from AUD.

Although I used attachment theory as a theoretical lens for this study, my purpose in doing this analysis was not to demonstrate a direct correlation between the participants' words and attachment concepts (e.g. sorting participants according to one or another "attachment style"). Rather, this research is a constructivist-interpretivist project, with the goal of interpreting the meaning of social phenomena (Ponterotto, 2005), not to simply describe or attempt to definitively explain those phenomena. To accomplish my goals, I required a discourse analysis technique that is both flexible and precise.

Gee's Discourse Analysis

New Literacy Studies researcher James Paul Gee (2011) developed a set of tools for analyzing how people use language to make meaning and construct social realities. Gee's approach is based on the idea that the human mind is made up of networks of associations, which serve as the tools with which humans engage in social practices (Gee, 1992). Gee (1992) borrowed from Wittgenstein (1953/1958) the concept of "family resemblance" (Chapter 2, Section 1, para. 9) to describe the criteria people use to create associative networks for abstract concepts such as democracy, love, and courage.

In addition to his theory of meaning-making, Gee (2011) also discussed how people use language to construct social realities. Gee's approach to discourse analysis is based in part on

Austin's (1962) speech act theory, a sociolinguistic theory. With this theory, Austin (1962)

suggested that conveying information is only one of the functions of language and that at a

deeper level people use language to construct and enact social phenomena. Gee (2011)

suggested that people accomplish this task through practices he called "big 'D' discourses" (p.

30), which are sets of social practices and identities enacted through language. Gee (2011)

characterized a big "D" discourse as a "who-doing-what" (p. 30). This concept is especially

pertinent to my study, in that it focuses on individuals who have taken part in A.A. That

organization—with its carefully delineated steps and overt identity statement — is a clear

example of what Gee called a big 'D' discourse.

In addition to the big 'D' discourse concept, Gee (2011) described seven building tasks of

language, with which people construct social/cultural entities such as identity, relationships,

social significance, and connections. Gee (1991, 2011) developed a method for analyzing a text

to identify how the writer/speaker uses language to accomplish the various building tasks.

Gee's method. Gee (1991) suggested beginning the task of analysis by breaking a text

down into different levels of meaning, from the most basic level, which Gee called *idea units*.

Gee (1991) identified *lines* as the next level unit of meaning. According to Gee, lines combine

idea units clustered about a single central topic. Gee (1991) borrowed a term from poetry,

stanza, to identify the next level of unit of meaning. Stanzas are units of grouped lines that

present a "particular 'take' on a character, action, event, claim, or piece of information" (Gee,

1991, p. 14). After breaking down the text into idea units, lines, and stanzas, the researcher

using Gee's methods will analyze each stanza to identify how the writer/speaker uses language to

accomplish one or more of the fundamental building tasks.

Gee (2011) also identified a variety of tools analysts might use to identify how people use language to accomplish the various building tasks. These tools include 1) social languages (identifying styles of language used to construct identities and to accomplish other building tasks); 2) "Big 'C' Conversations" (recognizing language that alludes to or borrows from larger social themes or debates); and 3) intertextuality (finding language borrowed from or cross-referencing other texts; Gee, 2011). After each stanza has been analyzed using Gee's tools of inquiry, the researcher looks at the macrostructure of the text to find themes (often recurring building tasks) and to identify the narrative structure. Gee's method offers researchers a tool for consistently and methodically analyzing texts, interviews, meeting transcripts, and other forms of discourse, to uncover how people make and share meaning and identity in different social contexts.

Research Design

To reiterate, my research question was "How do middle-aged White Americans without a college education who are in recovery from alcohol use disorder (AUD) and who have participated in A.A. use language to make representations of self, others, and relationships?" A key word in my question is *recovery*. That simple word, in the context of addiction and its treatment, has come to be shorthand for the entire process of achieving and maintaining sobriety while also repairing the interpersonal, professional, and financial damage caused by AUD. Recovery is recognized today as the organizing principle in treatment approaches that emphasize person-centered, supportive treatment as opposed to methods that emphasize the medical or moral dimensions of AUD (White, 2007). A.A. is, to some extent, responsible for the central role of the recovery concept in AUD treatment with its frequent reference to "recovery" in the "Big Book" of A.A (2001).

Research Format: Interview Study

In this study I interviewed six individuals who met the selection criteria described below. Each participant was interviewed once, and the interviews ranged in length from 60 to 100 minutes. My approach to the interview was the "grand tour" model, as I did not want pre-planned questions to distort the participants' response to my interview prompt, which was "Tell me about your recovery."

Humphreys (2000) argued that the most important variety of story in the A.A. experience is something he termed a "drunk-a-log" (p. 498), in which A.A. participants describe their descent into AUD and recovery from that condition. I anticipated that my directive might cue the participants to share their unique drunk-a-logs. In sharing those narratives, I expected to hear participants address the following topics:

- family of origin

- intimate relationships

- self-conception

- consequences of substance use

- consequences of sobriety

- social supports

- spirituality

I also expected the participants would discuss things I could not predict, which provided additional justification for selecting an open "grand tour" interview model as opposed to a pre-set semi-structured interview model. The things participants chose to bring up in re-telling their recovery stories, as well as the order in which they did so, was in itself significant data.

Participants

The epidemic of self-destructive behavior in the particular ethnic/age demographic cohort Case and Deaton (2015, 2017) uncovered indicates that addiction is, to some extent, a cultural phenomenon. Therefore, I recruited my participant pool from members of the cohort identified by Case and Deaton (2017), to look for any recurring themes or topics that might be associated with the experiences of White members of the baby-boom generation who do not have a college education. Case and Deaton's (2017) identified cohort covers White Americans who were between the ages of 45 and 54 during the years 1999 through 2015. Hence, my sample was drawn from self-identified White Americans (male and female) who were born between the years 1945 and 1970, which covered the range of birthdates of individuals meeting the age parameters in the Case and Deaton (2017) study. I included the following additional selection criteria when recruiting participants:

Participants who take part in A.A. A.A. presents a clear and rigid set of principles and practices regarding addiction and recovery, embedded within a well-established discourse. Focusing on individuals from the same demographic cohort who all share an adherence to A.A. principles and practices afforded me the chance to take a deep look at this population's experiences and the language they use to make meaning of those experiences.

Participants in sustained remission. According to the *DSM-5*, individuals in sustained remission have shown no symptoms of AUD for a period of more than 12 months (APA, 2013). The participants all met this standard, with periods in remission ranging from one to over 30 years.

Participants without college degrees. Case and Deaton (2017) found that the increased morbidity of middle-aged White Americans in 2015 was due to increased morbidity among

members of that demographic cohort without college degrees. Case and Deaton (2017)

suggested a lack of higher education resulted in a set of stressors related to economic

deprivation, and these stressors contribute to a sense of despair common to members of this

cohort. In my study, I recruited participants who had not earned college degrees.[*]

Selection Procedure

To identify possible participants, I used the snowball sampling technique, also known as

"chain referral sampling" (Biernacki & Waldorf, 1981, p. 141). Snowball sampling is a non-

probability purposeful convenience sampling technique in which the researcher gathers contact

information for potential participants from other informants (Noy, 2008).

To identify participants, I reached out to other counselors I know in the addiction

counseling field. I also contacted individuals in my personal network to describe my study and

asked them to recommend potential participants I might contact. I also attended a number of

A.A. meetings, and after each meeting I approached individuals who appeared to meet my

selection criteria in order describe my study and to see if they might be interested in

participating.

Using these approaches, I recruited the six participants whose data I have analyzed and

presented in this study. One participant, Alice, was referred by an addiction counselor. I met

one participant, Charlie, at an A.A. meeting. Individuals in my personal network referred the

rest of the participants to me. All participants live east of the Mississippi River. Two live in

heavily populated regions of the Northeast. One lives in a rural town 25 miles outside of a state

capital in the middle Atlantic region of the US. Three participants live in rural/industrial regions

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[*] One of the participants, whom I am calling Bob, did receive a bachelor degree ten years into his recovery, when he was in his mid-forties.

in the upper Midwest. Four of the six participants reside in states carried by the Republican

candidate in the 2016 presidential election. Figure 3.1 presents relevant demographic data about

the participants, including the period of their life spans in which they used alcohol. Note that all

names presented in this study are pseudonyms. Participants' pseudonyms are alphabetical and

reflect the order in which they were interviewed for this study.

Figure 3.1 Participant Demographic Data

"Alice"
office clerk
24 years
b. 1947   Began drinking age 16   Sober, age 40

"Bob"
factory worker
16 years
b. 1947   Began drinking age 18   Sober, age 34

"Charlie"
HVAC
43 years
b. 1962   Began drinking age 13   Sober, age 53

"Donald"
liquor sales
36 years
b. 1950   Began drinking age 10   Sober, age 46

"Evie"
truck driver
35 years
b. 1967   Began drinking age 13   Sober, age 48

"Florence"
farmer/school bus driver
21 years
b. 1966   Began drinking age 11   Sober, age 32

Data Collection and Transcription

After participants showed preliminary interest in taking part in the study I shared with

them via email an informed consent form that described the study in more detail (see Appendix

A). The participants reviewed and signed the forms and returned them to me, at which time an

interview was scheduled. I conducted the interviews on a rolling basis from August 2017

through March 2018. Given the geographical range from which I recruited participants, I

conducted four of the six interviews remotely, via telephone (Donald, Evie, Florence) and Skype

(Bob). I interviewed Alice and Charlie in person.

With each participant I conducted a "grand tour" interview using the prompt, "Tell me

about your recovery." I took field notes during the interviews, mainly to track subjects

addressed by the participants to enable me to address topics left underdeveloped with follow-up

probes later within the interview. When possible, I attempted to phrase my follow-up probes by

reflecting the participant's language, framed with prompts such as "Tell me more about...."

I stored each digitally recorded interview on a password-protected hard drive. My

university graduate assistant using the transcription software HyperTRANSCRIBE then

transcribed each interview. All names were replaced with pseudonyms to ensure participants'

anonymity and the anonymity of individuals described in their interviews. All of the written data

were stored on a password protected hard-drive, and audible data on the digital recording device

were destroyed.

Data Analysis

I analyzed the data using multiple systematic "passes," in which I would carefully read

the data to look for various qualities in the participants' use of language. Here are the different

stages of analysis I conducted for each interview.

Preliminary analysis. First, I went through each interview transcription and broke down

participants' words into utterances, lines, stanzas, and sections, per Gee's (2011) method. Next,

I listened to each interview recording as I read along with the transcription. I corrected any

transcription errors and adjusted my line breaks and stanzas, based on my interpretation of the

participant's vocal intonations and inflections.

First pass analysis. Once I was satisfied that the transcriptions were accurate, I printed them out and did a first in-depth analysis. Borrowing a technique from the Adult Attachment Interview manual (AAI; Main, Hesse, & Goldwyn, 2003)), I used different colored erasable pens to mark passages in which the participant used language to accomplish a particular social task. Given that my research question asked how participants used language to construct representations of self, others, and relationships, I chose to focus on the tasks that Gee (2011) labeled identity, relationships, and connections. See Appendix B for the rubric developed to help guide my analysis. I also noted when participants made use of what appeared to be language from the A.A. discourse, and checked my assumptions against the Big Book of A.A. (A.A., 2001), along with searches of the myriad online A.A. resources available. As I conducted these analyses I kept a hand-written journal to reflect on my findings.

Second pass analysis. After an initial analysis using Gee's (2011) method, I undertook a systematic analysis of each interview to identify language that reflected various constructs from the attachment theory literature. I created a template based on an article by Granqvist and Kirkpatrick (2016) that laid out the attachment theory concepts I systematically searched for in the data. Copies of the template were used for each data set to transfer line numbers from each data set reflecting language that, in my estimation, corresponded to the attachment construct. See Appendix C for an example of the template I used in this pass. After filling in templates for each participant, I read across the different templates and cross-referenced the transcripts to identify general attachment-related themes that recurred across the interviews. I shared them with two members of my dissertation committee. Taking into account feedback from my advisors, I decided that these preliminary findings failed to capture the deeper meanings in the

participants' rich stories. I set aside the attachment-related approach to analysis, and returned to the data with a renewed focus on my research question.

Third pass analysis. For my third pass analysis, I followed a similar strategy to the one I used in the second pass, only using my research question, not theoretical constructs, as my analytic lens. I went through each interview and systematically noted when participants used language to describe themselves or their relationships. I recorded in my research journal my interpretation of their language, and how their representations of self and relationships evolved as they described themselves at various stages of their lives. I noted recurring motifs across the interviews with regard to their linguistic representations of self and relationships at particular stages of development.

As I began to more clearly understand the participants' language as they described themselves and their close interpersonal relationships, I began to discern more general patterns in how they described their relationships to a generalized "other," and how those relationships evolved over the course of their life narratives. Using as a focus Gee's (2011) connections building task and his analytic tool of intertextuality, I was able to connect the participants' evolving representations of self and others to A.A. concepts and practices.

Writing the findings. The findings of this study emerged via the iterative analytic process described above. Writing the findings was, itself, a crucial part of the analytic process. After marking up the data across the various passes, I organized my findings according to the three focal areas of my research question: linguistic representations of self, relationships, and others. Then, within those three focal areas, I organized the findings according to significant categories (gender and stages of development). I then wrote these findings and supported

them with samples from the data. The writing process itself brought into focus the main findings, which are reported in the next chapter.

My Positionality

Positionality in social science research refers to a researcher's personal status in the context of the study—statuses considered under the heading of positionality may include race, gender, social class, sexuality, and a researcher's status as an insider or outsider in relation to the participants in the study (Merriam & Tisdell, 2016). Researchers' positionality inform their ontological assumptions (that is, their understanding of the nature of being and reality) as well as their epistemological assumptions (that is, how they understand the relationship between "knowing" and "the known"). A researcher's positionality will profoundly affect the researcher's work, and the ethical researcher will acknowledge and reflexively consider one's positionality throughout a research project (Merriam & Tisdell, 2016). In this section, I briefly describe my positionality in this study.

I'm a middle-aged White American male, and so in terms of race and age I am a member of the demographic cohort I studied. I also hold B.A. and M.A. degrees and at the time of the study a doctoral candidate, and such education serves as protective factors against SUD (as identified by Case & Deaton, 2017) and does not represent the experiences of the non-college educated participants of my study. Although I've never been diagnosed with a SUD or been an active participant in A.A., I have experienced the consequences of drug and alcohol misuse throughout my lifetime. Certain members of my family of origin abused alcohol. Many family members from my father's side of the family misused drugs and alcohol, and one of my cousins died at the age of 51 as the result of her drug and alcohol use. That cousin was not college educated, had been at times a participant in A.A., and so was a member of the demographic

cohort I chose for this study. I, personally, have regularly used alcohol since the age of 17, and

as an undergraduate heavily used a wide variety of illegal drugs. The period during which I used

drugs coincided with a bout of suicidal depression. My drug use and depression ended after a

profound epistemological shift similar to that described by Bateson (1971). I experienced this

shift after a period of immersion in self-selected readings in philosophy and religion, along with

personal reflection, and not through participation in any program or religious organization.

Despite experiencing a personal "spiritual awakening," I have continued to experience

the consequences of SUD throughout my life, as various people with whom I have been close to

have struggled with SUD and related mental health conditions. As a counselor, I've worked with

adolescents whose mental health issues were directly related to their parents' misuse of drugs

and alcohol. I've also counseled adult clients who have faced severe legal and social

consequences as a result of their use of illegal drugs. My close, long-term exposure to drug and

alcohol use has left me with a clear—if complex—positionality regarding SUD and its treatment,

along with a strong desire to contribute to the field of addiction counseling.

Preparatory Projects

I began this study after taking part in various projects to prepare myself for the

experience. First, I selected a discourse analysis research methodology and used it in

preliminary studies during an independent study course, prior to my doctoral candidacy, under

the supervision of a member of my dissertation committee. I also conducted a review of the

addictions counseling literature to gain insight on the role which qualitative research plays in the

field. Finally, to gain a deeper understanding of the current state of attachment theory in the

field of clinical psychology, I underwent intensive training in the use of the Adult Attachment

Interview (AAI), which is a research instrument used in the field of clinical psychology that makes use of discourse analysis techniques.

Research Integrity and Trustworthiness

Gee (2011) identified four elements of validity. These elements are: 1) *convergence*—meaning that the results of the analysis converge to support the claim or hypothesis made by the author; 2) *agreement*—meaning that other researchers in the topic under study find the analysis convincing; 3) *coverage*—a valid analysis can be applied to related data, and can be used to predict what might happen in related social situations; and, 4) *linguistic details*—valid analyses are linked to grammatical devices that accomplish the specific communicative functions uncovered in the analysis (Gee, 2011).

Findings cited in my analysis include particular themes that converge across the data sets, meeting Gee's (2011) first element of validity. To meet the standard of agreement, I consulted with members of my dissertation committee throughout the research process and collaborated with them as they provided feedback from their perspectives on my emerging findings. I also engaged a professional colleague with an insider's perspective on A.A. to review my findings and comment on the accuracy of my interpretations of that organization's influence on the participants' discourse. I also had my research assistant, who had transcribed the interviews and spent hours listening to and processing the participants' stories, review the findings and share her thoughts on how accurately I had captured their meanings. As I conducted my analysis and wrote up my findings I was able to connect those findings to related findings reported by others (e.g., Bateson, 1971; Goffman, 1967; McAdams, 2005/2013; White, 1997), thus meeting the element of coverage. I provide linguistic details from my data set to support the claims made in this analysis.

As I proceeded through this study I kept written artifacts to document each stage of the process. I kept handwritten field notes as I conducted each interview, and hand wrote my thoughts about each interview after they were finished. I typed reflexive memos after each of the analytic passes described above. I also kept handwritten notes recording my thoughts and emotional responses as I gathered and processed the data. To guide my analyses, I constructed the rubric in Appendix B and the template in Appendix C. I also created semantic maps to organize the themes I discovered in my analysis.

A major factor contributing to the integrity of this project was my participation in a critical friends group organized by a member of my dissertation committee. My peers in that group are fellow doctoral candidates engaged in qualitative research. Their feedback as I presented my emerging findings helped me to bracket my biases and maintain an inductive, interpretist perspective on this project. At times, I was tempted to give in to a desire to selectively use the data in order to demonstrate my a priori assumptions. My critical friends helped me to grasp that the participants in this study were the experts on their own lives, and that my task was to understand and accurately interpret the participants' words.

Chapter Summary

In this chapter, I've suggested that the complexity of SUD calls for research informed by insights drawn from a variety of sources. This chapter described a research design in which the research question was informed by attachment theory, the analytic method was drawn from social constructivist New Literacy research practices, and the participants were identified as at risk for premature death according to demographic criteria established by mortality studies. In this chapter I also reviewed details of the process by which participants were recruited and interviewed, as well as the analysis and interpretation of the data. Also included were a

discussion of my positionality on the topic under study, and how the trustiness of this research

was established. In the next chapter, I present an analysis of the data gathered in this study.

Chapter Four

ANALYSIS

As explained in previous chapters, the intent of this study was to examine the language

used by members of a demographic cohort at risk for so-called "deaths of despair" (Case &

Deaton, 2017, p. 3) as they discussed their recovery from AUD. In addition to their demographic

profiles, participants in this study were also selected for their involvement in A.A., a mutual-help

organization whose practices include crafting and sharing a life story encompassing its members'

addiction to alcohol and subsequent recovery. To analyze the data gathered in the study, I

selected the discourse analysis method described by New Literacy researcher James Paul Gee

(2011). Gee's method provided a set of tools with which I was able to identify the ways that the

A.A. discourse had influenced the participants' language. This provided evidence of how that

discourse also influenced the participants' thinking about themselves, their relationships with

other individuals, and their global attitudes toward the world and their places in it.

In the following analysis, I closely examine the language used by the participants as they

respond to the prompt "Tell me about your recovery." The analyses are separated into three

separate sections, to reflect the three categories of phenomena identified in my research question:

self, others, and relationships. In the analyses, I have provided evidence drawn from the data

sets in order to support my interpretations of the participants' language. My interpretations are

derived from different levels of meaning: 1) *manifest meaning*; that is, the specific, unique

details of the participants' narratives, which provide texture and emotional depth to their stories;

2) *personal meaning*; that is, how the individual participants understood their experiences and

made meaning of them through language; and 3) *latent meaning*, that is the implicit, unspoken

sets of assumptions and beliefs (e.g. cultural scripts, A.A. discourse) that circumscribed and

informed the participants' life stories.

One goal of this project was to identify common motifs in the participants' stories and the

language in which they are encoded. Identifying those recurrent motifs indicated possibly

fruitful avenues for further study in order to better understand the complex phenomena called

addiction and recovery. Those results are discussed in more detail in Chapter Five.

Representations of Self

As they told me their stories of addiction and recovery, my six participants used language

to construct representations of themselves acting as what I call "characters" within their own

stories, with self-descriptions placing them in different social contexts and social relationships

across the life span. Many parts of their accounts focused on family relationships, with the

participants creating self-representations as children relating to parents and, later, as parents

responsible for the care and support of children. The participants also created images of

themselves in intimate personal relationships, including marriage and other intimate partnerships.

In addition to family and romantic partnerships, the participants also portrayed themselves within

a variety of social contexts: school, work, and – in their roles as recovering alcoholics – in A.A.

The various identities described by the participants often were in conflict, with the natural

tensions caused by dueling responsibilities of, say, parent and worker exacerbated by chronic use

of alcohol. I will turn to the participants' use of language to create representations of intimate

relationships in my next section. In this section, I will focus on how the participants constructed

identities as participants in the social realms of school and work, as well as their representations

of their identities as actors in interpersonal relationships, since these two domains were central to

each of the participants' narratives. My analyses will be extended discussions of how their social

identities reflect their self-evaluations.

One aspect of the participants' social identities was notable: male and female participants

describe very different representations of their selves, with participants of each gender appearing

to describe relatively stable masculine or feminine identities in different social contexts. For

example, each of my three female participants described a distressing conflict between their

attempts to construct socially acceptable "normal" womanly roles and their lived experiences

with abusive and controlling male partners. The language used by my male participants to create

representations of their selves also revealed a conflict in their socially constructed identities. In

their cases, my three male participants constructed identities that seemed to fulfill two

contradictory masculine ideals: as a capable and industrious worker, while at the same time

projecting the image of a fiercely independent and defiant rebel. I begin reporting this analysis

by examining my male participants' representations of their conflicting masculine identities.

This exploration will be followed by a similar examination of language used by the women

participants in my study.

Male Identity Conflict

As American men raised in the second half of the 20th century, all three of the male

participants used language that portrayed themselves as hard-working, conscientious workers

who have accepted their roles in America's hierarchal economy. At the same time, my male

participants also used language to present themselves as independent and rebellious. It is

possible to trace the development of the two conflicting roles in their life narratives, from misfit

boyhoods, through turbulent adolescent years, and into their adult lives.

Misfit boyhoods. My first male participant, whom I call Bob, was raised in a rural Midwestern community by his two parents, alongside his two older siblings. As Bob told it, his role within the family had been, from the start, that of a troublemaker who confounded his conventional parents:

42. My folks didn't know what to do

43. cause they had two normal kids now and then I showed up.

44. They didn't know what to do.

Bob described his boyhood self as an "attention getter" who, at first, had sought approval by adhering to the social norms of his strict conservative Christian community:

32. At the beginning when I was a young kid I was very well behaved

33. and I was rowdy, played football and stuff like that,

34. but my attention was from good stuff.

Throughout his childhood, Bob said that he had tried on various roles sanctioned for boys in his community. Those roles – athlete, musician, candidate for student council – fell under the definition of what Bob termed "good stuff." At the same time, Bob said that he also began to act out in opposition to the social strictures of his community; for instance, he recounted how, at the age of 13, he and his buddies would attend church reeking of tobacco smoke. While the adults in his community expected the children to follow rules and pursue "good stuff," Bob gained more attention and social status from peers through his acts of rebellion:

51. So uh most of my uh attention that I got

52. popularity wise

53. was for you know the misbehaving I did

54. rather than the good behavior.

Bob termed this developing identity as his "wild man reputation." He described an incident in his mid-teens in which the conflict between his dueling personas came to a head. Bob told of a situation in which he had been the student president of a school concert band, but had been caught smoking cigarettes on one of the band's school trips. He described a dramatic culmination of the conflict:

741. So there was a big series of meetings

742. about whether I could even appear on stage representing the school.

743. 'Cause I broke the rules and I got in hot water.

As the powers-that-be in his school debated whether or not Bob was worthy to represent the school on a public stage, Bob was coming to his own conclusions about his public persona:

744. So I was kind of like, well as long as I'm out here in misbehavin'

745. well lets take it to the wall, right?

For Bob, "taking it to the wall" meant fully embracing the "wild man" identity, which he enacted through oppositional behavior, including the use of alcohol and tobacco. Bob described his behavior as growing progressively wilder, culminating in acts such as stealing his grandfather's car. The essence of Bob's "wild man" persona was his rejection of what he had initially described as his conservative Christian family's "holiness background," which required Bob to avoid physical pleasure.

621. ...There was no uh no smoking, no drinking, dancing uh

622. kinda anti-body ya might say, uh, physical.

Bob recognized that the "anti-body" stance of his community was, in its way, an extremist position, which caused his rebellion from it to go to the opposite extreme:

630. I mean it was pretty extreme,

631. There's stances on things,

632. it's pretty extreme,

633. so I learned how to do extreme.

634. So when I rebelled from that,

635. I was an extreme rebellion...

Another of my male participants, whom I call Donald, was also raised in a rural

conservative Christian community in the Midwest. Unlike Bob, whose family was intact and

held a position of some status within the community, Donald was raised in poverty by a single

mother. Donald saw this situation as placing him in an outcast social role.

100. I guess I was on the other side of the tracks.

101. I was very outgoing

102. but I was for the most part the kid that didn't get invited to somebody else's home

103. because of my financial or my social status

104. as far as being raised by a single mother uh...

105. in a little tiny town...

Although his mother tried to enable Donald to take part in the sort of social experiences

that Bob had labeled "good stuff," Donald's outcast social status and lack of a father made him

describe these activities as a source of pain.

120. My mother finally got me into Cub Scouts and Boy Scouts and things like that

121. but I always had to have a substitute father for—

122. to be involved in any of the social events in those societies like Cub Scouts, Boy
Scouts,

123. So, I, just, I was very angry and scared, and, uh..

124. I-I guess I was very envious of all the people around me

125. that had more than we did.

Like Bob, Donald was raised in a rural, conservative Christian community. Donald recalled how, from an early age, he was aware of the hypocrisy of the community members, who preached the sort of "anti-body" dogma described by Bob, while smoking and drinking in private. Donald described the inner conflict he felt as a perceptive, sensitive young boy living in a constricted, dishonest culture. The community's strict code was, according to Donald:

113. the only actual sort of legal structure that I had in my life,

114. this was the way,

115. these were the rules that I had to follow

116. and I didn't like them,

117. but I was always afraid to break them....

Like Bob, Donald told a story of how experimentation with tobacco brought to a head his youthful conflict between conformity to community standards and rebellion. At the age of 13, Donald had been sent from his small town to a Bible school across the country. There, he was caught smoking cigarettes and was summarily kicked out of the Bible school and sent home in disgrace. Two life-altering developments occurred at about this time: Donald moved out of his family home and began supporting himself through paid work, and he began drinking alcohol.

My third male participant, Charlie, was raised in a working-class, urban neighborhood on the east coast of the US. Like Bob and Donald, he described his boyhood self as being out of place in his social environment, which resulted in his development of a powerful, habitual anger. Charlie described his youthful alienation as rooted in social and economic terms, not the religious and moral terms described by Bob and Donald. Whereas the latter pair described

taking part in typical socializing activities for boys (scouting, sports) Charlie said that he was unable to participate in those and similar pursuits due to his parents' demands that he work to earn money, both at the family's filling station business and over summers at an uncle's farm. Charlie stated that his boyhood experiences at his uncle's farm – "baling hay and working like a dog" – left a particularly lasting impression on him, and were the start of what Charlie calls his "workaholism."

Charlie's developing sense of his "workaholic" self came into powerful conflict with the personas of his school peers when Charlie was 12 years old and starting seventh grade. That year, Charlie achieved a high score on a standardized achievement test, and was placed by his school district into a program for talented and gifted (TAG) students. Forty years later, Charlie described the situation in terms of starkly contrasting values and family expectations.

635. Now here you got a guy that's from a low- from a middle class family, um

636. working all the time, okay, uh

637. still working with my father,

638. still on summers going up to that farm and working um

639. and I was launched into these classes with um y'know people who just uh weren't like me (laughs).

640. A lot of their families were from well-to-do families, okay,

641. very snobbish type of people, um...

642. They also didn't have to work

643. they had plenty of time to study. Um...

642. So I started to get angry at that....

This brief passage conveyed a lot of information about Charlie's worldview and his working class identity, which was formed from his earliest experiences. First, Charlie described himself and his family as coming from a "low" status, before catching himself and describing his family as middle-class. Implicit in this phrase is a worldview in which "lower class" is reserved for those individuals who do not work to support themselves. Charlie's language in the passage also conveyed the perceived gap that exists in the lifestyles between boys like him and those already in the TAG program – Charlie said he was "launched into" the classes. There, Charlie found himself surrounded by a "snobbish type of people" whose privileges he implied were inherited, not earned ("A lot of their families were from well-to-do families"). Charlie drew a distinction between "work" – which earns money and which he had to do – and "study" – a luxury his snobbish peers could afford. The fact that Charlie had to work to earn money as opposed to his more privileged classmates caused him to lag academically, which fed Charlie's anger. So powerful was the daily rage that Charlie experienced that anger was becoming a cornerstone of his sense of personal identity.

664. Going to school every day,

665. it's like going to hate your job y'know

666. if you hate your job every day you're going in-

667. you're going to be angry. Um...

668. So anger started to

669. I'm gonna say become a mainstay,

670. it became normal.

671. It became y'know how I thought, how I was, y'know....

All three of the participants began to develop a sense of identity in boyhood situations in which they felt in conflict with society. Bob described a boyhood in which his efforts to gain recognition for taking part in "good stuff" were frustrated by the rigid standards of his conservative Christian community and counterbalanced by the social recognition that his burgeoning "wild man" persona was earning from his peers. Bob captured his sense of his social self as he transitioned into adolescence in a clear identity statement: "I was an extreme rebellion." Donald described similar frustrations in his own conservative Christian community, which were exacerbated by his outcast status as the son of a single mother. Donald described the resulting psychological stress as the "fear process" in which lay the beginnings of depression – a condition that would define a large portion of his life. Charlie described his boyhood conflict in terms of economic and social status, which informed his developing sense of identity and which he labeled in emotional terms. Anger, Charlie said, had become "how I thought, how I was..."

Turbulent adolescence. Two of my male participants described adolescence as a period during which their conflicting roles as independent rebels and industrious workers grew more apparent. The third, Bob, fully embraced the "wild man" rebel, persona, which entailed a purposeful rejection of the values associated with enacting the identity "good worker." In all three cases, alcohol and drugs were essential elements of their rebel identities, and over time became tools for coping with emotional and mental distress.

As Charlie made the transition from junior high school to high school, his worker identity solidified both academically and economically. On the economic front, Charlie's family continued to expect Charlie to contribute to the household income, an expectation Charlie met without question. Charlie reported that he was paying rent to his parents from the age of 14 on, and was also responsible for buying his own clothes and other of life's necessities. Rather than

complaining about this situation, Charlie's discussion of his teen years indicated that his ability

to work and earn had been a key aspect of Charlie's developing sense of who he was. It was a

trait in which Charlie still takes considerable pride.

737. I did earn decent wages because I worked my butt off.

738. I was a hard working person, I still am y'know,

739. I always had money.

On the academic front, Charlie stated that after his junior high experiences in the TAG

program he had "aggressively pursued" getting into vocational school. His placement in

vocational school coincided with the establishment of another of Charlie's fundamental

identities:

687. So at about fourteen,

688. And that was uh, y'know, where I was in that group they called the burnouts.

Eckert (1988) traced the origins of the term "burnout" to the 1970s, and described

burnout culture as an expression of working-class adolescent rebellion against the hierarchal,

instrumental social networks developed for college-track students. Eckert (1988) identified the

use of drugs and alcohol as the means by which "burnouts" enacted their rebellion. Charlie's use

of "burnout" to describe himself and his vo-tech peers serves as a prime example of Eckert's

findings. Unlike his anger-filled days spent loathing school while in the TAG program, Charlie

characterized his experiences at the vocational school as "party heaven," where drugs and

alcohol "started to become my diet...an all-the-time thing." Charlie's teen years were during the

late 1970s and early 1980s, and he used a character from pop culture of that era to personify his

teen identity.

689. Y'know that went to [liquor store] at lunch, y'know

690. drank beer in the parking lot.

691. Like Spicoli from that *Fast Times at Ridgemont High*,

692. they opened up the van door and all the smoke would come out,

693. that was, I was in there (laughs), that was me.

Charlie identified a financial intersection between his two identities as the earner who "worked his butt off" and the hard-partying burnout. The money Charlie earned paid for his use of drugs and alcohol and enabled Charlie to gain social status among his fellow burnouts by being the resource that paid for others' alcohol and drugs. Charlie described this as an act of self-interested generosity. Here, he describes his role as the supplier of alcohol; notice how he shifts from the third person, to the first person singular, to first person plural as he describes his own and his peers' intentions.

743. I was the guy that was feeding other people,

744. if-they-I-if we were gonna get beer, I'd get two cases

745. and everybody had some.

746. And I didn't mind buying.

747. I didn't mind sharing that, y'know, so, um...

748. To some extent I had a little bit of a following

749. because they knew I had a fat wallet when I was a kid.

For adolescent Charlie, the identities of "burnout" and responsible worker were complimentary, not conflicting, thanks to his "fat wallet" and willingness to spread his wealth. Over time, Charlie would experience growing distress as his personal responsibilities grew and his use of alcohol became harder to control.

Like Charlie, Donald also began working to support himself at the age of 14. Donald,

however, wasn't simply paying rent to his parents. As previously mentioned, Donald moved out

of his family home when he returned from Bible school after being kicked out in disgrace. He

"was taken in" by an employer, the owner of a Coney Island hot dog stand where Donald

worked. He recalled taking on a series of jobs throughout his adolescence, including stints of

factory work, at fruit processing plants, and a printing company. Donald described himself as a

"very good worker" at that age, which resulted in his getting a series of promotions on the job.

While Charlie took pride in his identity as a capable worker earning his way through the world,

Donald found it difficult to accept that he merited his success.

> 331....Because I started, I started living this ... uh
>
> 332. this pretty much a lie
>
> 333. of people would ask me if I could do this
>
> 334. and I'd say, "oh yeah I can do this" or, or...
>
> 335. I would not, I was one of—I would not always tell the truth.
>
> 336. I would not lie about things
>
> 337. but I would always bypass things and avoid telling,
>
> 338. to avoid telling the truth...

Donald experienced the deficit between his perceived identity (capable worker) and his

negative self-appraisal as "living a lie." As he succeeded at work and took on increased

responsibility, Donald felt more and more like an impostor, a fear he dramatized in an imaginary

confrontation with someone who was onto his ruse.

> 339. Once I got to a point where uh...y'know I had some kind of responsibility,
>
> 340. I was always wondering if there was somebody back behind me
>
> 341. who was saying, "what are you doing here"

342. and "why are you here?"

Donald's sense of being a fraud, combined with the social isolation brought about by being a self-described "black sheep" in a rural Evangelical community, caused him a great deal of mental and emotional distress. He coped with this distress by using alcohol, and he began drinking steadily at the age of 13.

Donald also found relief from his stress in music. He joined a rock and roll band, which Donald described as "very, very popular" in the local area. Donald said that his band was good enough to play in venues in a nearby major city, and was broken up when two of his band mates were drafted to serve in the Vietnam War. Today, Donald recalls his time in the rock band as the best time of his life, because it gave him the chance to express himself. It also accelerated his alcohol consumption.

229. I was a heavy drinker through all of that.

230. During my time as a, as a... in the band, and singing

231. and doing jobs, dances, concerts, things like that...

Note that more than 50 years later, Donald still found it difficult to describe himself in positive terms. When describing his behavior, Donald easily identified himself as a "heavy drinker." But he struggled to find the words to describe his identity as a popular and successful performer, finally settling on merely placing himself as a member of a band.

Of my three male participants, Bob was the one who least identified himself as a capable and industrious worker while still a teenager; Bob's chosen identity as an adolescent was that of a wild-man rebel. For example, Bob stated that as a teen he wore a self-made button that stated "I Reject It." I asked him what the "it" was that he rejected.

666. The whole, kind of the whole ball of wax.

667. Like family, and behavior, and showing up for work, is like–

668. "Nahh, I'm not doing any of that stuff."

669. No.

670. I was just going to be who I wanted to be.

671. Without regard to anybody else.

Bob placed his radical selfishness within the context of the political antiwar rebellions

that were occurring as he came of age. Bob said that he could watch antiwar marchers on

television and identify with them, without having to actually make any conscious decisions to

rebel based on principles or beliefs.

686. It was a reactionary stance about what was,

687. what I had grown up with,

688. and what was normal.

689. I wanted nothing to do with it.

While Bob described himself as a self-centered and antisocial alcoholic, we shall see that

he describes his recovery from alcoholism in terms suggesting it entailed cultivating and putting

into practice the sorts of "normal" values that his "wild man" persona rejected. This description

is also true of Charlie, who enacts in his recovery the sort of diligence and focus that he

described applying as he "worked his butt off" as a teen. Of the three, Donald achieved the

greatest career success as an adult. He also described that success in terms capturing his ongoing

struggles to reconcile his professional successes with continued feelings of inadequacy.

Adulthood. My male participants experienced very different transitions from adolescence to adulthood due to their coming of age in different historical contexts. Both Donald (born 1947) and Bob (born 1948) turned eighteen in the mid-1960s, when America's involvement in the Vietnam War was at its peak. Donald and Bob each served in the military during those years, which provided each of them with profoundly affecting experiences. Charlie (born 1962) came of age more than decade later than Donald and Bob, in a time of disillusionment and cynicism caused by the war.

Donald, who struggled in school due to undiagnosed learning disorders and the demands of working to support himself, eventually dropped out of high school without graduating. As previously mentioned, his rock band broke up when two of its members were drafted into the military. So in 1967, Donald, at the age of 19, chose to enlist in the army. Donald remembered his three-year stint in the military as a positive experience, stating that it was in the military where he "found out that I wasn't stupid." Donald's skills as a typist earned him a promotion to a post as a clerk on an Army base in Germany, keeping him out of the infantry and the line of fire in Vietnam.

It was at this stage of his life when Donald took on the roles of husband and father. In the week before being sent to serve in Germany, Donald married his girlfriend of one year. His wife joined him in Germany shortly thereafter. Donald remembered the birth of his first child, a daughter, as taking place on "the day they walked on the moon...July 20, 1969." Despite his positive experiences in the military and his new roles as a family man, Donald recalled feeling a lack of purpose and direction as he transitioned back to civilian life.

238. After I got back from the army, uh, I didn't,

239. I never had the ...

240. I don't know what you would call it.

241. I never had, I never looked forward to what was goin' to happen in my life.

. . .

278. It wasn't that I wasn't looking forward to the future.

279. I never looked,

280. I never had a plan in my life.

Donald contrasted his perceived lack of purpose with the attitudes of other people from his home community, whom Donald described as motivated to pursue education and careers in the local economy.

283. They had plans that they were going to go to college

284. they wanted to do whatever they wanted to do

285. or in this particular area where I grew up there is a big farm area, a lot of fruit to grow,

286. they were gonna go to college and be– do– find out about agriculture and then manage farms.

287. I had--

288. I didn't care.

289. All I needed, all I wanted was a job,

290. never even thought about, y'know, becoming uh, any- anything. In particular.

Unlike his school peers, Donald saw work in purely economic terms, and he had no interest or conscious desire to establish an identity through his work. His need for a job (not a career) led him to accept a job driving a truck for a liquor distributorship. As it turned out, Donald would work for that organization for the next forty years, rapidly working his way up

from the position of truck driver to warehouse manager, to salesman, to director of sales for the company. Even though he entered the organization with no thoughts of enacting any role other than a worker, Donald established and maintained a long management career. Despite his success, Donald remembered feeling a sense of insecurity similar to what he'd experienced while "living a lie" as an adolescent factory worker.

293. I was very successful.

294. But I was always looking over my shoulder, uh, uh .. And, and--

295. I always had that feeling that I was being passed up....

Donald's insecurity, combined with the nature of his work as a liquor salesman, led his alcohol abuse to escalate.

265. ...It was a great job to– to be a drinker, right.

266. Especially after I went into management, uh,

267. I got a company vehicle and had a charge account, y'know,

268. expense account...and all that.

269. That was what my job was, basically...

Donald's insecurity and lack of a sense of purpose, combined with his innate work ethic and the dumb luck of finding a job with liquor distributorship, led him to establish a long career in which, in his mind, a core work identity was "to be a drinker."

Bob, my other Vietnam-veteran participant, at first avoided the draft by attending a local college after graduating from high school. His hard-partying lifestyle caused Bob to flunk out of school after three semesters, which led him to receive a draft notice from the U.S. Government. To avoid being drafted into the infantry, Bob enlisted in the Navy. Once in the military, Bob experienced a set of oddly dichotomous roles. First, Bob was surprised to discover that he

enjoyed the rigid discipline imposed on recruits in boot camp, an experience he described as a relief from his "wild man" persona.

81. ....And I was actually relieved to get into boot camp

82. because I didn't have to drink–

83. I didn't realize that again,

84. this was like hindsight thinking–

85. no wonder I was so rested,

86. and I felt so good, is that

87. "go here,"

88. "go there,"

89. "remember this number,"

88. "eat, shine your shoes and go to bed, get up."

89. So it was perfect...

Bob, speaking in retrospect after decades of recovery and participation in A.A., recalled the experience of basic military training as a relief from the demands placed on him by his public wild man persona ("because I didn't have to drink"). In contrast to the structure and discipline of boot camp, Bob also recalled the experiences of resuming his wild man persona when off base.

94. But on every liberty I would get drunk.

95. Y'know my girlfriend would come up and we'd go crazy.

His military experience introduced Bob to the contrasting demands of disciplined organization man and drunken, "crazy" libertine. With the hindsight afforded by decades of experiences in recovery, Bob claims that he was more satisfied in the former role. Despite this satisfaction, Bob continued to inhabit his hard-drinking wild-man persona. After leaving the

military in his mid-twenties, Bob found work in a factory for a multinational manufacturing

company near his parents' hometown. He managed to hold down the job despite his continuing

abuse of alcohol.

122. ...And uh luckily for me I had union protection

123. because I didn't, a lot of times I didn't show up for work,

124. or I'd make excuses why I wasn't there

125. or get called out–

126. had a regular stop on the way home.

It was during the period that Bob met his first wife while participating in a bicycle trip.

132. We were intoxicated

133. and that's how it kinda, how we got together.

134. But we got married (laughs). Right?

135. "Never done that before, let's go!"

Bob described their impulsive marriage as "kind of a disaster right from the start," as

both he and his wife continued their drinking habits over the next decade. Looking back, Bob

framed the consequences of his adult drinking behavior in terms of stunted emotional

development and squandered social roles.

204. More and more I would depend on it [alcohol] to uh

205. get me to the emotional state that I wanted.

206. Less and less as people grow up in their 20s and early 30s

207. and you kind of get a hold of this stuff,

208. I had missed all of that.

209. Because I started [drinking heavily] when I was about 18

210. and all that maturing that people do in their 20s and early 30s,

211. I missed it.

212. I just used alcohol

213. and got crazy

214. and drove junk trucks,

215. and had a good job

216. that most people were buying a house and a car

217. and sending kids to college

218. but I was drinking it all.

Bob, protected by his trade union, held down a "good job" without fulfilling his role as a good worker. Looking back on this period after years of sobriety spent living up to the standards of his society, Bob identified what he missed out on by maintaining his hard-living wild-man persona. The "good stuff" he had rejected as a boy and teenager (school success, status through sports and music) was now represented by rejecting home ownership, college tuition, and a car. Bob, still enacting the rebel role and rejecting that "whole ball of wax" was left with his immature "crazy" behavior and "junk trucks."

Charlie, who graduated from his vo-tech school at the age of 18, had no reason to join the military. He began what would be his life-long career as a heating, ventilation, and air-conditioning (HVAC) technician. As a young adult Charlie continued to cultivate two different identities. On the one hand, Charlie continued to embrace his role as a productive, industrious worker. His professional demands caused him to work extremely long hours, at times for weeks

on end. At the same time, his independence as a self-supporting young man freed him to "party"

hard.

> 698. That's when I was in y'know overdrive, um...

> 699. That's when the gloves came off

> 700. and it was party, party, party.

> 701. Especially after I was 18 because there was nothing to hide, y'know,

> 702. so I thought....

Charlie lived this lifestyle for more than a decade, until he got married at the age of 29.

According to Charlie, he and his wife had from the beginning of their relationship agreed to

assume traditional masculine and feminine roles in their marriage.

> 813. We discussed this early on

> 814. before we had kids

> 815. is that since I was the breadwinner

> 816. and I had a decent job

> 817. and I made a decent pay

> 818. I'm gonna take care of the, y'know, the finances,

> 819. I'm gonna be the breadwinner, uh,

> 820. and she was gonna take care of the children and the house, um,

> 821. Y'know. Separate[*] duties.

Note how Charlie emphasized the "work" aspects of his marriage relationship. The roles

that he and his wife will assume are defined in terms of "duties" performed. This reflects

Charlie's work ethic and worker identity, which also framed Charlie's continued heavy use of

---

[*] pronounced as a verb, not an adjective

alcohol. As he described his ability to focus single-mindedly on something, Charlie connected it

to his drinking.

252. I have a very strong work ethic,

253. if I'm going to do something,

254. I am going to do it some way, shape, or form

255. and I'm not going to stop until I do.

256. I drank that way too.

257. So is that one of the ism's? Maybe, okay.

In addition to "workaholic" and "alcoholic," Charlie also described a third, related

identity that he has enacted throughout his life – as a "self-proclaimed thinkaholic," who

tenaciously ruminates over problems to be solved. Charlie described how, on a typical day, these

different roles interacted and served to perpetuate negative personal and social consequences.

286. Because my head had already started thinking

287. and it was thinking of everything I had to do. Uh...

288. And that was causing me stress and anxiety

289. because the thinkaholic was looking for all the stuff that I had to do during the

course of the day,

290. the workaholic wanted to execute these tasks, okay.

The demands placed upon Charlie by his "thinkaholic" and "workaholic" selves led to

stress and anxiety, emotions that would in turn fuel what Charlie described as his defining trait:

41. Now here I was, a very very extremely angry individual

42. because again everything,

43. I got angry over everything,

44. and I drank to suppress the anger. Okay...

This was the interacting constellation of identities Charlie described: the probing, problem-solving thinkaholic, who would assess all that needed to be done to address any given situation; the driven workaholic, who would not rest until all of the problems were taken care of, which resulted in feelings of stress, anxiety, and anger; and, finally, the drinker who would use alcohol to relieve the anger and anxiety with the same sort of focus and tenacity.

45. At that point in time it had become, what I'm going to say: normal.

"Good worker" identity enacted in the interviews. Up to this point I've analyzed my male participants' retrospective reconstructions of their social identities, as presented in the narratives activated by the prompt "tell me about your recovery." Their use of language "in the moment" as I interviewed them also deserves analysis. My male participants' here-and-now language provides evidence that their recovery experiences have resulted in their "good worker" identities becoming their core public personas, with the "wild man" identities remaining as subsidiary alter-egos, mainly expressed through flashes of anger and hostility. All three of my male participants credit their participation in A.A. as crucial in their efforts to maintain the positive, prosocial attitude that defines their "good worker" identities.

Bob, the first male participant I interviewed, established the connection between his drinking and his worker identity at the outset of his interview. When prompted to tell me about his recovery, Bob hesitated for a moment and responded with verbal filler ("Well, um...I, uh, kinda got...) before declaring that to do so would require him to share with me a detailed description of his alcohol use:

9. Well I can't do that without giving you some history of my drinking career.

The use of the word "career" to describe one's history of alcohol abuse is common in recovery circles. Bob's use of it as a framework for understanding his recovery implies that he sees his past drinking behaviors as a set of actions intended to achieve a desired outcome. Throughout the rest of his interview, Bob described in detail the desired outcome of his drinking efforts, which was to enact his "wild man" identity by actively rejecting things valued by his culture – "family," "behavior," "house," "car" – the "whole ball of wax" associated with being an upstanding member of polite society.

Bob immediately followed up his use of the "drinking career" trope with idiosyncratic language to frame "alcoholism" as an acquired behavior.

11. But nobody showed me how to drink um

12. I had a great uncle who was an alcoholic and uh

13. that was about the only alcoholism in my family.

Bob introduced the idea that he had no role models for responsible drinking in his teetotalling family, and only in passing mentioned the sole distant family member who also had a drinking problem. The concept that alcoholism is a condition that runs in families is usually brought up in recovery circles to ascribe a genetic cause for alcoholism. For example, here is how Florence described her family history.

15. Well, um as far as I can recall

16. there has been alcoholism in my family,

17. it's, it's pretty much proven it's a genetic thing.

Bob, on the other hand, framed his family history of alcoholism in practical behavioral terms ("nobody showed me how to drink"). He chose to begin his life story by pointing out that

he had no drinking role models in his early life; left to his own devices, Bob became a self-taught alcoholic.

While Bob's description of his past drinking career illustrated that his intentions as a drinker were to reject "good stuff," Bob's descriptions of his current actions conveyed that in recovery he has embraced the values and customs he previously had rejected in his wild man persona. At various points throughout our interview Bob would, unprompted by me, share details about the wholesome activities he now takes part in, along with descriptions of his self-care habits. Over the course of the interview I learned that Bob volunteers at a local funeral parlor, takes dance lessons, attends another class in internet retailing, is planning to begin studying Buddhism, has recently taken up playing the cello, avoids fast food, drinks sparkling water that he buys in bulk, attends the gym four or five times a week, and recently passed a stress test administered by his doctor. Presenting these descriptions of constructive behavior as evidence of his recovery, Bob was communicating to me that for him being in the state of "recovery" means enacting a constructive, industrious identity.

While Bob's descriptions of his current functioning focused on behavior, Charlie and Donald each shared more abstract accounts of how their present selves navigate the world. Charlie, when prompted to tell me about his recovery, probed me in return.

2. Okay! Um, are we—

3. Do you want to hear the story of my....

4. You don't want to hear my drinking behavior.

5. You want to hear the story of my recovery.

6. Interviewer: Whatever you want to talk about.

7. Well, let me do this.

8. I'll just refer back to anything that references that as we go along.

The second "that" in line 8 refers to Charlie's "drinking behavior," which he mentioned in line 4. Given the open prompt to describe his recovery, Charlie chose to focus on his behaviors since entering recovery, with his past "drinking behavior" bracketed and set aside, to be referred back to as necessary as Charlie completed the assigned task.

What followed was an uninterrupted 19-minute monologue in which Charlie identified chronic anger as the cause of his heavy drinking and described the psychological processes by which he has managed his anger in the two years since he entered recovery. The processes Charlie described included thought-stopping and mindfulness techniques frequently taught by counselors using cognitive-behavioral techniques. When I asked Charlie after our interview if he had ever undergone counseling, he said that he never had, and he seemed very pleased when I pointed out that he has on his own discovered emotional management practices taught by trained professionals.

In sharing his self-taught emotional management practices, Charlie was enacting his "thinkaholic/workaholic" identity within a constructive context. Unlike Bob, who described his participation in A.A. as that of a recipient of the guidance from older, wiser men, Charlie conveyed that he has embraced a role within A.A. as a speaker and a leader. And while Bob used the "drinking career" trope to frame his alcohol use, the thinkaholic Charlie twice referred to drinking behavior as an academic pursuit.

752. ...and that's when I went for my PhD in alcohol mismanagement.

753. I use that sometimes when I speak.

In his monologue on recovery practices, Charlie also described his theories on the causes

of alcoholism and recovery, which he developed through his association with A.A. Charlie said

that his breakthrough occurred during a conversation he'd had with another man with a longer

history of recovery, who had described the "higher power" concept in terms of energy. It was a

concept that Charlie – whose profession as a HVAC specialist entails the practical application of

the fundamental principles of physics – was able to embrace.

129. So what I did was I grabbed a hold of positive energy

130. as my higher power, um...

131. Now any time I was having some thinking

132. that I identified with that was negative

133. I tried to replace it with something positive,

134. anything I could possibly have.

136. Serenity prayer.

137. I repeated that over and over again

138. until my head finally shut down from that kind of thinking

139. and decided to start thinking down other avenues

140. or a positive avenue.

In describing abstract, ephemeral concepts, Charlie does so in terms drawn from

mechanical engineering. He said that he "grabs a hold of positive energy," swaps out negative

thoughts for positive ones, and uses thought-focusing mindfulness techniques until his head will

"shut down" from negative thinking. In our talk, Charlie was enacting the role of a teacher

sharing practical instructions for constructively manipulating thoughts and emotions – a far cry

from the image he would later present of his "burnout" self stumbling from the back of a smoke-filled van.

Like Charlie, Donald also talked about his drinking and recovery in abstract terms adapted from the language of science. While Charlie used terms derived from physics ("energy") and mechanics ("So the positives started to feed / to push the negative out"), Donald's descriptions of the dynamics underlying his drinking and recovery are analogous to systems theory.

Throughout his interview, Donald used the word "process" to describe the interaction of emotion, behavior, and transcendent concepts such as spirituality. For Donald, recovery has entailed coming to understand how these various processes interact, and making adjustments to their interactions. For instance, I've already mentioned Donald's discussion of the "legal structure" imposed on him as a boy by his Evangelical community. Donald presented that concept in the context of a discussion of the various interacting social processes that resulted in his mood disorder and alcohol abuse.

106. I started drinking heavily at about the age of 13, uh,

107. I was raised in an evangelical, Pentecostal religion, that, uh ...

108. was very uh ... uh, strict I guess.

109. I've come to learn a lot more about the religious process,

110. or the spiritual process

111. since I've been sober

112. but at that time, that was the only,

113. the only actual sort of legal structure that I had in my life,

114. this was the way,

115. these were the rules that I had to follow

116. and I didn't like them,

117. but I was always afraid to break them. So...

118. That started the fear process.

119. And I think it started the depression back then.

Elsewhere in the interview, Donald described the electro-convulsive therapy (ECT) he had endured as an adult as the "the ECT process," the A.A. model as "the process of the 12 steps," detoxing from alcohol as the "getting sober process," and education as "the learning process."

In addition to providing a process theory of addiction and recovery, participation in A.A. has also enabled Donald to find a sense of social status. When I pointed out to Donald that he appeared to get a sense of connection from participating in A.A., Donald agreed. He used this opportunity to tell me about his "five spiritual mentors," whom he also called his "A.A. buddies."

656. All of them are very successful people. ...

657. Uh smart people.

658. But not judgmental in any way, and uh um ...they...

659. I can call them at any time.

660. I got one who is a world-class surgeon,

661. and one of them is, used to be a Catholic priest who now has his own church

662. because he left the priesthood to be, 'cause he wanted to get married.

663. I got [name] who is, uh, he's just a-an amazing man...

664. just a good teacher type person,

665. he was in business for himself, and uh has done well.

666. I just have, I have people like that in my life.

667. But they can tell, they feel the same way,

668. they have the same feelings...

For Donald – a practical man who tries to understand the processes that underlie reality – A.A. provides two primary benefits. First, it frames a process theory (the 12 steps) that Donald uses to explain addiction and recovery. It also provides a peer group of other accomplished men, who Donald can rely upon and emulate. These benefits shore up Donald's identity as the good worker who, despite his struggles, is living an honest and devout life.

822. ...It is a difficult process,

823. if I have lied to somebody,

824. or if I have taken something from somebody that didn't belong to me,

825. that next thing that is going to come into my mind is,

826. you-you gotta set it straight.

827. And that's, that's God talking to me,

828. and that God is inside of me.

Female Identity Conflict

Like their male counterparts, my female participants each described themselves in language, which suggests that over the course of their lives they have enacted conflicting social identities. Their narratives also gave evidence that these conflicting roles caused them significant emotional and psychological distress. Specifically, the female participants each indicated that they have suffered due to a gap between the feminine, domesticated identities that they had been raised to enact and the harsh realities of life they have experienced as working-

class women in late 20th-century American society. Given that the life spans of my female

participants coincide with significant changes in the identity roles and expectations of American

women (the participants were born in 1947, 1967, and 1966, respectively), I will analyze their

evolving identities from girlhood, through adolescence, and into adulthood, as their personal

development tracked emerging feminine identities in the culture at large.

Girlhoods. The first participant I interviewed, whom I call Alice, was born in 1947 to an

upper middle class family in an affluent suburb on the east coast of the U.S. Alice described

herself in generational terms, self-identifying by saying "I'm the very beginning of the baby

boomers, really." Alice used glowing words to convey her memories of childhood, which she

described as "wonderful," "fabulous," and "happy." Her descriptions of her childhood are in

sharp contrast with her descriptions of her life and state of mind as a functioning alcoholic (Alice

began drinking as a teenager and entered recovery at the age of 40).

The language Alice used to describe her girlhood self skillfully presented a picture of a

girl who is secure, happy, and mischievous – positive qualities that were absent from her

descriptions of her adult self. Alice provided evidence that the girlish identity she described is,

to some degree, a narrative device intended to dramatize the debilitating effect that drinking had

on her development. Near the beginning of her interview, Alice had responded to my "tell me

about your recovery" prompt with a description of "recovery" drawn from A.A. tenets. I then

prompted her by saying "I would like to hear more about the old you." This prompt elicited

Alice's "drunk-a-log" reminiscence of her drinking history, which she began by describing how

she had first (unwittingly) abused alcohol as a young girl. Alice disclosed the utilitarian

purposes of the story by revealing to me that it is one that she frequently uses when making

presentations to women in rehab facilities:

67. I tell them that I, I began drinking

68. when I was really five or six years old, seven years old.

69. Because my mother had this wonderful big linen closet

70. with these great big deep deep shelves

71. which were perfect for playing hide-and-seek.

72. But on one of the shelves was the medicine stuff,

73. y'know the [bandages] and [disinfectant] and all that stuff,

74. and a bottle of [cherry] cough syrup.

75. And I used to swig from the bottle of [cherry] cough syrup all the time.

76. Loved—

77. even running by that closet I would stop and take a swig of [cherry] cough syrup,

78. not knowing of course what it was,

79. but it had a wonderful...

80. I just loved the tingle that I got from it.

The punch line to the story is that when Alice was an adult looking for medication for a cold, she found in a drug store the brand of cherry cough syrup she had loved as a child ("and it was like, y'know, comfort food") only to discover that the medicine was 40% alcohol. This passage provides a good example of Alice's skill as a raconteur: her story presents well-selected details to give the hearer a sense of place, and Alice creates a portrait of her youthful character through lively descriptions of her actions. She continued this self-portrait in later sections of her narrative, after I had prompted her to share more details on what it had been like for her growing up.

622. I had a wonderful time as a kid.

623. We lived in this fabulous big old house out in the country,

624. and it had wonderful hiding places and games and this huge yard.

625. I mean we were outside,

626. and we played and nobody worried about–

627. we came back with ticks, somebody would pick them off us,

628. and we had dogs and cats and it was...

629. we, we had a good life.

This idyllic description presents a general picture of childhood in a reputedly more

innocent time. Although Alice's use of the collective "we" as the subject in this passage

suggests that she felt to be part of a tight-knit family, elsewhere in her narrative Alice described

her parents as emotionally distant alcoholics (a theme I will explore in my next chapter).

Implicit in Alice's description of playing outside is a criticism of current over-protective

parenting styles ("and nobody worried about/we came back with ticks, somebody would pick

them off us"), which makes a virtue of her parents' laissez-faire parenting. Alice's description of

her "wonderful" girlhood also contains allusions to her coming descent into alcoholism. Alice

mentioned the "wonderful hiding places" in their fabulous big old house. As we've seen, those

"deep deep" places also hid sweet cough syrup laced with alcohol. Still, the darker aspects of

Alice's girlhood (i.e. her emotionally distant alcoholic parents) are not relevant to the youthful

identity Alice wished to convey here, which is the image of a feisty, intrepid girl living a

wonderful, carefree life. In this part of her narrative, Alice established the state of innocence

from which she would fall due to her abuse of alcohol.

Another female participant, whom I call Florence, presented an image of herself as a

child that differed from the "wonderful" memories shared by Alice. Florence was born in 1966

to a noncommissioned officer in the U.S. Army and his European wife; Florence labeled herself

a "military brat." Her family moved frequently, as her father would be reassigned to different

army bases, before they settled in a small coastal town on the eastern seaboard of the US.

Like Alice, Florence recalled that she had been raised in material comfort, stating that her

family had always lived in "nice" houses in pleasant environments. Unlike Alice, Florence does

not idealize her childhood experiences or childhood self. While Alice framed her alcohol abuse

as a fall from innocence exemplified by her "fabulous" childhood, Florence recalled that as a girl

she experienced the negative psychological and emotional distress that would engulf her as an

alcoholic adult.

The external identity that Florence recalls enacting as a girl was that of a lively, fun-

loving, popular child. That persona was driven by what Florence called an insecure girl's desire

for attention. In the following passage, Florence laid out an internal/external schism that was

described by all of my female participants (and, to an extent, by my male participant Donald).

First, Florence reified the central driving force of her behavior as a girl, labeling it a

"thing."

433. I was always looking for... that "please pay attention to me" thing.

Florence then described the externalities of her girlhood, moving from her family's living

conditions ("nice"), to her own social identity (described in constant and positive terms –

"always the comical one"), to a judgmental assessment of her motives.

434. But overall, I mean we always had a nice place to live,

435. I always got along with kids.

436. I was the funny one of the group, y'know,

437. I was always the comical one

438. and I would go out of my way to make sure people paid attention to me

439. and it didn't matter what it was, um–

Florence then stepped back from a retrospective description of her childhood self to offer a global assessment of her internal psychological state, which accounts for her "'please pay attention to me' thing."

440. but I was very, very, very insecure

441. as far back as I can remember.

Florence next returned to her description of her childhood, offering more evidence of the external comforts in which she had been raised.

442. And, and like I said, we always had nice places,

443. we just uh, we always had a nice house.

444. We were always around woods, y'know.

445. we lived at the beach, um-

Florence then specifically stated what she perceived to be the cause for her insecurity and "please pay attention" behavior.

446. I just did not get along with my family.

It is worth noting here that while both Alice and Florence are long-time active members of A.A., they presented subtly different descriptions of childhood that reflect different interpretations of the A.A. philosophy. Alice blotted out references to childhood distress in her life narrative in order, I suggest, to tell a compelling story of lost innocence and to position the source of her alcohol abuse squarely on her "disease" and personal defects of character. Like Alice, Florence also stated that she believes that she is a congenital alcoholic. But unlike Alice,

Florence was willing to acknowledge the heavy influence her parents and childhood experiences had on her sense of insecurity, attention-seeking behavior, and subsequent alcohol abuse.

Like Alice, Florence used descriptions of her childhood identity to foreshadow her future alcohol use. Alice described herself as an inquisitive child who snuck sips of alcoholic cough syrup to enjoy its "tingle" – hers was a cautionary tale that acknowledged, while trivializing, the attraction of drinking alcohol. Florence's foreshadowing was darker and mordantly funny. When I asked Florence to elaborate on something that she had said – that her recovery had been a "spiritual awakening" – Florence replied that this had been a challenging aspect of recovery.

711. Uh, that one was a tough one for me.

712. I was brought up very Catholic. And um,

713. I got kicked out of catechism school because (laughs).

714. I was the class clown y'know, um,

715. and from as long back as I can remember I was going to hell.

716. I think I figured that out when I was about five.

Florence described an identity ("class clown"), similar to the masculine "wild man" (but without aggression), that caused her to suffer social consequences (getting kicked out of catechism). In this, Florence presented a poignant picture of her five-year-old self: an outgoing, funny, attention-seeking girl who had already figured out that she was doomed to go to hell. In her narrative, Florence would use the word "hell" on five separate occasions to describe the emotional anguish she suffered as an alcoholic, a metaphor none of my other participants used.

The third female participant, whom I call Evie, revealed few details of her childhood. The details Evie did share indicated that she had endured a harsh and traumatic childhood. Evie, born in 1967, was raised in poverty in the rural upper Midwest, and said that she had endured

serial incestuous sexual abuse as a girl. As we will see, throughout her interview Evie places her history of sexual abuse at the center of her story; for Evie, substance use was a consequence, not a cause, of her troubled life. Also, Evie is the only one of the participants who did not express acceptance of core A.A. tenets (e.g., that her alcoholism is a disease, or that she had been a selfish and resentful drinker). Again, this could be more due to her relatively short period of time participating in A.A. than to her own beliefs and self-appraisal.

While Evie disclosed few details of her childhood, she did provide a clear portrait of how her early family experiences had shaped her identity. In accomplishing this, Evie explicitly described the inner/outer schism that had also been experienced by the other two female participants (and, to a lesser extent, Donald). Near the outset of her interview, Evie explained how she had found comfort in A.A. by seeing that other people had suffered ordeals similar to her own.

65. And my whole life, basically, there was,

66. I-I didn't know it was okay to talk to anybody about anything um,

67. and in our family you always put on a face,

68. so "everything's fine,

69. everything's okay" um

70. even though they weren't.

Later in the interview I asked Evie to elaborate on what she had meant when she had said that her family had always "put on a face." Evie began by providing some detail of the harsh environment in which she had been raised.

1002. Y'know, um, things [were] bad at home, y'know.

1003. I mean we grew up really poor.

1004. I thought we were middle class,

1005. and I realized, when you have bean soup four days out of seven that you're

probably poor, um....

At some point in her life, Evie recognized that her family's middle-class identity was

false, what she called a "face." She went on to state that this false middle-class identity was

emblematic of a global attitude taken by many members of her family.

1015. ...And it's mostly my dad's side, the Harrises, um,

1016. they had this big thing about us – and,

1017. and talking with some of my cousins they still do –

1018. and it's kind of like,

1019. "We don't need to talk to other people,

1020. we're okay, um, because we're better than everybody else

1021. because we're Harrises.[*]"

1022. And it's like, we are not better than anybody else. Y'know?

Evie described a particularly distressing internal/external schism enacted within a

patriarchal clan. Evie (and the rest of her family) maintained an external face identity as proud

members of a superior family. Evie's lived reality was economic deprivation and hidden serial

sexual abuse. This pattern of putting forward an external "okay" identity when her actual

experiences were harrowing and difficult was apparent through most of Evie's narrative.

The three female participants provided different accounts of their girlhood identities. The

variations in their accounts may have been partly due to their three families' very different social

and economic statuses. While their varying economic circumstances may have accounted for

---

[*] a pseudonym

their different sets of experiences, their different ways of portraying their identities are, I suggest, at least partly rooted in their different ways of engaging in the A.A. experience.

Alice presented a detailed and vivid description of an idyllic girlhood as part of her narrative of lost innocence, which she uses when speaking in rehab facilities. Florence, who is also a longstanding active A.A. participant, presented her childhood identity in ways similar to those described by Alice: both of them described their girlhood selves as lively, outgoing girls. Florence, though, stated that the rift between her exterior identity ("class clown") and her interior state ("very, very, very insecure") had caused her distress even as a girl. Evie, a relative newcomer to A.A., had no drunk-a-log with a settled account of her girlhood self. Raised in poverty and serially abused, Evie offered few details of her girlhood outside of her family's impoverished food régime. She did describe the yawning gap between her family's prideful exterior identity and the terrible acts that took place behind the closed doors of her familial home. Throughout their narratives, my three female participants would, to varying degrees, each share their own versions of this positive-exterior-identity/interior-suffering theme, which Evie called putting on "a face."

Adolescence. My three female participants described enacting different types of female identities in their teenage years. Despite the differences in the adolescent identities described by my female participants, they all described common adolescent traits. Each woman I interviewed used language demonstrating that their teen years was the period where the disconnect between their public personas and inner emotional lives had become the most salient aspect of their identities. Florence provided the most straightforward description of her teen identity.

18. I started out very nonchalant as a teenager,

19. partying, doing the crazy things that teenagers do,

20. drinking, y'know,

21. and going to bonfires.

22. and it just, it just progressed....

This passage, shared less than a minute into the interview, is how Florence chose to begin

a description of her drinking history–the "it" she mentioned in line 22. Florence's words imply

that her teen drug and alcohol habits were not abnormal ("very nonchalant...doing the crazy

things that teenagers do"), even though she will later describe frequent heavy use of drugs and

alcohol throughout her high school years. Four years younger than male participant Charlie,

Florence hinted at a teen milieu similar to the *Fast Times at Ridgemont High* teen party culture

Charlie had recalled. Later, she would elaborate on this, as she described her teen self engaging

in daily drinking, attending school while intoxicated, and frequently skipping school to party.

513. And during that time I thought that was normal

514. because that's what everybody did.

515. Because in my neighborhood that's what everybody did.

516. We were a bunch of Dead Heads,

517. we dropped acid,

518. we drank like fishes

519. and we went to Dead shows, y'know, um...

Here, Florence described her suburban teen social set as hard-drinking, LSD-using fans

of the sixties acid rock band the Grateful Dead. Activities that had been labeled "counter

culture" in the 1960s had, by the time Florence came of age, become mainstream teen culture.

Florence stated that she varied from the norm by continuing to use drugs and alcohol at that same

rate as her peers outgrew their adolescent habits.

520. But it just kept progressing, y'know,

521. and when everyone else, like I said,

522. was getting their act together

521. I just kept going.

For Florence, "getting your act together" meant transitioning into socially sanctioned adult roles: getting married and going to college. As she looked back at her teenage self from a vantage point as a woman with many years of recovery, Florence's choice of words to describe her younger self's escalating drug and alcohol use over time ("and it just, it just progressed") revealed her acceptance of A.A. orthodoxy, which maintains that alcoholism is a progressive disease.

Over the course of the interview, Florence made reference to a disconnect between her external identity and her internal emotional state. Often, she used words and images from the A.A. discourse. For instance, in the A.A. literature it is common for recovering A.A. members to refer to themselves as social "chameleons," who adapt their identity to match what they perceive others to want in any particular social situation (c.f. Berger, 2013, p. 9). Florence used that metaphor to describe her younger self, saying that her chameleon self had assumed the role of fun party girl to mask her own self-loathing. Later, I asked Florence to elaborate on the source of that self-loathing.

655. Well, because I felt so bad about myself.

656. That I was insecure,

657. that I was uglier than everybody,

658. that I was fatter than everybody,

659. that I was skinnier than everybody,

Florence's description acknowledges that her self-appraisal, which caused her such misery, was unrealistic and based on irrational faultfinding. She went on to use a metaphor very similar to Evie's concept of "face" to describe her resulting behavior.

660. that I felt so bad about myself

661. that I always put on a façade that I was a funny, happy-go-lucky person

662. that was the façade that people got from me.

A few moments later, Florence cited her family as one of the major reasons for her maintenance of a façade as a happy-go-lucky party girl.

676. I didn't want people to know what my real life was like y'know

677. like how I felt,

678. what my family life was like, y'know,

679. they only knew that my parents were strict,

680. they didn't know that, that I just,

681. well a couple of close friends know that [garbled]

682. Interviewer: Sorry you dropped out there. They knew that what?

683. They knew that I did not have a good relationship with my parents.

Like Evie, Florence described habitually putting forward an insincere appearance in order to cover up a dysfunctional family situation and negative emotions. It's interesting to note that Bob, the "wild man" male participant, also used the "chameleon" trope to describe his adolescent self's desire to be socially accepted ("wherever I was, was who I was"). While two of the female participants put forth a face to signal that everything was "fine," or to signal that they were "a funny, happy-go-lucky person," the male participant who claimed an adolescent chameleon identity crafted a persona as a "wild man" to gain social recognition. For the two female

participants, normalcy and happiness were the desired "face," for the male it was rebellion and defiance.

Evie's descriptions of her teen years focused on her ongoing sexual abuse. Evie's words portray her teen self as an oft-victimized girl who nonetheless showed resilience. Evie began her description of her teen self in response to my prompt to talk about the role that drinking alcohol had played in life. This prompted a 20-minute monologue in which Evie described a series of toxic sexual relationships, beginning when she was 12 years old leading up to her joining A.A. at the age of 49. In every episode of her life story Evie would allude to her drinking habits at that particular time, conscientiously returning to my requested topic as she spoke. But unlike the other participants – whose narratives had foregrounded their alcohol use – in telling her life story Evie mentioned her alcohol use tangentially and characterized it primarily as a coping mechanism.

Evie began her description of her adolescence by telling me that when she was 12 years old, Evie and her mother had moved out of the family home to relocate in the southwest after Evie's parents had divorced. They were accompanied by one of Evie's paternal uncles, with whom her mother was having a sexual affair, and who was also regularly molesting Evie.

While both Florence and Alice had placed teen socialization in schools at the center of their adolescent narratives, Evie barely mentioned school and offered no descriptions of peer interactions. The only thing Evie described that resembled the sorts of teen behaviors described by Florence and Alice involved her mother. Evie told me that her mother would take her into bars and buy drinks for her.

594. So that's when the drinking started for me

595. Not, like I said, not all the time,

596. and not alcoholically,

597. just my mom would take me out,

598. we would drink,

599. we would hit [fast food restaurant] on the way home to get tacos.

After relating this brief picture of camaraderie with her mother, Evie described a series of sexual relationships she had with older men, which her mother sanctioned. At some point between the ages of 15 and 18 Evie separated from her mother and was living with a grown man in another state. The relationship did not last long.

633. He was a real nice guy, so it seemed, um,

634. He had just gotten out of prison for, um, growing and selling marijuana,

635. he did three years, um, let's see...

636.   And, cut to the chase is, we got into a big argument,

637.   and he told me I better be the F out of the apartment when he got home.

638.   He took my keys, he took my money,

639.   so I grabbed a change of clothes and started hitchhiking.

This is the pattern Evie described throughout her narrative: isolated, Evie seeks companionship with men who at first show her affection, but inevitably turn abusive. Each time, Evie resiliently moves on seeking a new relationship. Near the beginning of our interview, Evie had said that her resilient attitude was cultivated within her by her family and that it was related to the "everything's fine" façade.

71. We didn't discuss uh anything really that meant anything um,

72. I didn't within my family structure,

73. I didn't outside of it,

74. you just, you didn't talk,

75. you just- kept it on,

76. you kept going,

77. we were what I considered survivors,

78. y'know, ya just did that. Y'know?

79. As my mom used to tell me, "Put your big girl panties on and move on."

In Evie's case, the resilient "survivor" identity would, over time, lead to isolation and emotional distress.

Alice described her adolescence as the turning point at which her innate cheerful, outgoing personality began to be eclipsed by fear, anxiety, and alcoholism. In relating her life story, Alice described her transition from intrepid child to insecure adolescent. Alice attributed her teen insecurity to the fact that her parents placed her in an elite all-female prep school.

688. And now I can say I started to feel less than,

689. because they were so much more–

690. they were so much more worldly than I,

691. they had more than I.

Alice used the idiom "feel less than," which is common in the A.A. discourse, to capture her sense of inferiority among her new and affluent peers. Despite this sense of feeling "less than" her peers, Alice remembered being a popular and upbeat teenager and recalled being elected head of the school's pep club.

725. I mean I was pretty popular and I was very–

726. I've always been very positive and y'know the "rah-rah" person.

Earlier in the interview, as she described her drinking history, Alice related that she had begun drinking with her family when she had been 14 years old. Her account of teen drinking echoed her descriptions of her upbeat persona.

103. Middle teens, I was allowed to drink at home with everybody else.

104. Um, I was always a pain in the neck 'cause I didn't like hard brown liquor.

105. I didn't like dark stuff.

106. I didn't like the taste of it.

107. I am a sweet tooth person.

108. "If you could make it sweet, that would be fine."

Alice related an anecdote that indicated that her alcohol use presented her with the opportunity to address her sense of feeling "less than" to her more "worldly" peers. A friend of her father's, knowing Alice to be a "sweet tooth person," gave her a gift bottle of a sweet aperitif. Alice recalled what the drink symbolized for her.

119. He said it was very sophisticated, from France, and I was going to love it.

Alice went on to say that the "sophisticated" aperitif became her drink of choice, and was something with which she was identified.

126. And we, everywhere we went we always had a couple bottles of [aperitif]

127. 'cause no one else ever had it.

Alice said that she also sought social status through her romantic relationships, which intersected with her alcohol use. At 16, Alice began dating the young man who would become her first husband. One of the things that attracted Alice to her future husband was that fact that he was four years her senior and already in college, where he was a star athlete and member of a hard-drinking fraternity. Her connection with her boyfriend gave Alice an elevated sense of

social status; she described their social set with the same word she used to describe her favorite drink.

> 741. I was much more involved with an older crowd,
>
> 742. I was still in high school and he was in college
>
> 743. So it was a much more sophisticated drinking group.

Alice described her teen identity as being outwardly the same upbeat, outgoing, "rah-rah" person she had been as a child. She described simultaneously inwardly feeling a sense of being "less than," and using alcohol and a relationship with an older male and his "sophisticated drinking group" as a way to boost her standing among her more affluent peers.

Adulthood. Unlike my male participants, who each indicated their transition to adulthood by discussing their roles in the military or at work, each of my female participants described their transition to adulthood within the context of pairing off with a husband. In all three cases, my female participants reported that enacting the role of adult womanhood meant subjugating their personal identity to their husband's identity. Later in this chapter I will examine the emotional aspects of the participants' marital relationships; here I will look at their marriages in terms of identity, and analyze how the marital identities described by the participants exacerbated the inner/outer identity conflict previously described.

When Alice graduated from high school in 1964, she faced a decision common to young women of her social class at that place and time: whether to pursue an education at a four-year college offering a bachelor's degree, or to attend a two-year all-female junior college (colloquially known as "finishing school") which offered young women courses in fashion, art, and domestic science. Alice said that she had initially pursued the opportunity get a four-year degree, but her relationship with her future husband changed her plans.

771. ...and I did get into [four-year college],

772. but by then I was so enmeshed with my first husband, and all that,

773. I said, no, no, I was going to go to a junior college

774. 'cause I knew that I was gonna wanna get married.

Here Alice purposefully downplayed the emotional bond she might have had with her first husband and discussed her choice as a role selection. She used psychological jargon to describe her relationship with her future husband ("enmeshed") and casually dismissed all of the other personal reasons she may have had for choosing marriage ("and all that"). Alice framed her decision as opting for a future end state, not a particular committed relationship ("I knew I was gonna wanna get married"). Alice then described her lack of purposeful motivation to choose the role of wife and mother.

775. And I don't even really know why.

776. It wasn't that there was terrible stuff at home–

777. I mean, there was terrible stuff at home–

778. but it wasn't that I had to leave home.

779. I just thought that getting married was gonna be the solution to....

780. whatever.

Alice acknowledged that despite recognizing that her parents had modeled marriage as "terrible stuff at home" she still gravitated toward the role of wife as the "solution" to a problem she could not articulate. Earlier in the interview, Alice had specifically identified her boyfriend's heavy drinking as a factor that made her consider him to be husband material, as he was enacting a familiar masculine role.

160. ...and that [drinking] was his joy of life, and uh...

161. he drank just like my father

162. and was a perfect fit

163. and we got married.

Alice described her first marriage as a "disaster in the making," as her husband joined the Army and was stationed in Germany, where he and Alice spent their first two years as husband and wife. Alice recalled feeling a sense of total isolation during their stay in Germany, as her husband would leave her alone to spend all of his free time drinking and playing sports with his male friends. Alice reported that her drinking also escalated while they were in Germany, and continued to do so when they returned home. After five difficult years of marriage ("I mean, he was a hard man to live with"), Alice left her husband, who would die six months later of pancreatic disease related to alcoholism.

It was in the years of her first marriage and its aftermath that Alice said that she experienced "the crossing over the line" into alcoholism. Alice described this transition in terms of social identity. First, Alice described herself at this point of her life as lacking any clear sense of herself.

1260. And I think back, I think I had no, absolutely no clue, really, of what I liked

1261. or didn't like or --

1262. or wanted to be

Alice then described her social identity in terms that are very similar to the "chameleon" trope used by Charlie and Florence.

1263. or who, y'know if I was with some people

1264. and they liked to do this,

1265. then I was going to like to do that

1266. because I wanted you to like me

1267. and be "part of."

Alice here used the idiom "part of" as shorthand for social connection, which is a common usage in the recovery community. Alice then reflected on her life history, commenting that her fall from innocent childhood was complete.

1268. For some reason my whole, that whole happy child

1267. had become this miserable place....

Throughout her interview, Alice acknowledged the role that alcohol played in her diffused sense of identity. She also acknowledged that her relationships with men also were a major reason for her lack of a sense of who she was. After her first husband died, Alice spent five years on her own, a span of time she described as "gray years."

194. I mean, no incidents, I had a job and kept my job

195. and I was probably pretty good at it

196. but it's a very gray area of my life...

Unlike the men I interviewed, Alice in no way identified with her professional self, and did not even tell me the nature of the work that she "was probably pretty good at." It was at that job that Alice met the man who would become her second husband. The marriage lasted 35 years, with Alice in recovery for the last 25 years. It was not, she recalled, a happy or satisfying relationship. Indeed, over the course of our interview, Alice provided evidence that her loss of a sense of identity correlated to her years spent as a wife, and not as a drinker. This is demonstrated in the following passage, in which Alice transitioned from a self-critical A.A.-style narrative to a more nuanced appraisal of her life.

The passage began with Alice describing her alcoholic self as a lackadaisical slacker.

1317. We talk about that a lot in A.A.

1318. I think that's a common trait, a lot of us say,

1319. y'know I'd start lots of things and never, keep up

1320. after awhile if it didn't go quite smoothly, ya just go onto something else

Alice contrasted that slacker identity with her younger self but then extended her positive self-appraisal to also encompass her work self.

1321. But I wasn't like that as a kid and teenager and high school

1322. because I was very persistent and very–

1323. and-and in work, I mean, they all knew me as being the most persistent.

1324. If we had problems give them to Alice, cause she was going to solve them.

Y'know?

Alice then returned to describing (and chastising) her apathetic alcoholic self.

1325. But yet this period of time there in my life,

1326. when just everything was just, was just who cares,

1327. just give it up,

1328. if ya can't finish it ahh don't worry about it.

1329. That sort of....

At this point, Alice grew introspective and mused on the root causes for this attitude.

1330. I don't think I knew what I liked

1331. or what I wanted and,

1332. and I gotta say truthfully, until my husband died?

1333. I don't think I even tried.

1334. Even though I was sober all that time,

1335. I still was married to him, and still ...

1336. subservient is the wrong word, but um he was, he was the... [long pause]

1337. What was he?

1338. I had to please him to keep the peace in the house.

Alice moved beyond tying her negative "who cares?" identity to her alcohol use, stating that her dispiriting sense of futility was caused by marriage to a controlling man. Alice then told an extended anecdote which detailed how her second husband had liked to cook, which resulted in Alice being labeled as inept in the kitchen. After her husband died, Alice discovered that she was, in fact, a good cook.

1386. Of course I know how to cook.

1387. Of course I know how to cook.

1388. But that lie played in my head for such a long time that it became the reality

1389. until I saw it.

Her repeating of the assertion that she knows how to cook demonstrated how deeply this example of self-discovery resonated with Alice. As an adherent to the A.A. model of alcoholism, Alice saw her drinking as the product of a progressive congenital disease entailing defects of character. Unlike her drinking, Alice recognized that the lies about herself that "played" in her head over the course of her life were co-constructed by Alice and the other people in her life, most notably her husbands.

1390. So I think there are a lot of things in my life now

1391. that even though I've been sober a long time, have–

1392. are coming to me –

1393. that they were lies that I told myself,

1394. or I believed,

1395. that became my realities....

Alice's lies-become-realities ranged from deeply self-critical (Alice is an apathetic slacker) to relatively benign (Alice can't cook). For Alice, true recovery meant letting go of those lies and recovering a sense of who she really is and what she truly enjoys. Here is how Alice responded to my opening prompt, "Tell me about your recovery."

3. I came into A.A. on September 5, 1986, uh,

4. beaten down, miserable, sad, unhappy, scared, um...

5. and recovery has been a– (chuckle)

6. an amazing journey,

7. a continuing-to-evolve journey.

After a brief passage in which she detailed the number of years she had used alcohol, Alice defined the state from which she was evolving while in recovery.

14. I had no idea who I was,

15. What I liked,

16. I was married.

17. Whatever he liked was fine with me...

Alice is a dedicated member of A.A., and as such she has credited A.A. with enabling her to give up alcohol. She described "recovery" as an identity development process ("a continuing-to-evolve journey"). A major part of her life that Alice has recovered is her identity –the sense of who she is and what she likes. Alice dated the start of that recovery not from her entry into A.A., but from the death of her second husband.

Both Alice and Florence, long-time active A.A. members, described their pre-recovery

adult identities in terms of deficits–the most notable aspects of their adult drinking identities

were the things they lacked. We've seen how Alice returned throughout her interview to certain

identity-deficit themes ("I had no idea who I was, what I liked..."). Florence expressed a similar

void in her sense of an adult identity. In this passage, she linked her inchoate identity to the

overwhelming anger and fear she felt in her early recovery, as she first began to face life without

alcohol. In doing so, she explicitly mentioned her interior/exterior conflict.

368. ...And I was, I was afraid of the world.

369. I was afraid of myself,

370. I was afraid of life without alcohol,

371. I was afraid of life with alcohol,

372. I was afraid of being a wife,

373. I was afraid of people finding me out,

374. who the real me is,

375. it was anything.

376. I-I was just scared to death of being alive without being drunk and um,

377. and the anger that uh came from my core...

By this stage of Florence's life, her teenaged happy-go-lucky exterior self had devolved

into a rageful alcoholic persona; her inner sense of insecurity had also intensified. As indicated

when Florence said that she "was afraid of being a wife," Florence's misery was compounded by

the fact that she had attempted to "get her act together" by getting married and starting a family.

Florence was first married at the age of 22, to a man in his forties whom she had met at a

bar. Heavy alcohol use formed the bond between Florence and her first husband ("We drank

really good together"), and they were married within six months of meeting each other. Florence recalled that she and her husband had decided to get married when they thought that Florence was pregnant, and when it turned out that she wasn't pregnant, the couple decided to get married anyway. Despite her heavy use of alcohol and drugs and party-girl persona, Florence's initial decision to get married was an attempt to uphold middle-class Catholic morals (no childbirth out of wedlock), and, ultimately, to enact the traditional role of bride and young wife.

Florence described her wedding as being a travesty of a traditional ceremony, with Florence and her groom abandoning their wedding guests at the reception for hours in order to use cocaine in a nearby park. After their wedding, Florence and her husband set up household in a suburban neighborhood, in the house where Florence's maternal grandmother had lived. Florence described their presence in that environment as another parody of an American ideal.

582. And so we turned that poor, wonderful neighborhood into a hell neighborhood.

583. And it was good for a couple of years

584. and then all of a sudden it wasn't.

It was during this period that Florence gave birth to her two children. Florence said that she was motivated to try life as a suburban housewife and mother by the desire to find some structure and stability in her life.

600. And I always thought,

601. "Well, if I get married

602. and settle down

603. my life will get better,

604. cause that's what's happening with everybody else.

605. Everybody else is getting married and they're happy."

606. So I thought if I got married,

607. my life would be okay.

608. And it was just the opposite.

In this section of the interview, Florence described her motives in enacting the housewife/mother role in utilitarian, selfish terms. She likened her enactment of the wife/mother identity to her use of drugs and alcohol.

609. It was a different kind of fix y'know.

610. I was trying everything to fix it

611. except for my internal self.…

While Florence saw her decision to enact the suburban housewife identity as a way to avoid confronting and "fixing" her "internal self," elsewhere in the interview she described more sincere motives for being a mother. Near the beginning of the interview she framed those motives in a litany of "wants" she felt, and described her desired identity with characters drawn from pop culture.

130. I wanted to be a good mother,

131. I wanted to be a loving mother,

132. I wanted to be....

133. I wanted to be the *Brady Bunch*.

134. I was just so consumed with myself that I,

135. I just didn't know how…

Ironically, Florence described her self-absorption ("just so consumed with myself") in terms of her "chameleon" personality, which always sought approval from others.

154. So I was more concerned on what everybody else was doing,

155. and how everybody else was looking

156. and I just, I lived through other people.

157. You understand?

158. If that makes sense.

159. Interviewer: Mhm. Yeah, you were sorta …

160. I was a chameleon.

While Florence had acknowledged the influence that her childhood experiences had on her drinking behaviors, she resolutely denied any interpretation of her history as a drinker that did not align with the orthodox A.A. belief that alcoholism is a congenital disease. At one point in the interview, Florence told me that when she 20 years old a young man she had loved and to whom she was engaged had died of cancer. When I suggested that the trauma of this experience might have had an effect on her drinking, Florence was quick to clarify things for me.

647. Right.

648. I would have became an alcoholic no matter what.

649. It's just–it just happened that quickly because of that trauma.

650. But no matter what it would've happened.

651. It wasn't because of the incidents.

652. It's because I'm an alcoholic.

An example of Florence using language to convey her alcoholic identity had come moments earlier in the interview, as Florence told me about her relationship with her fiancé who would die. Florence told me that they had shared a passion for photography and that they had met through their use of a dark room. Here is how Florence described herself at that point in her life:

629. I was very much into photography

630. and everything was based around the dark room

631. and then again

632. because I could party in a dark room

633. and not get caught (laughs).

634. 'Cause you have to knock, y'know.

635. But that wasn't my sole purpose for it.

636. But that was one of the reasons.

637. Anyhow...

This aside is an example of "foregrounding" the alcoholic identity by placing it as a central aspect of various experiences and a prime motivator of behavior. For Florence, the concept that her behavior was the result of a congenital disease provides her with a core identity – "alcoholic" – that is able to encompass her various external roles (failed suburban wife and mother, party girl) and her internal states (insecure, anxious, angry). Since she joined A.A., Florence enacts a "recovering alcoholic" identity, in which she has "fixed" those internal problems and is able to authentically satisfy her litany of "wants." Here is how Florence described her life, more than 20 years into her recovery, after she had divorced her first husband, resettled in a different state, and married a man whom she had met in A.A.

227. And it took a long time,

228. it took probably 10 years before I was really… uh

229. comfortable and settled in my life

230. and feeling–

231. feeling good about my accomplishments

232. and my love for my children and,

233. and what we were accomplishing as a family,

234. me and my two kids.

Florence used the word "accomplishments" as a general noun to stand for authentic enactments of her role in the family and community. "Comfortable and settled" conveyed her inner peace. Moments later, Florence used a cliché and a guttural sound to enact her reconciliation of the internal/external divide.

323. Once I got to um a place

324. where I was comfortable

325. being by myself,

326. in my own skin

327. without "ugh,"

328. I was able to show and express love much better.

"Skin" stands for Florence's external self, "ugh" is an expression of internal self-loathing. In this chapter I will analyze how Florence's relationships factored into her "fix" of the divide between her external ("skin") and internal ("ugh") selves.

Evie, the participant with the shortest time in recovery (just over a year) did not foreground an alcoholic identity. In fact, not once in her entire interview did Evie self-identify as an alcoholic, and at various points of her life story she made clear that at the time under discussion she had not been drinking "alcoholically." Despite this major difference between Evie's identity statements and Florence's self-identification as alcoholic, the two of them presented some similar representations of identity. As we've seen, Evie used the metaphor "face" to describe her family's practice of putting forth a proud public face to mask hidden

shame and pain; Florence used the word "façade" in a similar fashion, to describe her happy-go-lucky persona, behind which she hid her insecurities, anxieties, and anger. We've seen how Florence tried – and failed – to construct an identity as a "Brady Bunch" wife and mother during her first marriage. Evie, too, tried to make a family identity that would conform to American social ideals.

After Evie left behind her mother, she began an itinerant life hitchhiking on the American interstate highways. Evie befriended some truck drivers, and at their suggestion went to a trucking school to earn her commercial driver's license. Even after Evie had her license and was supporting herself as a semi truck driver, she was unable to avoid being sexually objectified by the men she encountered.

57. And I was just in different situations being um a truck driver um...

58. Many people looked at me

59. I was uh, at that point, I was tiny, 120 pounds soaking wet

60. and driving a semi

61. and many of the male drivers thought that I was what we call "lot lizard" um

62. which is um people who come to your truck for sexual favors for money um...

63. and which I wasn't and I never was, but, um,

64. that helped keep me alone.

A small woman in a masculine, misogynistic culture ("lot lizard"), Evie reported feeling isolation. To end her isolation, Evie found a man with whom she thought she could begin to lead a "normal" American life; that is, a house in the suburbs with a loving husband and children. Evie said that her desire to have that identity had been frustrated throughout her life.

542. And it was just like, I can't have anything just, normal.

543. Y'know, what I thought was normal, was like, Beaver Cleaver, y'know?

Evie used "Beaver Cleaver" as shorthand for the white picket fence, white-bread suburban existence idealized in American pop culture during the first part of the Baby Boomer era. Evie made this observation on her inability to enact that ideal while discussing the circumstances of her first marriage.

In her travels as a truck driver, Evie encountered a male driver, Ken, whom she found charming and attractive. They began a sexual relationship, and soon Evie was pregnant with her first child and left her job. Shortly after the birth of Evie's first son, Ken got Evie pregnant a second time, leaving Evie to hope that they would get married and start a "normal" life. It was at this point that Evie learned that Ken was already married to another woman, and already had two sons by his wife. Evie recalled that this shattered her hopes of a "normal" life, and she recounted her memory of her thought processes at the time.

546. It was absolutely nothing, what I would think of as normal. Um...

547. And that just did it too,

548. the fact that you know, like I can't even get a guy that's not married, y'know.

549. I'm pregnant with him,

550. things are looking great,

551. I'm gonna get married,

552. and wait.

553. I can't.

554. Because he's already married.

So strong was Evie's desire for a "normal" life, when Ken divorced his first wife Evie married him and set up a household with him in a trailer park. After they were married, Evie

discovered that Ken had children with a third woman he had encountered on the road. In

discussing Ken's various partners and offspring with me, Evie disclosed her values and attitudes

toward social identity gender roles at that time.

529. His, um, his first wife gave her sons her maiden name,

530. she never took his name, um,

531. and then the other lady, who had a boy, she wanted nothing to do with him. Um...

532. I gave both of my boys his last name

533. because I thought that, that was the right thing to do,

534. that, um, children should have their father's name...

Evie had been raised in a patriarchal family and led to believe that the family name made

the family's members "better" than other people. Evie's story implied that her family's insular

structure served the purpose of protecting male abusers within the family from public scrutiny or

accountability. The ingrained attitude may have caused Evie to perpetuate the abusive cycle in

her first marriage to Ken, who would turn out to be a violently abusive husband and father. In

describing her relationship with Ken, Evie said that she had used the word "fine" to describe the

"face" that she felt obliged to put forward.

564. So, y'know it was all about things are fine,

565. things are fine.

566. Well behind the doors they weren't fine. Um...

Evie then followed up with quick aside, making sure that I understood that the conflict between

her "fine/face" and the terrible things that took place behind closed doors predated any problems

she would develop with alcohol.

567. And no, I wasn't drinking then. (laughs)

For Evie, recovery has meant being able to remove her "fine" face and honestly communicate with other people. It took Evie some time in recovery to begin to feel safe enough to communicate what had happened "behind closed doors," and its effect on her. Here, Evie describes herself in her early days as an A.A. participant.

1092. Because I didn't talk at A.A.,

1093. I mean, it was another "fine" thing.

1094. I'd be like, "yeah I'm okay," y'know, um...

1095. Glad I got through another 24 hours, which was true,

1096. but I never really talked...

In our interview, Evie frequently used a verbal trope, "it's okay to be not okay," to describe her newfound ability to communicate all of the not "fine" things that she had experienced. Near the end of the interview, I asked Evie what had prevented her from talking about her experiences and letting others know that she might not be "okay." Evie replied with a passage in which she linked her personal shame to social class and identity.

First, Evie uses a metaphor, "dirt," to stand in for the abuse and loss she had suffered.

1333. I didn't want people to know my dirt.

1334. Because I felt that was my dirt

1335. and I didn't want to share it

1336. and I didn't.

Evie spoke of her "dirt" as a possession to be kept from others. She went on to explain her motives for this.

1337. I thought if I shared it,

1338. I would be shamed even more.

1339. I didn't know that word,

1340. but I thought I would be pushed down, y'know,

1341. as a person that I wasn't,

1342. I wasn't good enough.

Here, Evie demonstrated an outcome of counseling and A.A. participation by labeling her emotional response to disclosing her dirt as "shame," a word that she previously "didn't know." Evie's participation in A.A. and counseling has enabled her use of abstract language to capture and process the meaning of emotional experiences which before she could only understand using physical metaphors (e.g. "pushed down"). Evie concluded the passage by linking her personal experiences with a social identity described by an insulting cliché.

1343. I always felt like I wasn't good enough

1344. and if people knew the things that I done,

1345. the places that I had been,

1346. then I wouldn't be good enough for anybody,

1347. I'd just still be dirty white trash.

Conclusion: Representations of Self

In this section I have analyzed the language used by the participants as they created representations of themselves. To do this, I examined the participants' stories to learn how they used language to accomplish what Gee (2011) called the identities building task: that is, the use of language to assume a certain identity or role within a social context. Note that Gee (2011) clearly distinguishes between the social identities represented in language and an individual's essential "core sense of self" (p. 207), which Gee elsewhere (2008) identified as being

established by an individual's early-life formation of a "primary Discourse" (capitalization in the original [sic], p. 156). A key finding of the first section is that participants all described conflicts between their various social identities, as well as between their social identities and the core sense of self represented in their primary Discourse. I also found evidence that what Gee (2008) described as a primary Discourse, which had established each participants' core sense of self, was in each case shaped by larger cultural scripts that established and maintained gender and economic roles (e.g., "normal" housewife, "good worker"/"wild-man reputation"). Conflicting social identities were a major source of distress for the participants, and contributed to their alcohol misuse.

Representations of Relationships

In my previous section of analysis, I examined how the participants used language in our interviews to construct evolving representations of self in various social contexts. Key recurring social contexts described by all participants were interpersonal relationships. This led me to the analyses I am reporting in this section, in which I've examined how the participants used language to perform what Gee (2011) called the relationships building task. According to Gee (2011), this building task entails the use of language to "signal what sorts of relationships we have, want to have, or are trying to have" (p. 18).

In this section, I will examine how the participants used language to represent how they have related to the most significant others in their lives. In my analysis, I found there to be a fluid boundary between representations of "self" and "relationships" in the participants' language. The language they used to represent their social identities was presented within descriptions of relationships, and descriptions of their relationships included language that constructed representations of their social identities. In order to distinguish between

representations of self and relationships, I have considered the primary focus of the given

passage under analysis. If a particular passage focused on a participant's personal role in or

reaction to a social situation, that passage would be considered in the self portion of my analysis.

If the language in a particular passage focused on the nature of a particular relationship, or the

participant's evaluation of the motives or emotions of other individuals within a relationship,

then that passage would be considered in the relationships portion of my analysis.

The relationships described by the participants fell into four main descriptive categories,

based on the identities of the parties involved in any given relationship described. Those basic

categories were common across the interviews, as each of the participants fulfilled the prompt

"tell me about your recovery," by describing relationships 1) within their families of origin; 2)

within romantic relationships; 3) as parents; and 4) relationships within A.A. Descriptions of

relationships within these four categories can be further sorted into two broad qualitative

categories: negative relationships (characterized by language indicating relational factors such as

hostility and neglect), and positive relationships (characterized by language indicating relational

factors such as affection and support). Most, but not all, of the participants' descriptions of

negative relationships depict interactions that took place before the participants had entered

recovery. Most, but not all, of the descriptions of positive interactions happened as the

participants discussed relationships that evolved from negative to mixed or positive over the

course of the participant's recovery. The most obvious exception to this are the participants'

descriptions of their relationships within the context of A.A., which are almost universally

positive and which took place after participants had entered recovery.

Although the participants' descriptions of their relationships may be sorted into the broad

patterns described above, there was a great diversity in the types of relationships they described.

Those relationships that fell into the four aforementioned categories were described by the

participants in nuanced language that spoke to their unique experiences. Despite the diversity in

the relationships the participants described, their descriptions of their relationships also revealed

certain common features across participants' experiences before and after entering recovery.

Here are key findings in my analysis of the participants' use of language to make representations

of their relationships.

> 1) The participants universally described early-life relationships in which they did not

receive adequate care from parents and other significant adults. I identify "care" as emotional

support, physical comfort, and protection from harm.

> 2) Five of my six participants described marital relationships marked by poor

communication and little emotional support. The sixth participant – Donald – told me that he

had been divorced once, providing circumstantial evidence that at least his first marriage had

been unsatisfactory, although he did not elaborate on this.

> 3) The participants universally described their own shortcomings when it came to

providing adequate care to their own children or other vulnerable people in their lives, such as

spouses coping with illness or injury.

> My analysis of the participants' use of language to create representations of relationships

is presented in three sections, reflecting the descriptive and qualitative categories I've described

above: relationships within the family of origin (mainly negative), relationships with spouses

(mainly negative), and relationships with children (mainly negative).

Relationships within the Family of Origin

> Participants described both positive and negative childhood and adolescent experiences.

For example, in the first part of her interview, Alice described an idyllic girlhood that stood in

stark contrast to her descriptions of the emotional and physical tolls of her adult alcohol use.

Alice's descriptions of her "wonderful" girlhood were belied by her discussion of her parental

relationships later in the interview, when, as we will see, Alice described emotionally distant

parents who abused alcohol throughout her youth. And, although the participants frequently

shared insights into their family relationships that might excuse their parents' inadequacies, none

described parent/child relationships within their families of origin in which the parents

consistently met their children's physical or emotional needs. The participants' descriptions of

relationships with siblings were limited and tended to confirm their descriptions of dysfunctional

parent/child relationships within the home. The following analysis of the participants'

relationships within their families of origin first looks at participants' representations of their

relationships with their parents, followed by a brief analysis of their descriptions of sibling

relationships.

Relationships with parents. The participants use of language to describe family

relationships provided direct and indirect evidence that the participants felt that their parents

generally provided inadequate care for them as children and adolescents. They often hedged

their negative evaluations of their parents by acknowledging that, with hindsight, they

understand the reasons for their parents' behavior. For instance, here is Florence speaking

directly after she had shared her belief that she had been an unwanted child, resulting in what

Florence termed her mother's tendency to "push me aside."

448. And I don't blame that on my parents.

449. I know my mother had it pretty, uh–

450. pretty rough childhood with her father, and, and, uh, um–

451. my father was an alcoholic, so y'know,

452. they did what they could,

453. they did what they know, y'know.

In this passage, Florence absolved her parents of blame for their inadequacies as parents by pointing out that their shortcomings were a result of their own experiences with bad parenting and alcoholism. Florence was acknowledging the general principle that bad parenting has future negative consequences for the children of bad parents (e.g. Florence's mother "had it rough" with her own father, which to an extent accounted for her own "pushing aside" of Florence). As we will see, this magnanimous act of perspective taking is linked to Florence's experiences in recovery. For now, I will analyze the participants' narratives for evidence that their family of origin relationships involved parents who "did what they could," and that "what they could" was not enough to meet their children's needs.

Lack of emotional support. Common traits in the participants' childhood remembrances of their families were reports of a general lack of warmth or closeness. This trait was often made evident in descriptions of poor communication between parents and children within the family home. This phenomenon was neatly expressed by Florence, as she discussed her family's typical behavior during the paradigm of American domesticity: the family meal. Florence was speaking about the lack of close ties between herself and her siblings.

469. We didn't have that –

470. y'know when you –

471. when we sat down at the dinner table

472. it was shut up and eat.

473. And so you didn't sit down and talk to each other.

474. You ate and then you got back out.

475. So it was a very quiet, uh communication kind of a deal,

476. y'know you sit down and shut up

477. and you get out of the house.

478. And so that's it.

In the first two lines of this passage, Florence appears to be casting about for an example to illustrate her lack of close ties with other family members before hitting upon the typical family meal. "Shut up and eat" is a succinct summary of how Florence characterized her experiences in the childhood home in which, as described in the previous section, her parents had met Florence's and her siblings' basic needs such as food and shelter, while failing to meet their emotional needs. At other points in the interview, Florence discussed her relationships with her parents. Here, Florence has just stated that she did not have a good relationship with them.

684. My mother, to this day, I don't,

685. I try but uh, she's, she's–

686. on her side she's never had the love to know how to have a relationship, y'know.

687. She's just uh very pessimistic.

Florence explicitly stated that her mother never "had the love to know how to have a relationship," implying that a "relationship" requires both skills ("know how") and positive emotions. Her mother's lack of experience with an emotion, love, rendered her incapable of maintaining a relationship. Florence later summed up her mother, using as her lead adjective the same word, "insecure," which she had used as the major indicator of her own inner turmoil.

968. She's a very insecure uh …

969. my mother lives in a factitious world.

970. She would like to be happier,

971. she would like to be uh,

972. I don't know, I feel very bad for her.

973. She just doesn't know any better,

Florence's use of the word "factitious" (i.e. "contrived," "artificial," "simulated") to

describe her mother's "world" is telling, as it aligns with Florence's depiction of what her own

state of mind had been when she was a girl. Previously in her interview, Florence had described

her own childhood fear that her parents had adopted her, and that her entire life had been based

on deceit.

417. I always felt like I was adopted,

418. I thought "oh my god this can't be right."

419. I remember that feeling, like, didn't–

420. "these people cannot be mine...."

Florence recalled that her childhood self had hit upon a legal relational state ("I was

adopted") to define and account for the profound sense of alienation she had felt in her family,

and for which she struggled to finds words to describe ("I remember that feeling, like, didn't–

/'these people cannot be mine...'") After discussing her childhood "I was adopted" fantasy,

Florence went on to express her very real ongoing belief that she had been conceived during a

"drunken night." This belief led Florence to describe her very existence as "I was like an

'oops.'" The combination of a cold relationship with her mother, alienation from her family, and

the belief that her entire life was a cosmic "oops" left Florence with a tremendous sense of

insecurity and anxiety. Her family's "quiet communication type of a deal" meant that Florence

could not communicate those feelings, resulting in her building and maintaining a happy-go-

lucky façade.

664. I was miserable

665. and insecure

666. and I felt terrible about myself,

667. and I didn't want anybody to know

668. that was taboo back then,

669. you didn't talk about your feelings, y'know.

670. In my family they still don't talk about their feelings, y'know?

By referring to her family's resistance to the discussion of feelings as a "taboo," Florence acknowledged the cultural dimension of her family's reticence to talk about their emotions. Another participant, Bob, also described his parents as being poor communicators when it came to discussing personal matters, and he also attributed this to the cultural mores of the day. Just as Florence mentioned the cultural "taboo" on discussing feelings in response to a probe about the conflict between her outer "funny"/inner suffering identities, Bob was responding to a probe about his parents' reaction to his development of a teen "wild man" persona.

752. Well they were kind of blind to it.

753. I think they just didn't know what to do

754. so they just assumed every-

755. as long as we pulled up in the same car for church

756. everything was okay.

757. That's what I say.

758. But I don't know what they were thinking,

759. We never talked much.

760. We never talked about how people were feeling

761. or anything like that.

762. That was the 50s, y'know.

763. Growing up in the 50s

764. people just interacted differently.

More than 50 years after the fact, Bob was still unable to clearly identify what his parents honestly thought of his "I reject it" wild-man identity, even when it led to behaviors such as stealing his grandfather's car. Bob attributed their failure to communicate on matters like this to social mores of the 1950s, according to which simply maintaining a socially acceptable appearance ("as long as we pulled up in the same car for church") was sufficient to ensure that "everything was okay."

After he attributed his parents' blindness to his difficulties to the fact that it "was the 50s," Bob went on to provide more detail on his views of the different styles of interaction in the 1950s. Bob shared an anecdote that presented an interesting contrast to Florence's depiction of the "shut up and eat" pattern of communication in her family home. Bob told how his mother hosted weekly post-church meals for other members of the congregation, at which the guests would partake in "after-dinner chitchat." Bob mentioned that as a teen he would not take part in these conversations, which he referred to – speaking from his post-recovery perspective – as "good stuff."

Shortly before discussing his parents' failure to talk about feelings, Bob had provided evidence of their authoritarian parenting style. Bob had been discussing his adolescent self's development away from good boy to wild man.

716. So I was uh, I was okay at home.

717. I mean it wasn't up until about 13,

718. when I started refusing to go to church

719. and I didn't y'know didn't like that kind of thing

720. and it was kinda like "you're going anyway."

721. They didn't know what else to do.

722. I know now that they didn't know what else to do.

723. They didn't know how to live in a medium kind of,

724. "Well it's okay," y'know, "make your own mind up,"

725. no, they are going to make their mind up for me.

Bob magnanimously attributed his parents' failure to discuss his defiant posture toward their evangelical faith and church attendance to their lack of experience in any other way to live except obedience to authority. As we will see, Bob attributed his own capacity to live in a "medium kind of" tolerant way to his experiences as a member of A.A.

Another participant who was a child of the 1950s – Alice – provided less direct evidence how of social mores of the time affected her parents' communication styles or emotional distance. Alice did explicitly address how social mores helped to shape her family's drinking habits, describing her father as a "martini-lunch kind of guy," and stating that drinking to a blackout state was common in the family's social set.

848. Everybody in my family, everybody that was around us, drank the same way.

849. They all smoked, they all drank.

850. They sat around at parties and got drunk together,

860. and wondered the next morning "what did I say, what did I do?"

861. I mean that was, I don't think...

862. that was how we grew up.

After describing the drinking habits of her parents, Alice apparently felt obliged to try squaring

her account of habitual drunkenness with her reports of a "wonderful" childhood.

868. ...Looking back today?

869. I think I had a really nice growing up.

870. I don't remember ever being particularly miserable, um ...

After describing in detail her parents drinking habits, Alice defended her previous

positive characterizations of her childhood, while altering her benchmark for assessing its

quality. Previously, Alice had described her childhood using words like "wonderful" and

"marvelous." With her parents' drinking acknowledged, Alice described her childhood as

"really nice" and her younger self as being not "particularly miserable." Alice then drew upon

her storytelling talents to present a particular situation in which she and her younger brother

habitually felt, if not miserable, then certainly not marvelously happy.

871. I don't think we– we didn't like their drinking, my brother and I?

872. I mean I can remember that, especially Saturday mornings and Sunday mornings,

873. y'know, ya didn't bother because they would be probably hungover,

874. but you just stayed away from them.

875. It was not any, I mean, nobody was abusive or nasty or whatever....

Alice, who elsewhere in her interview consistently spoke in clear declarations, launched

her discussion of her reaction to her parents' drinking with a qualified rhetorical question. Then,

after describing her avoidant strategies for dealing with her hungover parents, Alice again tried

to minimize the effects of her parents' drinking on their children's development by denying any

abuse or "nasty" behavior. Again, Alice's honesty caused her to immediately walk back her

denial of parental nastiness in her home, while also defending her earlier use of positive words to

describe her childhood by dating the nastiness to "later on," presumably after she had aged out of

her wonderful childhood.

876. Later on my father got pretty angry a lot, um...

877. there were y'know dining room table fights a lot.

As we've seen, Alice responded to my opening prompt by describing recovery as a

"continuing to evolve journey," a concept which she then defined using A.A. jargon, likening it

to a figure of speech used in the Big Book of A.A. that defined recovery as being "rocketed into

a fourth dimension" (A.A., 2001, p. 25). Near the end of the interview, I returned to what Alice

had said at its beginning by using the word "identity" to stand for her "continuing to evolve

journey."

1212. Interviewer: So, I guess, one last thing. I'd like to loop back around to how we

began. Um...you talked about your identity.

1213. Right.

1214. Interviewer: I'd like to hear more about that.

1215. ...Began in A.A.? Or began?...

1216. Interviewer: Just–you said it was a journey. The identity through the journey...

1217. Wow. Okay. Um....

After taking a few moments to gather her thoughts, Alice responded to my prompt with a

summary of everything she had told me up to that point, with some additional information that

she had for some reason previously withheld (e.g., it was at this point that Alice revealed that she

had lost a child through miscarriage during her first marriage). Alice then revealed entirely new

information by disclosing that, when she was in early recovery, she had blamed her parents for

her emotional turmoil and alcohol use. Alice said that her mother had been placed in a Catholic

boarding school at the age of seven after Alice's grandfather had died due to alcoholism, leaving

the family destitute ("so her mom was a single mom and poor as a church mouse"). Alice said

that her mother had stayed in the boarding school until she was 16, and had essentially been

raised by the nuns there. Alice reflected on the effects this experience had had on her mother.

> 1295. ...And, my mother was very um, she-she was cold in a lot of ways.
>
> 1296. She-and she didn't know how to give a lot of things,
>
> 1297. she didn't know how to teach me to do things
>
> 1298. and how to have relationships with boys
>
> 1299. because she wasn't taught
>
> 1300. and she was miserable at it.

Near the end of the interview, Alice admitted that her mother was emotionally distant

("she-she was cold in a lot of ways,"), struggled to provide emotional support to her children

("she didn't know how to give a lot of things"), and was a poor communicator. Being the skilled

storyteller that she is, Alice related the dearth of significant communication she'd had with her

mother with a specific relevant example: her mother's failure to discuss romantic relationships,

which preceded Alice's first marriage – a union that Alice had described as "a disaster in the

making."

Alice shared with Florence and Bob an attitude of forgiveness and understanding with

respect to her parents, while also acknowledging their shortcomings as caregivers. Both Alice

and Florence went out of their way to declare that their parents had not been neglectful or

abusive. Bob did not explicitly deny experiencing abuse, while also describing nothing

resembling abusive behavior by his parents; the sort of distant parental attitudes he described do

not appear to rise to the level of neglect. Of the participants, these three were raised in the most

comfortable middle-class circumstances. It could be that their negative experiences with parents

did not rise to the level of abuse or neglect due to protective factors related to their relatively

high social economic statuses. Analysis of parental relationships among the participants raised

in more straitened circumstances tells a very different story.

Abuse and neglect. Like Alice, Bob, and Florence, who were from middle class

backgrounds, the three participants raised in more impoverished circumstances also described

relationships with their parents marked by poor communication and lack of emotional support.

Their descriptions of those relationships provide evidence that their parents' behaviors did not

merely constitute a deficit of caring, but had crossed over into active abuse or, in the case of

Donald, paternal abandonment.

Like Alice, Charlie described his childhood milieu as saturated with alcoholic drinking,

and Charlie suggested that this had normalized heavy, chronic alcohol use in his mind.

51. I came from a family of alcoholics

52. who simply drank because it was a beverage, um–

53. so that appeared to be "normal."[*]

Like Alice's description of her parents' blackout-drunk parties, Charlie's characterization

of his family's drinking habits did not take into account the emotional causes that might underlie

such heavy alcohol consumption. In the world in which Charlie grew up, alcohol was simply a

beverage. Having established what was considered "normal," Charlie reframed the situation by

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[*] According to my field notes, Charlie used his fingers to enact "air quotes" as he said the word
"normal."

quoting an episode of *Star Trek*, in which Mr. Spock had observed that "a sane man in an insane world would appear insane." Charlie applied that principle to his own experiences.

58. So I drank with these people who,

59. if you want to claim them insane

60. because they drank all the time,

61. I was normal.

62. I wasn't normal.

With this "I was normal/I wasn't normal" dichotomy, Charlie made a subtle revelation about his family, its values, and how Charlie related to his family members. He distinguished between what his family members considered "normal" (heavy drinking), and what Charlie now believes actually is normal (moderation or abstinence). Charlie was saying that recovery has meant moving on from his family's definition of "normal" to actual normalcy by first recognizing that his family's "normal" was not normal.

Later, as I asked Charlie for specific examples of his lifelong anger, he chose to discuss his relationships with his parents. Notably, he did not discuss their drinking. Instead, Charlie focused on descriptions of his two parents' very different ways of managing their emotions and communicating with Charlie. Charlie began by stating that when he had been nine years old his father had purchased a filling station and demanded that Charlie work alongside him there. Charlie recalled the experience of working with his father.

537. My father was not a teacher,

538. he was a screamer, okay, um...

539. It was, uh, that would make me extremely angry

540. because he would not teach me anything,

541. he would not show me anything,

542. he would scream it and expect that–

543. his expectations were that I should have known what to do.

Charlie described his father's poor communication in terms of him being a "screamer" when Charlie, who was nine years old, needed a teacher. Charlie was not the only participant to describe living with a harsh father. For example, Florence, whose father was a career noncommissioned Army officer, also characterized her father as a strict taskmaster ("And so that's how we were brought up / with a drill sergeant"). But Florence described no paternal behavior that she termed abusive. Charlie explicitly labeled his father as an abuser.

558. My father was uh...very aggressive,

559. very aggressive in his verbal abuse, mental abuse,

560. just an aggressive person....

This observation, which connected masculine aggression to verbal and mental abuse, was an interjection in Charlie's description of his mother. Charlie was contrasting his aggressive, abusive father with his mother, whom Charlie labeled "a laid-back, smart hippie / she was a free spirit, for lack of a better word." In this part of his narrative, Charlie had gone to his mother and told her he could no longer work with his father. After Charlie had stopped working at the family business for a period of time, his father convinced Charlie's mother to intervene and persuade Charlie to return to the job.

573. So she would, she would intervene on that level

574. and y'know, just say, ask – she would ask me to come back.

575. Y'know, "It's a family business we need your help,"

576. so on and so forth.

Here, Charlie enacted the calm, reasonable voice of his smart, laid-back hippie of a mother, who could make the rational case for Charlie's return to work. Charlie then reported his emotional response to being forced to work alongside his abusive father, after his mother had sided with the father for economic reasons.

577. So, um, that's early on

578. where I can remember anger starting,

579. and uh probably ballooning from there, festering....

Charlie explicitly linked the ballooning, festering anger that would define his identity and fuel his drinking to his childhood relationships with his parents: specifically, his father's chosen mode of "communication" (abusive, aggressive screaming), and his mother's calm voice persuading Charlie that he had to endure his father's abuse for the good of the family.

Charlie described intense relationships with his parents as he grew up. By the time he left home at the age of 18, Charlie had felt "y'know, I just couldn't tolerate either one of them." Charlie described his relationship with his father as saturated with aggression and anger. He characterized his relationship with his mother as somewhat distant, as her personal "laid back hippie" style contradicted Charlie's pragmatic hard-worker identity. My other male from a lower class background, Donald, reported a very different sort of relationship with his parents. Donald had a nonexistent relationship with his father, who had abandoned the family before Donald was born, leaving them in poverty. Economic necessity caused Donald's mother to work multiple jobs to support her children, which caused Donald to grow up in an atmosphere of deprivation and fear.

Donald reported that his mother was "very, very loving and caring," although "she was

working a lot." Donald offered few other memories of his mother, neither general recollections

nor anecdotes about specific incidents (except for his memory of her getting him into Cub

Scouts, which only served to make him feel more acutely the pain of not having a father).

Donald did, however, share some vivid memories of his childhood. Near the start of his

interview, he described instances in which he and his older sister would hide from state social

services workers while their mother was at work, fearing that the state would take them from

their home and place them in foster care. Donald then recalled that it was at this time that he

began experimenting with alcohol.

93. My mother had some cooking sherry under the kitchen, in the kitchen,

94. and I uh I tried it

95. and I didn't like the taste of it

96. but I liked the way it made me feel. So, um...

97. Anytime that I could experience having some alcohol after that

98. it just made me feel good.

Donald's reports of youthful experimentation with alcohol are similar to Alice's

recollections of stealing sips of cherry cough syrup, but with very significant differences. While

Alice described her discovery of alcohol as part of her joyful memories of playing hide-and-

seek in her "marvelous" big and cozy home, and told how she loved the taste of the cough syrup

("it was like y'know comfort food"), Donald stated that he disliked the taste of his mother's

cooking sherry, but enjoyed its effects. And rather than associating his early alcohol use with

"playing" hide-and-seek, Donald described his use of alcohol immediately after describing

hiding from agents of the state whom he feared would remove him from his home and the care

of his "loving" mother. Donald's fears were well founded. He told me that his older brother,

who suffered from epilepsy, had been removed from the family home and placed in a state

hospital the same year that Donald had been born, and stayed there for ten years.

Looking back on his childhood and his feelings of fear and anxiety, Donald said that he

had "always blamed all of my feelings on the fact that I never had a father." In revealing to me

that his father had abandoned his family, Donald provided indirect evidence of the lack of

communication within his family. In the opening portion of his interview, Donald had said that

he appreciated A.A. for providing him a space place in which to share his story. I told him that

I would like to hear his story.

74. Okay, I don't know how long far down the road you want me to go

75. but I started, I was uh...

76. my father...(pause) left my mother,

77. and I found this out just this year,

78. but he was,

79. he left before I was born.

80. I did not know all of those details when I grew up.

In this passage, Donald revealed by omission how little communication there was in his

family regarding his father's absence. It was only in the year of our interview, when Donald

was 70 years old, that Donald had learned the circumstances of his father's abandonment of his

family. Elsewhere in the interview, Donald disclosed that his father lived four miles from

Donald and his family, and purposefully avoided contact with his ex-wife and children. Donald

told me that he did eventually meet his father when Donald had been a boy, but that the

encounters only served to deepen his sense of isolation. When Donald was ten years old his

older brother was released from the state hospital. At this point, Donald's father came back into

his family's life, to begin a relationship with Donald's brother, while neglecting the rest of his

children. Donald couched the father/son relationship in terms of the sort of interactions that

Charlie had characterized as what he had needed from his father.

358. He [Donald's father] would always teach,

359. he taught him, at that age, how to drive,

360. took him places, and things like that

361. and I never got invited to those things.

Donald poignantly summed up the end result of his father's neglect, saying "Y'know,

I've never understood, y'know, the father deal." Donald, who throughout his interview spoke of

complex phenomena such as education and religion as "processes," here summed up the

relationship between fathers and their children with a similar, more homey metaphor ("the father

deal"). He also spoke of it as something to be understood. Like Florence, who spoke of her

maternal relationship in terms of experiencing love and acquiring skills, Donald sees fatherhood

as an emotional and rational process. Describing his later life, Donald revealed that his lack of

understanding the "father deal" had resulted in negative consequences for himself and his

children.

As we've seen, Evie, my third participant from a less-affluent background ("we were

dirt poor") was the victim of sexual abuse throughout her youth. In describing her early history,

Evie depicted herself as constantly on the move, first in the company of her mother, but from

the age of about 15 onward on her own. In her descriptions of her early experiences after

leaving the family home, Evie focused on the mundane details of whom she was with at what

time, and how they got there. Here, for instance, is a passage in which Evie described her living

conditions with her mother and various men in the period of time after they had left behind

Evie's abusive uncle.

611. I ended up seeing this guy who I had met at the bar with my mom

612. and he was like 35, 33, 35 somewhere in there.

613. And, um, the place where he was living,

614. he couldn't get in if the other guy wasn't there,

615. so he ended up moving into the apartment with my mom and I.

616. And then she ended up seeing this guy who had a garage apartment?

617. And ended up switching,

618. so that he moved in with my mom,

619. and my boyfriend and I moved into that apartment,

620. and so here I am going to high school,

621. I was 15 and, um, oh,

622. I forget what they are called, like a co-op or co-ed...

Although Evie was being very open about her experiences as a girl, she chose to focus on minutiae, as if describing the plot points of a movie. For instance, in lines 611-615, Evie described "seeing" a man more than twice her age whom she met at a bar while drinking with her mother, and who ended up moving in with Evie and her mother. Rather than discuss the emotional dimensions of this situation, Evie remains focused on surface issues and explanations ("he couldn't get in if the other guy wasn't there"). Left unexplored are possible underlying meanings and feelings, such as Evie's mother's apparent approval of Evie's sexual behavior with older men, and how that might have affected Evie. This emotional reticence could be an example of Evie choosing to be honest about "the facts" in her interview, while still needing to maintain some "face" by not broaching certain taboo or overly sensitive topics.

This section stands in contrast to Evie's depiction of an encounter she had had with her father when she was an adult. Evie shared the anecdote about her father some 30 minutes after relating the previous section, so it is possible that over the course of our interview I had earned her trust to the extent that she was willing to be more open about her abuse. At any rate, here Evie expressed her pain and confusion as she confronted her father over his failure to protect her from sexual predation as a vulnerable girl.

Evie began this section by disclosing some details about her early abuse that she had previously left unmentioned (her age at the first incident of abuse and the identity of two perpetrators). Evie then turned to her confrontation with her father.

1059. And when I addressed these things with my father when I was in my 40s ...

1060. I think I was in my upper 30s when I first did.

1061. But at any rate, um, he said "Well, Mark said you wanted it."

1062. Mark was my uncle, and my dad's brother.

1063. And I said, "Dad, don't you realize how old I was?"

1064. "Well, so?" He says, "He said that you wanted it, so you wanted it"....

Note Evie's use of the generic verb "addressed" to describe her first-ever confrontation with her father over her childhood sexual abuse perpetrated on her by his brother. Evie might have been trying to maintain some modicum of "face" by using such a bland word to describe such a searing event. Her attempt to firmly place the encounter in the proper decade of her life also speaks to her desire to remain rational and not to focus on emotion. Evie's attempt at bland precision is abruptly halted by her father's crude bluntness. Evie countered this bluntness with an attempt to reason with her father and prove her allegations of abuse by citing her age at the time it had occurred. Her father replied again with crude bluntness, absolving his brother of any

responsibility for his actions. As Evie would observe a few moments later, her father and her

uncle had "stuck together" throughout their entire lives, and beyond.

Evie went on to say that her Uncle Mark (alias) has died since she had first "addressed"

her father over her abuse, but that her father's attitude toward her has not changed. Evie then

clearly expressed how her father's behavior directly contributed to her emotional problems.

1077. ...And even though [Mark's] dead my dad still won't say,

1078. "I should have been there. I'm sorry that it happened."

1079. The only thing he has said is, "you wanted it."

1080. And that brings back more shame,

1081. more guilt that I did something bad,

1082. that I did something wrong.

1083. And...I didn't.

Relationships with siblings. The participants, by and large, did not speak much about

their siblings. Evie, for instance, did not speak at all about her brothers and sisters, outside of

attempting to verbally sketch out a complex family tree of half-siblings and step-siblings when I

had asked her about her parents' life histories. When the participants did mention their siblings,

it was usually in order to provide further evidence of the dysfunction in the family home or to

put the state of their own mental and emotional health into a broader context. For example,

Florence mentioned in passing that her older sister is 16 years her senior; Florence cited this as

evidence to support her theory that she had been an "oops baby" conceived on a drunken night,

and not a planned addition to the family. Florence also mentioned her younger brother and his

own history of mood disorders and substance abuse to demonstrate that her experiences in the

family had not been unique.

Likewise, Alice mentioned her two younger siblings and their relationships in the family to support both her allegations that her childhood had been uniquely positive within the family, and that her parents' alcohol use had progressed after she had left the home. On three separate occasions, Alice used the expression "I got the best of my parents" to summarize how her parents' drinking had caused their parenting skills to deteriorate over time.

While my three female participants mentioned their siblings mainly as ancillary characters to support their stories, my male participants each took a moment at some point in their interviews to describe a sister, whose qualities served to personify the "good" and "normal" social values that their own wild man personas opposed.

Here is Bob, discussing his older sister.

981. I used to take her car,

982. she was four years older than me

983. and during high school she worked at the hospital, hospital in [town]

984. and I would walk up and get her Corvair

985. a nice model, two door sport coupe

986. and just drive the hell out of that car.

987. Y'know, go up to [town] and see the girls and just terrorize,

988. I don't think I ever put gas in that car.

989. My sister, okay so, I'm the bad kid y'know growing up.

In this passage, Bob dramatizes his "bad kid" persona using kinetic language ("drive the hell out of that car," "see the girls and just terrorize"). In addition to the kinetic language to illustrate young Bob's thrill seeking, in line 988 Bob described a sin of omission to illustrate a moral failing, selfishness. With his sister in high school and four years older than Bob, Bob

would have been between the ages of 12 and 14 at this time. His sister – older, responsibly

working in a hospital – is offered as the foil for his wild-man persona, unwittingly providing

Bob with the sports car he used to terrorize the girls.

Donald shared a similar account of the role his own sister played in his youth.

308. I have a sister who is four years older than me, she's a great gal,

309. but she was, she stayed with the Church and all the theology of the Church, uh-uh,

310. the Pentecostal, evangelical stuff of the Church,

311. and I broke away from that.

312. I was kind of the black sheep of the family

313. that's what I always called myself.

Donald's sister, the "great gal" who had hidden with Donald from the state child

services agents, remained true to the "evangelical stuff" that Donald had rejected by the age of

14. Donald presented her as the antithesis of his self-claimed "black sheep of the family" label.

Charlie, too, cited his sister as in terms that sharply contrast with his descriptions of his

own hard-working, hard-partying adolescent persona.

706. Y'know I did have a younger sister, uh...

707. But she was kind of, very artsy,

708. I was more like the knuckle dragging mechanic hard-working guy

709. and she was more like the uh y'know,

710. "let's dance today," and y'know...

711. So she was totally different.

712. I had nothing against her, it's just,

713. I did realize it was my sister

714. and she just had her own way of doing things.

Unlike Donald or Bob, Charlie echoed his depictions of his mother and father when drawing the contrasts between himself and his younger sister. Charlie's "knuckle dragging mechanic hard-working guy" resembled his depiction of his service-station-owning father, while his "artsy...let's dance today" depiction of his sister reflected his description of his "laid-back smart hippie" of a mother, who was a "free spirit, for want of a better word."

This analysis of how the participants used language to create representations of their relationships within their families of origin suggests that the participants felt that their family relationships were unsatisfactory at best, and abusive at worst. Participants also described how they had taken on certain culturally-endorsed roles within their families of origin. In the next sections, I examine how those early life relationships affected participants' relationships with their own spouses and children.

Relationships with Spouses

All of the participants had been married at some point in their lives. Alice, Donald, Evie, and Florence had each been married two times, with Donald and Florence still wed to their second spouses. Bob had been married once and has been single since his divorce in 1995. The five participants I have already mentioned were each first married while in their teens or early-to-mid-twenties. Only Charlie, who married at the age of 29, was still married to his original spouse.

The participants, for the most part, appeared to be open and honest when discussing their marriages, with the females somewhat more forthcoming with descriptions of their relationships with their husbands. Donald was the least forthcoming of the participants on the topic of his marriages. My analysis of Donald's interview that sought passages in which he used language

to characterize his marriages yielded no results. Donald only mentioned his first wife in

passing, to report that they had gotten married while he was in the army, that she joined him

when he was stationed in Germany, and to say that she had been a heavy drinker. Donald also

mentioned that he had gotten a vasectomy during his first marriage, after fathering two children

with his first wife. He offered no explanation for this decision and brought it up in order to

explain why he and his second wife had adopted a child. Donald's second wife was more of a

presence in his interview: pressuring Donald to do something about his heavy drinking prior to

his entry into recovery, and offering support as he struggled with recovery and his mood

disorder. But Donald provided no detailed accounts of their interactions or his feelings toward

her, and his language offers no basis upon which to analyze the nature and quality of their

relationship.

   As was the case when I analyzed the participants' use of language to construct

representations of self through identity, gender was a major distinguishing factor in my analysis

of the participants' use of language to create representations of their marital relationships. As I

discovered in my earlier analysis, each of my female participants described their first marriages

as the demarcation between youth and adulthood, while my male participants talked about their

entry into adulthood in terms of their work. None of the male participants said that they had

been motivated to succeed at work in order to provide their wives and families with the sort of

"Brady Bunch/Beaver Cleaver" domestic ideal sought by Florence and Evie; Charlie came the

closest when he said that he and his wife had purposefully separated duties, with Charlie

assuming the role of the breadwinner while his wife would raise their children.

   Given the nature of the data I have collected, I have organized this analysis into three

sections. First, I present results of my analysis of the language used by female participants as

they talked about their first marriages, which played a major role in their participants'

development. Next, I present results of my analysis of language used by Alice and Evie as they

talked about their second marriages, each of which lasted longer than their first marriages, with

fewer reported traumatic incidents, but which appeared to have an even more profound effect on

their development than their first marriages. Florence reported that she is happily married to

someone she has met in recovery and offered no commentary on the nature of her second

marriage. In the third section, I analyze language used by Bob and Charlie as they discussed

their marriages. By chance, each of them had a similar story to tell, as injury and illness forced

Bob and Charlie, respectively, to assume roles as long-term caregivers for their wives.

Relationships with first husbands. My female participants' first husbands were each

discussed in the previous section, where I presented analyses of the participants' use of language

to create representations of self. None of the female participants had described

relationships with their first husbands in terms that could be construed as healthy or

constructive. In this analysis, I examine how each of the female participants' relationships with

their first husbands had evolved. First, I examine what attracted the participants to their first

husbands as specific individuals (as opposed to as candidates for fulfilling the participants'

wishes for "normal" lives). Next, I look at how the participants and their husbands related to

one another in their marriages. Then I examine the language the participants used to describe

the ends of their relationships with their first husbands, and how they made sense of those

relationships across the broader contexts of their life stories.

Initial attraction. Alice and Evie provided evidence that their first husbands represented

to them types of masculine ideals. Those ideals are very different for each of the women,

perhaps reflecting their different regional and class backgrounds. Alice was raised among the

east coast upper middle class, and attended a prep school which she described as "very much a

school of white gloves still / and young ladies and all of that kind of stuff." As we've seen,

Alice opted not to attend a four-year college, instead choosing a two-year finishing school

where she was trained in domestic arts. She attributed that decision to her relationship with her

then-boyfriend, who was attending an elite east coast university on a basketball scholarship.

For Alice, her future husband was the "perfect fit" for a "white glove young lady" — an athlete

who had attended an elite school, belonged to a national fraternity that counted among its

alumni US senators, state governors, business executives, and astronauts – and who happened

to drink just like her father.

Evie had different reasons for her attraction to her husband, a fellow truck driver whom

she had met at a truck-stop keg party. After Evie had disclosed to me the nature of his abusive

behavior toward her and their children, I explicitly asked her what had attracted her to the man.

Her response focused on his exterior presentation and a cultural mystique that caused her to

project certain inner qualities onto him.

512. He had an outgoing personality. Um...

513. He was friendly. Um ... [pause]

514. Well, he had a nice butt (laughs), um...

515. And that was it, I suppose, because he was different. Um....

After identifying outward qualities (extroversion, "friendly," "nice butt") Evie stated that

there was something about her first husband that made him stand out from other men. She then

identified the source of her sense that he was "different" to his cultural background.

516. And he was from Texas.

517. And I thought, y'know, reading a lot of books y'know,

518. he had to be cool, because it was Texas, right? (laughs)

519. No, that's not right.

520. But in my little pea brain mind I thought it was right.

Having been raised in poverty and exposed to abuse, Evie had projected onto her husband certain positive qualities about Texans that she had picked up reading fiction. Evie did not elaborate what those qualities might be, outside of the general term "cool." Of more significance is how Evie evaluated her attraction to Ken[*], her first husband. Rather than commenting on how he had failed to live up to her expectations, or wondering how he had become the man he was, Evie instead mocked her younger self for making assumptions about her first husband based on books she had read.

While Alice and Evie indicated that their first husbands had not lived up to their expectations as a "perfect fit" or as "cool," Florence stated that her first husband had lived down to her expectations. Florence described how she first met her husband in a bar, while she was in the midst of a series of unsatisfying relationships in the aftermath of her fiancé's untimely death.

546. I went to a bar and, um,

547. I met my soon-to-be husband.

548. When we met we partied.

549. I was seeing somebody else of course,

550. so I left that other person.

551. And he didn't have a job

552. he was living with his mother.

---

[*] a pseudonym

553. He was in his forties. Um...

554. Most people would run from that

555. I went to it like a flame, y'know.

Throughout her interview, Florence did not discuss any sort of emotional connection with her first husband ("we drank real well together"). In lines 554-555, Florence suggests that her attraction to her first husband was a form of self-destruction, likening her 22-year-old self's attraction to an unemployed 40-something man still living with his mother to a moth's attraction to a flame. That metaphor, used here, presents a poignant double-entendre. Remember that Florence was raised a Catholic, and had since the age of five been convinced that she was doomed to go to hell, a term she used frequently throughout her interview as a metaphor for her alcoholism. In this passage, Florence dramatized her purposeful decision to rush to the "flame" of her personal hell. Note also that she depersonalizes her husband in the sentence, referring to him and their relationship as "that" in the first clause, and "it" in the second. Florence's casual aside in lines 549-550, in which she reported that her original dalliance with her future husband was a case of infidelity, provides additional evidence of Florence's guilt over her actions as a young adult. The passage illustrates Florence's reading of her first marriage: a de-personalized, hedonistic relationship lacking in genuine love. By this stage of her life, the demarcation between Florence's inner insecurity and self-loathing and her exterior "party girl" persona was giving way. Her "party girl" identity was curdling into the anguished, self-destructive Florence who would enter A.A. ten years later.

Relationships with first husbands during marriage. Neither Florence nor Alice

provided much detail about their experiences during their first marriages. Alice focused on her

personal reaction to the sense of isolation she had felt while she was stranded in Germany after

her husband had been stationed there. Early in the interview, as she shared her drunk-a-log,

Alice curtly described that portion of her life in so far is it provided evidence that she had the

"progressive" disease of alcoholism.

171. We ended up in Germany,

172. or he ended up on Germany, and I went. Um...

173. We lived on the economy

174. because I wasn't authorized to be there.

175. And what did you do in Germany?

176. But you drank when there was really nothing else to do.

177. So I progressed along and he was drinking heavily and uh um

178. we were together about five years, I guess.

Even as she shared her utilitarian A.A. narrative, Alice's skill as a storyteller was

apparent. The first stanza succinctly established her isolation and lack of autonomy in the

marriage. Neither she nor her husband chose their home: in line 171 Alice used the first person

plural to describe their situation, "We ended up in Germany." In the next line, Alice verbally

separated herself from her husband by using different verbs to describe their actions: her husband

was the one who "ended up" in Germany, Alice simply "went." This poetic expression of

dependency (Alice had to follow her husband, who was himself commanded by higher

authorities where to live) was made more cutting by the next couplet, as Alice conveyed her

sense of alienation by highlighting her outcast state as the wife of an enlisted man ("I wasn't authorized to be there"). While Alice overtly relayed A.A. dogma in this passage (her use of the word "progressed" in line 177) she covertly enacted the concepts of control and "higher power," which I will explore further in the next chapter.

Like Alice, in her interview Florence did not dwell on her relationship with her first husband. What few details she did provide served to present her marriage as evidence for A.A. principles. The following passage is the only section of her interview in which Florence described her relationship with her first husband, outside of her references to partying and her depictions of their wedding and homestead described earlier. Note that here Florence didn't describe any specific autobiographical details, instead listing what she implies were their typical behaviors. This lack of specificity, which denudes the passage of emotion, suggests Florence's didactic intent. The section came immediately after she had described their marriage as "good for a couple of years / and then all of a sudden it wasn't."

585. We started getting loud with each other, uh,

586. we started pushing a little bit,

587. and then um next thing I know, y'know,

588. he'd hit me

589. or I'd hit him

590. and I had my head cracked open a couple times,

591. I got pushed down stairs, uhhh,

592. I would go up for absolutely no reason and just punch him in his face.

In this passage, Florence described her marriage as an escalating cycle of combative hostility, with each succeeding line raising the level of violence in the couple's interactions.

Their behavior moved from verbal ("getting loud") to escalating physical assaults ("pushing,"

hitting, "head cracked open," "pushed down stairs"), before ending with Florence describing her

particular random acts of unprovoked violence. This account enacts the "progressive" concept at

the core of the A.A. doctrine, a point that Florence made explicit in the next stanza ("And this

just progressed for the next uh six years"). Here, Florence connected the "progressive" nature of

alcoholism in the A.A. model to the negative consequences of alcoholism on relationships.

While the longtime A.A. members Alice and Florence presented only succinct

descriptions of their relationships with their first husbands in order to illustrate A.A. principles,

Evie provided many harrowing details of her first marriage. She described in detail incidents in

which her first husband had hit her, threatened her with a gun, and narrowly missed hitting their

son with a wrench thrown in anger. Evie's descriptions of these events are similar to her

descriptions of travels with her mother, in that Evie chose to focus on reporting the surface facts

of what happened. Given the nature of her stories, Evie did acknowledge the emotional aspects

of her stories by ending each anecdote with a global assessment: variations on the word

"terrifying."

Endings and summaries of female participants' first marriages. Both Alice and

Florence, long-time A.A. female participants, seemed to use descriptions of the endings of their

first marriages to illustrate A.A. principles and practices. Florence was the more dismissive of

the two. After her description of her deteriorating relationship with her first husband, Florence

turned the focus of her narrative to her own suffering and her behavior's effects on her children.

Her husband was ancillary to her descriptions of her condition. He was a focus of her attention

only one other time, as Florence discussed her early recovery and her struggle to remain sober.

Florence said that in this time she was "stuck with her husband," who continued to use alcohol.

Florence added that during this period she would "drag" her kids with her to A.A. meetings,

where they were welcomed. After two years of this frustrating situation, Florence came to a

turning point.

204. ...And um, I ended up deciding that I-I couldn't do it anymore

205. and I got a divorce

206. and we sold the house

207. and I had moved from [state] to [state]

208. in a tiny little apartment

209. with no job,

210. hoping to start my life over.

211. And I did.

For Florence, quitting alcohol and entering A.A. were merely the preliminary steps in her

recovery. The A.A. discourse calls on A.A. participants to change the people, places, and things

in their lives, suggesting that one is unlikely to alter an ingrained behavior, such as chronic

drinking, without also changing environmental factors that contribute to the behavior. To fully

engage in her recovery, Florence had to decide that she couldn't do "it" anymore; the "it" being

her marriage. Leaving her husband and taking the risk to relocate in another state with no safety

net were the necessary steps Florence took to start her life over. Her description of this life-

changing decision and subsequent actions came in brief, simple declarative statements, re-

enacting Florence's grim determination to start her life over.

Alice's account of the end of her first marriage and its aftermath explored the emotional

dimensions of her drinking behavior, as interpreted according to A.A. principles. Alice did this

near the end of our interview, as she grew more open about discussing her emotional life (e.g.,

her troubled relationship with her mother). The first thing Alice brought up after I asked her to

return to the topic of her identity was her experiences in her first marriage. Alice described in

more detail than she previously had her sense of isolation in Germany, as she was constantly left

alone by her husband, who was "off drinking with his buddies...or whatever the army things they

do."

> 1243. And I was in this little dingy apartment with no TV.
>
> 1244. I had to fill up a gas tank for hot water,
>
> 1245. just a little coal stove,
>
> 1246. it was cold and damp.
>
> 1247. I didn't speak German, and....
>
> 1248. I mean I learned some,
>
> 1249. but it was, it was, it was a really lonely, lonely time. Um...
>
> 1250. I lost a baby there.

Alice begins this passage by setting a desolate scene through the physical details of her

living space, which were a far cry from her "young ladies in white gloves" past. In lines 1247-

1248 Alice alluded to her social isolation by mentioning her lack of skill with the German

language. In line 1249, Alice uncharacteristically struggles for words, repeating the verb phrase

"it was" three times before settling on "really lonely, lonely time." Then, after struggling for

words to describe her experiences in her first marriage only to produce a generic description,

Alice disclosed a very specific and distressing fact: she'd had a miscarriage while in her isolated

state.

Immediately after this passage, Alice accelerated her narrative, stating that after she and her husband had returned to the US and split up she had crossed the line into full-blown alcoholism. Alice then enacted an explanation for this, drawn from the A.A. discourse.

1256. ...Because y'know it was poor me,

1257. this husband,

1258. and poor me, I had lost a baby,

1259. and poor me, all this -- my life, blah, blah.

Alice was here adapting her own misfortunes to an A.A. aphorism which mocks the alleged self-pity of an alcoholic: "Poor me, poor me, pour me another." In the interview, Alice had revealed circumstances that had caused her genuine anguish in her first marriage, but immediately tried to force those circumstances into a framework that minimizes such misfortunes ("and poor me, all this — my life, blah, blah"). Discussing these events related to her first marriage and its aftermath, and then accounting for them using A.A. tropes, appeared to have a liberating effect on Alice. In the stanzas immediately following this Alice admitted she had used to blame her mother for her own problems, and opened up about their relationship.

Evie discussed the end of her marriage to her first husband by telling me that the marriage had ended after she had escaped from their trailer as Ken was threatening her and their sons with a handgun. As in other instances where she described harrowing or disturbing experiences, Evie presented straightforward, basic descriptions of actions. In this case, those descriptions serve to effectively convey emotional information: just how frightening and dangerous her first husband was.

380. And so I ended up calling the police, and had my–

381. six or seven police surrounding this one little trailer

382. and finally got him out, um....

383. And...then I had a, I got a PPO* against him, um,

384. and I had, when our divorce went through, um,

385. they upheld the PPO in my divorce decrees.

386. He ended up dying of lung cancer.

387. And so that day I still had a standing PPO against him

388. to protect me and the boys.

Later, Evie summed up her description of her relationship with her first husband with a two-line valediction.

440. When I talk about Ken and I say there was two good things came from meeting him

441. and that was my two sons.

Relationships with second husbands. Although all three female participants married a second time, only Alice and Evie spoke in any detail about their relationships with their second husbands. Both described second marriages that were troubled and ultimately unsatisfying. In Evie's case, her second marriage also resulted in traumatic loss, as her second husband's abusive relationship with her two adolescent sons contributed to her older son's death by suicide and a continuing estrangement between Evie and her younger son.

In my analysis of Alice's evolving understanding of her identity discussed earlier, I cited portions of Alice's interview in which she described her relationship with her second husband in terms that emphasized his dominance of her. For example, I quoted Alice's description of herself in the marriage that she shared in the opening moments of her interview.

14. I had no idea who I was,

---

* "Personal Protection Order" – a restraining order

15. What I liked,

16. I was married.

17. Whatever he liked was fine with me....

Immediately after this, Alice shared an anecdote to illustrate her husband's dominance of her. Alice's framing of the anecdote disclosed how little love was lost between Alice and her late husband.

18. In fact, funny story, when I --

19. after he passed away five years ago, and I was moving (cough)

20. I was in my kitchen with a couple of friends

21. and we opened up this big cabinet I have, with these really tall shelves...

Alice, about to relate a story about herself as a newly widowed woman packing up her dead husband's things, characterized it as a "funny story." Her lack of sentimentality over the loss of her husband, with whom she had lived for 35 years, is the punch line to this "funny story."

22. and I'm looking at all this stuff and I said

23. "Who picked out all this red stuff,

24. "I don't even like red."

25. But the spouse liked red so everything was red.

26. Y'know I had all this wonderful red pottery and dishes

27. and it's all gone. Um...

Alice used her second husband's name only one time in our interview, and here, in line 25, she didn't even deign to call him "my husband," instead labeling him "the spouse." Also, both the cherry cough syrup Alice had loved as a girl and the French aperitif she had identified

with as a teen were a deep red color, and at our interview Alice's hair was tinted a vibrant red

henna. It's possible that it was not the specific color of her dead spouse's crockery that Alice

had objected to, but rather she resented his imposition of his tastes onto their shared household.

Later in the interview, Alice suggested that her husband's dominant, controlling behavior

was entwined with her alcohol use, as Alice had used her husband's dominance of her in

attempts to moderate her drinking. Alice said that her second husband did not drink, and this

meant that during the first years of the marriage Alice had had to change her pattern of alcohol

use; in practice this meant that she was hiding her drinking from her husband. Alice also said

that throughout the first decade of their marriage she would periodically try to give up drinking,

and that eventually she would grow so angry and frustrated that her husband would suggest that

she buy a bottle of wine to relax, which would cause Alice to resume her heavy drinking. Alice

described the evolution of her drinking habits as a cycle of heavy drinking, attempted sobriety,

and relapse, with her husband in the role of the controlling agent who would allow her to

transition from one phase of the cycle to another.

224. So it was this constant control,

225. oh my god it was really hard (laughs).

226. It was really hard.

227. Looking back ya wonder how that was from 30 to 40 pretty much living that way.

228. And where we started out with a decent relationship in the beginning we,

229. we slowly went downhill.

While Alice described her second marriage as headed "downhill" due to her alcohol use,

her relationship with her husband remained poor after she had entered recovery. On two separate

occasions Alice mentioned that her husband had resented her participation in and devotion to

A.A. At one point in the interview, Alice described her close friendship with another woman

who joined her home A.A. group at about the same time that Alice had. Alice said that she

ultimately had to curtail the friendship since her husband hated the woman and was jealous of

their close friendship. Later, near the end of the interview, Alice extolled A.A. and told me how

it had affected all of her relationships. I asked her to talk about that and was expecting to hear

her describe how her participation in A.A. had helped Alice to forge and maintain closer

relationships. I was surprised that her first response was to say that A.A. had worsened her

relationship with her husband "because he resented, resented A.A."

> 1113. He resented A.A. cause it took me away from him.

> 1114. And he was, he was, he had his own issues, and what have you, so...

> 1115. and then I think I resented him for resenting A.A.,

> 1116. I mean, it was a vicious cycle.

Alice's curt dismissal of whatever difficulties had caused her husband's controlling behavior

("he had his own issues, and what have you, so...") hints at a lack of love and closeness in their

relationship, which over time had devolved from being "decent" to being a "vicious cycle" of

mutual resentment.

Like Alice, Evie described her second marriage as a descent from a promising beginning

to an unhappy ending. Evie introduced the topic of her relationship with her husbands when I

invited her to tell me about her marriages. Evie's response included a pair of stanzas in which

she contrasted her second husband with her abusive first husband.

> 233. My first husband, I-I married him long enough to have two beautiful boys

> 234. and then I divorced him, um...

> 235. He was very mean. Um....

236. And Darryl[*], my second husband, um....

237. It started out very sweet,

238. I mean he was kind,

239. he wasn't mean,

240. he didn't talk bad, um ...

Evie's use of "started out" in line 237 indicates that her second marriage would not ultimately be "very sweet." At its beginning, though, Evie's relationship with Darryl, whom she had met working in a warehouse, appeared as if it might fulfill Evie's desire for a "normal" All-American life. Later in the interview, Evie described the household she and Darryl had set up.

650. And we ended up getting married, and stuff, and stayed together.

651. We had a house built,

652. I mean it was beautiful,

653. four acres of hardwood,

654. and we worked hard to cut the trees to get the house in, stuff like that...

The bucolic homesteading scene Evie described in this passage did not last long. Evie told me that she now recognizes that her second husband had been a functioning alcoholic, but she did not realize it when they were first together. Her husband's alcoholism revealed itself to Evie over time, as their financial situation worsened.

Shortly after their marriage, Evie suffered a back injury, which caused her to quit her career as a truck driver. Evie then endured a series of jobs (computer data entry, telemarketing) in which the pain caused by her back injury was exacerbated. Evie eventually qualified for government disability payments and said that she self-medicated her back pain by drinking with

---

[*] a pseudonym

her husband. Evie said that his drinking grew heavier, until it reached the point that he was fired

from his job as a forklift operator for coming to work drunk. Evie described her husband's

descent from there in stark terms.

728. And so he kind of looked for a job.

729. But not really.

730. And he got to where he was just drinking all day, um...

731. all day, all night.

732. And he was getting mean, and stuff.

733. And he got,

734. he wouldn't eat

735. because that's all he did was drink, um...

Evie's use of the word "mean" in line 732 connotes the sort of abusive behavior she had

associated with her first husband. Evie did not go into detail about what happened next. Earlier

in the interview, Evie had alluded to the circumstances in which her second marriage had ended.

Here, she described her second husband's behavior with her sons prior to their split.

246. He got too physical with my oldest son, um, as far...

247. he had bruises on him and stuff.

248. And...I still carry that weight with me.

249. For the simple fact that um I should have broke it off with him

250. and told him never to come back.

251. But I didn't. Um...

Evie did not label what her son had endured with a specific noun (e.g. "abuse"), and

simply referred to her husband's bruising behavior toward her son as being "too physical." The

standards of masculine behavior that she was raised to believe to be normal led her not to remove

herself and her sons from a household with an alcoholic who was laying bruises on her son. Evie

identified what prevented her from leaving the marriage at that point was her ingrained need to

maintain face, which she here identified as "that 'don't talk' thought."

  252. Because that "don't talk" thought came in.

  253. In hindsight, y'know, they say it's always 20/20.

  254. I don't think it is. But, um...

  255. I would have changed a lot, had I changed what I did then,

  256. instead of just letting it go, um...

Evie then elided the rest of the tragic story with a prosaic euphemism.

  257. And then, through a series of events, um....

  258. my oldest son, he-- he committed suicide, um,

  259. when he was 18 years, one month and one day old. So....

  Note the contrast between Evie's vague "series of events" to describe the actions of her

alcoholic, abusive husband and the precision with which she pegs her son's age at the time of his

death. Evie used language to focus precisely on rational matters of "fact" while her habit of

describing her history of abuse in similar prosaic terms failed her here. The pain of Evie's loss

was beyond her ability to put it into words.

Bob and Charlie's respective marital relationships. Throughout most of his interview, Bob discussed his marriage only in passing. Outside of one extended passage that I will soon analyze, Bob brought up his relationship with his wife only three times. In each of these instances, Bob spoke of their relationship in passive terms at odds with his use of kinetic language to describe his drinking and his wild man behaviors.

In a previous section, I described how Bob had said that he had met his wife while on a drunken bicycle trip.

132. We were intoxicated

133. and that's how it kinda, how we got together

134. but we got married (laughs). Right?

135. "Never done that before, let's go!" So, uh, anyway...

Bob characterized their marriage as an impetuous act that had occurred almost as happenstance ("that's how it kinda, how we got together"). Bob did this by using a technique that he used many times during the interview – Bob often would discuss a past situation in general terms (e.g., lines 133-134), and then would enact a direct quote as if he were in the past moment (line 135). Later in the interview, Bob again used this rhetorical technique as he discussed what it was that had attracted him to his wife. Bob was responding to my observation that his "wild man" rebellion had been a rejection of the standards of "normalcy" that his parents had lived by.

691. Right, yeah, I wanted nothing to do with that....

693. So consequently, y'know, I uh,

694. fell in with my wife.

695. Her family didn't have any customs around Thanksgiving.

696. Her dad was a hunter so they didn't have a dinner, and uh,

697. so when my kids started growing up,

698. "Let's have Thanksgiving dinner."

699. Ehhh no, we really didn't have any traditions.

Throughout these passages, Bob's language gave the impression that he had not been acting purposefully when he had married his wife, instead, he "fell in with" her to spite his parents. Her family's lack of traditions – evidenced by their rejection of Thanksgiving, the American holiday perhaps most closely associated with family values – had been, along with drinking, the thing that they had most in common. Yet, like Evie, Bob stated that producing offspring had been a positive outcome of otherwise disastrous marriages.

136. It[*] was kind of a disaster right from the start.

137. but we did have one great daughter between us.

While Evie remembered her sons as being the only good things to come from her relationship with her first husband, Bob also credited his wife with bringing him into recovery. The way Bob did so, however, reinforced the passive nature of their relationship.

After mentioning their "one great daughter," Bob transitioned into a description of how his wife had decided to quit drinking and smoking while pregnant, and that he had decided to join her in sobriety. Bob said that he had managed to stay sober during his wife's pregnancy, but that a celebratory toast after their daughter's birth had caused him to relapse and go on a binge. Bob then credited his wife with bringing him into A.A.

158. So, uh, anyway, my wife uh, went to A.A.

159. and she said, "you know you might want to try it,

---

[*] their marriage

160. take a look at it."

161. And, uh, so I went and, um...

After giving his wife credit for introducing him to A.A., Bob immediately amended his story to

moderate his description of his wife's contribution to his recovery.

162. actually I had a therapist that was active in A.A. also

163. and she asked me if I would be willing to do anything to stay sober

164. and I told her yes,

165. so she had somebody call me

166. or I called them,

167. I forget which one it was.

At the beginning of this anecdote, Bob suggested that his wife's half-hearted

recommendation was what brought him into A.A. Having credited his wife for getting him into

A.A., Bob immediately reversed himself by introducing an anonymous therapist, whom Bob said

had engaged him with a challenge, and then arranged for Bob to make contact with someone

who would bring him into A.A. Bob's brief exchange with his therapist stood in contrast with

the preceding exchange with his wife, in which Bob had portrayed his wife as passive ("you

might want to try it") and superficial ("take a look at it"), while his therapist was actively looking

out for Bob's best interests and took steps to help him. In summary, the first three instances in

which Bob described his marital relationship conveyed the sense that it was a passive association

between two people united by a mutual disregard for normalcy and traditions, along with a

shared fondness for alcohol.

Unlike Bob and his wife, Charlie and his wife had embraced tradition, at least in so far as

they had purposefully assumed traditional gender roles. And while Bob and his wife were drawn

together in part by their mutual heavy drinking, Charlie has made his wife's dislike of his

drinking behavior a central part of his stock A.A. story. I first met Charlie at an A.A. meeting

where he was a guest speaker, and during Charlie's speech I heard him joke that his wife had

gotten married when he was 29, implying that Charlie had been in a blackout drunken state

during his wedding ceremony. In our interview, I reminded Charlie of his wedding anecdote as a

way to get him to discuss his marriage. Charlie did not tell me anything about how he and his

wife had met, or about their courtship. Picking up on my reference to his joke about their

wedding, Charlie discussed how his habit of drinking to the blackout stage had been a point of

contention in his marriage. First, Charlie admitted the extent to which his drinking had caused

him to not remember times he had shared with his wife.

774. And looking back on it now

775. there's a lot of moments that my wife remembers that I don't. Um...

This thought led Charlie to share with me his personal theories of what memories are and

how the mind processes them.

776. Which is fine, because it,

777. I call that like a moment in time y'know,

778. something has to trigger somebody's memory to remember a certain moment or a

certain thing.

By saying "I call that" in line 777, "thinkaholic" Charlie makes overt that he has

previously developed, and most likely has shared with others, his "moment in time" theory of

memory formation. Here, he was using it in order to excuse his failure to share certain memories

with his wife.

779. Um y'know and just because she remembers a particular moment

780. – I'm not saying that my wedding –

781. doesn't mean that I'm going to.

In lines 779 and 781 Charlie made a statement implying that he feels no sense of guilt over the fact that there are "a lot of moments" that his wife remembers and that he does not. The interjected mention of their wedding (line 780) suggested that Charlie makes an exemption for that particular moment, and that his wife is entitled to feel upset with Charlie over his failure to remember it. Charlie then role-played what seemed to be a common exchange he has with his wife. First, Charlie enacted the exchange generically, claiming that "some people kind of" get upset when their partner is unable to share certain common memories.

782. And some people kind of get upset,

783. "I can't believe you don't remember."

Charlie then included his wife in that generic group.

784. My wife is the type that will get upset,

785. "I can't believe you can't remember that."

Charlie essentially minimized his wife's "upset" over his failure to remember many "particular moments" in their shared past by categorizing her as the "type" that is upset by such things. In effect, Charlie characterized his wife's negative personal response to his particular behaviors as an example of a common social phenomenon. In doing so, Charlie discounted her feelings. He concluded this analysis by identifying the reason for his memory lapses.

786. Well, I can't remember if I was drunk at the time, um...

787. I don't remember anything, sometimes, at all about what she said, y'know.

In line 787 Charlie isolated a particular class of things that he commonly cannot recall: things that his wife has said. In that sentence Charlie emphasized the finality and totality of his

inability to remember things that his wife has communicated to him ("I don't remember anything, sometimes, at all"). Apparently, Charlie's wife's words often fail to "trigger" his "memory to remember" them.

In their initial discussion of their marriages, neither Bob nor Charlie expressed any affection for their wives or what I would call empathy for their wives' emotional states. For his part, Bob simply did not address his wife's emotions. Charlie analyzed his wife's negative emotional response to one aspect of his drinking, categorized it, and in so doing appeared to discount it. Their seemingly inhibited emotional engagement with spouses would be further demonstrated as both men discussed a role each was forced to occupy: as caregivers for their ailing wives.

Bob and Charlie as caregivers for their wives. Both Bob and Charlie described how circumstances had forced them to each assume the role of caregiver for their wives. Four years into his recovery, Bob and his wife separated. Shortly thereafter, Bob's wife was in a car accident that resulted in her suffering a brain injury, which resulted in Bob returning to the family home to provide care for his injured wife. For his part, Charlie said that when their second son was still a young boy Charlie's wife was diagnosed with stage three breast cancer. Both men discussed their experiences as they tended to their ailing wives and assumed increased responsibility for parenting their children.

Bob's account of his caregiving role was the briefer of the two. As Bob described it, his wife's injuries were so severe that she required years of physical and mental rehabilitation.

908. And she had to learn how to read again,

909. she had to learn how to write again,

910. her and my daughter learned how to read Nancy Drew mysteries.

911. And so I was basically– I had another child to raise during that time.

Even though they would remain married for another ten years, the relationship between Bob and his wife was permanently altered by her accident. In line 911, Bob appeared about to state that he had assumed the role of parent for his wife, but decided to rephrase it so that it was his wife whose role had shifted, from wife to child. Bob went on to say that he struggled with this situation, but he provided no details.

912. And uh we went to, we went through all kinds of crap.

913. So and it wasn't until '95 that um

914. I just couldn't do it any longer

915. and uh so that's when I left

916. and uh I'm not sure if my daughter has forgiven me for that.

Although Bob presented this fraught period of his life briefly and with few details, his use of "until" in line 913 is meant to emphasize the extended length of time during which he cared for his stricken wife. And, after conceding that he fears that his daughter still harbors ill will against him for leaving his family, Bob promptly defended his decision as a necessary act of self-preservation.

917. But I had to for my own survival,

Bob then said that the permanent changes to his wife's mind and body were so profound that it was impossible for him to "adjust."

918. things to change so dramatically and so quickly

919. y'know most people change over time, and I can kinda adjust.

920. But when one changes so quickly it's kinda like an Alzheimer's thing, y'know,

921. it's that the body is gone.

923. And uh or the personality is gone...

While Bob implied that the profound changes to his wife's personality caused by her physical injury were his motivation for ultimately ending their marriage, Charlie said that personality changes in his wife, which he attributed to her illness, also had been the source of friction in their marriage. Charlie began his discussion with a detailed description of the physical care that he was called upon to provide his wife as she recuperated from surgery and went through cancer treatment. Charlie also briefly mentioned his increased responsibility as a parent. After listing the various practical things that changed in his household due to his wife's illness, Charlie addressed the emotional aspects of the experience.

865. It was a very scary time, y'know...

866. Because at that time we didn't know if she was going to live or die

867. and I'm sure she didn't either, um...

In line 866, Charlie's use of the collective "we" suggested that he was considering himself and his wife as a couple who together faced the prospect of her death, but the next line revealed that to not be the case. In line 867 Charlie speculated that his wife, too, must have been uncertain of her own fate, and so the "we" in line 866 presumably refers to Charlie and his sons. This passage suggests that Charlie and his wife did not freely communicate about their emotions during her illness, as Charlie – who was attending to her daily physical needs as she recuperated – could only speculate as to her state of mind during this period of time.

Charlie next addressed the psychological effects of his wife's illness.

868. And y'know I'm gonna,

869. I'm gonna also say that I strongly believe that had a very adverse psychological effect on her. Okay.

870. Um y'know I can understand her fear, um,

871. but I can't understand why she still hangs onto it so much, um ... ...

In lines 870-871, Charlie characterized his wife's mortal fear as a cancer victim in terms similar to his previously described strategies for managing his anger. In Charlie's view, his wife's fear was a thing that she chooses to hang onto, much like the negative thoughts that cause Charlie's anger. Charlie went on to say that as a result of her embrace of "fear," his wife was violating the terms of their agreed-upon marital roles.

891. So y'know as a parent, um, I,

892. I come to find that she...kind of neglects her duties, y'know.

893. She and I could see that it's all in the fears in her head,

894. or I believe it to be the fears in her head.

In this section, Charlie provided evidence of the poor quality of the communication between himself and his wife. In line 893 Charlie stated that he and his wife agreed that what caused the dereliction of her wifely duties were her fears, and in the next line Charlie walked back that statement, saying that it was his own belief in the causes of her behavior. Charlie then went on to claim that he felt no obligation to communicate with his wife about such matters. He did so in terms that expressed Charlie's fundamental value: work.

895. I can't get into her head and really try to see, y'know,

896. it's not my job to work on her head

Charlie characterized communication with his wife over her emotional state in very concrete terms. To Charlie, communication is to "get into" someone else's head, and doing this with his wife is literally not his job. What is Charlie's job, he went on to say, is to offer advice on how to fix the situation.

897. and the only thing I can do to try to um divert or tell her,

898. I try to tell her that,

899. y'know ya don't have to think like that.

900. Ya don't have to think like that.

As he spoke about his wife's psychological reaction to her illness, Charlie began to share his anger at her. For instance, Charlie described how his wife's fear left her housebound, forcing Charlie to do chores such as grocery shopping, which he dislikes ("I used to have really bad road rage / really bad ShopRite rage / still do, to some extent"). Charlie then complained about his wife being what he called a "Negative Nelly" who focused on his shortcomings in the kitchen by criticizing a meal he had prepared.

912. I made a dinner y'know,

913. how about looking for the gratitude that you didn't have to cook it

914. or something like that.

In line 913 Charlie spoke of emotion not as a state to be directly experienced, but as a thing to be "looked for." Charlie then identified a major cause for his anger at this type of situation: it is a violation of their agreed upon separation of duties as a husband and wife.

915. Because y'know

916. theoretically, in my head,

917. it tells me it's not my job.

918. Okay.

This stanza succinctly expressed Charlie's worldview, including the primacy of rational thought ("theoretically, in my head / it tells me...") and the central role of work in all factors of life, including gender roles ("...it's not my job"). In the next stanza, Charlie described the

accumulation of tasks and responsibilities he has experienced as his wife has withdrawn from the

world due to her fear. Doing so, Charlie widened the scope of his discussion about his marriage

to include the duties imposed upon him by his wife's mother.

919. So, I understand I'm being a little selfish when I think that way

920. but I also have to know that I only have a certain amount of time in the day

921. and I can't work and put 11 hours in to get my eight hours,

922. come home and cook

923. and also do the pool.

924. Also cut the grass at my mother-in-law's house <u>and</u> mine,

925. also fix all the stuff in my mother-in-law's house–

In line 919, Charlie acknowledged that his feelings might indicate that he is being selfish;

acknowledging one's selfishness is a key aspect of the A.A. experience. However, Charlie

would only allow that he was being "a little selfish," and in the subsequent lines he rattled off the

growing list of duties he had taken on since his wife's illness. As he did so, Charlie was growing

increasingly agitated; this provided Charlie with the opportunity to demonstrate for me the

thought-stopping technique he uses to manage his anger.

926. So you see now

927. my head just took off

928. and started thinking of all the negative things.

929. Interviewer: I can see that.

930. So what do I gotta do--

931. but I recognized it!

932. That's the important thing for me.

Both Bob and Charlie were, through circumstances outside of their control, forced into roles as caregivers for their wives. Bob only briefly addressed his experiences as caregiver for his wife, but did indicate that when he left her after ten years in the caregiving role his departure caused a rift between Bob and his daughter. Charlie, on the other hand, spoke at length about his experiences tending to his wife. Charlie's discussion of those experiences foregrounded his views on cognition and emotional management, as well as his deeply ingrained views on work and gender roles. Implicit in Charlie's discussion of his wife's illness was the dearth of communication between Charlie and his wife.

In this section, I have presented evidence that the participants' representations of their marriages focused more on conflict, poor communication, and destructive behavior than on emotional support and caring. In the next section, I will turn my attention to another dimension of participants' family relationships, and examine the participants' language as they described their relationships with their offspring.

Relationships with Children

All six of the participants were parents, and they each discussed their children to varying degrees. Evie, for example, went into great detail contrasting the different personality traits of her two sons, while Charlie only mentioned his sons once, in passing. Despite the varying levels of detail they shared, all of the participants gave me a sense of the nature of their relationships with their children, and there were recurring motifs in the participants' accounts of their relationships with their children. In this section, I will analyze two of those motifs: 1) the participants' sense of being unready for parenthood; and 2) their sense of alienation from their children.

Unreadiness for parenthood. Three of the six participants – those raised in more

middle-class circumstances – gave direct verbal evidence that they came into parenthood feeling ill-prepared for the responsibilities of raising children. Alice briefly touched on this as she discussed how her second marriage went "slowly downhill." Alice had described achieving a period of sobriety as she gave up drinking for the length of her pregnancy. Having mentioned this, Alice immediately followed up by pointing out her inadequacies as a parent, saying that she had been a very "scared mother," and adding that her husband had bathed their son during his infancy, as Alice feared that she would drop the baby.

As we've seen, Bob, too, gave up drinking during his wife's pregnancy. Except for his relapse after his daughter's birth, his recovery began when Bob became a father. Later in the interview, I asked Bob to discuss his experiences as a parent. Bob gave himself a positive assessment as a parent but then supported it with a discussion of his interactions with children in general.

790. Well, I think I was real good, uh,

791. y'know when, little kids spot me–

792. anyways, they like me. And uh ...

793. I can win 'em over

794. when other people can't

795. and I don't have to do much y'know.

Bob continued in this vein for another five-line stanza, then reiterated that his parenting had been "real good" – until his daughter reached her teens ("then my daughter decided she couldn't stand the sound of my voice"). As he mused over the causes for his daughter's rejection of him, Bob hit upon an explanation.

816. I just wasn't ready for parenthood, okay.

817. I was probably ready to be more like a playmate.

818. And I was maybe at that level of maturity.

This self-awareness encompassed Bob's previous observation that "little kids" inevitably "like" him. The qualities that made Bob a likable playmate for random little kids were not much help when he parented his own adolescent daughter.

Both Alice and Bob gave up alcohol while expecting their children, and each offered relatively mild criticisms of themselves as parents ("scared" and immature, respectively). Florence, whose first pregnancy was unplanned, continued to use alcohol through her pregnancy. She also provided a much harsher critique of herself as a mother, wife, and person in general. Here, Florence described herself at the point of her life when she became a mother.

76. And I had her.

77. And I was ill equipped to be a mother.

78. I was ill equipped to be a wife,

79. I was ill equipped to uh do much of anything

Florence's choice of words to describe her aptitude as a mother and wife ("ill equipped") implied that she viewed her shortcomings not as innate character flaws, but as deficits that could be addressed. This is indirect evidence that Florence, on some level, understood that her own mother's shortcomings as a parent had contributed to Florence's lack of preparedness for motherhood. Moments later, I directly asked Florence what it was like for her being a mother.

88. Uh, oh it was horrendous.

89. It was um, it was awful.

90. I knew when I got pregnant that my daughter,

91. or this child

92. was going to interfere with my life and um

93. I was very upset about it.

In the above stanza, Florence was describing herself at a time in which she was still drinking. In line 90, she referred to being pregnant, and in the following line she altered how she referred to her daughter, changing "my daughter" (which described a close personal relationship) to "or this child" (which removed any reference to a personal relationship and objectified the baby). In line 92, Florence disclosed her view of the nature of her future relationship with "this child" by stating that the baby would "interfere with my life," with her "life" understood to mean her hard-partying lifestyle. The mother/child relationship was, in Florence's mind, between a "party girl" and a vulnerable infant, and its hallmark was "interference." It was a relationship that Florence's alcoholic self did not want.

Moments later, Florence identified what her "ill-equipped" self was missing that would have enabled her to see caring for her daughter as something more than interference.

99. I had no ability to love.

100. I wasn't capable of a love that,

101. that a mother is supposed to have for her daughter.

Having admitted that, as an active alcoholic, she was incapable of loving her daughter, Florence described their post-recovery relationship in more positive terms. Yet she still did not describe it as a loving relationship.

102. Luckily today we are best of friends,

103. but back then it was um,

104. it was a nightmare.

105. Y'know I had this beautiful, precious, little baby

106. and I had no skills to take care of this child.

107. So um, I did the best I could um...

Florence's continued use of "this" as a definite article to refer to her daughter in lines 105 and 106 further objectified the child. Throughout this passage, Florence's language served to represent her infant daughter as an object interfering with Florence's life. Florence saw the conflictual nature of the relationship as due to Florence's being "ill-equipped" to love.

Alienation from children. Four of the participants described feeling estranged from their children, with only Alice characterizing her relationship with her son as close. The participants' descriptions of a lack of connection with their children fell into two broad contexts: alienation as a direct result of the participants' drinking, and alienation linked to difficulties in the parent-child relationship that extended into the participants' recovery.

Drinking-related alienation. Two of the participants, Florence and Donald, shared similar anecdotes to illustrate how their drinking had caused them failure to connect with their children. Donald described feeling a sense of alcoholic stasis related to his job as a liquor salesman which caused him to stay away from the family home, while Florence described feeling alienated from her young daughter while drinking in the girl's presence. Both of them identified a gap between their drinking behavior and their intentions to be good parents, and that this gap caused internal conflict and powerfully-felt negative emotions.

In the middle of his interview, Donald described the role that his position as sales executive for a liquor distributorship had played in his drinking. Donald said that he frequently would take clients out for dinner and drinks at four or five o'clock in the afternoon. While his clients would customarily leave after a few hours, Donald would habitually stay at the bar

drinking until closing time. Donald described his state of mind during those nights.

> 466. But during that period of time y'know I knew that I had my young son Alan* was
>
> here.
>
> 467. I thought about my other two children a lot,
>
> 468. I thought about my wife, my current wife, Emily. Uh, y'know–
>
> 469. I knew that they didn't–
>
> 470. I knew that they were worried about me.
>
> 471. I knew that they uh ... uh wanted to know where I was.
>
> 472. They didn't-they had no idea where I was and why I wasn't home, um, so...

Although Donald said that he would habitually drink alone during this period of his life, here he described a situation in which his absent family members were very much present in his mind as he sat alone at the bar (lines 466-468). Having established that his wife and children were present in his mind, Donald shifted from simply thinking about them ("I thought about...") to imputing thoughts and feelings to them ("I knew that they" felt worry and confusion). Donald then discussed his behavioral, mental, and emotional responses to the situation.

> 473. But I couldn't get myself to leave
>
> 474. and I could never understand that the next day
>
> 475. and I would swear the next day I'm never going to do that again.
>
> 476. So the guilt and the shame continued to build up for all those years that I drank...

In line 473, Donald used a reflexive pronoun to identify a split between his first person autobiographical self ("I") and his behaving self ("myself"). The "I" in these sentences wanted to be a responsible father and husband with healthy relationships with the members of his family.

---

* Donald's adopted son; a pseudonym

The drinking Donald, the "myself" who wouldn't allow Donald to leave the bar, had engineered a situation in which Donald would chronically torture himself by pondering the pain he caused his family members. The result of this alcoholic stasis was that Donald described himself as feeling increasing guilt and shame over the course of years.

Florence described a similar pattern of behavior with a similar outcome as she talked about her relationship with her daughter. Near the beginning of her interview, after telling me that she was ill equipped to love her daughter, Florence shared memories of their interactions when the girl had been a toddler.

111. I–I, y'know, I blacked out a lot when she was about two,

112. and I remember coming to a couple times,

113. and she was like playing

114. sitting next to me,

115. while I was passed out on the couch.

116. And she'd be on the floor

117. and she wouldn't move,

118. and she was a happy kid

119. but she didn't say much.

Having skillfully sketched out the situation, Florence described the nature of the interactions between herself and her daughter.

120. And if my tone got a little higher

121. or a little bit louder she, you could–

122. to this day I can see her –

123. she would just like go inward, y'know.

124. Like her whole expression,

125. her whole body language would change.

126. I think she was frightened of me,

127. with all good reason.

Unlike Donald, who tortured himself as he sat alone at the bar by speculating on the effects his behavior were having on his children, Florence shared a vivid recollection of actually seeing her vulnerable daughter recoil with fear in the physical presence of her intoxicated mother. As with Donald, there was a schism between Florence's drinking self and the "I" that wished for a healthy relationship with her daughter: it was at this point that Florence shared what I called her litany of wants earlier within this chapter:

130. I wanted to be a good mother,

131. I wanted to be a loving mother,

132. I wanted to be,

133. I wanted to be the Brady Bunch.

134. I was just so consumed with myself that I,

135. I just didn't know how…

In lines 134-135, Florence gave evidence that she accepts the A.A. belief that "selfishness" accounts for the gap between good intentions and drinking behaviors. She returned to the theme of selfishness later in the interview, and I asked her to tell me more about her experience with it. At first, Florence described her selfishness in straightforward terms without nuance, by contrasting her selfish desires against the needs of her family.

832. If it wasn't right for me I didn't do it.

833. If I didn't want to do it I didn't do it,

834. if I didn't feel like getting up I didn't get up,

835. if I didn't feel like y'know making dinner I didn't do it.

836. It didn't matter, whatever. It did not matter.

As she continued to talk about her selfishness, Florence acknowledged that it was not simple hedonism, and she described a schism similar to that described by Donald.

845. It was whatever I wanted to do

846. and I knew it was wrong

847. but I could not help it.

In lines 845-847, Florence uses the pronoun "I" to identify two different actors that fell under the identity of "Florence," the selfish "I" of line 845 (who would wake up from a blackout drunk alongside her frightened young daughter), and the unselfish but ineffectual "I" of lines 846-847. Florence then described the constant struggle that went on within her between these two aspects of herself, and the emotional toll it took on her.

849. Y'know, it was hell.

850. It was, it was awful.

851. Because I was constantly,

852. there was an interior fight all the time,

853. internally my mind never stopped,

854. never ever stopped.

855. I could not go a second awake without my mind racing about something …

856. what a piece of shit I was. That's all.

857. And I-I knew it.

858. And I didn't want to be like that.

859. And I knew what an awful person I was.

860. And I could, I'm sorry (begins to get emotional)

Florence, at this point in our interview, was putting herself through the sort of psychological self-punishment Donald had described. Both he and Florence had used mental images of their children and their own "selfish" behavior toward their children to conjure up powerful feelings of shame and guilt. Florence suggested that she had a utilitarian motive for doing this as I tried to comfort her.

861. Interviewer: I'm sorry. Take a–

862. No, no this is good

863. because I need to remember this.

864. (Through tears) It was, it was hell.

865. It was like, I don't know how else to describe it.

866. It was a very very painful thing

867. and it didn't matter who I destroyed along the way,

868. it just didn't matter.

Florence didn't mention her children in line 867, but her previous discussion of her memories of "selfish" drinking resulting in her frightening or neglecting her daughter suggested that her vulnerable children were those most at risk of being "destroyed" by Florence.

It is worth noting that Donald and Florence were the only two of the participants to tell me that at least one of their adult children had become addicted to drugs or alcohol. Donald mentioned to me that both of his children from his first marriage had become addicted to both drugs and alcohol, with his daughter having been jailed for selling methamphetamine. In the

next section I will examine Florence's relationship with her adult son, whom she described as an

alcoholic.

Difficulties within the parent-child relationship. While only Donald and Florence

described difficulties with their children directly related to their drinking, five of my six

participants spoke of having difficult relationships with their children. Only Charlie failed to

provide such detail about his relationships with his sons. These difficulties in the parent/child

relationship described by the participants spanned well into their recoveries, and were not

proximally caused by the participants' drinking.

Of all of the participants, Alice described having perhaps the fewest difficulties in her

relationship with her son. As I've said, she described having a generally positive relationship

with her adult son, but said that it had required a great deal of "work" by both of them to get to

that point. Alice said that her son had many "anxiety issues and what have you," and has

undergone mental health counseling to help manage his condition ("and he's – he's doing, doing

way way better"). For her part, Alice has learned to adjust her parenting style since her son

became an adult. On a superficial level, Alice told me that she and her son used to fight

constantly over his refusal to clean his room, until her A.A. sponsor suggested that Alice simply

close the bedroom door.   On a deeper level, Alice's son helped her to understand that her

tendency to try to solve his problems when he would discuss them with her was not meeting his

needs ("y'know, mom, I don't really need you to solve it, I just want you to listen"). Both of

these examples cited by Alice entailed her learning to give up attempts to control her son, the

first example at a superficial level ("clean your room"), the second example on the level of

communication and care (listening empathetically and not trying to solve her son's problems).

The parent-child relationship difficulties Alice described were relatively commonplace (untidy bedrooms and over-involved parenting) and undramatic. The relational difficulties described by my other participants were more severe. Donald said that he rarely sees either of his adult children from his first marriage, and has only limited communication with them via social media. Later in this chapter I will examine how Donald characterized his relationship with his adopted son, who had been killed in a car accident about three months prior to our interview. Evie, too, said that she never sees her surviving son, and she told me that her son holds her responsible for his brother's suicide. Two of the participants, Florence and Bob, went into detail to describe relationships with their adult children in which they saw reflections of their own troubled lives.

In her interview, Florence said that her fear that she was an "oops" baby conceived in a "drunken stupor" is based, in part, on the fact that those were the circumstances of her own children's births. As we've seen, Florence categorized the nature of her current relationship with her adult daughter as "the best of friends." Florence described a more troubled relationship with her son, whom she had kicked out of the family home two years earlier, at the age of 18.

907. ...He's a very loving, caring person

908. but again he is caught up in the midst of this awful disease. Um so he uh,

909. I had to get him out of my house.

910. I saw him for the first time two weeks ago, in a year and uh...

911. He hates his life,

912. he hates his wife,

913. he hates everything

914. and it's everybody's fault.

915. Just like I did.

Florence's description of her son imputes to him the sort of dichotomous identity she herself embodied while she was drinking: a well-intentioned ineffectual self ("He's a very loving, caring, person") and a drinking self wracked with negative emotions and destroying relationships ("he hates his life / he hates his wife / he hates everything"). The A.A. discourse offered Florence a useful definition ("this awful disease") that allowed her to grasp and discuss his condition. It also gives her a framework for identifying with her son's struggles ("just like I did it.")

Bob, too, reported that he struggled with seeing one his offspring enduring the same sorts of problems he had had when younger. At various points in the interview, Bob discussed his relationship with his stepson, which Bob characterized as difficult ("She[*] had a son who was my stepson / and we never really got along"). As Bob described a contentious relationship with his stepson, he also said that he recognized that they were alike. Bob spoke at length about his relationship with his stepson in an anecdote intended to illustrate the efficacy of the A.A. philosophy and structure. After Bob briefly portrayed his stepson in terms to suggest the stepson was nothing like Bob's adolescent "wild man" persona ("he was kind of a geek"), Bob described his own frustration in their relationship.

836, I couldn't get him to even take the garbage out

837. or to get backing for him to even take the garbage out.

839. And so that was sort of a dead end frustrating thing.

The language Bob used to tell of a commonplace domestic conflict – a father's inability to get his teenage son to take out the trash – suggested that the conflict carried a broader meaning

---

[*] Bob's wife

than a simple power struggle, and was indicative of Bob's failing marriage. His use of the word

"even" in lines 836 and 837 suggested that Bob saw taking out the garbage as the bare minimum

that Bob, as head of the household, should have been able to expect in terms of obedience from

his stepson. Bob's interjection in line 837 ("or get backing for him...") suggested that a main

cause of Bob's frustration was that his wife had taken her son's side in his power struggle with

Bob. In describing their conflict, Bob also illustrated how he and his stepson connected, albeit in

an adverse way.

> 842. ...And I called my sponsor and I said,
>
> 843. "this kid's gonna leave home just like I did,
>
> 844. angry and bitter and pissed off. "

In lines 843-844, Bob shifted his characterization of his relationship with his stepson

from a power struggle over chores to shared attitudes of anger and hostility. First, Bob

objectified his stepson ("this kid"), then identified with his stepson both in terms of action taken

("gonna leave home just like me") and their common psychological state ("angry and bitter and

pissed off"). Bob next described his sponsor's advice, which was to accept his stepson the way

he was. Bob said that he pushed back on his sponsor's advice by citing an example of his

stepson's defiant behavior.

> 854. And I said, "Well what about the boots,
>
> 855. and the puddle on the floor?"
>
>
> 856. He says, "Well you can wipe up the puddle
>
> 857. and set the boots aside
>
> 858. or walk around it."

This advice is similar to the advice that Alice had received from her sponsor when Alice had sought advice on how to handle her son's refusal to clean his room ("close the door"). Whereas Alice found this advice helpful and eye opening ("Now why that was a novel idea, but it just didn't– / sometimes I guess we just don't see the forest for the trees or whatever"), Bob struggled to accept it.

867. I said "Damn that's a tall order."

868. 'Cause I was mad.

869. Like I said, I couldn't even get him to take the garbage out.

870. And she would back him, I couldn't– y'know.

The A.A. approach of using selective disengagement in difficult relationships, embodied in the "Serenity Prayer[*]," worked well for Alice and her son, who shared a close bond. It provided less comfort to Bob as he dealt with a defiant stepson, who was both a wedge between Bob and his wife and a reminder to Bob of his own younger "angry and bitter and pissed off" self. Bob said that he and his stepson never healed their breach and that they often go for years on end without speaking to each other. Bob said that he continues to see their relationship in terms laid out in the "Serenity Prayer."

941. So again, it's like I can't do anything about his reactions,

942. I can't do anything about how he thinks about things,

943. he's gonna have his position and it's gotta be okay.

944. It's gotta be okay.

---

[*] "Lord, grant me the serenity to accept the things I cannot change,
   the strength to change the things I can,
   and the wisdom to know the difference."

945. Even though it has bothered me.

Conclusion: Representations of Relationships

In this section, I have analyzed the language used by the participants as they discussed their closest interpersonal relationships. The participants described a cyclical pattern of relationships, in which the sort of unsatisfactory relationships they had described in their families of origin were recapitulated in their own marriages and experiences as parents. All participants described their alcohol misuse as being involved in their troubled relationships with spouses and children. Likewise, all of the participants described their relationships with children and spouses as continuing to be unsatisfactory after they had entered recovery. This suggested that those relationships had been compromised by the participants' drinking behavior, or that the causes for the unsatisfactory relationships extend before and beyond the participants' drinking years.

Representations of Others

In the previous two sections I presented an analysis of the participants' use of language to create representations of their selves and their closest relationships. As I conducted those analyses and interpreted the results, I was able to discern patterns in the language they used to characterize other people, including family members and spouses, as well as social institutions. For the remainder of this chapter, I will use "the other" as shorthand for those two classes of phenomena. The patterns used by the participants to characterize "the other" were determined by an essential quality of the relationship between the participants and "the other" being discussed, a relational quality that is central to A.A. doctrine: power.

The 12 steps that present the core doctrine of A.A. describe an evolution in the recovering alcoholic's relationship to "power." First, the alcoholic must admit that he or she is powerless over alcohol. Next, the recovering alcoholic must surrender his or her will to an

abstract "higher power." The last of the 12 steps describe how recovering alcoholics act as agents on behalf of their higher power by providing guidance and support to other alcoholics as they enter the program, as well to practice the A.A. "principles in all our affairs" (A.A., 2001, p. 60).

In analyzing the participants' descriptions of their selves and relationships, I noticed that power differentials tended to provide the bases for their representations of "the other," with "the other" being individuals and institutions. For some participants, the power differential extended beyond people and institutions, and included substances such as alcohol. In most cases, the participants described themselves in relation to "others" who had greater power than the participant, leaving the participants feeling as if they were in a subordinated position. In other cases, the participants represented themselves as exercising (or attempting to exercise) power over an "other" with less power than the participant. Finally, the participants also described relationships with "the other" in which neither party assumed a position of greater or lesser power, with the participant and "the other" interacting as equals.

In addition to these power differentials, the motives of the parties involved in the relationship affected the participants' representation of "the other." As already stated, the relationship between the participant and "the other" often entailed the exercise of power. In this analysis, I call those "control" relationships, in which the participants characterized "the other" as something to control, or, more often, as something attempting to exercise control over the participant. In describing those sorts of relationships, the participants described three basic patterns of response when in relation to an "other" attempting to exercise control. Specifically, the participants represented the controlling "other" as 1) something to be obeyed; 2) as something to be defied; or 3) as something to be avoided. In addition to describing "control"

relationships, the participants also described relating to "the other" in situations in which one of them was in need of physical and emotional comfort and support. In this analysis, I call those "care" relationships, in which the participants represent "the other" as an agent either providing care or as a subject in need of comfort and care. My analysis of the participants' recovery stories, taking into account the control/care dimensions of imbalanced power relationships described above, revealed the following patterns across their various representations of "the other:"

1) Participants described their pre-recovery selves as engaged in unsuccessful power struggles with a variety of "others" in various contexts. For example, they described power struggles with individuals (e.g., family members, spouses), and with social institutions (e.g., religion, the military, schools, the medical profession), and, in some cases, with alcohol itself. The participants' responses in those power struggles fell broadly into the categories of obedience, defiance, and avoidance.

2) Participants described recovery in terms of "surrender," that is, in finding some way to disengage from unsatisfactory and unsuccessful power struggles with others. This concept is spelled out in the third of the 12 steps, which calls upon the A.A. member to surrender to an abstract "higher power."

3) After disengaging from power struggles, participants described themselves as becoming able to accept care from others. Learning to receive care from others was a central theme in the participants' description of their early participation in A.A.

4) All of the narratives indicated that, by allowing themselves to receive care, participants were then able to develop the capacity to provide care to "the other," a skill that their prior alcohol use and antagonistic stances had made difficult. This skill, which I call

"redemptive caregiving," was identified by the participants as the single most important element in their recovery stories.

5) Having given up habitual power struggles and engaged in caring relationships, participants described themselves as more easily engaging with "the other," resulting in more satisfying relationships and a greater sense of purpose in their lives.

In the following sections I will provide analyses of the participants' descriptions of "the other" in terms of control and in terms of care. In each section, I will refer to my previous analyses of the participants' use of language to represent their selves and their relationships.

Control

1029. And the trigger point for me, I'm gonna say, honestly,

1030. is that I don't like anything being in control of me.

The above quote is from Charlie, who was responding to my question as to whether or not he had endured a "hitting bottom" experience that led to his recovery. Charlie responded that his "bottom" had been the realization that he had grown physically dependent on alcohol, and had to continue drinking in order to avoid delirium tremens and other withdrawal symptoms. Charlie went on to tell me, "I didn't lose my house / I didn't lose my car / I didn't lose, y'know I lost nothing." While Charlie lost no tangible material possessions due to his drinking, he did report that he had lost the feeling that he was in full control over his body and his life, and that was sufficient to motivate Charlie to join A.A. and give up drinking alcohol.

As we've seen, the participants had each, in his or her own way, described their struggles with maintaining control over their lives as they had struggled with alcohol dependence, with difficult interpersonal relationships, and with social institutions. In the following section I present brief analyses of how the participants described their attempts to regain and maintain

control over their lives in each those domains while they still were regularly using alcohol. After that, I analyze the language the participants used as they described how they had surrendered their attempts to exert control over other people and institutions, a process known in A.A. as "surrender to a higher power" (c.f., Subbaraman & Kaskutas, 2012, p. 759).

Alcohol and A.A. Above, I quoted Charlie as he spoke of feeling as though alcohol in of itself had taken control of his body and his life. The concept that alcohol itself is an actor that exerts control over the alcoholic is common in A.A. doctrine, and was explicitly stated by all three of my male participants. Alice, too, a long-time A.A. leader, also spoke of alcohol in terms of power and control, but always in social contexts (e.g., when she talked about how she had used her second husband as a countervailing controlling agent as she tried to use him as a means to moderate her drinking). The male participants spoke of alcohol as an agent capable of taking control of the alcoholic with no other forces – social or biological – playing a part.

About a quarter of the way through his interview, directly after sharing with me his autobiographical drunkalog story, Bob shared with me his theories on alcoholism. He began by citing as his authority the Big Book of A.A. In citing the foundational A.A. text, Bob demonstrated that he had voluntarily accepted the A.A. doctrine as an interpretation of his personal struggles.

294. A.A., in the Big Book, it says y'know

295. it's a great obsession of every abnormal drinker to control

296. and to enjoy his drinking.

297. And I say it's an incongruent thing.

Bob started this stanza by citing his authority ("A.A., in the Big Book"). In the two middle lines, Bob laid out some fundamental tenets of the A.A. doctrine: first, the definition of

an alcoholic (abnormal, obsessive drinker) and a description of the alcoholic's desired

relationship with alcohol (to both control and enjoy it). After succinctly expressing A.A.

doctrine, Bob shifted from its abstract descriptions in order to share with me his personal

perspective on the topic ("And I say it's an incongruent thing"). Bob then described his personal

experiences of attempting to control alcohol.

298. Because when I was in control,

299. I was counting,

300. I was measuring,

301. I was figuring out where my source was going to be.

302. So that was my control mode.

Bob described his "control mode" with verbs signifying quantitative analysis ("I was

counting / I was measuring") and future-oriented planning ("figuring out where my source was

going to be"). To achieve his "control mode," Bob had to sacrifice what it was that he most

enjoyed about drinking alcohol – that it had afforded him the opportunity to indulge in his "wild-

man" mode.

303. And I didn't enjoy that,

304. if I enjoyed it, I was totally out of control.

305. It didn't matter.

306. All I wanted was more, and louder, and crazier.

What Bob enjoyed about drinking ("more," "louder," "crazier") was antithetical to his

"control mode" behaviors ("counting," "measuring," "figuring out"). This juxtaposition laid out

what Bob had called the "inconsistent thing" at the heart of the alcoholic's dilemma.

Donald, too, explicitly cited A.A. doctrine on alcohol and "control." His description of

his relationship with A.A. doctrine came after his account of feeling guilt and shame as he sat

alone in bars, drinking and contemplating the family he was neglecting. As Donald described it,

A.A. offered an explanation not just for his drinking, but also for the entire array of troubles with

which he struggled.

481. I, I had no idea why I did what I did. ...

482. And I don't know how familiar you are,

483. are you familiar with A.A. at all?

484. Interviewer: Yeah, somewhat.

485. Okay.

486. Well all of the things in the Big Book in Alcoholics Anonymous are, have been a

part of my life.

487. I mean, as far as the-- when they describe the alcoholic,

488. if you can, y'know if you can't control the amount you take uh,

489. if you uh get drunk and-and it doesn't take you anywhere to that happy place.

490. All that stuff, that's the big- the the truth about my life.

Both Donald and Bob cited A.A. texts as their authority on the matter of alcohol and

control. They differed, however, in identifying their motives for drinking. Unlike Bob, who said

that he had used alcohol to enact his wild man persona ("all I wanted was more and louder and

crazier"), Donald said that his use of alcohol was intended to help him manage emotions ("take

you...to that happy place"). Also, while Bob shared his views on drinking, control, and A.A.

doctrine in clear and unequivocal terms, Donald appeared to hedge his declaration of A.A.

principles. In line 490, Donald captured the A.A. doctrine in a simple collective noun ("All that

stuff") and appeared about to make a definitive statement about how well the A.A. doctrine accounts for his life's troubles, before stopping himself and removing the definitive adjective from his description ("that's the big– the the truth about my life"). Later in the interview, Donald told me that his depression and anxiety persisted after he had stopped drinking, and culminated in a suicide attempt 10 years into his recovery. Donald recognized that the A.A. model provided a satisfactory explanation for his inability to control his drinking, but that this was "the truth" about his life, not "the big truth." For Donald, and the rest of the participants, issues of power and control in interpersonal relationships exerted greater influence over their well-being than did out-of-control drinking. This is evidenced by the fact that Alice, Bob, Donald, and Florence – the participants in recovery for decades – each reported unsatisfactory relationships and emotional problems well into their abstinence. In all of their cases, stopping their use of alcohol did not result in the cessation of their life problems.

Control and relationships. As shown in the prior analysis, the participants consistently described significant other people in their lives as agents attempting to exert control or as subordinates to be controlled. Four of my six participants – Bob, Charlie, Florence, and Evie – described their relationships with their parents in terms that suggested their parents' exertion of authority was a salient aspect of the relationship. Alice, who claimed that she had gotten "the best of" her parents, described her younger siblings as each rebelling against strict parental control. Donald did not describe being controlled by his mother, but as we'll see he did go into detail describing his struggles with the controlling Pentecostal faith to which his family adhered.

Florence, reflecting on how sobriety had affected her relationship with her parents, used a telling metaphor – puppet – to characterize the shifting power differential between herself and her mother.

1021. ...And I think my mother is almost like scared of me, for some strange reason.

1022. She doesn't know how to, y'know when they are in control

1023. they can kind of puppet and maneuver,

1024. you're kind of like their little puppet,

1025. where they can uh, y'know they can make you dance the way they want to.

1026. But when you start getting sober

1027. and you do it the correct way that,

1028. that kind of stops

1029. where you start taking control of your own life

1030. and you're no longer that puppet um

1031. it-it scares a lot of them off.

In this passage, Florence added a subtle yet significant nuance to the A.A. tenet stating

that alcoholics are powerless over alcohol, and that as a result their lives have become

unmanageable. Here, Florence was suggesting that the power void in her life as an alcoholic had

been filled by others – in this case, her mother. Florence's use of the puppet/puppeteer metaphor

to describe her mother's controlling behavior, which she suggested was a common sort of

self/other relationship among alcoholics ("they can make you dance the way they want to")

aligns with A.A. doctrine. Her metaphor "puppeteer" presented an image reminiscent of the

"higher power" concept central to the 12 steps of A.A. The main difference is that Florence used

the puppeteer metaphor to describe how others had exerted power over her while she had been

herself powerless over alcohol. Again, Florence used the third person plural to describe the

puppeteers controlling alcoholics, suggesting that this was a common self/other relationship ("y'know when they are in control / they kind of puppet and maneuver"). To Florence, purposefully submitting to an abstract higher power allowed her to start taking control of her own life (line 1029), which caused her mother to grow "almost like scared of" Florence (line 1021). Florence seemed to suggest that her personal growth was not matched by equivalent growth in her controlling parents.

Four of my other participants described controlling parent/child relationships similar to Florence's puppet/puppeteer metaphor. Bob and Charlie described their parents as authoritarian conformists and abusive taskmasters, respectively. In both cases, parents had imposed their will on the participants, causing the participants to act out in rebellion. On the other side of the parent/child relationship, Alice, Bob, and Donald had described themselves as having attempted to exert control over their own children, with no success. Evie, the victim of sexual abuse, described a particularly toxic control relationship with her father. As a middle-aged woman Evie had confronted her father over the fact that his brother had serially molested Evie when she had been a girl. Evie's father immediately denied that his brother was responsible for his actions by accusing Evie of being complicit in her abuse ("Mark said that you wanted it"). Saying this, Evie's father was suggesting that as a girl Evie had exercised control in her sexual relationship with an adult uncle. Her father's denial of responsibility and agency on behalf of his brother paradoxically served to exert a profound influence on Evie, who continued to feel "more shame / more guilt that I did something bad, / that I did something wrong."

In the previous section, I examined participants' descriptions of their unsatisfactory marital relationships. It is important to note that those relationships were described as predominantly control relationships. The marital power struggles described by the participants

ranged from the sort of violent physical conflicts described by Florence and Evie, to the subtle

psychological manipulation described by Alice. Both Bob and Charlie described their roles as

caretakers for their physically ailing wives in terms of control: Charlie expressed frustration over

his inability to control his wife's emotional response to her illness, while Bob expressed a sense

of being overwhelmed by the responsibility of being in charge of both his four-year-old daughter

and his brain-damaged wife ("and so I was basically, I had another child to raise during that

time").

Donald described his state of mind when, with ten years sobriety, he had attempted

suicide as a result of his depression. He did so by describing his reactions to his closest personal

relationships.

541. I had gone back to the old Donald,

542. being lonely, being angry

543. being uh probably even um resentful of other people that might have different

things than I did,

544. and my whole life was just kinda falling apart in front of me.

546. I was uh I had a bunch of resentment towards my ex-wife,

547. my current wife, uh all these things...

548. my two children from first marriage

549. that I still couldn't understand why I was losing them, as far as ...

550. y'know what was going on in their lives, they both became adults.

Here, Donald used the word "resentment" to characterize his relationships with his ex-

wife, current wife, and children. Resentment is a key concept in the A.A. doctrine and is

described by the authors of the Big Book as the "number one offender" that "destroys more alcoholics than anything else" and from which "stem all forms of spiritual disease" (A.A., 2001, p. 64). In this passage, Donald implied that his resentment toward his children stemmed from his inability to control them as they aged into adulthood. Elsewhere, as he described how in recovery he is able to work through his resentments with his wife, Donald provided evidence that that resentment was rooted in frustration and attempts at control.

    699. I have very few resentments anymore

    700. and if they, if they start building up I have to take care of them.

    701. If I have high resentment with my wife I have to sit down and say, "I don't like this,

    702. I don't like what you're doing this way, the way you do it,

    703. and I have to tell you that because, that's—"

    704. And she will respond,

    705. maybe she will get angry, or whatever,

    705. but once we get that out in the open then we can, we can work on that.

According to Donald, his resentments toward his wife are caused when she behaves in ways that go against his wishes ("I don't like this, / I don't like what you're doing this way, the way you do it"), much like his resentments toward his children who had grown outside of his control ("I still couldn't understand why I was losing them"). The "old Donald," stuck in his hierarchal control mindset, would let his resentful frustrations build until he either would numb his emotions with alcohol or succumb to a depressive episode. In recovery, Donald is able to approach others (in this case, his wife) not as an "other" to be controlled, but as an equal to be engaged with. Relating to each other from this perspective, Donald and his wife are able to

negotiate a more satisfying outcome to their differences ("once we get that out in the open then we can, we can work on that").

While all of the participants described their relationships in terms of power and control, Alice was the only other participant to use the words "resent" and "resentment" to characterize her relationship with others. Doing so, Alice described the same sort of hierarchal control attitude described by Donald. For instance, Alice described her second husband's resentment of her participation in A.A. because it reduced his capacity to exert control over her. Elsewhere in the interview, as she described her experiences working the A.A. program, Alice said that as part of her "moral inventory" she had been asked to identify a resentment she had been carrying. Rather than identifying a resentment based on her interpersonal relationships, Alice said that, ever since she had been a newly single 25 year-old struggling to support herself, she had been furious at American Express for denying her a credit card. After citing her anger at a giant, faceless corporation for defying her wishes, Alice generalized that sort of frustrated-self/controlling-other relationship to her personal relationships.

999. But that's the kind of stuff, y'know,

1000. that just knotted and balled up these resentments

1001. and these things that, that uh over life had,

1002. had just crammed me and then, and then...

Alice used expressive language ("knotted and balled up," "crammed") to convey the visceral sensations she associated with feeling that others had consistently defied her will. She went on to specify a series of relationships in which those frustrations had formed.

1003. People didn't do the things that I thought they should, y'know.

1004. My first husband didn't act the way he should have,

1005. and he died on me. And the...

1006. the second husband didn't do the things, and my...

1007. and all of these things that people wouldn't do

1008. or didn't do

1009. or bosses or whatever.

In lines 1003 and 1007-1008, Alice expressed her power struggles against the universal "other" ("People didn't do the things that I thought they should"), and in lines 1004-1006 and 1009 she named individual authority figures from her personal life (her husbands) and working life (her bosses). Moments later, Alice assumed a first-person present-tense voice to dramatize her state of mind while she had been mired in her hierarchal, control-mode approach to relationships. She did so by expressing a litany of "hates," building toward the role alcohol played in helping her to maintain a sense of equilibrium despite her constant and frustrating power struggles.

1016. "Oh I hate my boss,

1017. I hate my job,

1018. I hate the world,

1019. I hate my husband,

1020. my kid's a pain in the neck, my, y'know...

1021. "Oh let me just have a couple of drinks

1022. because I can relax then

1023. and take that stress out."

Control and social institutions. Like Alice, who nursed a 15-year grudge against the American Express Corporation after it had denied her a credit card, my other participants described their reactions to falling under the control of large, impersonal social institutions. Not all of those reactions were negative. Bob, for example, said that he found the discipline imposed on him in military boot camp to be a welcome relief from the demands he placed on himself as he tried to live up to his hard-drinking wild man persona. Likewise, Donald said that he had thrived while in the military, as opposed to his reported failures in school. Another participant with direct personal experience with the military, former army-wife Alice, had expressed a sense of alienation at finding herself isolated and alone under the control of an institution to which she did not herself belong.

Five of my six participants had described their frustrations with the education system. Donald described his struggles with a learning disability and his need to work to support himself, which caused him to miss many grade promotions before dropping out of high school. In contrast, Charlie had described his anger for the local school system after it had forced him to attend a talented and gifted program with other students whom Charlie considered to be elitist snobs. Bob described power struggles between himself and his school administration, which resulted in Bob embracing his "wild man" persona. Alice, talking about her experiences in an elite prep school in the early 1960s, had told me that her teachers had actively discouraged her from pursuing higher education. Florence, describing her parochial school in the early 1970s, said that her teachers had her convinced that she was irredeemably bad. In each of these cases, the participants framed their relationship with schools as one in which they were under the control of forces unsympathetic to their wishes or dismissive of their talents and potential.

Evie, alone among the participants, spoke about her dealings with institutions identified by Case and Deaton (2017) as probable causes contributing to the "death of despair" phenomenon plaguing working-class White baby-boomers: callous employers and inadequate health care. A recurring theme in Evie's interview was her deteriorating health and how it had contributed to her difficulties. Evie attributed her poor health directly to her work experiences. First, Evie said that she had sustained severe back and neck injuries while working as a semi-truck driver. After retiring from that career, Evie received training in data entry and got a job at a call center working for the federal government. It was at this point in her narrative that Evie, for the first time, acknowledged that her drinking had become problematic.

685. And the drinking came in more.

687. [Second husband] Darryl got to where he was drinking a lot. Um,

688. things weren't going so well with us.

689. And I ended up having asthma and COPD[*] and severe migraines from working at the Federal center. Um....

690. They had black mold in there

691. and it's like you can't fight the government to say there's black mold

692. when they continue to tell you it's not black mold...

In Evie's telling of her life story, drinking had been a factor associated with her history of abusive relationships, but had not risen to the point of being problematic in of itself. It was her marriage to an abusive alcoholic combined with the frustration of trying to "fight the government" in order to preserve her health that finally caused Evie's drinking to grow out of

---

[*] chronic obstructive pulmonary disease

control. Evie went on to say that she worked a total of seven years in the mold-infested call center, and that it was in this period that her health problems escalated severely. She described her drinking as increasing after she had finally left that job and had begun to collect Social Security disability, and that her drinking was done in concert with her unemployed husband.

    702. So being at home, and in pain,

    703. my back was hurting, um...

    704. I was drinking more,

    705. Darryl was drinking more...

Near the end of her interview, Evie spoke of her continuing struggles with physical pain and frustration when dealing with the medical bureaucracy. After a lengthy recounting of her attempts to get physical therapy for her chronic pain, Evie contrasted her present struggles, and her reactions to them, with how she had coped with frustrations earlier in her life.

    1206. But my, my point to saying all that was

    1207. I felt it put me right back into all those old things

    1208. of nobody's gonna help, God, I'm gonna tear up now....

    1209. And I bawled for two hours straight because I felt so helpless. So helpless.

    1210. And I thought, if this would have been any time sooner,

    1211. I'd still be in a drunk right now.

    1212. I really would, um...

    1213. Because if I have to live with this pain all the time

    1214. what is hopeful about it?

Evie associated her continuing sense of hopelessness caused by physical pain and an unresponsive bureaucracy with the serial abuse she had experience throughout her life. The connection was a sense of isolation in the face of overwhelming pain ("it put me right back into those old things / of nobody's gonna help"). Earlier in her life, Evie would have used alcohol or self-harm (cutting) as means of coping with her pain and isolation. At this point in the interview, I addressed how Evie's experiences with counseling and A.A. were helping her to cope.

1241. Interviewer: It seems as if knowing that you have these groups you go to and your counselor on speed dial, you're able to get through it without reaching, without picking up.

1242. That's correct.

1243. I didn't,

1244. I didn't pick up a bottle,

1245. I didn't pick up a knife. Um...

1246. The only new punctures on me are from my cat – ha-ha...

Each of the participants described their struggles with controlling social institutions, with their stories informed by personal experiences with schools, the military, employers, or medical bureaucracies. One particular social organization was especially salient to this discussion of the participants and controlling institutions: religion. In the rest of this section, I will analyze language used by the participants to describe their relationships with organized religion, which complicated their relationships with A.A. due to that organization's emphasis on spiritual practices.

Control and religious institutions. Three of the participants – Bob, Donald, and

Florence – described being raised in strict religious communities, and that the experience had

exerted a major influence on their development. Alice chose not to talk directly about her

religious upbringing, but she spoke about the important role that faith and spirituality have

played in her recovery. Charlie, too, said that spirituality was an important factor in his

recovery, but he connected that to his identification of "higher power" as a form of energy.

Charlie also said that he had not been raised in a devout home, which allowed him to develop his

own set of spiritual beliefs ("so anyway they chose not to force any religion down my throat /

and I concocted my own spirit so to speak, / um that own energy"). Of all of the participants,

only Evie, a year into her recovery after enduring a lifetime of abuse, chose not to discuss

religion and spirituality; not once in her interview did Evie mention the words "religion," "faith,"

"spirituality," or "higher power." Evie used the word "god" only once, quoting a profanity

uttered by her "religious" grandmother when the grandmother had learned that all three of her

teenage children were expecting children simultaneously.

Florence, who had attended a strict Roman Catholic school on the eastern seaboard, told

me that her early-life experiences with the church had made accepting the spiritual aspects of

A.A. a challenge.

717. So when I came into A.A. they were like,

718. "y'know you need, you need to find God."

719. And I was like,

720. "No, I'm not doing that."

Florence, in early recovery, equated "you need to find God" with obedience to the

Catholic Church. Florence said that she had struggled with this mandate, as her early-life

experiences with the church had left her convinced, at the age of five, that she was destined to go

to hell.

721. And I did try to go back to Church

722. and no matter how I tried, it just,

723. it wasn't my gig, y'know.

724. It just was not working.

After trying and failing to find her spiritual satisfaction in the Catholic Church, Florence

reported feeling a sense of panic.

735. I was getting really scared

736. because I thought, "oh my god, if I don't find this God I'm gonna drink again."

Florence's panic was caused by the third step of the 12 steps of A.A., which stated that

"[We] ,ade a decision to turn our will and our lives over to the care of God *as we understood*

Him" (sic; A.A., 2001, p. 59). The final clause in this step, which was italicized in the original

A.A. text, was a key to Florence's recovery. The clause implies that no particular religion

provides the path to sobriety, stating that the act of submission to a higher power, in of itself, is

required for recovery. The third step leaves it to the individual in recovery to find his or her own

path to spiritual fulfillment. With this permission to find her own "higher power," Florence gave

up looking for spiritual fulfillment in Catholicism, and experimented with other faiths, including

Buddhist retreats ("I went out there / and I spent the day out there counting beads") and

attendance at a Jewish temple. Florence finally found a secular spiritual practice that suited her.

737. I started yoga and meditation

738. and that's where I found this spiritual side of me.

739. It was more of a natural, kind of um,

740. a happy natural spirit

741. that kind of flowed

742. and I still get that.

Florence's language as she discussed her spiritual journey in A.A. reflects the evolution of her attitude toward the generic "other" from being a control relationship to a general attitude that I'm calling "engagement." First, in line 718 she characterizes her early encounters with others in A.A. as involving a mandate to join a religion ("y'know you need, you need to find God"). From this perspective, the "higher power" mandate entails "finding" a deity and submitting oneself to Him. Florence (in lines 723-724) described her attempts to do this with a metaphor for work ("it wasn't my gig") that was unsuccessful ("It was just not working"). In the following stanza, Florence's language marked a radical shift in her characterization of the "higher power" mandate. She no longer spoke in terms of an external deity, instead locating the "higher power" as something within her ("I found this spiritual side of me"). In contrast with her experiences with religion, which she described in terms of a dysfunctional power/control relationship ("It just was not working") Florence's inner "spiritual side" was "a happy, natural spirit / that kind of flowed." For Florence "submitting" to a higher power meant disengaging from an unwinnable power struggle, which then freed her to live a life that was happy, natural, and "kind of flowed."

Neither of my two male participants from rural evangelical backgrounds reported finding anything like a flowing, "happy, natural spirit" in religious practices. Each described the churches they had attended in their youth as oppressive, controlling institutions. Bob, as we've seen, rebelled against his community in general, including what he described as the "anti-body" moral panic of his family's church. Donald went into more detail as he described his

relationship with religion. Like Bob, Donald also cited his church's puritanical teachings on

matters of sensual pleasures and gender roles.

749. The Evangelical, back when I was young, the women couldn't wear pants,

750. you couldn't go to movies, uh....

751. there was all sorts of things.

752. Y'know you weren't supposed to smoke,

753. you weren't supposed to use any kind of tobacco products,

754. couldn't drink.

Donald went further than Bob in his criticisms of his religious community's asceticism

by pointing out the hypocrisy he had seen in their behaviors.

755. And these folks would go home

756. and smoke in their cars on the way home,

757. and have a couple glasses of wine when they got home y'know.

758. I just-- it just didn't work for me.

Note that Donald used the same metaphor as Florence to describe the futility of his

religious experience ("it just didn't work for me"). In illustrating what he saw as hypocritical

behavior, Donald described the evangelicals of his youth as living the sort of split "face/façade"

existence described by my female participants, in which individuals enact social identities

conforming to community standards that are then consistently violated in private. The major

difference between my female participants' "façades" and the moralistic façades described by

Donald is that the former were defenses intended to protect the psychological health of the

participants, whereas Donald described the evangelical church's use of community standards as a

way to control others' behaviors. Donald began his discussion of this topic by making sure that I

understood that he was not singling out the Evangelical Pentecostal faith of his youth as being a

uniquely controlling and hypocritical religious institution.

727. My personal, my personal feeling towards some of these Pentecostal men,

728. not just Pentecostal, but any, any--

729. it could be a Catholic Priest,

730. it could be a whatever denomination of-of of a religion it is...

Donald then explained what he saw as the strategy used by religious leaders as they

exerted control over other people. First, Donald said that such leaders operated in public,

collective forums as well at the individual level.

731. is when they are up there on a podium talking to you,

732. or when they are talking to you one on one,

Donald then described how religious leaders cite their subjective interpretations of

religious texts as objective truth revealed by God. As such, the leaders' personal views become

commandments to be followed.

733. they're talking about what they, their interpretation of, say, the Bible is.

734. They are giving me their interpretation,

735. they are saying that in this, the Bible says this,

736. and this is what I think that you should do.

Donald then suggested that religious leaders use the authority they claim due to their

interpretation of texts to claim authority to interpret individuals' personal experiences. Donald

did this by citing a practice closely associated with the Pentecostal faith.

742. The evangelical approach was so strict,

743. it was speaking in tongues, uh--

744. and having then someone else say well this person probably is not,

745. hasn't been baptized by the Holy Spirit is what they call that

746. because somebody else interpretated—

747. they interpreted what they said when they were speaking in tongues,

748. and it just doesn't make any sense to me...

Glossolalia ("speaking in tongues") is an ecstatic religious practice in which participants enter a trance-like state and utter sounds that follow the cadences of language but convey no meaning; linguists have termed it "a façade of language" (Samarin, 1972, p. 128). Donald cited his church's pastors' interpretation and judging of this deeply personal experience as evidence of the arbitrary nature of the authority exercised by religious leaders. Donald described a situation in which a church authority would ascribe meaning to an incoherent "façade of language," and, based on their invented meaning, label as deficient the individual who had uttered the meaningless syllables ("this person is not, / hasn't been baptized in the holy spirit is what they call that").

So great was Donald's disregard for organized religion as a source of spiritual solace that he said that his recovery and associated spiritual growth demanded that he leave his church. Donald recalled that he had maintained a role as a church deacon in good standing during his darkest days as a drinker. To Donald, the externalized authority of a religious institution is antithetical to true spirituality.

621. Y'know I don't have to obey somebody else's rules for how I do things,

622. I just have to be honest and open-minded and

623. do uh some meditation, and pray a lot...

624. and listen,

625. and realize that I can not do all of this stuff myself.

Donald had been a functioning alcoholic and still able to "obey somebody else's rules" while a church deacon. His spiritual recovery entailed a set of personal practices, not external rules derived from authority. Those personal practices consisted of a general attitude ("honest and open-minded") and introspective habits (meditation and prayer), which enabled Donald to keep up supportive social connections through receptivity ("and listen") and a surrender of the need to personally control his experiences ("and realize that I can not do all of this stuff myself"). Next, I will look at how participants described their experiences as they transitioned from engagement in power struggles with other people and social institutions through a generalized process of "surrender."

Surrendering control. In meeting my request to tell me about their recovery, each of the participants, at some point in their narrative, described experiencing a critical point after which their relationship with alcohol was changed. Analysis of the language each participant used to describe these turning points shows that the main change that they experienced was a relinquishment of a need to exercise control over themselves and other people, with changes in their drinking habits coming as a result of this change. In some cases, the change was brought about by physiological circumstances, as in Charlie's realization that he had developed a dependence on alcohol. Others were precipitated by changes in the participants' life circumstances, as in Bob's realization that he could not be a good parent and continue drinking. Other participants – Alice, Donald, and Evie – reported that their turning point came as the result of a long-term accumulation of shame and self-loathing.

Florence described her turning point in a manner consistent with A.A. narrative tropes. In response to my prompt to tell me about her recovery, Florence described the catastrophic

physical condition that brought her into A.A., a narrative device known in recovery circles as the

"hitting bottom" story.

    4. All right, well let's see.

    5. I got into it after, um,

    6. I had quite a few seizures and they flat-lined me, and, um,

    7. I spent seven days in a coma

    8. and it was either do or die

    9. so I did this and uh

    10. the night I got out of the hospital

    11. I attended my first AA meeting

    12. and I have been going for the last eighteen and a half years.

    13. So that's how I got into it.

Florence focused on the extreme physical consequences of her habitual drinking, and

how she had reached a point where she would need to change her behavior or perish. Her

physical transition is described in lines 10-11, where she leaves the hospital (where her body was

revived) and enters A.A. (where her mind and spirit would be revived). Later in her interview,

Florence returned to this incident and provided a more nuanced description of her state of mind

at that time. She was responding to my probe asking how her experiences in A.A. had changed

her.

    288. So in other words, if, when I came in

    289. battered and beaten and pronounced dead and comatose,

    290. and I came to the rooms,

291. I was a complete blank slate.

In this stanza, Florence presented her hitting bottom and entering A.A. as a kind of rebirth. She used the same verb construction in lines 288 and 290 ("I came in"), the first time to describe her entry into the hospital, followed by a lyrical account of her condition ("battered and beaten and pronounced dead and comatose"), the second time to describe her state as she entered A.A. (the expression "the rooms" is frequently used in recovery circles as verbal shorthand for the A.A. experience, which takes place in public meeting rooms; c.f. Trub & Campbell, 2018). In this stanza Florence suggested that her hitting bottom was a sort of rebirth, freeing her to approach recovery as a "complete blank slate."

292. There was nowhere else for me to go,

293. I had no idea what I was doing,

294. I was scared out of my mind,

295. I-I just could not imagine life with alcohol or without it.

Florence, in her "blank slate" state, could not imagine returning to her way of life as a drinker, which, as we've seen, she had characterized as "selfish," as her need to drink overruled all other concerns ("It was whatever I wanted to do / and I knew it was wrong / but I could not help it"). Facing the prospect of life without alcohol, Florence recognized that she had to surrender the control of her life to another power to take its place. Florence said that her sponsor filled that role, and had provided the guidance and support she needed as she worked to regain control over her own life. Florence returned to the recurring image for her addiction that she had used throughout her interview – "hell" – to describe the effect her sponsor had had on her.

259. Her name is [name]

260. and she was a big brawly woman

261. and she scared the hell out of me (laughs),

262. but it was just something about her I liked.

Charlie, like Florence, came into A.A. as a result of a physiological condition caused by chronic alcohol use. But while Florence entered A.A. as a "blank slate" in the aftermath of a near-death experience, Charlie described his entry into A.A. as a willful decision in order to end his physical dependence on alcohol. And while Florence described herself as from the start a willing follower of her sponsor, Charlie reported that he had struggled as he joined the A.A. program. Charlie attended a meeting each day during his first week in the program, despite the fact that he continued to drink alcohol. Here, Charlie described his turning point.

1095. I don't know what triggered it, but it was a Saturday.

1096. It was [date]

1097. I called up this guy Al that I was talking to every day,

1098. he made me call,

1099. not made me, told me I have to call three people,

1100. at least three people a day, um...

In this passage, Charlie's parsing of the difference between "made me" and "told me" (line 1099) showed that he was still struggling to accept that he had surrendered any of his autonomy to his sponsor. After a week of participating in A.A. under false pretenses, Charlie had decided to level with his sponsor and admit that he had been lying about his abstinence. Charlie then described his sponsor's response.

1108. He said, "that's okay."

1109. He said, "but what I want you to do for me today is just don't drink today."

1110.   And that was the start of what everybody does in this program.

1111.   Then the next day they tell you, "well don't drink today."

1112.   Y'know, the next day they tell you "don't drink today."

1113.   So that's when I came in, um,

1114.   the one thing I did do is, uh, I was calling the people,

1115.   I was listening.

1116.   It took me quite awhile before my head started clearing up that I could listen,

1117.   really listen and learn and understand what, what he was trying to say.

In this passage, Charlie described the structure imposed by the A.A. program on newcomers to the program, many of whose lives had previously been marked by a chaotic lack of structure caused by their drinking habits. In lines 1115-1117, Charlie described the action he undertook at this stage that indicated his (partial) surrender of autonomy – "I was listening." Elsewhere in his interview, Charlie had characterized himself as a "thinkaholic" and workaholic with a powerful will ("If I'm going to do something, I am going to do it some way, shape, or form / and I'm not going to stop until I do"). In recovery, Charlie had begun to take into consideration the perspectives and experiences of other people, actions he placed under the heading of "listening." In his interview, Charlie indicated that doing this remained a challenge.

1118.   I did listen. I listened with my own way of thinking.

1119.   Y'know people will tell you something, and y'know

1120.   "you're supposed to do this," but actually you're doing this,

1121.   they're not exactly the same thing.

1122.   But you're in the right direction.

Charlie, who said he listens with his "own way of thinking," could not simply follow orders, but he did strive to follow "the right direction." This independent streak may be attributable to his status as a relative newcomer in the program; I interviewed Charlie on the second anniversary of his sobriety date, whereas some of my other participants had been in the program for decades.

Alice, for example, had been an active A.A. sponsor for some 30 years at the time of our interview. In recalling her entry into the program, Alice described her ambivalence toward the program in terms similar to Charlie's. Here, Alice was describing her first encounter with her first sponsor at her first A.A. meeting.

343. And she said I was suppose-

344. I was supposed to call her every day.

345. And I was supposed to get down on my knees and pray,

346. and I was supposed to use the God word.

In this stanza, Alice used the same directive verb that Charlie used in line 1120 ("supposed to") in order to describe the structured nature of the A.A. program. While Charlie did so in order to communicate his perspective on the nature of the program, Alice used the verb as a rhetorical device (anaphora) in order to emphasize how comprehensive are the changes demanded by the A.A. program. At this point in the interview, Alice was enacting her role as a poised "old timer" sharing her recovery story, in which her younger self is portrayed as a naïf whose experiences serve to illustrate A.A. principles in action. Alice concluded her stanza on the submissions required by the A.A. program with a comic reversal.

347. And um, I, y'know, I remember standing there thinking,

348. none of these things are going to happen....

Alice recalled that she had spent her first weeks in A.A. still ambivalent over her

commitment to the program. Alice said that she clearly remembered the moment that she chose

to relinquish her attempts at controlling her situation and surrender to the A.A. mandates.

429. I distinctly remember sitting in the car with my husband

430. and whatever we were arguing about

431. I had this major meltdown

432. and just cried my eyes out, and what came out was

433. "I don't want to do this,

434. "I don't wanna be alcoholic,

435. "I don't wanna have to go to meetings,

436. "I don't want do all this work

437. it's way too hard."

438. And I can remember sitting there,

439. we were parked in front of [name] Mall,

440. and I can remember just once I calmed down saying,

441. "Oh well.

442. I guess this is what I have to do."

443. It was like this moment of clarity that just,

444. y'know, I got the tears out,

445. and it was like well, okay, so.

446. Here I am.

The heart of this passage, the stanza 433-437, reflects Alice's previous description of her first encounter with her sponsor in lines 343-346, above. Alice used the same rhetorical device (anaphora) to emphasize through repetition the demands being made on her in A.A. In the prior section, those demands were presented as commandments from her sponsor, with the repetition of the same command ("I was supposed to..."). In 433-437, Alice repeated her response to the demands of her situation, which was an attempt to exercise her own volition in defiance ("I don't wanna..."). In lines 438-446 Alice described a purgation of her emotions ("y'know, I got the tears out") and the acceptance of her situation ("and it was like well, okay / here I am"). Alice used the trope "moment of clarity" to describe the experience; this expression is commonly used in recovery circles to describe the moment when an individual chooses recovery over continued substance use. In Alice's description, that moment entailed surrendering her will.

In the aftermath of her "moment of clarity" Alice became engaged in A.A. It would be several years, however, before Alice was able to surrender her will completely; later in her interview, Alice shared an anecdote in which she described that moment. In her anecdote, Alice sought comfort from an A.A. mentor – who happened to have been a Catholic nun – after Alice's son had suffered a bad car accident. This story distills the act of submission required by the A.A. program to its essence.

1092. And she sat with me one day

1093. and she gave me this prayer.

1094. She held my hands and she gave me this prayer,

1095. and she said – now I'm going to forget it now, how to say it to you –

1096. but it was such a comforting thing, and she said,

1097. "Y'know you can just give him to God every morning.

1098. Just give him to God every morning to take care of.

1099. You can't do it."

Earlier in her interview, Alice had said that an A.A. mentor had advised her to stop attempting to control her son, as symbolized by her anger over his messy room ("shut the door"). This anecdote takes the surrender of control to a more profound level, as Alice said that each morning she says a prayer commending her son to the will of God. Alice here essentially acknowledged the limits of her maternal instinct to assume responsibility for her son's well-being.

Two of the male participants, Bob and Donald, also described submission to a higher power as the turning point of their recoveries. Bob described this process in straightforward, prosaic language.

275. But I will say one thing

276. that, I, you know I threw everything I had at this.

277. Everything I had

278. and it wasn't really until I admitted that I was totally powerless

279. that uh I could at least let some other power into my life

280. to take the lead

281. because obviously I wasn't doing a very good job.

Donald gave a more detailed description of his turning point, which came 10 years into his sobriety and after his suicide attempt. Donald had told me that prior to his suicidal bout of

depression he had drifted away from A.A. He returned to his A.A. home group after a long-term

hospitalization that had included multiple rounds of electroconvulsive therapy (ECT). Donald

had told me that his return to A.A. had a profound effect on him; I asked him to elaborate on

that.

562. ...The-the first 10 years of A.A. were great

563. but I wasn't being,

564. I never, ever admitted,

565. there's a, there's a, part of the process of the twelve steps is is to admit your faults

or your liabilities to another person,

566. not just to the God of your understanding but to an actual other person.

567. I never truly ever did that. Truthfully.

Donald was referring to the fifth step of A.A., which requires participants to admit "to

God, to ourselves, and to another human being the exact nature of our wrongs" (A.A., 2001, p.

59). Donald was saying that he had admitted the "nature of his wrongs" to the God of his

understanding and to himself, but not to another person. He told me that doing this, in his

second go-round with A.A., had coincided with the cessation of his depression. Donald had told

me that his wife had credited his recovery from depression to his ECT treatments.

590. I...and it may be. I don't know.

591. I personally, think that a-- when I went back to A.A. I ... got a good sponsor,

592. I finally got honest, totally honest, and told my whole story, um of ...

593. Y'know, it was just free, and open-minded

594. that—that's' when I felt that sense of relief that came over me like

595. oh, it's finally gone.

596. I don't have to look over my shoulder anymore.

Donald's story highlighted the importance of interpersonal communication in recovery. Donald said that in his first decade of sobriety he had fulfilled the A.A. mandates for surrendering to a higher power, but had not honestly communicated with another human being about himself. This partial commitment had enabled Donald to give up alcohol, but did not address his underlying problems, which were rooted in his sense of being unworthy. In essence, Donald had tried to control how other people viewed him by withholding information about himself. His false front had prevented him from "free, and open-minded" interaction with others.

Evie, only a year into sobriety and with no mention of her spiritual life or submission to a higher power, also described her recovery as a form of surrender. In Evie's case, recovery meant surrendering control over the harsh facts of her life through communication with others. Near the end of her interview, I asked Evie if she had final thoughts that she would like to share.

1321. Um...hmm...as far as addiction?

1322. I guess the biggest thing for me is it's okay to be not okay. Um...

1323. And it's okay to talk.

1324. Because I held all my information in like it was Fort Knox,

1325. because I thought that's what you were supposed to do.

1326. And I turn 50 this month

1327. and this is the first year I've been okay with talking about my life.

For Evie, and the rest of the participants, recognizing the extent to which they were under the control of others (including alcohol), while also surrendering their attempts to control others' behaviors and perceptions, were necessary steps in developing healthy, satisfying relationships. In the next session, I analyze how the participants described a particular type of relationship central to the human experience: those in which they have received or have given care to others.

Care

> 626. I have to have, uh the people in my life that I can reach out to
>
> 627. and uh, ask the hard questions,
>
> 628. and tell them, "I don't know this,"
>
> 629. and "I don't know how this going to happen
>
> 630. but I-I need help."
>
> 631. And that help comes...

In the previous section, I examined how the participants described how they related to others when a power differential existed between the participant and the "other" and when one party in the relationship had tried to exert power over the other. I then looked at how the participants described how they each came to a point where they stopped engaging in habitual power struggles with "the other." The quote above, from Donald, illustrates an outcome from the cessation of power struggles that was commonly described by the participants. Donald described relating to others upon whom he could rely to provide guidance and support when Donald himself was feeling vulnerable. The context of this specific quote was Donald telling me about his grief and anger over the death of his son, who had been killed in a car accident two months prior to our interview. Donald was describing how recovery, specifically recovery in A.A., had given him access to a set of people to whom he could turn for help and support.

Each of the participants, to varying degrees, described how recovery had enabled them to seek and accept care from other people. In addition to providing them with the chance to be the object of caregiving, the participants also described how they, in turn, had become caregivers for other people, and that this experience played a major part in their recovery from alcohol use disorder. In this section, I will analyze how the participants described their experiences on the receiving end of care while in recovery, and then analyze how they described the healing experience of providing care for others.

Receiving care. Participants had consistently described relationships with traditional caregivers (parents and spouses) that had ranged from emotionally distant to hostile, with varying levels of support and care offered to the participants. In sharing their recovery stories, the participants described A.A. as a resource for cultivating and maintaining caring relationships.

According to the participants, the structured A.A. environment had provided them with 1) a reliably safe space in which to broach difficult, sensitive topics and appear vulnerable; and 2) a group of peers who had experienced similar difficulties and with whom the participants could identify. I'll now examine language used by the participants to describe each of these motifs, while acknowledging that there is significant overlap between them: the A.A. structure provided a space for predictable, safe disclosures of sensitive personal information; a key aspect of this "safe space" is the fact that the A.A. environment was populated with a variety of peers with whom the participants could identify and emulate.

Reliably safe spaces. The participants consistently shared descriptions of A.A. as a "safe" place, with only Charlie choosing not to talk about this as an aspect of his recovery experience. Bob presented a succinct description of how the A.A. program provides a safe environment necessary for authentic communication and personal affection. First, Bob placed

the social encounters he has in A.A. within the regular schedule of meetings hosted by the

program.

    397. And our friends become the ones we see every night

    398. or every noon

    399. or every once a week,

Bob then demonstrated how this sort of regular, structured interaction results in the

development of friendships by enacting a typical greeting in A.A., and contrasting it with the sort

of insincere exchanges he associated with other social contexts.

    400. "Hey, how you doing, how's it going?"

    401. And there's genuine interest.

    402. It's not a false gathering,

    403. it's a true, y'know, like, "how are you."

    404. Not "how ya doin'," but "how <u>are</u> you doing?"

    405. "How are things going?

    406. How's your sober life going?" You know.

In line 404 Bob contrasted a thoughtless rote greeting ("how ya doin'?") with the sort of

sincere communication he experienced in A.A., which he dramatized by including and verbally

punching the verb "are" ("how <u>are</u> you doing?"), thus signifying "genuine interest" in the

experiences and state of mind of the person being greeted. Having established that A.A.

provides its participants with a reliable place ("every night / or every noon / or every once a

week") to share "genuine interest" in others, Bob then addressed the underlying purpose of the

program – to provide a safe space for difficult personal disclosures.

    407. And that kind of opens the door,

408. and then when there's topics at meetings,

409. and we're talking about some pretty sensitive issues,

410. and people are talking openly about it –

411. that gives license for other people to talk, too.

412. Y'know because the barrier kind of drops down.

Evie, with just over one year in recovery, offered a firsthand perspective of someone who had benefitted from the safe space offered by A.A. Early in our interview, Evie had said that one benefit she derives from taking part in A.A. was the feeling that she is "not alone." I asked her to elaborate on this. Evie began by saying that the A.A. rooms provided a space where she could interact with other people and not fear that she would be exploited.

83. I don't have to worry about, [how] everybody's going to want to use me for something, um...

84. and if things aren't okay, it's okay to say that's not okay. Um...

85. So. That's that's kinda where it began um....

Having addressed the issue of basic security in the A.A. rooms, Evie then discussed how they provided a forum to discuss the most sensitive topics from her past without fear of being judged.

86. At my meetings I know that I feel safe talking about things

87. and that it's confidential um, y'know,

88. not everybody is gonna go say, "Do you know what happened to her?"

Evie then shared her theory as to why programs like A.A. are able to provide this safe space for discussing past traumas – it is because the program brings together peers with similar

past experiences, despite having "different structures." Evie identified those "structures" as

varying socioeconomic backgrounds.

89. No, because a lot of people with different structures,

90. whether you're dirt poor,

91. whether you're middle class,

92. whether you have plenty of money,

93. have gone through many of the same things that I have. Um...

94. And so for that, when we're in those meetings,

95. we are much alike,

96. we are not all alone,

97. that's what I mean by not alone.

Alice, with over 30 years participation in A.A., also discussed how the program provides

a reliably safe forum for personal exploration. In fact, Alice identified the group fellowship she

experiences in A.A. as the "higher power" to which she submits her life and her will.

1034. I think for me, this higher power thing has been A.A.,

1035. I'm not gonna say it's--

1036. I call it God,

1037. because that's the easy thing to call it.

1038. But I like to say "G-O-D" is "Group Of Drunks."

Alice went on to explain her reasons for identifying A.A. itself as her higher power. The

main qualities of the program were, for Alice, its efficacy and the reliability of her fellow

members.

1039. Because AA has really been my higher power

1040. and moved me along,

1041. they've never let me down.

1042. They're still there.

1043. They're always there.

For Alice, the collective experience in A.A., which she labels "Group Of Drunks," is a higher power. The participants also related stories of themselves as newcomers to A.A. encountering how specific individuals – generally those with more time in recovery, along with superior communication skills – also possessed more power relative to the participants. Unlike other empowered individuals whom the participants described as controlling, the empowered individuals the participants had encountered in A.A. treated them as peers and led by example and encouragement, not through coercion.

Empowered peers. As I've mentioned previously, in turning her memories of her early days of sobriety into a parable for newcomers in A.A., Alice crafted a role for herself as a guileless naïf who, over time, learns the wisdom of A.A. In her stories, Alice sketches portraits of wise, nameless veterans of A.A. who gently lead her along the steps of the program. Here, Alice recalled an A.A. meeting she attended shortly after first meeting her sponsor, who had given Alice the list of things she was supposed to do.

408. I remember sitting with this group at some point

409. and saying that-that I wasn't quite like them

410. I was only a little bit alcoholic.

411. And of course they laughed,

412. as they always do,

413. and said "keep coming,"

414. as they always do.

In this passage, Alice was depicting her A.A. peers as being in a superior position to her due to her naïve belief that she was only a "little bit alcoholic." Alice here assumed as a given truth the A.A. dogma that alcoholism is a binary, either/or condition. (Bob, another long time adherent to A.A., had expressed that belief by sharing with me a common A.A. metaphor for alcoholism: "if you cross the invisible line from being a cucumber to a pickle / you can't go back to being a cucumber.") In this anecdote, Alice's attempt to minimize her alcoholism is de facto evidence that she is less powerful than the others at the table who laughed at her naivety, insofar as Alice still could not admit her "powerlessness over alcohol." Significantly, Alice described the group's reaction to her denial as engagement ("keep coming back"), not confrontation. Although Alice was recounting a specific incident, her repeated use of a redundant clause ("as they always do") indicated that she had experienced similar exchanges in A.A., and that the responses she had received from others had been consistent.

Florence, too, recounted her early experiences in A.A. in terms that indicated her relative lack of power relative to her peers in the program. Florence had told me of the tribulations she had endured in her first few years of sobriety, which included the murder of a neighbor and her brother's attempted suicide. Florence credited the guidance of her A.A. peers with her sustained sobriety during this period.

185. I had these wonderful women who took a hold of me

186. and just made sure I didn't take any pills,

187. I didn't take any antidepressants,

188. I didn't take any mood altering things

189. and I just had to face my feelings and um

190. these women really taught me how to um

191. how to think,

192. how to behave,

193. how to retrain my, my brain

194. as to not being obsessed with alcohol

195. to doing something productive

196. and so I did.

While Alice had explicitly labeled A.A as her higher power ("Group Of Drunks"),

Florence here described the "wonderful women" she had met in A.A. in ways suggesting that

they had acted as a higher power; she described the women as a collective that taught her how to

feel, think, and behave. There is a similarity between the role in Florence's life played by "these

wonderful women" and Florence's puppeteer of a mother, as described in a prior section. A key

difference is that Florence used the word "control" to describe her mother's actions, whereas she

characterized the "wonderful women" of A.A. as teachers.

Later in the interview, Florence talked about the relationship between the typical

newcomer in A.A. and the more veteran members, and why A.A. members are well positioned to

communicate with and teach a struggling alcoholic.

312. So if-if there is somebody out there that understands what you're going through

313. it makes it a lot easier to speak to them

314. because I always thought I was alone.

315. I always thought that nobody else in the world felt the way I did,

316. and come to find out there are a ton of us out there,

317. millions of us that feel the exact same way.

318. So therefore, one alcoholic helping another alcoholic

319. because we're very like-minded.

Common experiences are what link the experienced A.A. member and the newcomer,

making them, in Florence's words, "like-minded." Shortly after she expressed this thought,

Florence brought up a major reason why the common experiences of A.A. members contribute to

the success of the program. Florence was telling me about her experiences helping other

alcoholics, and had mentioned that she strives to be non-judgmental. She then admitted that at

times she struggles to achieve that.

344. Y'know it amazes me

345. that every once in awhile

346. when-when an alcoholic walks into the rooms, that I can go,

347. "Oh my god," y'know, like, "I can't believe they're doing that."

348. And I forget how easily it was for me to walk in that room doing the same thing,
y'know?

349. I guess because I'm on the other side now

350. and it's been awhile, and–

351. but it's good for me to see that

352. because it reminds me where— easily–

353. tomorrow I can be again. Y'know?

Here, Florence spoke from her perspective as a veteran A.A. member who sponsors more vulnerable A.A. members. Florence was addressing the reciprocity of the A.A. experience: veteran members of the program provide role models for newcomers, while the newcomers serve as constant reminders to the veterans of what their lives had been like prior to recovery. Implicit in Florence's comments was her acceptance of A.A.'s "all or nothing" definition of alcoholism, similar to Alice's mockery of her earlier belief that she had been "a little bit alcoholic," and Bob's "cross that line" metaphor for alcoholism. Here, Florence spoke of alcoholism as a state with clear borders ("I'm on the other side now"), and suggested that re-crossing that line would return her to a state of full-blown alcoholism.

The two male veterans of A.A., Bob and Donald, also discussed the relationships between members of the program. Bob broached the topic when he contrasted A.A. with "Rational Recovery," a recovery support group based on the principles of cognitive-behavioral therapy.

352. I've been to uh Rational Recovery meetings

353. where they don't believe in a higher power

354. they believe that you've got your own bootstraps

355. and you become responsible for your own recovery.

356. But what was missing was that camaraderie.

357. And that kind of humility,

358. that we all are kind of in the same lifeboat...

Bob linked the camaraderie he found in A.A. to its members' acceptance of the "higher power" concept. Bob used the metaphor of "pulling yourself up by your own bootstraps" to

characterize the Rational Recovery approach, implying that this approach requires the recovering

alcoholic to exercise personal control over his or her behavior. According to Bob, Rational

Recovery and other similar approaches require the individual to develop and use personal power.

A.A., on the other hand, requires the recovering alcoholic to admit powerlessness over alcohol

and then surrender to a higher power. According to Bob, by missing the surrender aspect of the

process, Rational Recovery fails to cultivate camaraderie, which he illustrated with the metaphor

of a lifeboat. Moments later, Bob described in general terms the "camaraderie" experience.

366. We've all got the same stories,

367. it's just different.

368. We've all come to the bottom.

369. We've all had our turning point,

370. we've all had our first meeting,

371. we've all been embarrassed and humiliated by our behaviors

In this passage, Bob attested to the power of the individual's narrative in establishing and

maintaining recovery. In lines 366-367, Bob laid out a paradox of recovery narratives: every

person in recovery has the same story, but each story is unique. In the next stanza, Bob

identified the common story beats in A.A. drunkalog narratives, suggesting that the A.A.

program provides a template that enables the recovering alcoholic to make sense of his or her

chaotic experiences and to identify with other people from different backgrounds who have

endured similar experiences. Bob suggested that this establishes an emotional bond among

group members ("camaraderie") that "rational" approaches cannot match.

While Bob talked generally about the camaraderie he finds in A.A., Donald specifically

described how he interacts with other members of his A.A. network. As I discussed in a prior

section, Donald identified five "spiritual mentors" upon whom he relies. Donald characterized

them in positive social terms ("All of them are very successful people / Uh smart people. / But

not judgmental in any way"). Donald then described what links them: common experience.

666. But they can tell, they feel the same way,

667. they have the same feelings,

668. they've had, uh, wonder why they could not stop drinking when they started.

Next, Donald spelled out how he and his spiritual mentors interact.

670. And I can be truthful with them

671. and uh they don't try to change me,

672. they just try to,

673. they tell me what they,

674. <u>if</u> they have gone through a similar process,

675. what they did to change their lives,

676. and, then I can make the decision myself.

677. If I want to change my life,

678. I can, uh, I have to do the work myself, so, yeah.

Donald had spelled out the social status of his mentors ("All of them are very successful

people"), suggesting that they are in a position to attempt controlling Donald's behavior through

argument from authority. Instead, Donald said that his mentors lead by example. With his

verbal emphasis on the word "if" in line 674, Donald made sure that I'd recognize that his

mentors would weigh in on his issues only if they had direct personal experience with a similar

situation. Secure in the knowledge that his mentors won't try to change Donald (which would be

a form of control), Donald is able to be honest with them. His mentors' respect for Donald's

autonomy gives Donald a feeling of security, which Donald described as a sense of spiritual

connection.

679. A.A. is a safe place,

680. it's a place for, uh, continued, uh safety,

681. I guess, uh just-just a place that I can get reconnected spiritually.

The four long-time A.A. participants (Alice, Bob, Donald, and Florence) all presented

similar interpretations of their relationships with A.A. peers, whom they described as

empowered, non-judgmental mentors who led by example. They each gave unconditional

testimony to the efficacy of the A.A. social environment for enabling personal growth. The two

participants with less experience in A.A., Charlie (two years) and Evie (one year) both presented

somewhat different descriptions of their experiences with A.A. peers.

While the four veteran A.A. participants spoke in consistently positive terms about the

quality of social interactions in A.A., Charlie presented a more mixed picture. For example, Bob

had enacted what he characterized as a typical A.A. greeting, as compared to insincere

exchanges outside of the rooms ("It's a true y'know 'how are you.' / Not 'how ya doin'?' But

how <u>are</u> you doing?'"). Charlie, on the other hand, characterized certain A.A. member

interactions as exactly the sort of insincere small talk described by Bob. Charlie was talking

about his attempts to meet his first sponsor's dictate to call three people in the program every

day.

1129. ...And I started to not call this one,

1128. and call this one.

1129. This guy was a little boring,

1130. he would just say "hey how ya doin'," y'know?

1131. "blah blah blah," okay fine.

Charlie, who had decided to listen "with my own way of thinking," said that he had been very purposeful and selective in building his A.A. support network. Charlie also gave evidence that he resisted his sponsor's attempts to control his behavior in the program.

1134. Y'know I called somebody, I satisfied Al[*], I didn't satisfy me.

When describing how he had constructed his A.A. support network, Charlie said that his main criteria for choosing someone to be in his network were that the person offered Charlie some tangible benefit ("something that I wanted") and that Charlie identified with that person.

1123. ...So I started to call people um

1124. and I started to, let's just say, call more,

1125. take more phone numbers of people that um I recognized as uh having something I wanted

1126. or something that I could identify with

1127. some kind of positive thing that made me feel comfortable with them.

For Charlie, the "self-proclaimed thinkaholic," the verb "identify" provided a way for him to describe his relationships with other people and with concepts. When Charlie talked about identifying with a person or a concept, he described recognizing the person or concept as a discrete phenomenon and assigning it a label. For example, this is how he described his epiphany that his higher power was a form of energy.

111. Now, when I talked to this guy, he had spoken in a language–

---

[*] Charlie's first sponsor, a pseudonym

112. or I identified with something um –

113. he used the word "energy."

"Identify" was also the verb Charlie used when describing his own self-taught thought-stopping techniques.

345. ...So that my head automatically tries to shift back to the negative thinking.

346. With practice, I've learned to identify when I'm doing that, hopefully...

. . .

381. ...But the thing is you see my head can go towards the angry direction,

382. but I gotta catch that.

383. I have to identify that.

In discussing his relationships in A.A., Charlie emphasized the rational aspects of his connection to others, not the emotional dimensions. For Charlie, participation in A.A. chiefly provided a ready network of individuals whom he could contact when he needed distraction from his negative emotions, negative thinking, and subsequent cravings for alcohol.

1147. All that anger,

1148. all the fears

1149. and all of that stuff that was running through my head,

1150. "oh man I want to drink,"

1151. y'know all of that stuff,

1152. but by talking to somebody,

1153. it temporarily took me out of that.

Charlie's utilitarian approach to A.A. led him to describe it in terms that were less effusive than those used by the participants with decades of commitment to the organization. For instance, here is Bob describing the effect A.A. has on its members.

438. People become better church members,

439. they become better scout leaders,

440. they become better teachers

441. they become-- because they're more conscious

442. and I'd say more accepting of people's faults and their shortcomings

443. than, say, a normal guy walking around.

Charlie, acting like one of Bob's judgmental "normal guys walking around," took time in his interview to share with me his frustrations with fellow A.A. members who did not contribute as much to the group as himself in terms of attendance and keeping commitments. This led Charlie to conclude that there was nothing special about A.A. when compared to other social organizations.

1282. I have to accept that.

1283. Because y'know I did recognize that whether its A.A. or, y'know, uh, the PTA,

1284. it's just an organization

1285. and some people are gonna do more

1286. or uh try harder than others, y'know,

1287. so that's just the way things are.

Evie, too, emphasized the utilitarian purpose of her A.A. participation. Here, she described her A.A. home group.

878. I got to where I liked that group.

879. I liked the people.

880. I liked their stability.

881. The majority of them going had a lot of time under their belt being sober, um,

882. and they learned how to talk,

883. they know how to get things out.

Evie briefly mentioned her emotional bond to her home group members ("I liked the

people"), but spoke mainly of their function as stable role models and instructors. After Evie had

described her home group, I mentioned that she appeared to have developed a sense of trust with

them. Evie confirmed that, but went beyond the "trust" concept to emphasize the didactic

component of the A.A. experience.

892. Yes. Yes.

893. Trusting them, um,

894. and as I kind of said before is the combination, of well, I'm bullheaded,

895. and so I needed to have like a bat with this stuff driven into my head to realize it's

okay–

896. It's okay to not be okay. Um, for me.

Evie was the only one of the participants to describe a multi-faceted treatment approach

to her recovery.* In addition to her participation in A.A., Evie also regularly consulted with a

mental health counselor and attended an outpatient co-occurring disorders treatment program. In

discussing her participation in these different treatment approaches, Evie characterized them as

---

* Donald underwent counseling for a mood disorder before entering recovery, and was
hospitalized after a suicide attempt 10 years into recovery. Donald told me that he had hidden
his drinking from his counselors, and that A.A. alone had helped him to achieve sobriety.

educational experiences, and that she would turn to her counselor to help her make connections

between what she experienced in A.A. and her outpatient treatment.

900. And my counselor, um, in different meetings that I've been going to,

901. I go to her and I say, what does this mean? Um,

902. because I wasn't really a good book smart person,

903. I'll read a good book,

904. but as far as going to school and learning out of a book,

905. I don't learn that way much.

906. I'm a hands-on kind of person.

907. And so it kind of took all of these meetings,

908. y'know, my counselor, the A.A., the [program],

909. working on some of the same things

910. to kind of beat it into my head that it's okay.

Evie repeated the same violent imagery used in line 895, above, to describe her learning

process ("beat it into my head"). Having established that her experience in recovery has entailed

education, Evie then described what it is that she is learning. First, Evie said that she had to

learn that even though people in recovery come from different backgrounds (what she had called

"structures" near the beginning of the interview), they have a common problem.

911. We don't have to be the same,

912. but we are the same in one thing,

913. we have addictions. Um...

Evie then said that in addition to sharing the same problem, her peers in recovery also

shared a common need for human connection and support.

914. And we have the same thing,

915. we need each other.

916. And we want to be there for each other,

Evie then acknowledged the power differential vis-à-vis herself, as a person new to

recovery, and her peers "with more time under their belt being sober." Evie went beyond

describing the helper/helped relationship she described, and acknowledged the reciprocal nature

of the relationship.

917. and as much as it helps me to talk to somebody,

918. and them being my mentor,

919. it helps me to share

920. because I'm getting out what I need to get out,

921. and at the same time, many times it helps other people to get through.

By "getting out" what she "needs to get out," Evie helps herself to cope with her

traumatic history. Evie also realized that her honesty and openness helps other people in the

group "to get through."

Four of my five participants made it a point to describe A.A. as providing a safe

environment for disclosing difficult personal information. They all characterized their initial

relationships within A.A. in terms suggesting that there existed a power imbalance between

themselves as newcomers and their A.A. peers with more experience in recovery. For the most

part, they described relationships with their A.A. mentors as cooperative, not controlling, with

only Charlie suggesting that he had bridled at his sponsor's mandates ("I satisfied Al. I didn't

satisfy me"). These early relationships in A.A. gave the participants experience with receiving care from a more powerful "other."

In the next section, I will examine the participants' language as they describe a category of relationships they experienced as a result of their participation in the A.A. program: those in which they were able to provide care to others. As we will see, I found evidence that the participants characterized this aspect of their A.A. experience as being key to their ongoing recovery, by giving them a sense of purpose that diminishes the guilt and shame they've experienced as a result of their prior behavior as alcoholics. For that reason, I'm calling their experiences giving care to others while in recovery "redemptive caregiving."

Redemptive caregiving. In discussing their experiences as caregivers, the participants each presented evidence of how their alcohol use and associated emotional problems compromised their ability to provide care to children and sick or injured loved ones (c.f., Evie's anguish and feelings of guilt over her son's suicide and subsequent estrangement from her surviving son; Donald and Florence's description of their guilt and shame caused by their neglect of children and family; Alice's descriptions of her difficulties with her son; Bob's descriptions of difficulties with his stepson; Bob and Charlie's accounts of struggling as caregivers for their stricken wives). This aspect of their experiences was central to their stories of addiction, and three of the participants (Donald, Evie, and Florence) reported that it was a source of great emotional distress. Each of the participants also provided evidence that their experiences in A.A. had helped them to develop and apply skills as caregivers. This experience was described as a key aspect of recovery by all six of the participants. I'll now examine how they discussed their acquisition of these caregiving skills, and how they applied them both in A.A. and in other life relationships.

Florence explicitly discussed the caregiving aspects of the A.A. experience. Here, Florence described the process of being taught by the "wonderful women" who took her under wing when she first joined A.A.

269. And we talked to each other

270. and we were open with each other

271. and we, we just helped each other, y'know

272. and when we were stuck [sponsor] would jump in

273. and she took me through the 12-steps of the AA program and,

274. and taught me how to help others, basically.

Moments later, I asked Florence to elaborate on experiences of being taught to help others. Florence began her explanation with an adage from the A.A. tradition.

282. Well, the saying in AA is in order to keep it you gotta give it away.

This saying is a variation on an adage that appeared in the second edition of the Big Book of A.A., where it was part of a recovery narrative called "The Professor and the Paradox." In the original version, the author identified the "it" that must be given away in order to be kept as "whatever it is we get in A.A." (A.A, 1973, p. 340). The explanatory text following the adage emphasizes the "give" in the "give it to keep it" paradox, and admonishes the reader to take part in A.A. "for no fees or rewards of any kind" A.A., 1973, p. 340). Florence, in sharing her interpretation of the adage, makes no mention of the original author's pecuniary intent.

283. And what that basically means is in order for us to, to grow as human beings

284. and to grow as spiritual beings,

285. I guess you could say,

286. is for us to help other human beings.

287. And the only one that can truly help another alcoholic is another alcoholic.

Florence said that she sees the "to keep it, give it away" paradox as essential to personal development. She was more specific than the original author had been about what the pronoun "it" in the paradox represents, suggesting in line 286 that "it" entails helping others. In line 287, Florence shared a foundational tenet from the A.A. tradition, suggesting that only an alcoholic can "truly" help another alcoholic. Moments later, she detailed why she believes that a shared experience with alcoholism is essential for an alcoholic to benefit from a "helping" relationship. Florence began by citing her personal experience as evidence of how the helping process begins.

296. And so those women taught me how to become a productive, human spiritual being.

297. So by them teaching me,

298. when people walk in now and I see them,

299. I hope to teach them

300. it's the best thing I can do

 Here, Florence addressed the reciprocal nature of the A.A. process. Florence stated that the women who had mentored her in her early recovery had taught her, and now Florence does the same for other newcomers. The relationship, in which the help Florence gives is its own reward, is an example of altruism at work. As such, it is the antithesis of the selfishness that Florence had previously described as the essence of alcoholism. Florence provided further insight on this aspect of recovery as she elaborated on how the "teaching" in A.A. takes place.

301. We share our experiences

302. and our strengths

303. and our hope that y'know

304. somehow they'll connect to one of us.

The key word in this passage is "connect," in line 304. The desired end result of the A.A. process is the formation of connections. What is connected are two people – one person offering empathy (demonstrated via shared experiences, line 301, and "strengths," line 302) – the other person, in Florence's self-description of her own state entering A.A., "battered and beaten." The connection is a helping relationship between an empowered person and a person struggling to assert control over a chaotic life. As mentioned in the previous section, the helping relationship is based upon example setting, not coercion. According to the A.A. model, once the struggling alcoholic learns to make connections, they will assume the empowered helping role, and the process repeats itself into succeeding generations.

After Florence had described her A.A. experience, I asked her if it had helped her express love in other relationships outside of A.A. She readily agreed, and gave as an example her habit of performing random acts of kindness and affection for strangers.

333. I guess I can say that I went from one crazy addiction to one loving addiction.

334. And that's to help people feel better about themselves.

In this passage, Florence stated that recovery did not mean that she stopped being addicted to alcohol, but that her addiction had been transformed from an addiction to a substance to an addiction to positive social interaction.

Alice shared a similar description of her personal evolution from disempowered alcoholic in need of help and care to an empowered recovering alcoholic providing help and care. Near the end of her interview, Alice described how her work in A.A., helping other women recover their capacity to form and maintain healthy relationships, had given her a sense of purpose.

1436. I had an epiphany some years ago that this is why I'm here for,

1437. this is why I keep doing this,

1438. is to help these women.

Alice then provided a brief portrayal of the psychological state of the women she has

devoted herself to helping, based on her personal experiences in early recovery.

1439. Because when you get to see,

1440. when I get to see a face that comes in probably looking what I looked like 31 years

ago,

1441. just in misery.

1442. Thinking "nothing is going to fix me,

1443. "how is this ever going to work,

1444. "this stupid program,

1445. "what is this all about?"

Alice then skipped ahead in her narrative to describe the gradual outcomes of taking part

in the A.A. program over time.

1446. And after a couple of years

1447. you start to see people change

Alice then described escalating outward, visible manifestations of the "change."

1448. and they start to smile

1449. and they start to laugh

Alice then described the psychological change experienced by the women she worked

with in A.A.

1450   and they start to be "part of." It's...

1451. There's nothing more wonderful, as far as I'm concerned.

1452. I mean I sponsor these women who...change.

Alice, in using the A.A. trope of "feel part of" to denote the general psychological change

in her recovering sponsees, echoed Florence's use of the word "connect" to describe what

happens to participants who engage in A.A. While Florence was describing an individual's

experience early in recovery ("our hope that...they'll connect to one of us"), Alice's expression

("they start to be 'part of'") encapsulates the general attitude of persons who have made multiple

social connections. After describing the "connection" process and resulting positive changes in

her sponsees, Alice told me about a specific individual whom she sponsors and the positive

results the sponsee was experiencing after six years of sobriety. To illustrate the positive

outcomes the sponsee has experienced, Alice told me that the sponsee, after following Alice's

advice to be more selective in her choice of romantic partners, had formed a positive relationship

with a fellow recovering alcoholic.

1463. She waited a little while

1464. and met this man who just suits her

1465. and it's a wonderful wonderful sober relationship.

1466. And they're going to have a sober baby,

1467. and y'know, they beam, both of them,

1468. oh my god to see their faces, y'know.

1469. Change and sobriety is just a magical thing, magical.

This passage also echoed what Florence had said above. Florence had mentioned that

she's gone from a "crazy addiction" (alcohol) to a "loving addiction." The couple Alice

described also had moved beyond an addiction to alcohol, enabling their "wonderful wonderful

sober relationship," which had produced a "sober baby." Again, the antithesis of addiction is

described to be a human connection and loving care. Both Florence and Alice stressed how important it was for them to facilitate this sort of change in other A.A. members: Florence had called it "the best thing I can do," while Alice said that working with women in A.A. "is why I'm here." Giving care to others who suffer, and in so doing enabling the suffering other to cultivate her own capacity to receive and give care, has given both Florence and Alice a sense of purpose in life.

Bob also mentioned caregiving as a key element of his recovery. Like Alice and Florence, Bob described the reciprocal connection between the troubled newcomers and the veteran members in A.A.

585. ...When somebody in A.A. says

586. "Well I really don't need a meeting today,

587. and there is no danger of me drinking tonight--"

588. but the thing of it is

589. is that the first meeting I ever went to was full of people who did not need a meeting that day

The "need" Bob referred to in lines 586 and 589 was the recovering alcoholic's need for support as he struggles with cravings to drink and endures emotional trials related to his drinking; the veteran A.A. member, secure in his sobriety, does not need the meeting in order to address those issues. In his next sentence, Bob suggested that the "need" veteran A.A. members do have met by attending meetings is the need to connect with and provide help to the newcomer.

590. They were there when I got there, y'know,

591. basically for me.

Bob went into some detail describing the personal qualities of the effective mentors who had helped him in his early experiences in A.A. The two main qualities of an effective A.A. mentor Bob identified were tolerance ("some of my behaviors / even today can be grating on people, y'know") and availability. Bob used a metaphor drawn from familial relationships to describe in general terms the sort of person whom he had found most helpful in A.A.

567. ...but always kind of–

568. like a real cool uncle that you could envision.

569. Y'know that's who these guys were.

Bob identified his prototypical A.A. mentor as an "uncle." This described a relationship in which the mentor was senior to Bob, implicitly with more power and authority, but not in a position to discipline Bob or to otherwise coerce his behavior. Bob's "real cool" modifier to describe his mentors emphasized the benign authority implied in the relationship.

Bob did not in his interview go into any detail describing his own experiences as a sponsor or general mentor to newcomers in A.A. He did, however, discuss in detail how in recovery he had cultivated the resources necessary to provide care to others outside of A.A. As I mentioned in the section on Self, Bob told me that among the prosocial activities he undertakes is volunteer work at a funeral home. Bob described his activities at the funeral home, along with how it affects him.

262. Stand around in a dark suit

263. have people sign the guest book,

264. haul flowers, push the casket, do whatever's needed. Right?

265. And it's a good time for me, y'know.

266. People are very emotionally open at that time and uh

267. it's just a real good feeling

268. to be at service to people in that time in their life.

Bob's altruistic work at the funeral home gives him the chance to lend support to individuals going through the loss of loved ones. Two personal examples of providing care to family members Bob described in his interview also concerned end-of-life situations.

Just before volunteering to me that he was working at the funeral home, Bob had told me that, after retiring from factory work, he had become the primary caregiver for his elderly father and stepmother. Here, Bob described how he had come to the decision to take on this role.

237. ...And the beginning of '04 I rode my motorcycle down to [resort town]

238. and on the way back I stopped to see my dad,

239. my mom had died in '01,

240. but he uh he was I think dating at the time,

241. another 80-year-old woman.

242. They ended up getting married. And, uh,

243. I hauled my motorcycle home behind the car

244. and I said "listen why don't we just do this.

245. "Y'know, I'll cook and I'll drive for you guys and we'll just <u>do</u> this."

In this anecdote, Bob was describing how he had made a decision to become his elderly parents' caregiver without prior planning. Bob's re-enactment of how he had persuaded his parents to go along with the plan (lines 244-245) demonstrated that he used the force of his personality and the audacity of the idea to sell it. This is reminiscent of Bob's re-enactment of

how he had impetuously persuaded his wife to marry him decades earlier, when Bob was in the midst of the hard-drinking "wild man" phase of his life ("Never done that before, let's go!"). Whereas Bob had characterized his marriage as "kind of a disaster right from the start," his description of his years caring for his parents was unambiguously positive.

This passage suggests that some of the personal qualities that had defined Bob's youthful "wild man" persona (e.g. impulsive enthusiasm) were still present in middle age, a suggestion also supported by Bob's aside about his effect on other people ("some of my behaviors / even today can be grating on people, y'know"). After more than 30 years in recovery, Bob was able to apply his exuberant personal traits not toward "disastrous" relationships with other heavy drinkers, but into reparative caregiving relationships. Further evidence of this came near the end of his interview, when Bob told me that earlier in the year his sister had informed him that she was terminally ill, and she asked him come live with her and attend to her needs. Bob said that he spent one and a half months with his sister before she had passed away. Reflecting on the experience, Bob used A.A. terminology ("amends") to describe how it had connected with his prior relationship with his sister.

1011. When I think back on what I was to her growing up

1012. is that this was kind of like an amends that I could make,

1013. to be there for her.

Bob said that it was his relationship with his father and stepmother in their last years that had enabled him to experience this healing "amends."

1014. And uh it gave me a lot of satisfaction,

1015. And the reason that I could do that was,

1016. was I did it for my dad and she trusted me,

1017. and that was not something that I was real strong in doing, y'know,

1018. was getting people's trust.

Alice, in her interview, discussed how her caregiving support of a sponsee enabled the sponsee to form a loving relationship and nurture a baby. Bob, in his interview, described how caregiving had enabled him to repair relationships with loved ones near the end of life, and to cope with their loss after death. Donald, in his interview, discussed how his experiences in recovery encompassed both nurturance and grief. Donald described how caregiving skills he had developed in recovery had enabled him to maintain a nurturing relationship with his adopted son. Donald also discussed how his A.A. networks provided him with support as he grieved that same son's death.

As mentioned in the section on Relationships, before Donald went into recovery he and his second wife adopted an infant son named Alan. As we've seen, Donald recalled that in the years following the adoption that he had habitually drank alone in bars while ruminating about his neglect of his family, including Alan. On the day after Christmas in the year when Alan was five years old, Donald's wife had given him the ultimatum "to do something" about his drinking or move out of the family home. At that point, Donald gave up drinking and began participating in A.A. Donald had said that his paternal relationship with Alan was integral to his early recovery. Donald explicitly connected his relationship with Alan with his own lack of a relationship with his missing father.

373. I feel that, I mean that, I-I've lived my fatherless life and put that into his life.

Donald stated this as he first informed me about Alan's recent death. Donald's meaning in this passage is ambiguous, possibly because of the powerful emotions he was feeling as we spoke (seconds later, Donald commented on his discourse, saying "I guess I'm jumping around

here"). A possible interpretation of this sentence is that Donald packed all of the emotional pain

of his own impoverished fatherless boyhood experiences into a single phrase ("I've lived my

fatherless life") and used his memory of that pain as motivation to not expose Alan to a similar

life. If so, this is evidence that his desire to be a caring father to Alan helped motivate Donald as

he gave up alcohol.

Later in the interview, Donald discussed the nature of his relationship with Alan, which

was very different from Donald's experiences with his own absent father. Donald said that he

became a constant presence in Alan's life ("But I, he and I, / I was with him all the time").

Donald said that he was well established in his career when Alan was school age, and that he had

sent Alan to private schools and college, where he graduated with honors. Donald was telling

me that their close relationship had continued into Alan's adulthood, when I interjected an

observation using Donald's own homey metaphor for paternal love.

431. ...He and I fished together, we played golf together, and --

432. Interviewer: The father deal, you said.

433. The father deal.

Donald then described the masculine American social contexts in which he had

connected with his son via "the father deal."

434. I mean we went through the t-ball, all that, soccer, all that stuff.

435. And it was just, that's what we did, I coached him.

436. I was involved in his life, throughout his whole life.

Later in the interview, Donald described in general terms the positive changes that A.A.

had made in his life. Then, in order to give me a specific example, Donald returned to the topic

of his son's recent death. According to Donald, his A.A. support network had helped him to

manage his overwhelming emotional response to the tragedy of his son's death. Donald began

this description by delineating the time frame and the scope of the problem he had faced with

A.A.'s help.

635. The last, these last two and a half months have been really, really tough for my wife

and I.

In the final part of this sentence ("really tough for my wife and I") Donald suggested that

the depth of their emotions over their shared tragedy made it a challenge for his wife and Donald

to adequately provide mutual support for each other. Donald then identified A.A. as the source

of additional support that helped him to cope with the overwhelming emotions he felt.

636. If I wasn't in A.A. I would probably probably-probably be in prison, or in jail.

637. 'Cause I have, I have a deep hatred in my, inside of myself

638. that I am trying to work with

639. as far as towards this 18-year-old kid that potentially blew a stop sign

640. and t-boned my son and killed him, uh...

The phrase "work with" (line 638) encapsulated the nature of the support Donald got

from his A.A. network as he endured this period of his life, a point Donald repeated in his next

line ("I just, I can't shake that right now, / but I do work on it"). Moments later, Donald gave

evidence of what "work" on his rage entailed. Donald described a conversation he had with his

wife about the likely outcome if Donald were to act on his murderous rage at the driver who had

killed his son.

647. We, my wife and I have talked about it,

648. and y'know it wouldn't, first of all it wouldn't bring my son back.

649. And it would not ... in any way enhance, uh, his

650. what happened in his life, his life story, so ...

Donald provided no direct evidence that the cognitive reframing he had modeled in the above stanza was the product of his interactions with his A.A. support network; still, Donald's processing of his rage by contextualizing its consequences into the narrative of his son's life is consistent with A.A. practices. Near the beginning of his interview, Donald had told me that crafting and sharing a life story was one of the aspects of A.A. that had most attracted him early in his recovery.

651. ...The key to keeping me coming back was because there were other people there

that could tell another story that was so similar to mine.

652. And it was a safe place to go to tell my story.

Donald indicated that he sees crafting and sharing a cogent, honest life story as part of living a meaningful life. As he worked on his rage and grief in the aftermath of his son's death, Donald came to the conclusion that acting on that rage would not "enhance" his son's life story. In fact, if Donald were to act on his rage, he would be detracting from his son's life story. Donald also said that he had shared this point of view with his wife ("We, my wife and I have talked about it"), giving evidence that Donald had presented to her the "life narrative" approach to making meaning of tragedy in order to help his wife cope with her loss. In this example, the support of his A.A. "spiritual mentors," along with the A.A. practice of using biographical narrative as a way to make meaning out of suffering, was helping Donald cope with overwhelming emotions.

Evie, with just over a year in recovery, had emphasized how her work in counseling, outpatient therapy, and A.A. had helped her to connect with others. She described the care she had received in those venues in terms of "education," and that the primary thing that she had

learned was self-acceptance ("it's okay to not be okay"). Late in her interview, Evie gave an

extended account of how work with her counselor and in her outpatient program had helped her

to craft a vocabulary for making sense of her traumatic experiences. She went on to say how

sharing her new insights in A.A. had drawn other A.A. participants out of their silence, and that

this had been a positive experience for Evie.

Evie began this sequence in her interview by sharing with me a concept she had learned

in treatment that had allowed her to better understand her experiences in her family of origin.

927. A while back we were talking about,

928. I forget which group, I want to say [program],

929. but we were talking about labels

930. and thinking about it and talking about it,

931. I realized how much I don't like labels.

932. And I grew up with labels,

933. because in my family we thought we were all it.

934. And-and, if other people weren't like us

935. then we would slap a label on them.

936. Looking back, looking back I can say that.

Evie went on to say that the concept of "labels" – that is, using language to objectify and

discount others – had helped her to make sense of many facets of her life, including her family's

racism, classism, and society's stigmatization of mental illness and addiction. Evie's point in

discussing this in our interview was not simply to demonstrate her growing self-awareness. Evie

brought this up in order to provide an example of how A.A. had provided her with a forum to

share her thoughts and feelings in order to help others.

981. And one day in the meetings –

982. we had been talking about that with my counselor and at [program] –

983. and I, I shared that um that at an A.A. meeting.

984. And I was amazed,

985. some of the people who normally wouldn't talk, talked.

This description of her recent interactions in A.A. offered a contrast to Evie's description

of her early behavior in the program ("I didn't talk at A.A., / I mean, it was another 'fine'

thing").   Evie went on to provide some detail on her experience in the A.A. meeting at which

she had discussed "labels."

986. And they brought out some of their things that they were labeled as.

987. One person was schizophrenic,

988. and he says, "I don't talk,"

989. he said, "I'm finally on my meds where I'm getting okay,

990. I don't hear the voices," and-and stuff like that.

991. And people actually talked...

In this passage, Evie described her experience as she saw the power of her words to effect

a positive change in others. Her account is similar to those shared with me by Alice ("they start

to be 'part of'"). Evie, like Alice, derived great satisfaction in seeing the positive effect her

voice had on others.

992. It made me feel good

993. that I was able to help bring that out.

994. Because we all don't like labels,

995. because labels are mean, y'know, um

996. so that's my bit on labels.

Evie was expressing the satisfaction of taking part in the reciprocity of A.A. By virtue of

her work with her counselor and outpatient therapists, Evie had gained insight on her personal

experiences. In sharing that insight with her A.A. group, Evie had succeeded in helping some of

her less empowered peers to express themselves, due to the fact that they could identify with

Evie's experiences. Evie, in her anecdote, was demonstrating that she had experienced the

power of honest communication with others as a means to help others. In line 996, Evie summed

up her anecdote in a way that indicated that, like Alice and Florence, she was developing a

standard story for use in situations in which she will use her personal narrative to help others

("so that's my bit on labels").

Charlie, my "thinkaholic" participant, spoke about caregiving within the context of his

spiritual beliefs. For example, although Charlie did not go into detail describing his relationships

with his sons, he did describe his state of mind after the birth of his first son. Charlie did this in

order to convey to me the awe he had felt at that moment.

785. When that kid was born that I had one of those,

786. some people call them "God moments"

787. where y'know, when a child is born, uh,

788. it becomes a moment in time when you look and you say

789. "wow that's a miracle," y'know, "that happened."

In line 788, Charlie used the phrase "moment in time" to describe the experience of

seeing his newborn son for the first time; as we've seen, according to Charlie's theory of

memory formation, a "moment in time" is an incident that causes the mind to create an indelible

memory. Charlie then connected that profound "moment in time" with the spiritual dimensions

of himself that he was working to develop in recovery.

790. And I remember those

791. and I reference those

792. because that, that y'know spirit I talk about,

793. that I have now,

794. is a feeling that I had when I saw that miracle,

795. y'know it's a–

796. and that's the thing I'm trying to feed today.

When describing his understanding of the "higher power" concept, Charlie had said that

he believed it to be a form of positive energy. Like other forms of energy, Charlie's higher

power can be intensified by the addition of more fuel; this is what Charlie was saying in line 796,

when he spoke of "trying to feed" his spirit. Elsewhere in the interview, Charlie had spoken of

negative energy in similar terms. Here, he was describing how anger, stress, and anxiety develop

in the individual.

473. Those things, those negative things, start to get into your head

474. and they start to build

475. and then you feed them with more

In Charlie's model of alcoholism, the alcoholic is self-medicating to mitigate the effects

of chronic negative energy. For Charlie, recovery entails replacing the negative energy with

positive energy. In order to accomplish this, the recovering person has to find a way to "feed"

his positive energy. Near the end of our interview, Charlie returned to this topic and identified

what it is that "feeds" the spirit. First, Charlie defined his terms.

1346. Y'know I look at um, I look at my conscious as an energy, okay?

Having stated his belief that his subjective experience ("conscious") is a form of energy,

Charlie then developed his argument by identifying a universally felt emotion as another

manifestation of the energy that permeates reality.

1347. Like for example, um y'know, you... say you experience love.

1348. Hopefully everybody experiences love, okay?

1349. But how powerful is the energy behind that love?

1350. And where did it come from?...

Charlie returned to concepts from physics to connect his abstract thoughts on spirituality,

consciousness, and emotion to measurable natural phenomena.

1385. Y'know, if you didn't see electricity

1386. would you believe that it was there, y'know?

1387. Would you believe love?

1388. You can't see love,

 1389. just like that higher power thing,

1390. you can't see God, alright, but ah He's there,

1391. I'm telling you He's there.

After describing his spiritual beliefs, Charlie identified how he feeds that "higher power"

or "energy." He began by giving me a realistic portrayal of mundane day-to-day existence.

1396. People in this program get stale,

1397. I got stale.

1398. I was just getting stale the other day,

In order to address his stale lethargy, Charlie turned his mind to trying to understand what it is that "feeds" his spirit and in so doing, return him to that feeling of being "God-conscious." In these stanzas, Charlie used poetic language to evoke the physical sensations associated with the "God-conscious" state, while also connecting the state to manifestations of energy found in nature (the sun, electricity).

1399. I figured out what feeds my energy,

1400. that spirit, that feeling I got,

1401. getting all charged up.

1402. Some days it glows like the corona of the sun,

1403. some days I feel like I got electricity dancing on my skin,

1404. and then somedays it's like puhh, ehh– nothing.

1405. Helping others,

1406. helping others and reaching out to other people,

1407. getting back to that conscious thing.

Unlike the four long-time A.A. participants, Charlie professed some ambivalence toward A.A.– he expressly called it "just an organization," and described his reluctance to fully surrender his will, as demanded by A.A. dogma. On his own, though, Charlie had developed a theory of spirituality that aligns with A.A. principles and practices. According to Charlie's theory, matter is permeated by an energy that manifests itself in different forms and contexts: as subjective experience ("conscious"); as transpersonal experience ("God-conscious," which Charlie illustrated by citing his experience seeing his first newborn son); and as emotion

("love"). Charlie said that the behavior that elicits his "God-conscious" state is "helping others."

The antithesis of helping others and achieving the "God-conscious" state is selfishness and

isolation, a condition caused by negative energy manifested as anger, depression, and anxiety,

and mitigated by chronic, heavy alcohol use. In Charlie's model, "helping others" feeds the

spirit, enabling the recovering alcoholic to disempower his negative energy and avoid alcohol.

In other words, "helping others" is redemptive caregiving.

Conclusion: Representations of Others

Gee (2001) suggested that one of the fundamental building tasks of language is to

establish and maintain relevant connections between things. My analysis of the participants'

narratives found recurring patterns in how they described their personal connections to other

people and institutions. First, participants consistently described connecting to others prior to

recovery in ways indicating that they had engaged in dissatisfying struggles for control.

Participants also described experiencing a shift in patterns of connection to others while in

recovery, which resulted in their surrendering their attempts to engage in habitual power

struggles. This shift freed the participants to connect with others in caring relationships, which

they described in two sequential phases. First, participants described how they had allowed

themselves to be cared for by others. After this experience, participants told of being in a

position to be able to provide care to others. Participants described caring for others as a healing,

redemptive experience.

Chapter Summary

The purpose of this study was to gain insight on the interplay between two aspects of

addiction: speech and action. I analyzed recovery narratives gathered via unstructured

interviews with six participants drawn from a demographic cohort identified as being at high risk

for "deaths of despair" (Deaton & Case, 2017, p. 3) related to SUD exacerbated by cultural and

economic factors. My analysis focused on how the participants used language to create

representations of themselves, their relationships, and others. Those three categories were

selected because they align with attachment theory, whose advocates suggest that much human

behavior is driven by our subconscious appraisals of self and others, which results in relatively

stable patterns of attachment relationships (Main, et al., 1985). I also examined how shifting

representations of self, others, and relationships reflected changes in the participants' behavior

(i.e., giving up alcohol). The findings reported in this chapter suggest that the participants'

experiences in addiction and recovery are encoded in language that reflects profound shifts in

their perceptions of themselves and others, resulting in changes in their behavior and an

improvement in the quality of their relationships. In the final chapter of this study, I will connect

these findings to relevant works from the academic literature. The findings, supported by the

cited literature, will be used to identify certain implications for counseling practices and

education. I will also discuss possible topics for further inquiry suggested by the findings.

Chapter Five

FINDINGS

In this chapter I will discuss the findings of this study, in which I set out to explore how members of a particular demographic group in recovery from alcohol use disorder (AUD) used language to create representations of self, others, and relationships. To complete this task, I gathered data from six participants, who responded to my prompt "tell me about your recovery." This query prompted the participants to share verbal recollections of their lives before, during, and after their chronic misuse of alcohol. I then analyzed the language used by the participants in their interviews, using Gee's (2011) discourse analysis methods. In my analysis, I found that the distinctions between "self," "others," and "relationships" – linguistic classifications embedded in my research question – provided useful categories for organizing my analyses. Those categories provided distinct data sets in which I was able to look for convergent themes and imagery across the interviews. Gee (2015) argued that understanding is "public work" (p. 301); that is, individual meaning-making entails the interaction of language with social and cultural phenomena. Therefore, my analysis also takes into account the social and cultural content of the participants' language.

In this chapter, I've discussed my findings and will relate them to relevant findings and theories from the academic literature, including attachment theory. Many of the findings presented here were wholly unanticipated as I designed and undertook the study; as a result, in my discussion I will refer to concepts from the academic literature that have not previously been mentioned in this study. After generally discussing the findings, I will address the findings' implications for counseling practices, and suggest possible topics for further research. I will

conclude with a discussion of this study's strengths, limitations, and my personal position in relation to my findings.

Discussion

The participants in this study provided first-person expressions of "self," "relationships" and "others." These categories were originally drawn from attachment theory constructs that framed the design of this study, and they helped to organize the participants' descriptions of their experiences with chronic alcohol misuse and recovery. As I analyzed the participants' language, I looked for common elements found across multiple narratives, along with unique expressions of personal experience. Given the fact that all participants were active members of Alcoholics Anonymous (A.A.) I also sought to identify the tropes, aphorisms, and practices that the participants drew from A.A.'s rich oral tradition. I also strove to informally identify ways in which the A.A. discourse might have informed the participants' representations of self, relationships, and others.

I came to this study suspecting that certain constructs from attachment theory – including the concept of Internal Working Models of attachment (IWMs), cognitive schemas based on subconscious appraisals of self and others (Ainsworth & Bowlby, 1991) – would provide an explanatory framework for the participants' narratives. In my analysis, I found that the participants' language did align with certain attachment theory constructs; for example, the participants frequently described A.A. as a "safe place," and said that it afforded them with the confidence to confront uncomfortable truths about themselves. This sort of language aligns with attachment theory concepts suggesting that an attachment figure provides a safe haven and a secure base to a more vulnerable individual (Ainsworth & Bowlby, 1991), thereby suggesting that the participants found A.A. in and of itself to be an attachment figure. However, the depth

of detail and richness of expression in the participants' descriptions of their personal experiences and interpersonal relationships presented me with the opportunity for analyses that encompassed more than the psychological attachment constructs that had informed my research design. Therefore, the following discussion will touch upon concepts relevant to the participants' narratives that I have drawn from a variety of academic disciplines, including sociology (Goffman, 1967), feminist studies (Gilligan, 2004, 2014), counseling (Rogers, 1959), and neuroscience (Damasio, 1999, 2010). This broad and inductive approach to the data is appropriate, as an ethical counseling researcher views people from a developmental perspective integrating body, mind, and spirit (Myers & Sweeney, 2008). Such a broad perspective does not restrict the researcher to any single social or scientific lens (such as attachment), and welcomes qualitative investigations into the complexity of life (Wang, 2008). In short, to fully understand the participants and their use of language, I had to approach their stories with an open mind and a willingness to follow where their stories led across a variety of disciplines, and to not simply impose on their stories meaning based on theory. I began my discussion by examining how each of the participants characterized the "self" in their narratives.

Representations of Self

Given my social-constructivist approach, the task of analyzing participants' language used to represent "self" meant examining how participants used language to create identities across a variety of social and developmental contexts (i.e., childhood, adolescence, young adulthood). Gee (2011, 2015) suggested that humans construct and enact multiple identities across a variety of social contexts. One notable finding in my analysis of "self" in the participants' narratives was that the participants recalled that they had in the past enacted incongruent and conflicting identities, which resulted in their own emotional distress. This

distress, in turn, contributed to the participants' alcohol misuse. I found that personal accounts of the participants' incongruent identities differed, to a great extent, according to their gender.

All three of the female participants described how they had, prior to recovery, struggled to construct positive public identities in order to maintain a positive public face despite their private struggles with AUD and their unhappy intimate relationships. Their positive, upbeat personas appeared to have been constructed in order to enable the female participants to enact what Gilligan (2004) called "cultural scripts" (p. 101): socially constructed paradigms of how individuals are expected to be in order to be considered "normal." The female participants used examples drawn from pop culture of the 1960s-1970s as shorthand for the sorts of "normal" domestic existences they wished to enact – *Leave it to Beaver* and *The Brady Bunch*. Those public identities were at odds, however, with the female participants' private selves, which they described in terms suggesting that they had endured great emotional distress. A major cause for the female participants' suffering prior to recovery was their relationships with their husbands, whom they described as acting in ways that 1) perpetuated and exacerbated the female participant's substance misuse, 2) were manipulative and controlling, or were 3) physically and emotionally abusive.

The male participants also described conflicting identities each had enacted in the past, and, like the female participants, the different male identities followed cultural scripts. First, analogous to the female participants' attempts to enact "normal" selves, each of the male participants described himself according to variations on the cultural script "good worker." Contrary to the obedient "good worker" cultural script, all of the male participants described their younger selves as fiercely independent and rebellious, personas that they had enacted in part through the heavy use of alcohol. In addition to alcohol misuse, the male participants also

said that their experiences with incongruent identities led to emotional disturbances such as anger and suicidal depression.

The costs of identity incongruence. Different theorists have, over the years, presented models to account for the sort of bifurcated identities and resulting distress that were described by all six participants. Working in sociology, Erving Goffman (1967) suggested that individuals work to maintain a social identity that conforms to social norms through actions that he termed "face-work" (p. 226). In this sense, face-work refers to actions that a person takes within social interactions in order to elicit positive reactions from other people, even when the impression that the person is attempting to make is not entirely congruent with his or her self-appraisal (Goffman, 1967). According to Goffman (1967), the purpose of face-work is to allow people "to maintain a specified and obligatory kind of ritual equilibrium" (p. 246), with the principles informing the ritual equilibrium derived from social conventions (i.e., cultural scripts per Gilligan, 2004). Five of the six participants used language suggesting that they had maintained façades or had acted as social chameleons in order to keep their true selves hidden from others in order to avoid threats to their face, and thus maintain the social ritual equilibrium defined for them by their cultural scripts. While Goffman (1967) did not go into detail on how avoidant face-work might affect the emotional life of an individual, theorists in other social sciences did.

Carl Rogers (1959), writing for the field of counseling, presented an explanatory theory for how the sort of face-work described by the participants might cause emotional distress. Rogers (1959) claimed that psychological distress is caused by an incongruence between "the self as perceived" (p. 203) and one's "ideal self" (p. 200), which refers to the mental image of oneself living up to one's values. All six participants linked their chronic misuse of alcohol with an incongruence between their enacted social identities and what Rogers (1959) called "self as

perceived" (p. 203). The participants described alcohol use as a means to alleviate the emotional

distress caused by the breach between their ideal self (which they had enacted in their social

identities as "normal" wife and mother or "good worker") and their perceived actual selves. It is

notable that all of the participants described their conflicting identities as both preceding and

extending beyond their alcohol misuse. In all six cases, alcohol misuse was not the cause for the

participants' emotional problems, and in no case did abstinence coincide with a healing of the

social and psychological conditions that had contributed to the participants' chronic drinking.

      The incongruent self: Biology, culture, and gender. Neuroscientist Antonio Damasio

developed a model of human consciousness that suggested a biological framework for making

sense of the incongruent selves described by participants. According to Damasio (1999, 2010),

one's sense of "self" emerges from the interplay of different brain regions as the individual

navigates the environment. Damasio (1999) suggested that each individual has a "core self" (p.

171), which is the transient, moment-to-moment sensation of consciousness, a phenomenon that

Damasio called "the feeling of knowing" (p. 172). In addition to the core self, Damasio (1999)

also described "the autobiographical self" (p. 172), which is the individual's awareness of

personal memories of her or his life history. Damasio (2010) cited a theory put forth by the split-

brain researcher Michael Gazzaniga (2005) who argued that the language processing centers of

the brain serve as an "interpreter" that mediates between the moment-to-moment experiences of

the core self and the stored memories of the autobiographical self. According to Gazzaniga

(2005), this leads the individual to create an ongoing story about the self, which becomes

encoded as part of the autobiographical self.

      Citing Damasio's (1999) model of consciousness, Gilligan (2004, 2014) crafted a theory

to describe how culture and politics contribute gendered "prefabricated" stories that provide

scripts which circumscribe an individual's autobiographical self (Gilligan, 2004, p. 141).

According to Gilligan (2004), these prefabricated stories, which she also called "codes of

manhood and womanhood" (p. 140), can result in the sort of incongruent identities described by

the participants in this study. Here is Gilligan (2004) on this topic:

> It is not manhood or womanhood per se, although the words themselves suggest
>
> cloaking or hooding the self. It is a manhood and a womanhood that force a split
>
> within the psyche, shattering the connections between mind and body, thought
>
> and emotion, self and relationship (p. 140)

The participants in this study all described what can be described as a "split within the

psyche" caused by discrepancies between the gender codes they had internalized and their life

experiences. The hooded self described by Gilligan (2004) – that is, the feeling core-self

described by Damasio (1999, 2010) and identified as "self as perceived" by Rogers (1959, p.

203) – was split from each participant's autobiographical (Damasio, 1999, 2010) or ideal

(Rogers, 1959) self. These splits, caused in part by a failure to live up to gender expectations

(Gilligan, 2004), resulted in profound emotional distress. Alcohol became one of the

participants' chosen methods for coping with that distress.

Self in recovery. The participants in this study were all in recovery from AUD, with

four of the participants in what White (2007) termed long-term recovery (more than five years)

and two in what White (2007) called continuing recovery (one year to five years). None of them

gave evidence that they were struggling with urges or cravings to use alcohol, which is the main

focus of recovery counseling practices (SAMHSA, 2015). All participants gave evidence that

recovery has entailed a reconciliation of the schisms between their previously incongruent

identities, achieved through the construction of new, sober identities. All indicated that participation in A.A. offered them a social space in which to enact healthy identities as recovering alcoholics.

The female participants gave direct evidence of the reconciliation of identities by talking explicitly about their evolving self-perceptions. All three of the female participants described recovery in terms of self-discovery and self-acceptance. Two of the female participants had been in recovery for decades at the time of their interviews, and each said that they now find meaning in life by helping other women find themselves and construct sober identities through participation in A.A. The third female participant had been in recovery for just over a year at the time of her interview, and spoke in terms suggesting that she had reached the stage of self-acceptance described in the dialectical behavior therapy (DBT) literature as "radical acceptance" (Linehan & Wilks, 2015, p. 106). This construct suggests that the ability to foster positive change hinges on one's ability to accept one's past and present while having reasonable expectations for the future (Linehan & Wilks, 2015).

The male participants gave indirect evidence that their incongruent "wild man" and "good worker" identities had been reconciled in recovery. Like the female participants, two of the male participants had decades of experience in A.A., while the third male participant had been in recovery for the relatively short time of two years. The male participants approached the interview with an attitude of cooperation, and seemed eager to share their painful "wild man" experiences in order to help others who might, in the future, be affected by the results of this study. For the male participants, sharing their stories – whether in A.A. or in projects such as this study – offers them the opportunity to enact their good worker personas in service of the project "recovery."

Representations of Relationships

My second round of analysis explored the participants' use of language to construct representations of relationships in their lives, with a focus on the participants' family relationships over time. These analyses tracked the participants' narratives, in that the participants chose to focus discussions of their relationships on their experiences within family structures. These analyses fell into three main categories: 1) relationships within participants' families of origin, with an emphasis on their reported relationships with parents; 2) participants' relationships with spouses; and 3) participants' relationships with their own children. My analysis of participants' relationships within A.A. will be discussed later in the section titled "Representations of Others."

The participants' discussions of their family relationships did not provide clear evidence of an interaction between their patterns of attachment established in childhood and their subsequent substance misuse. However, their narratives did provide insight on how the dynamics of their family and intimate relationships played a role in their AUD. Addictions counseling theories and practices increasingly are informed by the perspective that AUD and other substance use disorders (SUDs) are rooted in dysfunctional family systems and unhealthy intimate relationships (Klostermann & O'Farrell, 2013). This viewpoint has given rise to a variety of theoretical models of addiction and its treatment that are grounded in family systems theory, in addition to models of SUD grounded in attachment theory. In the following section, I discussed how the participants' descriptions of their relationships tend to support or not support common family systems theories of addiction. I will also examine how their descriptions of their experiences as parents reflect how AUD affected their own capacity to be effective attachment figures for their children.

Families of origin. All of the participants described relationships with their own parents as unsatisfactory, with the family relationships ranging from neglectful or bad-yet-tolerable, as described by participants from middle- to upper-middle class families, to physical and emotional abuse or parental abandonment among participants from poorer backgrounds. The participants from the latter subgroup all described striking out to live independently while in their teens. While their experiences as children within the family of origin suggest that the participants may have established what attachment theorists call insecure patterns of attachment (Main et al. 1985), it is not possible to draw conclusions onto the nature of those patterns of attachment (i.e., "dismissive" or "preoccupied;" Batholomew & Horowitz, 1991) given the open-ended quality of the data gathered in this study.

The variety of family experiences described by these participants does tend to support a biopsychosocial model of addiction (Kumpfer, Trunnell, & Whiteside, 1990; Maté, 2016), which suggests that AUD and other addiction disorders are multiply-determined, with no single factor – genetic, social, or psychological – determining whether an individual will fall prey to the disorder.

Four of the six participants described heavy alcohol use within their families of origin, suggesting that their parents' drinking behavior had normalized heavy alcohol use, while also providing evidence that genetics are possibly a risk factor for AUD. In contrast, two of the participants described their parents as being teetotalers; both of them had been raised in strict Evangelical communities, which frowned upon drinking alcohol and other worldly pursuits. Both of those participants described their adolescent behavior, which included heavy drinking along with other disruptive acts (e.g. smoking cigarettes at religious functions) as a means to rebel against what they considered an oppressive culture. So while the different early-life

experiences described by the participants demonstrated the powerful influence that family had on their alcohol use, the nature of those influences (genetic, social modeling, repression) spanned the biological, social, and psychological spheres. Thus, the participants' stories support the biopsychosocial model.

Marriage. All of the participants had been married, with five of the six having reported being divorced at least once. Participants described no commonly recurring pattern of marital relationships and alcohol use – each of the participants had endured unhappy marriages, but each of those marriages had been unhappy in its own way. Although all of the participants reported alcohol use having a detrimental effect on their families, the variety of their reports tends not to support models of addiction that seek to explain its causes in prescriptive terms based on a particular interpretation of family dynamics. For example, the most common family-based framework for understanding addiction is the family disease approach (Klostermann & O'Farrell, 2013), which suggests that alcoholism is a disease afflicting an entire family, with co-dependent non-drinking family members enabling their alcoholic family members' drinking behavior. Al-Anon, a mutual-help support group for family members with alcoholic loved ones, is based on the precepts of A.A. and preaches the family disease model (Hazelden Betty Ford Foundation, 2015). One of the practices advocated in Al-Anon is "detachment with love" (Hazelden Betty Ford Foundation, "How to Help an Addict by Detaching with Love," para. 1, 2015), in which family members pledge to stop enabling an alcoholic's drinking behavior. Only one of the participants said that her spouse had taken part in Al-Anon, and her descriptions of their relationship reflected neither detachment nor love. None of the other participants described their spouses as being "enabling." While some of the participants said that they had been attracted to

their spouses due to a shared enthusiasm for heavy drinking, others reported that their spouses had disapproved of and discouraged their alcohol use.

Other, more general family models of addiction better match the participants' various descriptions of their family interactions. The family systems paradigm of addiction is based on the idea that family members seek to maintain equilibrium within the family system, and that if a member of the family is a chronic heavy drinker, then the other family members will change their behaviors in an attempt to maintain the equilibrium in the family (Klostermann & O'Farrell, 2013). Advocates of this model do not identify any particular type of behavior as typical of spouses, children, or parents of alcoholics (e.g., "enabling" or "codependency," Hazelden Betty Ford Foundation, 2015). Any sorts of behavior that serve to maintain equilibrium in a family in which one or more members engage in chronic heavy drinking would be addressed in a family systems approach (Klostermann & O'Farrell, 2013).

The family systems model accommodates the variety of experiences described by the participants. All participants characterized their marriages as having devolved into unsatisfactory, if relatively stable, relationships, in which heavy alcohol use was part of the marital homeostasis. Each participant described major life events as having upset their marital homeostases, resulting in new drinking patterns. Those events ranged from the birth of a child to a near-death experience brought about by alcohol misuse, to the suicide of a child. Their reactions to these events changed the participants' alcohol use, either by increasing their use or by causing them to choose abstinence. These findings provide that evidence that, for the participants in this study, AUD and recovery have entailed changes in interpersonal relationships as well as changes in intrapersonal physiology or psychological functioning.

Parenthood and attachment. All of the participants in this study were parents. Their descriptions of their relationships with their children suggest that their experiences as parents were the source of intense emotions for the participants, in some cases more so than their relationships with their parents or spouses. While the participants described some positive and mutually beneficial interactions with their children, the nature of their relationships with their children was generally negative. Participants described relationships with children that ranged from preoccupied to hostile, with four of the six participants saying that they were, at the time of their interviews, estranged from one or more of their children.

Attachment theory is based on the premise that parents' mental representations of attachment, formed during their experiences in infancy, will influence their own parenting behavior (Bowlby, 1969/1982). Most importantly, according to attachment theorists the parents' early attachment experiences will influence their sensitivity and responsiveness to their infants' needs (Berlin, Zeanah, & Lieberman, 2016). The responsiveness of parental caregivers will, in turn, affect a child's mental representations of attachment, which will later inform the child's attachment behaviors in adulthood (Berlin, Zeanah, & Lieberman, 2016). Attachment theorists call this process the intergenerational transmission of attachment (Belsky, 2005).

As mentioned above, the participants described being raised in households in which their parents' behaviors ranged from emotionally cold and distant (for middle class participants) to abusive and neglectful (for less affluent participants). Despite the evidence presented by the participants in this study that their parents' nurturing behavior had been less than responsive, the descriptions of their familial relationships suggested that their parent-child relationships were very complex. The participants' narratives suggested that "transmission of attachment" entails many more factors than parental responsiveness to an infant. Quantitative research conducted by

developmental psychologists also bears this out. In a seminal paper, van IJzendoorn (1995)

presented a meta-analysis of longitudinal studies in which the Adult Attachment Interview (AAI)

was used to determine expecting parents' patterns of attachment, which were subsequently

compared to their year-old children's patterns of attachment as determined through a clinical

assessment. After finding a moderately strong correspondence between the parents' linguistic

representations of attachment and their infants' mental representations of attachment, van

IJzendoorn (1995) found that the majority of attachment influence between parent and infant was

accounted for by unknown factors, and not the parents' sensitive responsiveness to the child.

Van IJzendoorn (1995) called this discrepancy between the expected causes of attachment

transmission and the actual results "the transmission gap" (p. 387).

Simpson and Belsky (2016) suggested that, to account for the transmission gap,

attachment theorists should take a longer-scale evolutionary perspective on the intergenerational

transmission of attachment, which would allow for the consideration of conditions that persist

over multiple generations. The evidence provided by participants in this study suggests that

among the multigenerational conditions affecting attachment behaviors are economics and

culture. Among the cultural and economic factors at play in the participants' narratives, one

stands out: gender roles.

The participants' stories suggests that they have had to cope with evolving gender roles in

social contexts marked by static gender expectations – gender expectations that Gilligan (2004)

called "codes of masculinity and femininity" (p. 140). This was demonstrated in the female

participants' face-strategies of putting forth "normal" or "fine" façades despite unhappy and

abusive marriages. In addition, the male participants described themselves as trying to enact

multiple conflicting identities such as good worker/wild man, "thinkaholic/workaholic,"

successful salesman/impostor. In each case, gender-based identity crises seemed to contribute to the participants' emotional distress, which they attempted to regulate with alcohol and drugs (Khantzian, 2012). This, in turn, led to chaotic behavior and social isolation, further compromising the participants' capacities to be effective, caring parents.

Representations of Others

My analyses of participants' representations of self and relationships uncovered evidence suggesting factors that might have contributed to their chronic misuse of alcohol. My analyses of their representations of "others" uncovered factors contributing to their recovery from AUD. My findings indicate that the participants' involvement with A.A. was crucial to their recovery, and that their involvement in A.A. afforded participants the ability to enact a general shift in how they perceived and interacted with others.

A common A.A. experience described by five of the six participants was their submission to a "higher power." My analysis suggests that the shift in participants' perspectives (to submission to a higher power) enabled them to stop approaching their relationships with others as predominantly unsuccessful struggles over power and control, which had previously resulted in feelings of helplessness. This shift in their approach to relationships allowed the participants to become more receptive to receiving help from others. Ultimately, through participation in A.A., the participants themselves developed the skills to provide help to other struggling alcoholics, and thus repair some of the psychological damage they experienced due to their alcohol misuse and resulting ruptured relationships. I call this experience "redemptive caregiving." Each of the participants' narratives suggested that the experience of caring for others who struggle with the effects of alcohol misuse has been central to their experiences in recovery.

"Higher Power." The second of the 12 steps defining the A.A. experience states that members of A.A. "Came to believe that a Power greater than ourselves could restore us to sanity" (A.A., 2001, p. 59). The authors' (A.A., 2001) decision to capitalize the "P" in the word "Power" suggests that the word refers to the Divinity, a suggestion supported throughout the text, in which there are repeated references to "God" and such concepts as "spirituality" and "spiritual awakening." Today, more than 85 years after A.A. was founded, most of its members interpret the third step as a directive to develop a spiritual or religious approach to life (c.f. Arnaud, Kanyeredzi, & Lawrence, 2015).

The key to understanding how A.A.'s mandate to accept a "Higher Power" can accommodate agnostics or atheists lies in the third of the 12 steps of A.A., which stated that members of A.A. had "Made a decision to turn our will and lives over to the care of God *as we understood Him* (emphasis in the original, sic; A.A., 2001, p. 59). While this step used the religious word "God" to represent the "Power" mentioned in the second step, and suggested that the Deity is gendered ("Him"), the final italicized clause in the step leaves it to the individual A.A. member to determine how she or he "understood" this Power/God. This open-ended characterization of the "Higher Power" concept reduces the likelihood that any A.A. member will be compelled to adopt any particular sectarian religious stance. This was borne out in the participants' recovery narratives, in which each of the five participants who embraced the "Higher Power" mandate described a personal, idiosyncratic interpretation of what "Higher Power" meant to them.

Surrendering the illusion of control. In an essay examining the A.A. program through the lens of cybernetics theory, Bateson (1971) suggested that alcoholics customarily view their relationship to their environments as symmetrical power struggles between the individual self

and a general "other." Bateson (1971) cited as typical examples of symmetrical power struggles

typical masculine pursuits such as "armaments races, keeping up with the Joneses, athletic

emulation, boxing matches, and the like" (p. 448). Chronic, compulsive drinkers, facing

consequences due to this habit, will come to see their relationship with alcohol as a symmetrical

struggle, and will attack alcohol as something to be controlled or "beaten" through cold-turkey

abstinence. The inability to control or "beat" alcohol is the hallmark of the alcoholic (Bateson,

1971).

Bateson (1971) suggested that through participation in A.A. the recovering alcoholic

develops another way to relate to the generic "other." Bateson (1971) called the second category

of relationship "complementary" (p. 448) in which there is a clear power imbalance between the

two parties, who come to mutually fit together. Bateson (1971) cited as a typical example of a

complementary relationship "nurturance-dependency" (p. 448) – in other words, the

caregiver/infant relationship upon which Bowlby (1969/1982) based attachment theory.

According to Bateson (1971), the first three steps of A.A. call upon alcoholics to recognize and

acknowledge that their relationships with alcohol are complementary, not symmetrical ("We

admitted we were powerless over alcohol," A.A., 2001, p. 59); next, alcoholics in A.A. must

accept that another complementary relationship to some unspecified "Power" other than alcohol

could restore them to health ("Came to believe that a Power greater than ourselves could restore

us to sanity," A.A., 2001, p. 59); and, then, recovering alcoholics willfully surrender their wills

to that "Power" ("Made a decision to turn our will and our lives over to the care of God as we

understood Him [sic]," A.A., 2001, p. 59).

Bateson (1971) argued that the alcoholic belief that the self is in constant struggle to

control the environment is rooted in culture, specifically, Western dualism, which presupposes

an artificial distinction between "self" and the environment. Bateson (1971) contrasted this stance with the Eastern epistemology, which always places the "self" in broader environmental and social contexts. Room (1993) addressed this concept in a sociological analysis of A.A., suggesting that Western dualism had, by the twentieth century, resulted in an ideology that he called "radical individualism" (p. 179). The A.A. program – while still honoring the core Western value of individualism by allowing each member to identify a personal "Higher Power" – nonetheless called upon its members to surrender their urge to control others. Kurtz and White (2015) called the resulting perspective "chastened individualism" (p. 61).

The narratives shared by the participants in this study reflect the sort of developmental trajectory described by Bateson (1971), resulting in chastened individualism (Kurtz & White, 2015). All of the participants described themselves as having engaged in unsuccessful and debilitating power struggles prior to joining A.A. Some provided direct evidence of the influence of the A.A. message on their thinking about "control" issues by quoting the Big Book on the topic, or by describing how their frustrated experiences of trying to control others resulted in feelings of resentment, which is a major concept in the A.A. discourse (c.f. A.A., 2001, p. 64). Not all of the evidence that participants had engaged in power struggles with others was as obvious as those cited above. Others described how they had tried to control others' perceptions of them in order to maintain face or to otherwise keep up a socially acceptable façade.

Receiving and giving care. All six participants related that participating in A.A. had given them experiences in which they had felt cared for by others, and that this compassion allowed them to develop the confidence and skills to show care for others in the program. The women participants created representations of themselves from their early days in A.A. as fragile and overwhelmed, requiring the firm guidance of older women with more experience in A.A.

The women recounted how they progressed through the program, until they had taken on the role of capable mentor for women entering the program, with two of the three (those with decades in recovery) describing themselves as extending their caregiving behavior to other life areas.

The male participants also spoke of how recovery within A.A. had given them the opportunity to develop and use their skills to connect with and help others. Gilligan (2004, 2014) suggested that children have the innate ability to read emotions and empathize with others, and that cultural indoctrination in gender codes of behavior cause children to lose touch with those emotional perceptions. According to Gilligan (2004), boys are indoctrinated into their gender code at an earlier age than are girls, causing boys and men to more readily discount emotion and empathy. In this study, male participants discussed recovery as a process of regaining access to the empathetic aspect of themselves, which they had experienced in boyhood but subsequently lost. The male participants' embrace of roles such as "wild man," "burnout," and "black sheep" – which they each explicitly linked to their heavy use of alcohol – reflect their early disconnection from their empathic and caring selves. They described recovery as, in large part, the recovery of lost innocence, which they achieved through the process of helping others through participation in A.A.

Conclusions

Gee (2011) argued that the point of a discourse analysis is to create an argument for a "specific claim (or claims) or hypothesis (or hypotheses)" (p. 122). A claim I sought to examine in this study is that language used by people in recovery might resemble concepts drawn from attachment theory. While my original analyses of the participants' narratives did reveal many superficial resemblances between the participants' discourse and the discourse in the academic

attachment literature, deeper analysis and reflection led me to other, wholly unanticipated

findings.

First, as I described in chapter two, previous studies into connections between addiction

and attachment theory examined the correlation between a person's "attachment style" or

"patterns of attachment" and their substance use. Analysis of the data gathered in my study

suggests that a broader perspective on the relationship between attachment theory and addiction

is warranted. Bowlby (1969/1982) suggested that human behavior is driven by a complex

interaction of various behavioral systems that have evolved over time to enable humankind to

adapt to hostile environments. The behavioral system central to attachment theory – the

attachment system – is only one of several interacting behavioral systems Bowlby identified

(Cassidy, 2016). Other behavioral systems described in attachment theory include the

exploratory system (which facilitates learning), the fear system (which promotes safety), and the

sociable system (which enables the individual to develop social ties; Cassidy, 2016). Of

paramount importance in this model is the parental caregiving system, which is reciprocal to the

child's attachment system (Cassidy, 2016). The analysis of data presented in chapter four

provides evidence that the participants, as they shared narratives of their experiences, created

representations of phenomena related to all of the behavioral systems identified by Bowlby

(1969/1982). This suggests that research and treatment approaches that focus narrowly on the

construct of "attachment style" disregard much of what is relevant to the actual experiences of

individuals who have endured addiction and recovery. In particular, the participants' narratives

all suggest that developing the capacity to receive and give care – that is, to develop what

attachment theorists call the "caregiving system" (Cassidy, 2016, p. 10) – is central to the

recovery experience. Participants in this study described recovering their abilities to provide

care as coming to pass after having experienced different levels of failure as caregivers with children and spouses. Thus, recovering and using their caregiving skills provided the participants with a corrective emotional experience – a phenomenon I call "redemptive caregiving."

Second, recognizing the primacy of caregiving behavior in recovery raises the question of why it is that alcoholic middle-aged White Americans without college degrees had, in the first decades of the 21st century, seen their caregiving behavioral systems atrophy. Analysis of the participants' narratives found that they had all experienced some sort of schism in their sense of self, and that this was represented in their description of incongruent, conflicting social identities. Those conflicting identities reflected what Gilligan (2004, 2014) called gender codes or cultural scripts. Participation in A.A. provided the participants with a social structure and established discourse that allowed them to reframe those codes/scripts, which had previously served to reinforce the Western values of independence and autonomy, contributing to a mindset that Room (1993) had called "radical individualism" (p. 179). A necessary step in accomplishing the move away from radical individualism was the participants' acceptance of the A.A. concept of a "Higher Power," which enabled them to alter their habitual responses to others away from what Bateson (1971) characterized as symmetrical power struggles to complementary, nurturing exchanges.

Third, these findings suggest that participation in A.A. provides its participants with the opportunity to take part in what I am calling immersive narrative therapy. I will expand upon this idea in the next section.

Implications for Counseling

My findings in this study have led me to conclude that the process of participating in A.A. is a form of narrative therapy, through which recovering alcoholics achieve the outcomes of narrative therapy as described by White and Epston (1990) – A.A. enables its members to reauthor their lives and externalize the problems associated with their past drinking behaviors. White (1997), writing about addiction and narrative therapy, described addiction as a social phenomenon. White (1997) wrote that addiction is an outcome of people living in a "culture of consumption" ("Challenging the Culture of Consumption," para. 1). According to White (1997) recovery entails having clients alter their relationship to the dominant culture and to their substance of choice. This change entails a shift in all aspects of one's life, a process that White (1997) called a "migration of identity" ("Other Maps," para. 3).

Such a life-altering change requires a fundamental restructuring of one's life story, according to White (1997). White (1997) identified three phases in the recovery reauthoring process: 1) the separation phase, in which the individual breaks away from life as it had been, 2) the liminal phase, which corresponds to early recovery, and is a period of disorientation and despair, and 3) the reincorporation phase, when the person in recovery arrives at a new place in life, and has acquired a sense of empowerment and increased knowledge (White, 1997). White (1997), claiming an outsider's perspective on A.A., wrote that he had a deep admiration for the organization, and commended the program for providing the sort of recovery experience he described. Indeed, it is possible to see a loose alignment between White's three proposed phases and the A.A. recovery narrative template described in the Big Book: "What we used to be like" (separation phase), "what happened" (liminal phase); "and what we are like now" (reincorporation phase; A.A., 2001, p. 58).

There is at least one major apparent contrast between the constructivist approaches to wellness advocated by narrative therapists and A.A. doctrine, however. Narrative therapy is based on the idea that identity is fluid and co-constructed in relationship with other people, as such, the narrative worldview is sharply critical of reductionist medical approaches to well-being, which seeks to confine and treat "disorders" within an isolated individual body (Combs & Freedman, 2016). While A.A. practices closely align with narrative therapy practices, there remains the discrepancy between the A.A. embrace of the disease model of addiction and the constructivist narrative worldview. In analyzing the data collected for this study, I discovered that the A.A. disease model, when cited by participants, served narrative purposes by providing the participants with a culturally acceptable way to externalize the problem of chronic alcohol misuse while at the same time honestly acknowledging the effects it has had on their lives and the lives of others.

A.A. practices resemble many of the features of narrative therapy as conceived by White and Epston (1990) and applied to problems related to our culture of consumption (White, 1997). While acknowledging the contours of the narrative approach in A.A. practices, it is important to also recognize the particular type of content common in A.A. narratives. White (1997) suggested that A.A. narratives emphasize ways of life that are guided by personal ethics. The analysis presented here suggests otherwise. The ethics of A.A., I argue, evolved as a rejection of radical individualism (Room, 1993) – there is little that is "personal" in the A.A. ethics or the A.A. experience as described by the participants in this study. Rather, participants in this study described A.A. membership as a profoundly interpersonal experience ("we've all got the same stories, / it's just different").

Members of A.A. enact what Gee (2011) called a "big 'D' Discourse" (pp. 28-29), which

Gee characterized as language and sets of behaviors by which people enact a socially

recognizable role. By immersing themselves in the A.A. Discourse, participants in this study

managed to complete White's "migration of identity" (1997, "Other Maps," para. 3). This raises

a particular question – what is the nature of the recovery identity described by participants in this

study? What exactly is that "same story" that the participants were sharing? I suggest that in

their narratives the participants enacted a social role very common in American culture. It is a

role McAdams (2005/2013) called "the redemptive self" (p. xvii).

The Redemptive Self

McAdams (2005/2013) suggested that participation in A.A. offers the recovering

alcoholic with the opportunity to perform a new "narrative identity" (p. 201). Drawing from

Erikson's epigenetic theory of human development, McAdams (2005/2013) pointed out that

recovery through A.A. enables the recovering individual to maintain long-term relationships and

assume productive roles in life, thus experiencing what Erikson called generativity, while

avoiding stagnation and self-involvement. McAdams (2005/2013) argued that stories of personal

redemption are uniquely favored in our society, and reflect values (e.g. individualism,

atonement) that are deeply embedded in American culture.

The stories told by the participants align with McAdams's concept of the redemptive self,

as they described the paradox of personal redemption through self-abnegation. A key element of

the participants' story was action – participants emphasized that deeds, not words, are

paramount, and that a narrative identity not based on constructive, prosocial actions is null. The

participants all identified variations on the theme of "helping others" in behavioral terms.

Drawing from attachment theory, I have labeled this behavior redemptive caregiving. In their

narratives, participants told how developing the capacity to become a source of sincere, reliable

help and support for others struggling with addiction was essential to enacting the narrative

identity of the redemptive self.

Implications for Practice

Analysis of participants' descriptions of their experiences in addiction and recovery

suggest certain implications for addictions counseling practices. I will address those

implications by focusing, in turn, on the relevant areas of practice.

Motivational interviewing. Motivational interviewing (MI) is a collaborative approach

to counseling intended "to elicit and strengthen motivation for change" (Miller & Rollnick, 2009,

p. 137). Miller and Rollnick (2013) identified two dimensions to the practice. The first

dimension, called the "spirit of MI" (p. 14), directs counselors to approach clients in a

collaborative, empathic spirit. The second dimension of MI, called the "method of MI" (Miller

& Rollnick, 2013, p. 25), prescribes a sequence of "processes" (p. 26) that guides the counselor-

client interactions along a continuum from initial engagement to the solicitation of the client's

verbal commitment to make changes in behavior (such as curtailing chronic alcohol misuse).

Analysis of the participants' recovery narratives tends to support both of the dimensions

of the MI approach. Each participant extolled individuals they first encountered in A.A. for

being empathic and supportive, and none described benefiting from a combative or

confrontational relationship with sponsors or others involved in their recovery. This aligns with

MI practices, which direct clinicians to express acceptance and compassion for the client, and not

to attempt to coerce the client to change (Miller & Rollnick, 2013). White and Miller (2007)

wrote that MI was developed as an alternative to the "authoritarian, in-your-face style of

counseling" (p. 23) that had dominated addictions counseling in the past. White and Miller

(2007) suggested that MI intends not to remove confrontation from the counseling process, but to change the role of confrontation in counseling from method to goal. In this model, the counseling process allows clients to confront the reality of their situation without feeling under threat or demeaned (White & Miller, 2007). This mirrors what participants in this study said regarding their experiences in A.A. For instance, when I asked Donald what he had gotten from A.A. and his five A.A. mentors, he replied with two words: "the truth." Viewed through the lens of cybernetics theory as discussed above, successful A.A. sponsors and MI counselors engage with alcoholics contemplating change via a nurturing, complementary relationship, not a confrontational symmetrical power struggle.

Enacting the second dimension of MI, the method of MI, the counselor purposefully cultivates what MI practitioners call "change talk" (Miller & Rollnick, 2013, p. 157), that is, verbal commitments to change unhealthy behavior. To achieve this end, the counselor will work with clients to explore their personal values and reasons for change. Current MI practices guide counselors to work to elicit client language that addresses the client's desire, ability, reasons, and needs for change (Miller & Rollnick, 2013). Research indicates that the use of such language primes the client to make verbal commitments to change, and that those commitments positively correlate with future behavior changes (Amrhein, Miller, Yahne, Plamer, & Fulcher, 2003). Analysis of the participants' stories in this study indicates that relational values – caring for others and meeting personal responsibilities – factored largely in their recoveries. Further research in MI practices could uncover the relative power of discussion of relational values versus intrinsic values (e.g., personal health, finances) in motivating change. This study's findings suggest that cultivating relational values while using MI techniques might more strongly motivate clients' desires to change.

Cognitive behavioral therapy. While MI has been demonstrated to be effective in motivating client behavioral change, it is designed to be a short-termed intervention, with the typical course of MI treatment running no more than three hours (White & Miller, 2007). Results in this study also have implications for addiction counseling beyond moving clients from precontemplation of change to actual behavior change. Cognitive behavioral therapy (CBT) and its variants are the most frequently used treatment modalities in substance abuse clinics (SAMHSA, 2015), and this study provides insight on the use of cognitive and behavioral techniques with clients in recovery from AUD.

Participants in this study gave evidence of the efficacy of cognitive-behavioral techniques for coping with cravings and urges to use alcohol, along with managing emotions, while in early recovery. Participants indicated that they developed these techniques, at least in part, in collaboration with more senior peers in A.A. They also shared aphorisms from the A.A. oral tradition that helped them to reframe their thinking about drinking and abstinence. The participants' descriptions of their A.A.-developed cognitive aides went beyond thought stopping and mindfulness techniques for coping with cravings and urges to drink. The participants described the A.A. discourse as a constant reminder to develop and maintain altruistic, helping attitudes and behaviors ("...[they] taught me how to help others, basically"). The participants' narratives suggest that the ultimate end of CBT and other cognitive interventions, as participants experienced them, was not intrapsychic self-help. Instead, the ultimate purpose was to develop the capacity to provide interpersonal help to others. Results from this study indicate that CBT techniques in addiction counseling might address the following:

Client perceptions that other people and situations should be under the control of the client. As discussed above, the A.A. directive to turn one's will over to a Higher Power can be interpreted as a cognitive shift away from viewing relationships as symmetrical power struggles. This sort of cognitive shift is elicited through CBT approaches, most prominently rational emotive behavior therapy (REBT), which guides counselors to challenge clients' habits of thinking in terms of "shoulds" and "musts" (Ellis & Ellis, 2011/2014, p. 156). Findings in this study suggest that interventions to address such automatic thoughts will help clients establish and maintain recovery from AUD.

Self-damaging thoughts and behavior that are exacerbated by culture and family groups. REBT practitioners also recognize the extent to which self-defeating thoughts are established within the family of origin early in life, and their effects are perpetuated by cultural beliefs and practices (Ellis & Ellis, 2011/2014). Cognitive approaches can be used to question clients' unhelpful adherence to gender and cultural scripts that reinforce their self-damaging thoughts. Findings in this study suggest that gender and cultural scripts played a large role in the participants' chronic alcohol misuse.

Larger contexts for cognitive and behavioral relapse prevention skills. In an overview of a cognitive-behavioral model for relapse prevention, Larimer, Palmer, and Marlatt (1999) described the model as being based on social-cognitive psychology principles, and wrote that it is designed to train the client to use coping skills in order reduce the risk of relapse in specific situations. Considered through the lens of Damasio's (1999, 2010) theory of consciousness, the cognitive-behavioral model helps the core self of the recovering alcoholic to better navigate a high-risk environment. Damasio (1999, 2010) suggested that in addition to the here-and-now core self, the human mind also is comprised of an autobiographical self, which contextualizes

immediate experience within a broader life history made up of memory and the individual's self-crafted personal narrative. Findings in this study suggest that long-term recovery entails the development of a recovering-self narrative ("the redemptive self," McAdams, 2005/2013, p. xvii). Counselors seeking to help clients transition from an early recovery that is focused on coping with temptation might work to contextualize the clients' use of coping skills into a broader life narrative. Marlatt (1985) provided a useful metaphor for doing this, by suggesting that counselors refer to recovery as a journey requiring a map. While Marlatt emphasized the use of the map as a tool in order to avoid dangerous situations (Larimer et al., 1999), White (1997) also used the map metaphor as a way to help recovering alcoholics to manage a "migration of identity" ("Other Maps," para. 3) from addict to recovering addict. Counselors might use such metaphors as a tool to help clients transition from early to sustained recovery.

     Summary of findings relevant to CBT practices. Findings in this study suggest that there is overlap between the folk psychology of A.A. and addiction counseling practices based on cognitive-behavioral and social-cognitive psychology theory and research. This suggests that counselors might purposefully use cognitive therapy techniques to elicit and support the sort of changes brought about by adherence to A.A. principles and practices without expounding A.A. doctrine. Findings in this study also suggest strategies counselors might use to facilitate clients' participation in A.A.

     12-step facilitation. A.A. is a widespread, free resource for overcoming chronic alcohol misuse. Despite its ubiquity and the fact that it is free, most people exposed to A.A. do not choose to engage in the program on a long-term basis (Rowan & Wulff, 2012). Counselors seeking to help clients take advantage of A.A. would do well to use strategies to prepare clients for the A.A. experience and to help them gain the full benefits from what it has to offer. That is

the goal of 12-step facilitation counseling approaches, which are offered at just fewer than 50%

of substance abuse clinics in the US. (SAMHSA, 2015).

Twelve Step Facilitation (TSF; Nowinski, Baker, & Carroll, 1999) is a short-term

manualized group therapy approach developed in order to include 12 step programs in the U.S.

government's Project Match study. Its purpose is to prepare participants to engage in the A.A.

program by focusing on the first three steps of A.A. and guiding the participant to find a sponsor

(Nowinski et al., 1999). TSF devotes little time to the task of developing the client's capacity for

maintaining interpersonal relationships, and does not address the "helping others" aspects of the

program that participants in this study cited as key to the A.A. experience (Nowinski et al.,

1999). TSF includes two "conjoint" sessions written to include family members that focus on

the "Family Disease" concepts of enabling and detaching. As I mentioned above, analysis of the

participants' data in this study suggests that neither of those topics were relevant in their

experiences.

Another 12 step facilitation manual, "Making Alcoholics Anonymous Easier" (MAAEZ;

Kaskutas & Oberste, 2002) focuses on introducing clients to core A.A. doctrine, with lesson

plans on spirituality, A.A. principles, sponsorship, and "Living Sober" tips (e.g., identifying

triggers, avoiding "slippery" people, places and things; p. 7). Among the MAAEZ Living Sober

tips is "service," which addresses the benefits of small service commitments in A.A. (e.g. setting

up chairs, Kaskutas & Oberste, 2002). MAAEZ does not address how altruism is essential to the

A.A. experiences, and its authors (Kaskutas & Oberste, 2002) wrote that the fact that service

helps others is "a lucky by-product" of the activity (p. 26). Based on the results of this study,

which indicate that "helping others" in acts of redemptive caregiving is central to the A.A.

experience, a successful A.A. facilitation program would give the concept "service" greater

prominence.

Neither TSF nor MAAEZ introduce clients to the breadth of the 12 steps by placing the

early steps into the context of the whole program. They instead focus exclusively on the direct,

immediate experience of the participant. While a focus on a recovering client's direct,

immediate experience in the early phases of recovery is appropriate, the results of this study

suggest that identifying with other participants in A.A. is the key to forming bonds within the

organization. A program to prepare clients for the A.A. experience might address the reciprocity

of the program – the "giving back" behavior of the veteran members – to facilitate the beginner's

identification with other members.

Also, neither TSF nor MAAEZ address in depth the story-telling nature of the A.A.

experience. MAAEZ makes passing reference to telling one's addiction and recovery story

among its living sober tips (Kaskutas & Oberste, 2002). All participants in this study placed

storytelling as central to their recovery. As Donald put it, he was first drawn to A.A. because it

was a safe place to tell his story. An A.A.-facilitation counseling program that presented

narrative therapy concepts (e.g. reauthoring your life) might better prepare clients for A.A.

participation than programs focused exclusively on A.A.-specific contents.

Discourse and narrative therapy. The findings of this study suggest implications for

addiction counselors' use of language when working with clients, specifically as they make use

of narrative practices. As I wrote in chapter two, addiction counselors find themselves working

in a field influenced by a variety of models of addiction (i.e., medical, moral, psychological).

Individuals operating within each of these models use different discourses to describe the

phenomenona with which they deal, and these various discourses are based on different

understandings of reality. Both the medical and moral models of addiction are premised on what

White and Epston (1990) called "'truth' discourses of the unitary knowledges" (p. 27). Those

"'truth' discourses" (White & Epston, 1990, p. 27) deal in absolutist language that,

grammatically, relies on the indicative mood to express explicit (objective or revealed) truths.

White and Epston (1990) argued for a narrative counseling approach in which the counselor

purposefully uses the subjunctive mood – which deals with wishes, possibilities, and

hypotheticals, not facts (Moods, n.d.) – when working with clients. This is in order to help the

client to explore implicit meaning in their life stories, and to help clients re-author those stories

and broaden their range of possible future outcomes (White & Epston, 1990). This study

supports the idea that absolutist "'truth' discourses" (White & Epston, 1990, p. 27) yield

discursive phenomena (e.g. "labels") that are harmful to a client's well-being. The study's

findings also suggest that the narrative practices of A.A. provided the participants with a

liberating experience of self-discovery. The study's findings on the purposeful use of language

to explore implicit meaning have broader implications for counselor education, which I will

discuss in the next section.

Implications for Counselor Education

One of the entry level specialty areas included in the 2016 Council for Accreditation of

Counseling and Related Educational Programs (CACREP) standards is addiction counseling.

Among the foundations of those standards are principles and philosophies of addiction-related

self-help (e.g. A.A.). Among contextual dimensions of the standards are "the importance of

vocation, family, social networks, and community systems in the addiction treatment and

recovery process" and the "role of wellness and spirituality in the addiction recovery process"

(CACREP, 2015, p. 18). One of the practice standards is "strategies for helping clients identify

the effects of addiction on life problems and the effects of continued harmful use or abuse, and

the benefits of a life without addiction" (CACREP, 2015, p. 19). My analysis of the data in this

study suggests certain implications for how counselor educators might meet these standards.

This study was designed to explore the rising death rates among middle-aged White

Americans without college education due to substance misuse and suicide. Findings indicated

that cultural and economic factors were significant factors in the participants' substance use and

subsequent recoveries. It's notable that despite the participants' rich descriptions of cultural

factors in their life stories, racial identity was rarely addressed by the participants as they told

those stories. Only two of the participants explicitly mentioned race in their narratives, and only

one said that her recovery had involved a growing appreciation for how racism had been a factor

in her development. This finding suggests that White racial identity might provide a lens for

helping White clients struggling with problems related to culture and economics to more fully

understand their situations. The culture-bound factors described by participants suggest that

racial identity is a topic that merits inclusion in addictions courses and other courses designed to

prepare counselors to use culturally informed clinical practices.

Given the results of the current study, counselor education programs for addiction

counseling should include instructional materials that address the role of A.A. and other TSPs in

the recovery field. Such materials might 1) cover A.A.'s role in developing a client's capacities

to give and receive care, as described in attachment theory; 2) address the narrative dimension of

the A.A. experience, including the role that cultural scripts in domains such as gender that can

affect a client's narrative identity and contribute to psychological distress associated with chronic

substance misuse; and 3) link the folk psychology underlying A.A. principles and practices to

theory-based practices (such as MI) that are supported by empirical evidence of their efficacy and effectiveness.

Finally, this study's finding to the effect that the practices developed in the 1930s by the founders of A.A. closely resemble narrative counseling practices developed decades later (White 1997) carries implications for counselor educators. Current standards for counselor ethics and education call on professional counselors to employ evidence-based counseling practices (EBP; ACA, 2014; CACREP, 2015). While there is still debate over what constitutes EBP in the counseling field (Smith, Hollenbaugh, & Arora, 2014), it's important to recognize that the concept of EBP was derived from the field of medicine (Sackett, Rosenberg, Gray, Haynes, & Richardson, 1996). As such, EBP partakes in what White and Epston (1990) called "'truth' discourses of the unitary knowledges" (p. 27). While counselor educators are professionally compelled to adhere to standards of practice informed by EBP – and thus to work with one foot in the field of positivist certainty – they must also cultivate their students' ability to deal with each client as a unique individual, and to purposefully use language that encourages clients to explore implicit meanings and latent possibilities in themselves and their relationships. The evidence presented in this study demands nothing less.

Strengths and Limitations of the Study

The parameters of this study may be seen as both strengths and limitations. For example, I was motivated to conduct this study in order to gain insight on the causes for what Case and Deaton (2017) called the deaths of despair epidemic among blue collar White baby boomers. This meant that I drew participants from that circumscribed portion of the population. I am confident that I did gain insight on the causes for that demographic cohort's epidemic of substance misuse and despair, such as the role that gender role expectations have played in their

lives. Still, it is important to recognize that those results might not be generalizable to other demographic cohorts.

Given the ubiquity of A.A. in American culture, I reasoned that any member of my target demographic in recovery from AUD would have likely been exposed to that program. Given this, along with the fact I have a deep personal curiosity about A.A. as a cultural phenomenon, I decided to make current or past membership in A.A. part of my selection criteria. As a result, all participants were active A.A. members, with four out of the six participants reporting to be members for decades. This gave me a great amount of data relating to how devoted A.A. members describe their relationship to the organization, but the design caused me to exclude the words of individuals who had rejected A.A. or had drifted away from the organization over time. This limitation to the study might be addressed in future studies, in which I would conduct similar in-depth analyses of the language used by non-adherents of A.A. as they discuss their experiences with addiction and recovery.

I came to this study well aware of the third of A.A.'s 12 traditions, which stated that the only requirement for membership in the organization is a desire to stop drinking (AA, 2001, p. 561). I recognized that this tradition means that any research design seeking to confirm or disconfirm A.A.'s efficacy and effectiveness is bound to be confounded by self-selection bias. I was also aware that personal storytelling is a major part of the A.A. experience, which indicated that a qualitative examination of A.A. members' recovery stories would be informative. This led me to design an unscripted interview format. This format yielded much rich data to be analyzed. Still, the interview format is inherently contrived, with the interviewer and participant assuming roles as fact-finder and subject, respectively. To conduct my analysis, I selected Gee's (2011) Discourse Analysis methodology. The analysis yielded several valuable insights on the A.A.

experience and recovery in general, and was especially helpful in recognizing phenomena such as the participants' conflicting social identities. Using Gee's method was also very labor intensive and time-consuming, which could complicate future efforts to replicate this study.

Designing the study, I decided to interview six participants, three males and three females. At the end of the process, I remain confident that six is an adequate number of participants from whom to draw the conclusions I have presented in this study. Gee (2011) described discourse analysis as a hypothesis-generating activity, and not as the search for "definitive proof" (p. 20) of any proposition. The end result of a useful discourse analysis project is the development of tentative hypotheses, arrived at through convergence of data from multiple sources, which can then be further explored in future studies (Gee, 2011). I propose that this study has met Gee's (2011) standard by finding convergent results from six participants, which yielded provocative results. Had I included more participants, either my analysis would not have been as deep and thorough as the analysis I am reporting here, or the time horizon for the creation of this study would have been much longer. A study with fewer participants might have yielded more information and insights on the experiences of the participants, but would have demanded more time shared with the participants gathering data (see, for example, the ethnographic study of recovering alcoholics by Denzin, 1993), and might not have yielded a meaningful convergence of results. Despite the limitations of this qualitative study, I argue that it has yielded results that might guide future research.

My Positionality

I came to this project fascinated by A.A. as a cultural institution and deeply skeptical about its role in the recovery industry. In an early discussion of this project, I shared with members of my dissertation committee the common complaint about A.A. that it "brainwashes"

its participants. One of the committee members advised me to check my biases as I planned and

conducted this study. It was good advice. After conducting this study, I have better insight into

what happens to participants in the A.A. program, and I now believe that while the ideas

underlying the "brainwashing" accusation are accurate, my enmity toward A.A. inherent in the

accusation was misplaced. White's concept of "migration of identity" (White, "Other Maps,"

para. 3, 1997) is a more helpful term than "brainwashing" here, and implies the benign intent of

A.A. members seeking to help other alcoholics. That being said, I remain skeptical of A.A.'s

role in the recovery industry. My skepticism has nothing to do with A.A. itself, but with the

nature of the multibillion-dollar addiction-recovery industry, which is largely based on the 12-

step model (Dodes & Dodes, 2014). I question the ethics of for-profit vendors of addiction

counseling services who base their programs on the principles and practices of A.A., an

organization founded on the belief that its benefits should be free to all who need them.

Suggestions for Future Research

An obvious extension of this research project would be to conduct similar interviews with

participants from different demographic groups who participate in A.A. and other 12-step

programs, such as Narcotics Anonymous. Analysis of language used by the members of other

demographic groups as they create representations of self, relationships, and others would yield

results that could be compared across the different groups. Another extension would be to

conduct similar interviews with individuals actively using drugs and alcohol or in the earliest

stages of recovery (e.g. in detox or rehab), or participants who have achieved long-term recovery

outside of the 12-step experience. The end result of this research project would be a bank of

addiction and recovery narratives. After initial analyses using Gee's (2011) Discourse Analysis

methodology, the narratives might be analyzed using other qualitative methodologies, such as an

interpretative phenomenological approach, or through the lens of Gilligan's listening guide (Gilligan, Spencer, Weinberg, & Bertsch, 2006).

The results of this study cause me to be doubtful that our knowledge of addiction and recovery will be greatly enhanced by studies attempting to correlate those constructs with individual patterns of attachment or "attachment styles." However, I would like to test my theory that recovery from chronic substance misuse via A.A. entails the development of what attachment theorists call the caregiving system (Cassidy, 2016). This might be accomplished with surveys of A.A. members using an instrument such as a generativity scale, which measures the extent to which an individual is concerned for the welfare of others and acts on those concerns (McAdams, 2005/2013).

In addition to insights on recovery and A.A., this study also yielded insights into the role that gender scripts play in the development and perpetuation of psychological distress and associated substance use. It stands to reason that there would be similar effects of social scripts for race and sexuality on individuals' narrative identities, as well as how these identities intersect. This topic might be explored in a variety of ways, starting with qualitative research into the life narratives of various populations, with a focus on how their personal life narratives have been circumscribed by internalized cultural expectations.

Conclusion

This study has been a generative project. Its purpose was to gain insight on the links between language, ingrained patterns of behavior and ways of experiencing life (that is, "attachment styles"), and chronic alcohol misuse. I chose a research methodology from the field of sociolinguistics in order to gain a unique perspective on the life narratives of a group of participants from a particular demographic cohort at risk for early death due to chronic misuse of

drugs and alcohol. My analysis sheds some light on the cultural forces that have played a part in those participants' alcohol use. The results also indicate that the participants' difficulties had extended beyond their alcohol use, and that their participation in A.A. provided them with social connections and a sense of purpose that has benefited them in all aspects of life. I hope that this study will be the foundation of a larger research project delving into language, culture, and healing. I hope to gain insights that can be translated into counseling practices to benefit future generations.

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Appendix A

Consent Form

MONTCLAIR STATE UNIVERSITY

College of _____
Department of _____
Voice: 973-655-____
Fax: 973-655-____

CONSENT FORM FOR ADULTS

Please read below with care. You can ask questions at any time, now or later. You can talk to other people before you sign this form.

Study's Title: How People in Recovery from Alcoholism Describe their Experiences in Recovery

Why is this study being done? This study is being done to help counseling professions to better understand what it is like to be in recovery from addiction. The study could also help people in treatment for addiction to get more out of their experience as they work with addictions counselors.

What will happen while you are in the study? You will meet the researcher at a nearby counseling clinic. There, you will sit in a private room with the researcher and talk about your recovery. The conversation will be recorded using a digital voice recorder. Afterward, the researcher will transcribe the interview, changing all names and places. Then the recording will be permanently destroyed.

Time: This study will take about one to two hours.

Risks: You may feel some psychological distress as you discuss your experiences. If that happens, the researcher can and will refer you to appropriate counseling services.

Although we will keep your identity confidential as it relates to this research project, if we learn of any suspected child abuse we are required by NJ state law to report that to the proper authorities immediately.

Benefits: You may benefit from this study by knowing that your experiences are helping other people to recvoer from addiction.

Others may benefit from this study by becoming more effective addictions counselors. People using the services of addictions counselors may also benefit from working with addictions counselors who better understand what they are going through.

Who will know that you are in this study? You will not be linked to any presentations. We will keep who you are confidential.

Do you have to be in the study?
You do not have to be in this study. You are a volunteer! It is okay if you want to stop at any time and not be in the study. You do not have to answer any questions you do not want to answer. Nothing will happen to you.

Do you have any questions about this study? Phone or email the (Principal Investigator's name, address, phone number, and email address and Faculty Sponsor's Investigator's name, address, phone number, and email address.)

Do you have any questions about your rights as a research participant? Phone or email the IRB Chair, Dr. Katrina Bulkley, at 973-655-5189 or reviewboard@mail.montclair.edu.
Future Studies

MONTCLAIR STATE UNIVERSITY

It is okay to use my data in other studies:
Please initial:		_____ Yes		_____ No

As part of this study, it is okay to me:
Please initial:		Yes			No

One copy of this consent form is for you to keep.

Statement of Consent
I have read this form and decided that I will participate in the project described above. Its general purposes, the particulars of involvement, and possible risks and inconveniences have been explained to my satisfaction. I understand that I can withdraw at any time. My signature also indicates that I am 18 years of age or older and have received a copy of this consent form.

Print your name here			Sign your name here			Date

Name of Principal Investigator		Signature			Date

(If you have a faculty sponsor, please include the following signature line. If not, delete the lines below.)

Name of Faculty Sponsor		Signature			Date

Appendix B

Methods Rubric

Conklin Dissertation **Analytic Guide using Gee's Method**

LEFT COLUMN

A.A. Discourse ("AA")
Identify all language derived from or borrowed from the A.A. Discourse. In each case, note if the A.A. origin is:
- ✓ acknowledged
- ✓ unacknowledged

Sign Systems and Knowledge ("SSK")
Identify language which privileges or disprivileges different sign systems or ways of knowing. (This will usually be in the context of the A.A. Discourse.) In each case, identify the appropriate tool of inquiry:
- ✓ social languages
- ✓ figured worlds
- ✓ intertextuality
- ✓ Discourses

Common Tools of Inquiry

Social Languages ("sl")
reflecting social *values* and *contexts*

Figured Worlds ("fw")
frames/assumptions
prototypical simulations

Intertextuality ("it")
A.A. Discourse
Others (e.g., religion, medicine)

RIGHT COLUMN

Identities Task ("ID")
Language enacting and depicting socially significant types of people. Identify the appropriate tool of inquiry:
- ✓ social languages
- ✓ figured worlds
- ✓ intertextuality

Relationships Task ("R")
Language used to build and sustain and change or destroy social relationships, via these building tasks:
- ✓ social languages
- ✓ figured worlds
- ✓ Discourses

Connections Task ("CN")
Languages used to make people connected and relevant to each others, or not, via:
- ✓ social languages
- ✓ figured worlds
- ✓ intertextuality
- ✓ Discourses

Appendix C

Attachment Theory Template

CONKLIN DISSERTATION   INTERVIEW# _____

Seeking and Maintaining Proximity to AF   **Separation from/Loss of AF**

                                                     Distress

Safe Haven   **AF as Stronger and Wiser (asymmetrical relationship)**

Frightening or Alarming Events

Illness, Injury, and Fatigue   **Self as AF (caregiving bond)**

Separation and Loss (outside relationship with AF) **IWM of Self**

                                                     Positive

                                                     Negative

Secure Base
                                                     IWM of Other
Exploration
                                                     Positive

                                                     Negative