

COMING HOME TO MY SELF:
LONG-TERM SOBRIETY IN ALCOHOLIC WOMEN



Wanda Jane O'Gorman Jewell

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In partial fulfillment of the requirements
for the degree of Doctor of Philosophy
in Clinical Social Work

By

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DISSERTATION APPROVAL PAGE

We hereby approve the dissertation

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ABSTRACT

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This research used the qualitative approach of grounded theory to explore women's subjective experience of long-term alcoholism recovery. Addiction, particularly alcoholism, is an epidemic. Although there are many studies on alcoholism and treatment, there is little done on long-term recovery, and no studies on the subjective experience of alcoholic women in long-term sobriety. This study addresses that gap in the literature. How do women alcoholics with twenty or more years sobriety understand their ability to attain and maintain sobriety. Specifically, what are the internal processes which accompanied and allowed these women to attain and maintain sobriety. The study found three major themes which dynamically describe what the women experience. Surrender, belonging, and identity are found to be interrelated elements of recovery. Surrender is to a greater power, to what is, to being human, to vulnerability, and to needing others. Belonging is being connected to others, the group, and oneself. Identity changes over time and multiple aspects of identity emerge and evolve. The elements of surrender, belonging, and identity are seen to be closely interrelated and emerge, grow, develop, and evolve within this interrelationship. Each element was discussed separately with the understanding that they exist together in a dynamic relatedness. A process of recovery has been identified through the synthesis of the discussion of elements.

DEDICATION

This dissertation is dedicated to my sons:

KEVIN MICHAEL ROSS

STEPHEN WILLIAM ROSS

...may they understand.

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EPIGRAPHS

I believe it is important for each of us to understand that we work on multiple levels when we are working with women. We work on an individual level when we do our own healing work and when we work to help another woman to recover. We also work on a political level when we help women to grow, develop and heal. This is a political act in a society that limits and devalues women. In addition, we work on a spiritual level, helping to heal the feminine energy or spirit in the world, which has been overshadowed by the masculine. With this kind of work--bringing the feminine into balance with the masculine-- we contribute to the healing of our entire planet.

--Stephanie Covington, *Helping Women Recover* (2000, p. 8)

Sometimes it takes a rainy day
Just to let you know
Everything's going to be all right. . .
When you open up your life to the living
All things come spilling in on you,
and you're flowing like a river
The Changer and the Changed.

--Cris Williamson, lyrics, *Waterfall* (1974)

I Am Someone

*I am deep, fragile, vulnerable,
and strong...*

I am someone who cannot drink.

I am someone who can ask for help.

*I've had losses, many,
and know well shame and guilt.*

I've known loneliness & struggle & forgiveness;

I am no longer alone.

I am deep, fragile, vulnerable and strong...

I can laugh, and cry; I feel.

I am not perfect, I am human...

*I reach for connection
with you, the group, God,
and my Self.*

I love deeply and am well loved.

I am vulnerable and strong.

*I am someone who has someplace to go,
both within and without.*

I know who I am and I can know you.

My life now is brilliant, wonderful, and difficult.

I am someone who is present; I am here, I am here.

I am someone in recovery.

I am alive.

I am fragile, vulnerable, and strong.

wanda jewell

February 2008

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CHAPTER 1: INTRODUCTION

Project Intent

This research used the qualitative approach of grounded theory to explore women's subjective experience of long-term alcoholism recovery. Grounded theory, according to Strauss and Corbin (1998), allows for the development of theory based on data gathered from participants and the researcher's relationship with this data. Researcher bias is taken into account through transparency of the researcher's prior experience, beliefs, and knowledge. The experience of recovery is told in the words of the women themselves. The design of the study is crafted in such a way as to allow and encourage narratives from the participants that are as close to their experienced reality as possible. Great care is taken in limiting as much as possible any researcher expectations of the experiences of the participants. Of course, the use of language somewhat alters the understanding of lived reality and the transcription of recorded language again alters it (Polkinghorne, 1987, 2005). Researcher values and experience also tend to alter or bias data. These elements were planned for in the design of the study so as to be as close to lived reality as possible. The study was conducted and is discussed within a theoretical frame of a three-sided paradigm which includes three major areas of knowledge/theory: psychoanalytic thought, feminist theory, and recovery literature. Throughout the study concepts are discussed within the intersection of these three models in which relational ideas converge to help explain the lived experience of participants.

Problem Description

Addiction, particularly alcoholism, is an epidemic. Understanding the issues in recovery from alcoholism is increasingly essential. More attention is now being paid to addictive processes and recovery from them. Mental health issues and alcohol and other drug addiction were once thought to be separate problems. The helping professions are more recently viewing these issues as directly interrelated. As more attention is given to studies of addictive process, much has been researched regarding the problem and relevant issues in treatment and recovery. However, little has been done in the area of long-term sobriety.

It wasn't until the 1970s that we began to articulate the idea that women's psychological development differs from that of men (Miller, 1976, Gilligan, 1982, 1995). It was in this same period that we became more conscious of the need for treatment for women alcoholics and the need for it to be different from treatment designed for men. Previously, psychological studies and the development of psychological theories had been based exclusively on the experience of men (Miller, 1976; Gilligan, 1982) Normal human development was defined as normal male development; women were not included because of our society's cultural bias in favor of the male gender. Likewise, prior to the 1970s, alcohol studies and rehabilitative treatment were also exclusively based on the needs of male alcoholics, with the underlying assumptions that either women did not need treatment or that their needs were no different from those of men

(Brown, 2004, Davis, 1997, Davis & Jansen, 1998, Covington, 2000, Covington & Beckett, 1998, Wilkes, 1994, Wilmore, 1982).

As a recovering alcoholic with many years of sobriety, and hearing many stories of recovery in Alcoholics Anonymous (AA), I see much change in myself and others in the program of AA. I often wonder how it is that some people come into recovery and others do not. I also wonder how people, particularly women, manage the many changes associated with recovery. From my own experience, I know that much has to change, not all at once, but throughout the process of recovery. Many people believe that once alcohol is absent, a person just returns to "normal" and then is able to live much the same as everybody else, only without the alcohol. Recovery is more complicated than this. In my experience, all aspects of one's life must change: thinking processes, emotions and their management, social circles, behaviors, and most of all, identity. On the surface, one's identity changes from "I am a person who drinks" to "I am a person who does not drink." Underneath this simple but complicated change may well be a deeper, more essential, transformation: Who am I? What kind of person am I? What are the important things in life to attend to? How do I manage myself and this new life? Recovery from alcoholism is not simply a behavior change but a personal transformation. Wheelis (1973) discusses the incremental steps of repeated behaviors as they compile into an identity. One theft does not make a thief, he writes, but repeated behavior over time creates identity, causing a person to realize, yes, I am a thief or a courageous person or, in this discussion, a person who can or cannot drink.

I believe a study of long-term sobriety is useful. Much has been studied about the disease of alcoholism, treatment issues, and early recovery. It is important to understand addiction and its processes and to understand treatment needs, particularly of women. However, it is my belief that the primary goal of alcoholism recovery is long-term sobriety.

Why is it that some alcoholics recover and others do not? There is not yet an answer to this question. What does it take to maintain recovery not just for a year or two but for 20 or more years? What does a person have to know, do, and/or be to make this happen? This is where we as a profession should now aim: towards an understanding of long-term recovery. My hope is that this study helps to explain what makes long-term recovery possible and adds to our understanding of why and how people are able to recover.

I have always loved stories of transformation. The moment Scrooge wakes up from his night of spirit visitations, realizes that he is alive and that it is still Christmas Day, he begins skipping about the room, saying, "I don't know anything, I never *did* know anything, but now I *know* I don't know anything." His behavior scares the housekeeper; he reassures her, and then sets about joyfully doing for others (Minter & Langley, 1951). Repeating day after endless day, Phil Connors, played by Bill Murray in the film *Groundhog Day*, eventually shows us the personal transformation that can happen (Albert & Ramis, 2002). From Scrooge's stingy miser to loving philanthropist, from Phil's self-centered arrogance to open-hearted benefactor, these are compelling stories of transformation and redemption.

As a psychotherapist I often see life-changing transformation in the people who are my clients. The transformation that most gets my attention is that of recovery from alcoholism. People who are lost and empty become fully participating members of their communities. Thinking patterns, emotions, appearance, and identity change. What was lost is found. There is nothing more beautiful, and more difficult, than a life saved, and a life and a person reborn.

In this study I sought stories of this transformation, stories of recovering women told in their own words. Clearly, this is not a study of the disease of alcoholism or its treatment. It is a study of women and their transformation in thinking patterns, feelings, relationships, and identity. I wanted to know how they understand sobriety and the accompanying internal processes.

There is an old story of a Zen master who gives a devoted student a valuable, ornate box. The student is delighted to receive such a gift. The master tells the student that there is only one condition: the box, wherever it is placed, must face east. The student thinks nothing of this, says a thousand thank you's, and happily goes home to place the box on a shelf. But then, what is next to the box on the right side doesn't look quite right and needs to change, and what is on the left side of the box needs to change. Unknown to the student is the gradual life transformation due to the valuable gift. (Larkin, M. personal communication, July, 1992) This is a metaphor for the transformation that comes with the gift of sobriety; everything in one's life eventually changes as a result and in order to keep the gift. This dissertation is a study of what happens in a woman's life in order to maintain sobriety.

Research Question and Design Overview

Because there has been little study of long-term sobriety in women, this study focuses on the lived, subjective experience of women recovering alcoholics. Qualitative, rather than quantitative, methods are well suited to study people's subjective experience (Strauss & Corbin, 1998). The qualitative approach chosen is that of grounded theory, which allows for the creation of theory from data. Two research questions guide the focus of this study; the first is overarching and the second is more specific: How do women alcoholics with twenty or more years of sobriety understand their ability to attain and maintain sobriety? What are the internal processes that accompanied and allowed these women to attain and maintain sobriety?

The data was gathered in in-depth interviews with recovering alcoholic women. Each interview lasted an hour to an hour-and-a-half. Participants were recruited through a network of women known to the researcher, and a flyer was handed out to members of particular women's AA meetings.

Sobriety is defined as abstinence from alcohol and drugs. Long-term sobriety, for the purposes of this study, is defined as 20 or more years of continuous abstinence. *Woman alcoholic* is defined as an adult person born female who self-identifies as alcoholic and who self-identifies as female. Length of sobriety is based on participants' self-report. The terms *recovery* and *sobriety* are used interchangeably, signifying abstinence from alcohol and other drugs.

Theoretical Framework

The theoretical framework for this study is a three sided paradigm of knowledge/theory: psychoanalytic thought, feminist theory, and recovery literature. These three bodies of literature are briefly mentioned here and further discussed in Chapter 2, Literature Review.

Psychoanalytic thought has long spoken of the relational aspects of healing. In *Freud and Beyond* Mitchell and Black (1995), describe the evolution of psychoanalysis as moving beyond the Freudian concept of “one person” analysis through the theories of Sullivan and Winnicott to a “two person” analysis. Bowlby (1969) developed attachment theory which posits that emotional development occurs within relationship, that we are hardwired from before birth to connect, and that emotional regulation is learned and successively made possible through attuned relationship. (Schore, 2002, Sable, 2000) Relational theory, as described by Mitchell (2000) and Mlishne (1993), continues the psychoanalytic evolution towards relational understanding.

Feminist theorists began to develop models that attended to women's development in order to address the unequal, and therefore inadequate, attention to women's needs in psychological theory. A primary example is the relational model from the Stone Center. Covington and Surrey (2000) discuss the relational model in terms of girls' and women's development from the work of Jean Baker Miller (1976), originator of the Stone Center. The essential elements of this model most relevant for our discussion are the ideas that (a) women organize themselves and their lives around relationship rather than individual achievement

and that (b) relationship, rather than separation and individuation, is a natural priority for women. Women tend to use alcohol within or because of relationships. And, relationship is a key element in alcoholism in women, as well as any possibility of recovery for women (Covington 1994, 2000).

Both Karen Walant, writing on attachment and addictions in *Creating the Capacity for Attachment* (1995), and Stephanie Covington, in her many writings (1994, 2000; Covington & Surrey, 2000), emphasize the role of relationship in addiction and in recovery. Addiction is seen in terms of a substitute for relationship. It is as if alcohol becomes the friend/lover: a reliable, accessible substance that substitutes for the real warmth, understanding, and love within a human relationship. And, for recovery to be possible, a firm network of relationships is needed. Walant (1995) refers to this network of relationships as an experience of immersion.

Project Significance

Although the topic of sobriety in women alcoholics has been studied by other researchers (Bradley 2005, Brewer 2000, Dorsey-Nanoff 2005, McNally 1989, Sagot 1998, Stammer 1990), this study focuses exclusively on long-term sobriety and contributes to the understanding of what is needed to achieve and maintain sobriety over time. I believe that it is useful to understand the contributing factors to long-term sobriety so that as a society we can set our sights on a sustained outcome in alcoholism treatment and recovery. Bradley (2005) studied long-term sobriety in women exclusively regarding their use of Alcoholics Anonymous. Brewer (2000) studied the topic in terms of its

significance to nursing. Dorsey-Nanoff (2005) studied recovering women alcoholics from a spiritual perspective for a doctorate in ministry. McNally (1989) studied lesbian recovering alcoholics in terms of the interrelationship of their identity formation as lesbians and as alcoholics. Sagot (1998) studied recovered women alcoholics of 15-20 years sober on their experiences with alcohol use, treatment facilities, and effects of alcoholism on their families. Stammer (1990) used a narrative approach to study women alcoholics who were sober and traced the phases of use, awareness of need for sobriety, and obstacles to sobriety. This literature is discussed further in Chapter 2.

CHAPTER 2: LITERATURE REVIEW

Introduction

Background research for this study is chosen from literature in three main fields: psychoanalytic thought, feminist theory, and alcoholism recovery. These areas will not be reviewed exhaustively; however, relevant selections from each are included.

Psychoanalytic thought includes ideas about how people grow and change and about the nature of healing or therapeutic relationships. Feminist theory includes writings from the Stone Center and the relational model that was developed there. Recovery literature includes material from Alcoholics Anonymous and the previously mentioned studies of women in recovery. There is some overlap among these areas and this review may at times seem redundant. However, the intent is to cover relevant areas of the literature clearly in order to create a foundation for and to establish the importance of this particular study. In addition, although there is much written on alcoholism and treatment issues, this literature will not be included because the focus of this study is long-term recovery.

Psychoanalytic Thought

Psychoanalytic theory has sought throughout its history to understand and explain how people grow and change. Beginning with the theories of Freud and in the evolution of theory through others, such as Sullivan, Winnicott and Bowlby, psychoanalytic theory seeks to understand how to help people through the therapeutic relationship. Psychoanalytic thought has long spoken of the

relational aspects of healing. Mitchell and Black (1995) describe the evolution of psychoanalysis as moving beyond the Freudian “one person” analysis to a “two person” analysis exemplified by the work of Sullivan and Winnicott. Attachment theory explains that emotional development occurs within relationship, that from before birth onward humans are neurobiologically designed to connect with others, and that emotional regulation is learned and successively made possible through attuned relationship (Bowlby 1969, Schore, 2000, Sable, 2002). The evolution towards relational understanding in psychoanalytic theory continues in Relational theory (Mitchell, 2000, Mishne, 1993).

Interpersonal theory as developed by Harry Stack Sullivan (Perry, 1982) demonstrated a shift in perspective from the intrapsychic focus of Freud to an interpersonal view. Sullivan believed that mental illness was caused by societal and relational influences and that people could recover given correct treatment. Interpersonal theory shifts to a perspective of the interpersonal field and explains that what occurs in the field of interaction between people determines inner processes. He believed that people developed within a network of relationships and functioned within this network; and that a detailed study of the person within his or her network allows the therapist to understand the person and the state of his/her mental health. He believed that the self, or personality, is made up of reflected appraisals (Sullivan, 1962).

Sullivan believed that all of us are human whether ill or well, rich or poor, functional or not. This perspective creates an “I-Thou” relation of equals between two persons rather than a hierarchical relationship with a power imbalance.

His well known postulate is noted here: "Everyone and anyone is much more simply human than otherwise." (Sullivan, 1962, p. 31). Sullivan believed that people are motivated by a need for security or desire for satisfaction and that all people experience and must manage anxiety. He used the term "security measures" to describe the behavior, attitudes, and thoughts used to allay anxiety. Within the therapeutic relationship then, people with what he called "difficulties in living" can be helped, with the requisite empathy and understanding, to observe their symptoms and to recover from them.

The prolific writings of Donald D. W. Winnicott, a British Object Relations psychoanalyst, are rich with many concepts in daily use by most psychotherapists such as the "good-enough mother," the transitional object, and the holding environment (Winnicott, 1965, 1975, Guntrip, 1971). For this paper I will focus on one of his concepts: the holding environment.

It is within the holding environment, Winnicott believed, that healing occurs (1965, 1975). The psychotherapist, within a trusting, safe, dependable relationship with the client, would psychically hold the patient to repair previous impingements, as Winnicott referred to injuries to the psyche. Psychotherapy, when it is good enough, becomes the holding environment. It is made up of the room, the physical and emotional safety, the personality and attitude of the therapist, the sense of "weness" in the rapport, good boundaries, ethics including confidentiality, and clearly defined roles. The therapeutic holding environment, forged within the therapeutic alliance, becomes the container for the client's difficult emotions. Longing, fear, anxiety, rage, anger, confusion, desires,

disappointment, hopes, dreams, all of the unexpressed or partially expressed emotion within the client is held within this safe, strong, sturdy-enough vessel. The holding environment is the container in which the client's various emotions and projections are collected for later integration when the time is right.

Maintaining the therapeutic holding environment means keeping the middle space between inattentiveness and impingement. It is being, as Winnicott (1966, 1975) might say, a "good-enough therapist." It is paying attention to the client's spontaneous gestures and responding in kind: to laugh when something is funny, to be sad when she is sad, to feel the anger when that is there or when it is not. It is to make it safe enough so the client can relax, drop defenses, open up, and become dependent on the therapist and on the environment. It is to make it safe enough that difficult questions can be asked and difficult emotions can surface. Safety is a central issue in this healing environment (Winnicott, 1966, 1975).

Creating the holding environment is much like the story in the book, *The Little Prince*, where the fox explains to the little prince the process of taming:

"It is an act too often neglected," said the fox, "It means to establish ties." "I have no need of you," explained the fox, "And you, on your part, have no need of me. To you, I am nothing more than a fox like a hundred thousand other foxes. But if you tame me, then we shall need each other. To me, you will be unique in all the world. To you, I shall be unique in all the world." (Saint-Exupery, 1943, p. 79)

According to attachment theory, infants are born wired to connect or attach (Sable, 2000, Schore, 2002). Infants absorb their surroundings, forming increasingly more complex conceptualizations of social and emotional reality, which Bowlby (1969) termed Internal Working Models. Without the consistent

responsiveness of a caregiver to regulate emotions and to mitigate environmental influences the child is thrown back on his or her own underdeveloped internal resources and must develop other ways of meeting his or her emotional needs (Walant 1995).

In his study of hospitalized children separated from their mothers, Bowlby identified three stages of separation and abandonment: protest, despair, and detachment. Bowlby (1969) described protest as anger, despair as sadness, and detachment as defense. According to Walant (1995), over time and through the experience of many unattended abandonments that are common in our society, a child will build up protective walls for self-protection. He or she learns to need nothing from others. Walant (1995) feels that the repeated physical and/or emotional separations experienced engender an attitude of detachment and over time create a wall of detachment in the child. It is this wall of detachment built over time that Walant believes is an incubator for addiction.

Relational theory, as described by Stephen Mitchell (2000) in his book *Relationality* further extends psychoanalytic understanding of the therapeutic relationship making the interpersonal or intersubjective field the focus of attention. He states, "Within the major theoretical schools of analytic thought, there has been a distinct turn toward relational concepts" (p. xiv). Mitchell draws together the important ideas from psychoanalytic theory, including object relations theory, interpersonal theory, and self-psychology. Mitchell concludes that, although there are many differences, they all emphasize the importance of personal relationships and human interaction (2000). In this paradigm the focus

of psychoanalytic study shifts away from instincts and drives to the relational field; to persons in their interactions with others. (2000)

Feminist Theory

Feminist theories of psychology began to be developed as part of the feminist movement in the 1970s and 1980s. These were exciting, revolutionary times; the feminist liberation movement of this period followed the civil rights movement of the 1950s and 1960s. Along with burning bras and demanding equal rights, women began to raise consciousness about their oppression. Betty Freidan (1963) studied American women and the wife and mother image of femininity they were conditioned to embrace. She then wrote the best-selling "Feminine Mystique." Gloria Steinem, Robin Morgan, and many others began to voice the freedom desired by women, straight or lesbian. Feminist writers began to identify women's development as different from that of men. Prior to these writings, ideas of human development were based on the Freudian psychosexual stages and on the psychosocial stages identified by Erik Erikson (1959). In 1976 Miller wrote *Toward a New Psychology of Women*, which will be discussed in subsequent paragraphs. Gilligan (1982), in her groundbreaking book, *In a Different Voice*, demonstrated that girls' development differed from that of boys. She found that girls tend to be cooperative and focused on the quality of relationship rather than independent and competitive, as boys tend to be. Girls tend to value the quality of relationships as a goal rather than individual achievement (1982).

Jean Baker Miller (1976), an originator of the relational model for women, and instrumental in the work of the Stone Center, discusses the relational context in women's experience. Her point of view is that women are relational in nature and that connection to others is of primary importance. As described by Covington and Surrey (2000): "She suggested that for women the primary motivation throughout life is toward establishing a basic sense of connection to others. She wrote that women feel a sense of self and self-worth when their actions arise out of connection with others and lead back into, not away from, connections." (2000, p. 1) Covington and Surrey (2000) continue to describe the qualities of healthy relationships from this Stone Center relational model: "healthy connections with other human beings are mutual, creative, energy-releasing, and empowering for all participants, and are fundamental to women's psychological well-being" (p. 2). In discussing the importance of relationship to women, Covington and Surrey state: "Psychological problems or so-called pathologies can be traced to disconnections or violations within relationships, arising at personal/familial levels as well as at the socio-cultural levels" (2000, p. 2).

Alcoholism and depression are generally characterized in their active states by social isolation, i.e. a general lack of relatedness, along with feelings of shame, hopelessness, and anxiety (Covington, 2000). Women within a sexist or patriarchal culture tend to be isolated, disconnected from other women, from themselves and from their true potential. Historically, sexism has been a main factor in women being limited to prescribed roles, familial and professional. It has only been within the last thirty years that it has become socially acceptable

for women to strive for careers other than that of mothers, teachers, or nurses. The relegation of women to limited roles in the society increases the sense of low value and contributes to powerlessness (Covington, 1994).

Based on these ideas from Covington (1994, 2000) and from what I have observed in my psychotherapy work with clients over the years it seems that the depressed, alcoholic state includes isolation, lack of relatedness, shame, hopelessness, and anxiety. In my work I have seen that there are two key problems for women in this state of being: (a) the more she feels these difficult feelings, the more she wants to use alcohol or other drugs, and (b) she, herself, must reach for help at a time when her internal motivation and initiative are low or absent. The disconnect of alcoholism is pervasive, a disconnect from self, others, and spirituality. Connection to self, others, and spirituality in recovery also needs to be pervasive.

Rapping (1996) discusses the culture of recovery and its effect on women's lives. A powerful transformation can occur when a woman alcoholic becomes a recovering alcoholic. As suggested by Walant (1995) and by Covington and Surrey (2000), the most helpful situation for a woman choosing recovery is a community of support. This kind of community exists for many in Alcoholics Anonymous (AA) which has hundreds of meetings in Los Angeles and in cities and towns throughout the world. Using one of the definitions of culture from Merriam Webster: "the set of shared attitudes, values, goals and practices that characterizes an institution or organization" (*Merriam-Webster Online Dictionary*, 2007), a culture can be identified in the network of recovery meetings and

treatment facilities and within the language and practices of recovering people.

As a woman enters and becomes a part of this culture, her chances of achieving and maintaining sobriety increase.

Recovery Literature

This section includes literature from Alcoholics Anonymous (AA) regarding its purpose of attaining and maintaining sobriety. In addition, previous studies of long-term sobriety in women that are relevant to this study are summarized.

Alcoholics Anonymous is a program of transformation and is designed to be experienced on spiritual, mental, and physical levels. Conceptually, the program is designed to facilitate members experiencing spiritual surrender, cognitive changes, emotions management, behavior change, and a sense of belonging to the community and culture of the AA fellowship.

The spiritual experience of AA recovery is the foundation of the transformation from active alcoholism to recovery and involves a spiritual and emotional surrender to a higher power. The background of this spiritual aspect includes the influence of Dr. Carl Jung. In 1930 Mr. Roland Hazard was analyzed by Dr. Carl Jung. Mr. Hazard had been a hopeless drunk and Dr. Jung told him so. Dr. Jung said that his only hope for recovery was a total surrender to a spiritual power greater than himself. Mr. Hazard returned to the United States and told this to his good friend, Mr. Bill Wilson, who had also been a hopeless drunk. Bill Wilson and his friend Dr. Bob, who had in common that drinking was ruining their lives and their health, found that as they talked to other drunks and relayed to them this simple message, they, themselves, were able to stay sober

and help others to achieve sobriety. Thus began the society known as Alcoholics Anonymous. In later years, Bill Wilson and Carl Jung exchanged letters about the subject of sobriety and spiritual surrender. Jung's influence can be felt throughout the structure and design of AA.

Alcoholics Anonymous is the first of many 12-step programs and is a combination of three major activities: attending AA meetings regularly, sharing with and receiving guidance from a sponsor, and working the 12 steps. "Working the steps" leads a person to turn personal will over to the care of a higher power, to write and read a personal inventory, to seek consistently throughout the process for help from a higher power in relieving the desire to drink and to make amends to others for problems caused. Throughout the program are the ideas of self-forgiveness, and self-acceptance. The stated purpose of the 12 steps is a spiritual awakening. Step 12 states: "Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs" (Alcoholics Anonymous, 2001, p. 60).

The main texts of AA are *Alcoholics Anonymous* (2001), referred to as the *Big Book*, and *Twelve Steps and Twelve Traditions* (AA World Services, 1981), referred to as the *Twelve and Twelve*. In the *Big Book* the first 165 pages describe the program of AA, including the 12 steps; the remainder of the book consists of individual stories of recovery. These stories tell what it was like, what happened, and what it is like now for these individuals. The *Big Book* was written in the 1930s largely by Bill Wilson, one of the founders of AA, then reviewed and revised by a committee of early members. I had a chance some years ago to

read Bill W's first draft of Chapter 5 of the Big Book from an AA friend's personal archives. Bill's version of the chapter was mainly authoritarian in tone, using words like *must* and *should*, commanding members to act and think in certain ways. The committee essentially told him that this manner of communicating the program to members would not work. The chapter wording was changed from commands to suggestions, *should* and *must* were deleted and a tone of invitation and encouragement was couched in the pronoun *we*. Throughout the Big Book a reader finds the experience, strength, and hope of these early members speaking of what they had found and extending invitations to join them in the new lives found in sobriety. One of the passages of the book states: "This book is meant to be suggestive only. We realize we know only a little" (AA World Services, 2001, p. 164).

The Big Book is written, even in the recently revised version, in male language. It refers to the alcoholic as *he* and *him* and to God as male (AA World Services, 2001). This can be a stumbling block for women. The book was written in a time when most alcoholics were thought to be heterosexual men while their wives were not seen to be alcoholic themselves but as supporters and caretakers of the men. Alanon was founded as a 12-step group based on the principles of AA for wives of alcoholics. AA has evolved in its membership over the years to include women and gays and lesbians even though the language continues to be largely sexist and hetero-focused. Members are often able to see through the language to the essence and the principles of the program. Covington (1994) in her lovely book, *A Woman's Way Through the Twelve Steps*, essentially

translates the male language of the Big Book to make the program more accessible to women.

The Big Book delineates the program of AA. It describes the 12 steps, spiritual understanding, and the process of recovery. It also gives many stories of recovering alcoholics in their own words. Regular meeting attendance is encouraged. One of the main elements of recovery through AA are the stories shared at meetings. Members are encouraged but not required to share. When a member is chosen to lead a meeting or give a "pitch," telling their story of recovery, they are asked to tell what it was like, what happened, and what its like now. There is a freedom in sharing; members can share whatever is on their minds. Support and acceptance are freely given. People share whatever is going on within them or their lives. Often there is laughter as people identify with the person speaking. Warmth, humor, acceptance, serious life issues, all are part of the meeting. I believe it is also a method of affect regulation: sitting still, listening to others, feeling a sense of belonging, becoming a part of each other's successes and struggles, witnessing members' growth. The connection is to a process and to the people in the room.

At meetings people are free to share about themselves and whatever is uppermost on their minds: bills to pay, a spouse that is angry, a job interview, too much work, too much unstructured time, illness, and so on, all parts of the substance of life. It is a place where people are accepted for who they are with no expectations to live up to. For example, a member shares often about his frequent relapses, he refers to himself as a relapser. After he shares people

applaud as they do for everyone who shares. He is encouraged as everyone is to “keep coming back.”

Alcoholics Anonymous meetings create a sense of belonging, acceptance, empathy, and warmth as a secure environment in which an alcoholic can be who she/he is, say whatever is on his/her mind, and get the support and emotional strength to stay sober and help others to achieve sobriety. This is the sole goal of AA, to learn to stay sober and to help others to achieve sobriety.

The value shared in the recovery culture of AA is sobriety. The goal shared is abstinence from any mind- or mood-altering substance. “The only requirement for membership is a desire to stop drinking” (AA World Services , 2001, p. 562). Practices in the recovery culture include attending 12-step meetings, working through the 12 steps, and getting a sponsor. In the beginning of recovery, a newcomer is encouraged to go to “ninety meetings in ninety days” in order to become a part of the culture. Frequent meetings helps in assimilating to the attitudes, values, goals, and language of this culture. Lawrence Schulman (1999) discusses the need for structure in order to allow freedom within any group process. He believes that freedom requires structure and that the structure of a group must encourage a sense of personal freedom. It is in this way that groups can facilitate participation by members and engender a sense of group identity (1999).

Studies of Women and Sobriety

The following will be a discussion of the strengths and limitations of six studies of sobriety in women. Bradley (2005), in her study of long-term sobriety

in women focused solely on their use of Alcoholics Anonymous and its usefulness to them. For a doctorate in nursing Brewer (2000) compiled data on the topic of long term sobriety in women. Dorsey-Nanoff (2005) studied recovering women alcoholics of varying lengths of sobriety from a spiritual perspective. Her focus was on the effectiveness of spiritual tools to maintain sobriety. Identity formation as lesbians and as alcoholics was the subject of a study by McNally (1989). She developed a stage model of identity development encompassing the interrelated issues of alcoholism recovery and Lesbian identity formation. Sagot (1998) studied recovered women alcoholics of 15-20 years of sobriety. Her focus was on a range of issues, including their use of alcohol, treatment and family issues, none of which included the subjective experience of participants. Stammer (1990) studied the process of women becoming aware of the effects of alcohol and the need for sobriety.

Bradley (2005) used a feminist ethnographic approach to study women's experience in AA and the appropriateness of AA for women. She worked with focus groups and asked how women in AA understand alcoholism and use the program to achieve sobriety. Bradley found that women had a good experience in AA, which she discussed as consistent with the relatedness model as articulated by Covington and Surrey (2000). She also found that women deal with a great deal of shame in being alcoholic and in recovery, that spirituality is important to recovery, and that recovery is more than sobriety (2005).

Bradley's use of focus groups is possibly an effective model for data gathering. However, there may be potential problems in this model. Might

women in those groups be reluctant to speak about more vulnerable or more personal issues? There may be a reluctance to speak about personal issues that women feel are not shared by the group. Also, Bradley's focus solely on women's experience in AA is a useful study, and at the same time, it limits the broader expression of subjective experience of sobriety. The advantage of this current study is that it focuses on the depth of women's subjective experience in sobriety.

Brewer (2000) completed a qualitative study of eleven women, ages 32-76 years with 2 to 37 years sober. She asked what helped and what hindered the attainment of sobriety. In her study, the women identified working a program of recovery, developing a support network, making amends for past behavior, accepting recovery as a life-long process, and helping other alcoholic women as factors that fostered their recovery process. Stress, the feeling of being stigmatized, and painful memories were factors that hindered their recovery.

Brewer's study covered the range of experience of women from their active use of alcohol through the phases of attaining sobriety. Her question, "What helped and what hindered?" tends to focus on external rather than internal processes. It leads me to believe more strongly that a study of internal processes of sobriety is needed. Also, Brewer's focus was on the need for sobriety and how women get there; further study of the sobriety phase, especially long-term sobriety, is useful.

Dorsey-Nanoff (2005) studied long-term sobriety in women alcoholics for her Doctorate in Ministry. She sought to understand women's use of spiritual

tools in their recovery. In the interviews, she asked women to share with her what it was like, what happened, and what it is like now. Dr. Nanoff stated that in listening to the tapes of interviews with participants she noticed the pauses and particularly the breathing of participants. She concluded that the pauses and breathing in the conversation between women, between the participant and herself, were the divinity or Goodness between them and the essence of connection (personal communication, July, 18, 2007).

Nanoff's focus was on spirituality and the spiritual connection between women and their spirituality and with other women. This is an essential understanding of a needed aspect of recovery. This seems to me to be more of a focus on an external process since her focus was on the tools used. What might be the internal processes associated with women's recovery?

McNally (1989) studied lesbian recovering alcoholics in the parallel stages of identity formation. She identified stages of each identity and traced women's change through these stages:

This study offers a stage model of lesbian recovering alcoholic identity transformation. This model describes the process by which the women accept and integrate the two sub-identities of lesbian and alcoholic into the single, distinct identity of lesbian recovering alcoholic (LRA). The stages in the LRA model are: (I) Beginning Stage; (II) Drinking Stage; (III) Recovering Alcoholic Stage; (IV) Lesbian Stage; and (V) On-going Management Stage. (1989, p. vii)

McNally's focus on identity formation in lesbian recovering alcoholics is a major contribution to the literature. Might a focus on women and identity transformation through the recovery process, whether Lesbian or straight, add to our understanding of women and sobriety?

Sagot (1998), in her qualitative study of recovered women alcoholics, found that connection with other women and spirituality are primary to recovery, with spirituality seen as a life-changing event dependent on ongoing spiritual work. "Spirituality has been identified as the shift in the recovery journey of these women" (1998, p. 49). The participants in her study also reported episodes of depression and sought professional help, including therapy and medication.

Sagot states:

The primary concerns of women in this study centered on child care issues, the ever present stigma of alcoholism for women, the absence of respect toward women from treatment providers, and the lack of recognition regarding the amount of time that women must invest in their recovery. (1998p. 52)

Sagot's study found stigma and powerlessness in women, which are certainly subjective experiences. Her study included a broad range of issues for women, and, in reading her study, I found her data and analysis somewhat scattered. A study with a clear focus on women's subjective experience over time includes stigma and powerlessness, and there are other subjective elements as well.

Stammer (1990) in her book, *Women and Alcohol*, dramatically tells the stories of women in recovery, including their alcohol use, the difficulties drinking creates, the growing awareness of its impact, hitting bottom, and learning to live. She traces these phases of alcohol use and getting into recovery using the narratives of the 22 women she interviewed. Her study does not focus on long-term sobriety. It is my belief that such a study is a useful addition to this body of literature.

Summary

In summary, three areas of knowledge and theory have been discussed: psychoanalytic thought, feminist theory, and recovery literature that includes earlier studies of women in recovery. The threads that weave through these areas are relationship and spirituality. To understand how people heal and how people change, particularly in recovery from alcoholism, is the focus of this current study. The literature points to the need for connection in order to heal.

Particularly interesting and relevant are the studies of women and sobriety, which address a number of aspects of women in recovery. However, these studies do not focus specifically on the subjective experience of long-term recovery. This area of research requires further study in order to gain a greater understanding of women's internal processes associated with sobriety, particularly over the long-term.

CHAPTER 3: METHODS AND PROCEDURES

Introduction

This is a qualitative study using the approach of grounded theory. The purpose of this study was to explore the subjective experience of women alcoholics in long-term recovery. The central questions which guided this research address women's subjective experience of their sobriety. How do women alcoholics with twenty or more years sobriety understand their ability to attain and maintain sobriety? Specifically, what internal processes occurred that allowed these women to attain and maintain sobriety? This section is a discussion of the research methods utilized in this study, including a description of the methodology of grounded theory, sampling methods, data collection and analysis, and presentation of findings. Also included is a discussion of reliability and validity.

Research Design and Methodology

This is a qualitative study using grounded theory as was defined by Glaser and Stauss (1967) and further described by Strauss and Corbin (1998). Grounded theory supports the creation of theory from data gathered directly from participants' lived experience. This study is a purposeful effort to understand women and long-term sobriety in a manner not before attempted. Creating theoretical explanations of the internal processes that occur in sobriety and better understanding of how these processes affect women will contribute to the literature. My overarching research question is: How do women alcoholics with twenty or more years of sobriety understand their ability to attain and maintain

sobriety? Specifically, what internal processes occurred that allowed these women to attain and maintain sobriety?

Grounded theory, in its relatively short history, has been found useful in discovering a person's subjective experience, making it ideal for this study. In grounded theory, the study itself is a live entity which can, and likely will, change over time during the course of the research. Flexibility in methods is key to a useful study. This researcher is aware, then, that research questions, interview schedule, and the overall design may be modified as data is gathered in order to accommodate what is discovered and to allow the participant material to guide the study.

Grounded theory, as described by Glaser and Strauss (1967) and Strauss and Corbin (1998), is a process of developing theory from data and has become the approach of choice in qualitative studies of participants' subjective experience. It is an approach in which data gathered from participants' narratives is used in a systematic set of procedures to create theory. Procedures include sampling, data collection, data analysis, and presentation of findings. Methods of sampling and data collection involve the recruitment and interviewing of participants. Data analysis is done through a process of constant comparison and a complex set of coding procedures. Presentation of findings is done in written and oral forms.

Sampling and Data Collection

Data samples consist of participant interviews. Interviews have been conducted, recorded and transcribed. Data includes words and phrases,

emotional tone, and pacing of participant responses. I listened attentively during the interviews, listened carefully to each tape, transcribed each tape, and read carefully through the transcripts to elicit the depth of participant responses and to understand, as closely as possible, their meanings. I listened for what was said and for what was not said, paying particular attention to non-verbal communication in order to grasp what is meant. Non-verbal communication including gestures, pauses, and tone of voice were clues to deeper subjective experience.

The study recruited participants through personal referral. Women who have attained 20 or more years of sobriety were recruited. Sobriety is defined using the AA definition of abstinence from alcohol and other mind or mood altering drugs (AA World Services, 2000). The criteria of length of sobriety is based on participants' reports. Participants were women who are born female and identify as female. The number of participants was determined as the study proceeded based on the eventual saturation of categories or themes in the data gathered. Recruitment and interviewing ceased after the completion of seven interviews due to the richness of the data and saturation of the categories.

Participants were invited from several sources. Women known to the researcher were sent a flyer (Appendix A) describing the research and asked to send it to whomever they thought might be interested in participating. These sources included a women's old-timer's AA meeting in which most of the members have long-term sobriety and a women's treatment facility in which long-time graduates of the program serve as agency volunteers. Interviews were

arranged at the convenience of participants and were conducted in participants' homes or other convenient, agreed-upon locations.

Interviews were 60-90 minutes in length and were face-to-face, semi-structured, and of a narrative style to facilitate open sharing. A consent form was signed by the participant when the interview began (Appendix B). In the participant interviews it is wise to have some questions or topics that guide the interview but not to have so much structure that responses are limited (Mishler, 1986). Much of each interview was guided by the participant herself. I helped each participant, through supportive listening, to express herself regarding her own experience of internal changes as she identified them. An interview schedule with relevant topics and questions was referred to as needed in each interview (Appendix C). The point is, as Mishler (1986) suggests, to facilitate a dialogue between the researcher and participant in which subjective experiences of recovery can be explored. Although each participant is a member of AA and familiar with sharing narratives through program activities, such as meetings and work with a sponsor, this interview process was unique in its depth and thoroughness of delving into subjective experience of recovery. Participants were open and willing to share their experiences, even when emotionally vulnerable. A factor which I believe contributed to this is that I am an insider, someone who has similar experience. I was open about my own recovery from alcoholism, which, I believe, gave me access to others' experience.

Data Analysis

The interviews were transcribed and the data was analyzed for themes and categories of experience. Records of interviews and their analysis are kept confidential through a system using numbers rather than names, and records are kept on computers to which the researcher has sole access. Interview recordings and transcripts have been reviewed thoroughly and coded in three sequential procedures and have been analyzed using the constant comparison method as described by Strauss and Corbin (1998). The interviews are rich with information. Constant comparison involves analysis of data beginning with the first interview, comparing and contrasting the data from each interview, analyzing data as it is compiled. In this method the researcher identifies themes and categories as they appear and is sensitive to the saturation or completion of categories as the study proceeds. Saturation means that interviews begin to repeat information and become redundant (1998). Until categories were saturated with data, the interviews continued and the interview process was flexible enough to be modified as results were analyzed. When saturation was reached, the interviews ceased, and the analysis continued.

Data analysis began with the first interview and included not only constant comparison but also the researcher's relationship with the data. Grounded theory implies that a researcher's subjective experience with the data is valid and this creative latitude lends credence to the identification of themes and meanings as data is reviewed. The researcher is the primary instrument of the study and, as a result, uses this subjective experience to guide the analysis of data.

Coding refers to the systematic identification of themes and categories in the data and has three specific coding methods: open, axial, and selective. Open coding is the first round of analysis in which emerging themes were noted and the data was allowed to speak for itself. Interview recordings and transcripts were examined and deconstructed line by line, word by word, in order to grasp inherent meanings. Axial coding reassembled the data for further understanding of the data and related themes, categories, and sub categories, a process which uncovered a clearer explanation of phenomena. A selective coding process was used to integrate and refine categories (Strauss & Corbin, 1998, Patton, 1990). Through this process, central concepts emerged that led to the formation of theory and a framework to contain the relationship of all other themes, concepts, and categories in the data.

Reliability and Validity

Reliability and validity are concepts essential to the evaluation of quantitative research. However, a discussion of these concepts is necessary in qualitative research. Reliability refers to the instrument used in a research study and validity refers to the generalizability of results gained. In qualitative research, the primary instrument is the researcher herself within the interview process. In grounded theory, the discourse between researcher and participant is designed to be of quality and depth.

According to Mishler (1986) and Strauss and Corbin (1998) the narrative interview is a reliable means of generating data. Narrative interviews allow both the participant and researcher to stay close to the subjective experience of

participants as revealed in the process. This type of data collection is designed for exploration of depth of participants' experience.

In qualitative research the goal is not so much generalizability but transferability, according to Strauss and Corbin (1998). They speak of the "language of explanatory power" as contributing to the researcher's ability to develop theory from participant data. My intent was to use the power of women's voices to speak to the experience of recovery.

The essential questions in assessing reliability and validity in this type of research are: Could this study be replicated with other researchers and participants? Will the results be generalizable to other women in recovery? My belief is that this study's findings are both transferable and empowering to other women in recovery. Further research is suggested that can demonstrate responses to these valid questions.

Presentation of Findings

Findings are presented in a narrative statement in the last chapters of the study. Chapter 4 summarizes the interview data and Chapter 5 details my analysis of the data. Included is theory extracted from the data supported by the categories and themes discovered in analysis of interviews. Participant statements are used to illustrate these themes and theory.

Participants' privacy and confidentiality are protected by judicious selection of statements and deletion of any potentially identifying descriptions. Methodology of the study was reviewed and approved by The Sanville Institute Human Participants Committee (Appendix D).

Limitations

This study is limited by exclusion of participants who are not members of Alcoholics Anonymous. The AA program is one of many ways to sobriety. Other sober people who not in AA may have a different, yet valid, experience of their recovery.

Researcher Subjectivity

The intent in doing research is to be as objective as possible in order to be reasonably accurate in gathering and analyzing authentic data. It is important to hold an awareness of potential subjectivity and prepare for this in the research design. When a researcher is studying someone similar to oneself in life experience, the research requires attention to this aspect of the study. This section includes a discussion regarding researcher subjectivity in order to highlight the potential biases in the study due to my personal and professional experience. Researcher subjectivity includes the beliefs and assumptions I have formed through my experience as a recovering alcoholic, as a member of Alcoholics Anonymous, and from my clinical work with recovering people.

As a long-time recovering alcoholic and member of AA, my personal set of feelings and beliefs about alcoholics and recovery may possibly contribute to opposing influential attitudes. I may have judgment about alcoholics or how they have progressed in their recovery. I may have some judgment about participants' histories, their behavior, decisions, etc. Or, I may have an overly positive view of them and their processes of recovery and/or I may feel that I have a special affinity with participants. Either way, positive or negative, these

attitudes can distort data and need to be uppermost in my mind as data is gathered. In addition, I may have a sense that I understand participants in a special way because I have had a similar experience or that their stories parallel mine.

In order to accommodate these potential biases, I made an effort to listen to participants' life experience with an open mind, not expecting them to be similar to me, to others in AA, or to clients in my practice. I firmly know that each person is unique and has his or her own voice and experience. It was important for me to regard each participant as an individual rather than filtering the data through my own experience. I was alert to my life experience and how it could affect interviews and the data. I constantly monitored my inner process and my responses to participants throughout the interview process to ensure that I was hearing their experience, not my own, and that I was not imposing my beliefs, attitudes, or experience onto the study.

CHAPTER 4: FINDINGS

Introduction

This chapter consists of a description of study data; it is the core part and the turning point of the dissertation. Prior chapters prepare for and lead the reader to the material in this chapter while subsequent portions of the dissertation build on these findings. Similarly, the question at the midpoint of the interview schedule, "Tell me about the you then and the you now," serves as the core question of the interviews and the linchpin or turning point of participants' responses. Previous questions prepared for and anticipated this question; subsequent questions built on and expanded on this set of responses. Responses to this question, particularly the "now" responses, form the heart of the study and a clear picture of how the participants view themselves in terms of their identity. This report of findings generally follows the interview sequence which parallels participants' progress over time in recovery.

The sequence of the interview questions replicates the process of recovery; as each participant responded to the series of questions she sequentially recounted the process of her journey in sobriety. Six aspects in their recovery process are the basis of the themes and categories identified and help to formulate a foundation for this report of the findings. The recovery sequence for each of the participants is the process described as follows. Each woman:

1. experienced a state of despair and darkness which led her to a moment of decision and surrender.

2. reached out for help and gained a sense of connection and belonging in Alcoholics Anonymous (AA).
3. gained a new and deeper view of herself and others and skills and tools to cope with life through the inner work of the program and the 12 steps.
4. has grown in her capacity for feeling and in her ability to connect with others and herself.
5. has changed and continues to evolve her identity, who she is,.
6. has gained a growing sense of spirituality and of service to others and feels that these are essential parts of her life now.

Essentially, in an organizing statement of the central theme of this study, the tools of recovery, including inner work and belonging, allowed the evolution of identity. Making a decision to stop drinking and getting connected in the program with its tools and sense of belonging resulted in growth, maturity, and development of a complex and transformed identity, based on the inner work that requires a willingness to be emotionally vulnerable. The essential finding and the unifying theme of the study is that surrender allows the experience of belonging, which becomes the foundation of identity formation. These are not elements that, once achieved, no longer need attention. More accurately, these themes are repeated, revisited, and dynamically interrelated throughout recovery, and this process is ongoing.

My description of study findings begins with responses to interview questions grouped into milestones of this sequence of recovery that serve as

identified themes and categories: surrender, belonging, and identity, and describing the transformation by contrasting identity then and identity now. Then, participants' thoughts about what it takes to stay sober over the long-term are described. This chapter ends with a summary of the poetic and profound "what would you want others to know about your sobriety." First, a brief discussion is given of data choices and general information about the interviews, including participant demographics.

Overview of Data

In any description of data, inclusion also implies exclusion; as some data is included some, implicitly, must be excluded. A sincere attempt is made to include all relevant data.

Seven interviews were conducted. The participants are adult females and range in age from 48 to 76 years old. Six are Caucasian and one identifies as Mexican-American. Three participants identify as heterosexual and four are Lesbian. One is widowed, two have been divorced, four are in committed relationships or marriages, one is currently single after ending a long-term relationship. All live in urban or suburban areas of Southern California. All names used are pseudonyms.

- Amy is a 76-year-old widowed Caucasian, self-identifies as a "WASP" (white Anglo-Saxon Protestant), and is sober 21 years.
- Susana is 53 years old, sober 21 years, identifies as Mexican-American, and is in a long-term Lesbian relationship.

- Hannah is 68 years old, of Swedish/Irish heritage, sober 32 years, and is twice divorced.
- Sandra is 59 years old, married, 23 years sober, and is not sure of her ethnicity since she did not know her birth parents but believes she is of Scandinavian descent.
- Janice is 67 years old, Caucasian, 29 years sober, and is a single Lesbian who ended a long-term relationship 6 years ago.
- Catherine is a 48-year-old Caucasian, 25 years sober, in a long-term Lesbian relationship, and has a 10 year old daughter.
- Roberta is a 64-year-old divorced Caucasian in a long-term Lesbian relationship and is sober 29 years.

The interviews were audio taped and transcribed by a professional transcriber. Approximately 160 pages of data were generated. Each transcript was reviewed while listening to the corresponding tape to ensure accuracy of the typing. Pauses were noted with a series of periods and words emphasized by the participants were underlined. Each transcript was then read thoroughly for relevant material. Relevant responses to each interview question from each transcript were recorded on Excel spreadsheets. These responses were examined and combed through. A poem, *I Am Someone*, which is located in the introductory pages, and a holistic statement (see Appendix E) were written by this researcher summarizing participants' stated experiences in recovery. A list of potential themes was generated from this holistic statement. These identified themes were formed into possible categories as they emerged from another

thorough examination of the interview transcripts and the spreadsheets. Then a central, unifying theme was identified as has been stated earlier.

Themes and categories are described at length in this chapter and listed in Table 1 and Table 2, as discovered in the analysis of interviews. The categories are utilized as section headings and themes are described in each section. The tables list the themes and categories as discovered in the analysis of interviews. These charts imply a static quality to the study material. However, in the lived experience of study participants, these themes are closely interrelated and occur in dynamic relation to one another, rather than in sequence. For the purposes of this report of findings and our understanding of participants' experience, each category and its related themes is described separately. In Chapter 5, the dynamic interrelatedness of themes and categories will be discussed.

Each participant stated her sincere desire to be helpful to the study. They each entered into a discourse with me and responded to each question with observable depth and openness. As the study progressed it became clear that the interview questions and their sequence were well designed; the interviews flowed well and participants often began answering the next question in the sequence before it was asked.

The women spoke deeply and profoundly about their lives and what happened inside them, from the decision to stop drinking through the many changes that occurred, within and without, as they stayed sober for many years. A fundamental part of the process of recovery seems to be a profound change in

identity: a sea change, so to speak, in how each participant has changed in her perception of herself. Her capacity to feel, her ability to reach out, and her sense of what is important to her have changed.

The process of change is described in the following sections illustrated with direct quotes from the women. Words and phrases emphasized by the participants are italicized. Pauses in the interviews are noted with three dots, or ellipses, between phrases. No words or phrases have been deleted from the quotes. In the few instances that a word is added to clarify meaning, it is placed in brackets.

Table 1

Overview of Themes and Categories

1. SURRENDER
<ul style="list-style-type: none">• Despair• Hopelessness• Loneliness and isolation• Things not working• Life or death• Moment of Decision
2. BELONGING
<ul style="list-style-type: none">• Someone to call, reaching out• Someplace to go• Going to program meetings• Working with a sponsor• Staying connected
3. IDENTITY THEN
<ul style="list-style-type: none">• Negative view of self• Shame, feeling ashamed• Feeling Inadequate• Failure• Loss
4. IDENTITY NOW
<ul style="list-style-type: none">• Competence Through Inner Work• Capacity for feeling• Being present, being here• Spirituality• Self acceptance• Sense of Purpose• Inner Journey
5. WHAT IT TAKES
<ul style="list-style-type: none">• Requirements of long term sobriety• Message to others

Surrender

Surrender begins with a moment of decision, a turning point. The discussion of themes and categories begins with this moment of decision since it precedes all other elements in the process and was an essential part of the development of willingness to surrender and to take action towards change. For each participant it was a dramatic moment, whether blatant or subtle, and for each, clearly a moment of knowing. The question was: "What happened inside of you that made you decide to get sober?" Each participant responded with her story of events and feelings leading to a moment in which she knew something had to change, a moment of decision. For most of them it was clearly a matter of life and death. Despair and darkness, loss, loneliness, and isolation led up to this point in time. Participants describe a state of deep hopelessness prior to the deciding moment.

Several participants spoke of a sense that things were not working and several talked about a feeling of being dead inside or the feeling of impending death. Typical comments were, "I was dying inside," and, "I knew it was a matter of life or death." Sandra stated, "I felt really dead inside and overwhelmed."

Sandra described the experience leading to the moment in which she made a decision to surrender:

I was so fucked up I could not move off my couch, and I was *stone cold sober*. What I mean by that is I was *lucid* and I *realized* at that point, it was like I had this image of like a *candle* inside of me that had like just *barely* a flame and I knew that no matter how much more I drank I was never going to get high again. It was like I was *dying* inside. . . . It was like if I didn't do something . . . and I don't know where these thoughts came from but it was like it was *all clear*. It's like if I didn't do something I was going to be *dead* inside and once I died inside, everything that I had, it

didn't matter. It was going to all be gone.

Catherine describes her state of isolation and a sense that things were not working. She states:

I was a . . . stay in my room. . . drink mostly by myself, eat macaroni and cheese out of the pot, kind of drunk. And . . . it just became increasingly clear that things were not working. Um. . . I was supposed to have graduated from college and I hadn't. I ended up being on the six-year plan, and. . .um. . . I was just becoming more and more isolated.

Amy also described that state, "I felt that I had lost. . . everything. I didn't know who I was. I knew I was in deep trouble." She goes on to describe her moment of decision:

I knew I was at the end. I couldn't stop drinking and I had a drink in my hand and a friend of mine had called me and uh said some kind of mean things to me and I, I put the glass down and I thought . . . I have to call someone, I have to get help.

Susana described a moment of complete surrender in which she asked for help through a prayer she said after a period of being isolated, feeling hopeless, not bathing or brushing her teeth or answering the phone; being afraid of others because she had borrowed or stolen from them. She said:

I used three simple words but I meant it from the *bottom* of my heart, my *soul*, the living being that I had inside, I asked my higher power, I said three words, "Please help me," and I meant it with all the sincerity that I've ever had. . .and I. . .because it was either "please help me" or I was going to die.

Susana goes on to describe the help she feels she received from her higher power. She was in a club drinking and using cocaine. She collapsed on the dance floor.

I was looking down at my body laying on the floor. And I was above my body. . .just like hovering over my body and telling myself, "You've got to get up. You have a lot to do. You're going to have a life. You've got to get

up". . . . and this is the freaky thing...it still gives me the chills, is the room actually almost felt like it was separated between good and evil.

And she knew at that moment that she had to make a choice; a choice between good and evil, life and death.

On the possibility of not drinking, an idea which had not occurred to her before, Sandra states:

Alcohol was always a *presence* in my life. It was my *best friend*. I could *depend* on it. I could *count* on it. It was always there and if I thought it wasn't going to be there, I'd make sure I didn't run out and I'd go and get more. But it was *there*. So what are your *supposed to do* if you don't *have* that?

A theme that clearly ran through the interviews was the desire the women had for something better, wanting something more, something better for themselves and their lives. Although there had been major losses in the life of each woman, the sense now is that these contributed to her present state of growth and maturity. In the moment of surrender we can see the desire each woman had for change in herself and in her life. This meant for each woman an act of faith to leave behind what was known and comfortable and reaching for what was unknown, but with the promise of possibility.

Belonging

Because of the clarity of the moment of surrender and the acquired willingness to take action, each participant reached out for help and began to go to AA meetings. They each somehow knew there was someplace to go. Susana went to her parents who were AA members, and they took her to a meeting. Sandra had a friend in AA who had been actively recruiting her. Janice had been going to meetings to support a friend. Amy called the AA central office to find a

nearby meeting. Somehow she knew to call. The person on the phone asked if she would like to have someone come and take her to the meeting. She said, no, she would go on her own. For some reason unknown to her, she says, it became very important to her to get to that meeting. She said something inside was pushing her: "Something is pushing me...inside. You gotta, you're gonna to do this. You made the phone call, now you're going to do the next step. . . .I had to go."

Hannah said she was touched by the kindness and compassion of a counselor in the treatment program the court required her to attend after the second of two horrific car accidents. "She had great compassion and she gave me a little tiny glimpse by her compassion that there was something terribly wrong. I had no idea." She continues in the description of that first contact:

It was quite surprising to me that she pointed out to me . . . and I was able, it was my time to listen; that there was something dreadfully wrong and all of a sudden when she started to speak to me it became apparent to me that there was an immense black hole inside of me and there was no one home.

The sense of belonging, fellowship, and connection to others through the AA program was a theme repeated throughout all seven interviews. The importance of this sense of belonging generated by coming into AA cannot be overestimated. Sandra was initially shocked at her first meeting when a man suggested to her afterward that she did not belong if her problem was only cocaine. What this meant to her was huge; to think that not only did she not feel that she belonged anywhere but that not even AA wanted her. The issue of belonging or not belonging is highlighted in this exchange; Sandra wanted so

much to belong somewhere and the possibility of rejection or not belonging was a big disappointment for her. She said he must have seen the disappointment in her face because he encouraged her to stop drinking to see if it was a problem and to keep coming to meetings, which she did. And, yes, she came to know that alcohol was a problem for her.

Susana described a sense of belonging in AA:

In my early sobriety I started to feel that I *belonged* here. I was a human being. I was able to make *mistakes*. I was still *scared*. I was afraid of people but I was *willing* to trust them. I was *willing* to trust them. I was *willing* to *listen* to whoever was in the meeting.

Within the program, participants were able to receive help and gain a foundation for sobriety, and for living, through the structure of the program. They were able to take direction and to try doing things differently, trying out new ways of doing things. There was a sense of wanting something better for themselves and a new hope that other possibilities existed although they had not experienced them in the past. They could see what others had and how others were as a result of getting involved in AA, participating in meetings, hanging out, working the steps, and were able to begin to do the same. A typical comment was: "People said I could keep coming." Catherine states: "I got this really good foundation in AA and in my early experience in AA and that's kind of what supports everything that I've done since then." Janice, who had decided to stop drinking just for awhile and wasn't identifying yet as alcoholic, states:

I really wanted to belong. People kept telling me that I could come there forever if I wanted to but they'd ask me to read things and I never have put my hand up or anything so, I didn't participate but I wanted to belong and I wanted to stop for a little while.

Each participant worked with a sponsor in the AA program. Through this mentorship the women were introduced to the program and gained a structure for inner work and also day-to-day living. Hannah recounts working with her sponsor in the early days of sobriety:

We did the steps, we did the inventory at four months and I would call her and she would give good advice and she'd say, "okay, you're going crazy. Get in the bathtub. Call me in twenty minutes. Read the Big Book. Call me back." You know, just . . . cause I remember it being that difficult.

Catherine describes her initial relationship with her sponsor:

I'd call her up and I'd say, *Ohhhhh* (a high whining voice) and she'd say, "Go wash your car and call me back." And I'd go wash my car and call her back and she'd say, "Well, its 4 o'clock now and the meeting's at 7:30. You should probably start getting dressed and have something to eat." And . . . the meeting didn't start till 7:30 and she'd say, "Get to the meeting at 6:30. Set it up." And we'd go afterward for coffee. You know, I mean it was just. . . I just got kind of taken in to this group experience.

Susana describes her difficulty at first getting involved in the program as not knowing herself and not knowing the other members or what they might want from her.

At first it was really difficult in Alcoholics Anonymous because when I first walked through the doors and sat in meetings I was, number 1, terrified of people. I didn't know what *color* I liked. I didn't know what type of *personality* I had. I didn't know if I was the kind of person that was really, really, up, or really, really down.

And, regarding the people she was meeting in AA, "If they were kind to me I thought they wanted something. It took me a while to learn to trust."

Sandra related two experiences that made her know for certain she needed to get and stay sober. In early sobriety she was traveling to a conference with two other women who were not in recovery. They stopped for snacks at a gas station. Noticing photos of a boy all over the walls they began to talk with the

clerk about them. He was a young man who had recently died of drugs. The clerk was herself in recovery and said she was having a hard time. Sandra said that time stopped as they talked, one alcoholic to another. All movement seemed to be suspended outside and inside the store. When the conversation finished, time started again. Some time later, coming home from a meeting, she heard the sniffing sound of her husband using cocaine. Her thought immediately was, "Where's mine?" She heard a voice inside her telling her, "You have seen what I can do, I will show you more if you stay sober. The choice is yours, I love you no matter what." She said she went in the bedroom, closed the door, and went to sleep holding her big book. Sandra has stayed sober since then.

I am including in this section responses to the question "How has it been for you," which was intentionally ambiguous. It allowed women to further express themselves as they wished with no anticipated response and gave more information about the experience of sobriety. All seven participants discussed their overall sobriety, describing the difficulty at first of getting acquainted and connected with the AA program and members but also the excitement, happiness, and hopefulness of becoming sober.

Susana spoke of laughing for the first time. Going to meetings she found the people to be happy and heard much laughter. She didn't know what it was cause she hadn't experienced it before, and said her belly hurt from the laughing.

Oh, I was just so crazy when I first got here, but I was so *excited* and so *happy* because my life had been so miserable and when I drank and used, I was *spiraling* down. I was *spiraling* out of control and when I got to Alcoholics Anonymous there was, there were people that were *smiling*, there were people that were *laughing*. I remember the first time I laughed in Alcoholics Anonymous and my belly hurt. I mean it really *hurt* and I,

and I stood there and I thought, what is that? And I touched my stomach and it was because *I hadn't really laughed from my insides*. When I was drinking and using, I forgot how to laugh.

A theme that began to emerge and will be discussed in more depth in later sections is negative, self-critical, self-judgmental views. For example, in discussing how it has been for her, Amy describes her frustration at times with herself and the program: "It's very slow and sometimes I'm not satisfied with my process. Like it should be better. I should be further along."

Identity Then

This section describes participants' retrospective views of themselves within the previously described hopelessness and darkness of their lives before sobriety. Each had a negative view of herself then and felt disconnected from herself and others. Participants further articulate a sense of personal failure, being self-centered, emotionally absent, feeling alone, and feeling lost, inadequate, inferior, and ashamed. These highlight a pervasive perspective of self-rejection and self-judgment.

Each had a negative view of herself prior to becoming sober. Many of the participants mentioned shame or feeling ashamed. Roberta used the word failure in referring to herself. Janice felt inadequate and inferior. Hannah describes herself as an empty, black hole. Sandra states she was not able to look at herself in the mirror due to feeling ashamed. Susana described having no self-confidence, no self-esteem and felt ashamed of her self.

Roberta felt herself to be a failure in life and wanted not only a sense of family but also wanted very much for her family to love her. She describes

herself as having been a failure in life, in getting an education and especially in the thing that was most important to her, earning the love of her family. She reports this to be a consistently frustrating expectation throughout her life.

Drinking, Roberta said, made her feel normal so she wanted more of that feeling.

She states:

I had drunk my way out of my college education, uh, you know, and my father when I, you know, I had a drunk driving arrest and ended up in jail and my dad said, "You're not going back to school. That's the end of it." uh, So my college education was gone. I was still struggling and. . . I still. . . I think even then I was struggling with having a family. I *wanted* my family to love me and I. . . *now* I know they can't. But at that time I didn't know that and I thought if I *did* certain things, if I got married, if I, you know, *did*. . . and I found that that wasn't going to make them love me. I got *sober*. That didn't make them love me.

Janice described feeling inferior and inadequate and that things were not working. She believed then that she needed something to fix her and was looking for that something. She felt that if she could just fix what was wrong with her then everything would be all right. Janice often attached to someone she perceived as stronger who would take care of her. On her own she felt incapable.

In describing her feeling about herself before getting sober Hannah says: "I remember what it feels like to have nothing, be nothing, and just be an empty vacant hole. A black, burned out God-knows-what."

Sandra, in discussing the overwhelming feeling of shame, states:

The *guilt* and the *shame* are like a constant companion, like you could scrape them off, you know, they were just, they were *always* there. . . I'm giving you a picture of what *my* self-worth, my self-image, *my idea* of my rights as a human being were, because I *didn't have any*.

Sandra continues:

What I can tell you about the me then was that I learned how to put *makeup*

on by looking out of the corner of my eye because when I went to look into the *mirror* at myself, I was so. . . I looked *skeletal*. . . I had no integrity. I had no *honor*, I had no. . . I had *nothing*. . . I was staying in denial of it back then but I saw who I was and I was so *ashamed* of who I was that I learned how to put makeup on sideways so I didn't have to really, you know, I'd de-focus in a way so I didn't have to look, look at the whole face. I'd look at a section or I'd look at. . . but I never looked myself in the mirror.

Susana describes herself then as someone without confidence or self-esteem:

I had no confidence. I had no self-esteem, I was ashamed of myself. I felt dirty inside. I didn't feel like I deserved anything, or I felt like I was better than everyone and it was either way down here to the ground or way up here. (gestures, raising her hand above her head) And the reason I felt. . . would in my head think that I was better than everyone was because I was a very sick woman. My alcoholism and the drugs took me to a place that I was really ashamed of myself and basically felt. . .um. . .got to the point where I didn't want to live anymore. I didn't want people around me. I. . . I didn't think I belonged on this earth.

A recurring theme was the experience of disconnection. Participants described a sense of disconnection from themselves and others and from things important to them. They had a sense of being absent to themselves and in relationships. They describe feeling lost and being self-centered but not self-caring, prideful and arrogant but self-hating and self-rejecting.

Sandra described herself as an emotionally absent mother and wife:

I wanted my husband to acknowledge me and I was living with these three wonderful children who I couldn't acknowledge because I was a drunk. And I have word from, you know, their school principals and their teachers what a wonderful mother I was because I know on some level I was, but *emotionally* I was *vacant* from these people. . . I didn't *exist*. I was not *present* at all. (emphasis hers)

Amy said she "lost everything." She feels that she was then in a state of self-caused emotional pain not allowing others close and not caring much for others. All the while, however, Amy describes being terribly worried about

herself and going through years of therapy. She says she was blind to the gifts of life and people, but instead was self-centered, focused only on herself. And, although full of pridefulness and arrogance, she felt tremendous self-hatred and a sense of worthlessness. Amy states: "I didn't know who I was."

Hannah describes herself then as a "party girl" and a "big shot" who would buy everyone a drink but yet felt empty and small inside. She says she then valued material things, "looks over substance." An example she gave was a fellow she met when first coming into AA, he was handsome and drove a yellow Cadillac. And, her first sponsor had a green satin couch and drove a Mercedes. These things got Hannah's attention. She says: "I can have those things if I want them but they no longer have meaning to me."

This section has been a description in detail of participants' retrospective view of themselves prior to gaining sobriety. It has included negative, judgmental and self-critical attitudes. The next section, *Identity Now*, gives the contrasting view in the present after attaining sobriety for 20 or more years.

Identity Now

This section describes in detail the views of the women about themselves and their sobriety in the present. With twenty or more years sober these women know themselves in a deeper way and see themselves quite differently than before attaining sobriety. This section is rich in themes and categories and includes the core set of responses of the study. It is divided into subsections correlating with the categories and themes derived from the data (see Table 2). Since these themes are closely interrelated there is some overlap among themes

and sections.

The women describe who they are now as being fundamentally changed as a result of the AA program and much inner work. Each of the participants now views herself more clearly than before. The capacity for living, feeling, and being has grown. The sense of belonging and connection has grown. They describe being present in ways not previously possible. They also report having a greater capacity for feeling, a sense of spirituality, self-acceptance, and a sense of purpose. These aspects are identified by the women as essential to the change in how they see themselves, a fundamental change in identity and a sense of competence in how they are in the world that has emerged over time. The following subsections will describe each theme in more detail. Please refer to *Table 2* for a detailed view of the identified themes in this section.

Table 2

Identity Now: Themes and Categories

1. Personal Competence Through Inner Work
<ul style="list-style-type: none">• Getting honest with self and others• Using skills and tools• Attaining growth and maturity• Someplace to go-inside and out• Acquiring personal power• Knowing who I am and who I am not• Sense of self and not self• Somebody home• Growing inner core• Gaining a sense of purpose
2. Capacity for feeling and knowing
<ul style="list-style-type: none">• Ability to be emotionally vulnerable• Loving and being loved• Knowing self and others more deeply• Ability to be caring and compassionate for self and others• Success and frustration in career and relationships• Difficulties with negative messages and self criticism<ul style="list-style-type: none">◦ Shame and guilt◦ Feeling alone and frightened◦ Worry about what will become of me
3. Belonging, Being Present, Being Connected
<ul style="list-style-type: none">• Sense of belonging• Sense of connection and emotional support• Being alive and knowing it• Being here• Life opens up
4. Spirituality
<ul style="list-style-type: none">• Seeking/having relationship with a higher power• Surrender• Spiritual practices<ul style="list-style-type: none">◦ Prayer & meditation◦ Reading inspirational material
5. Self Acceptance
<ul style="list-style-type: none">• Realistic expectations of self-not having to be perfect• Forgiveness of self and others
6. Sense of Purpose
<ul style="list-style-type: none">• Service to others• Functioning in the world
7. Inner Journey
<ul style="list-style-type: none">• Dreams• "aha" moments

Personal Competence Through Inner Work

Deciding to become sober and gaining a sense of belonging in the AA program set the stage for inner work. It is the first of the *Identity Now* themes to be described since the inner work and resulting competence underlies the ability to function within the program and social realities. The inner work means actively working the 12-step program and is ongoing; the achievement of sobriety requires spiritual and emotional maintenance. The skills and tools gained in AA allow the women to cope with difficulties and attain growth and maturity. Paradoxically, the participants have gained a sense of personal power through admitting powerlessness.

The program teaches rigorous honesty with self and others. Participants discussed how their ability to be honest helped them to become more clear about who they are. Susana states, "I think the number one thing is to . . . continue to search for honesty in yourself. Be as *honest* as you *possibly* can be with yourself."

Participants gained success and also frustration in career and relationships. As they grew in the program and maintained sobriety over time, they found that they consistently had someplace to go outside themselves, to meetings and other gatherings, and also inside themselves where a greater sense of self has developed.

The participants, through working the steps in the program of AA, have admitted their powerlessness over alcohol and have made a decision to turn life over to a higher power. This is an internally organizing action that allows a

person to claim power over oneself and take responsibility for one's life. The spiritual implications of this are discussed further in a later section. Here I want to highlight the personal competence acquired and utilized by the women through this paradox. Admitting powerlessness over alcohol allows each participant a growing ability to be responsible for herself and to take action in her own behalf. Participants described several examples of this personal power. In her early sobriety Susana began taking a shower; brushing her teeth and paying her bills. Amy is proud of herself for fixing a window with a twig. Catherine earned a professional education and is raising a child with a partner. Roberta completed her education and is a professor at a university.

Each participant spoke at length about how her view of herself has changed. Some spoke specifically about identity, particularly in expanding their social roles. Once the identity of "recovering alcoholic" was achieved, other identities could emerge.

Amy said that prior to her sobriety, she felt that no one was inside, that she was empty internally. Others then would disagree with her, but she says she knew, no one was there inside. Amy stated: "The whole idea of realizing that there's somebody in here who can... (gesturing to her stomach and chest) ... yeah, there's some. . .there's a core. . . there's a core in here that is getting stronger. This core is getting stronger." She stated this in reference to two "aha" moments, one was a disappointing situation with her only child, a grown son; the other a repaired window in her home. These will be discussed later in this section.

Roberta summarizes her current view of herself by describing her identity now:

Now after, you know, almost 30 years, I *do* have an identity. I know who I am. I'm an alcoholic and I'm also, you know, a teacher. I'm a lover, I'm a poet. I can accept these additional identities so I think the process of sobriety was providing me with that wonderful sense of not only identity but the fluidness of identity, that identity is constantly a moving process that we don't have to hold onto one and there's never not enough room.

Identity includes knowing who one is and also who one is not. Participants' growing sense of who they are provides the ability to know more about their own personal boundaries and to know that others are separate individuals with their own identities.

It is the capacity for personal competence as discussed in this section that allows participants to think, imagine, act, succeed, and enjoy. This capacity also allows them to feel.

Capacity for Feeling

As sobriety progresses and inner work continues, participants have been able to deepen in their capacity to feel their emotions. Although in the past they were able to feel emotions to a degree, the capacity for feeling, containing, and managing emotions has grown. Emotional vulnerability, once seen by the participants as weakness, is now seen as strength. The women are able to be caring for themselves and others and have developed a capacity for loving and being loved. Each of them is able to know self and others more deeply and have a growing compassion for self and others. Along with the growth and personal development in the program, participants continue to experience difficulties with negative messages and self-criticism. They still experience, and have learned

methods of coping with, difficult feelings such as shame and guilt, feeling unimportant and, at times, feeling alone and frightened.

Hannah was proud at first when her sister referred to her as having a "heart of stone." She continues:

When I was little I took it as strong. I would say strong then. Now, you know, no, I don't say it anymore because I've had to learn to become vulnerable and that's another big quality change. . . vulnerable and weak.

Hannah is typical of the seven participants in that she now sees emotional vulnerability, though difficult, as emotional strength.

Each of the women discussed dealing with self-critical, self-judgmental internal messages, an inner critical voice that they each have to deal with now without the numbing effects of alcohol. Amy takes on a critical tone relating that her inner critical voice says something like:

I mean it's ah, oh for *crying out loud*. Who do you think you are and what is this all about? You're taking this way too *seriously*. You're just. . . you don't have to go to those meetings. Why are you going to this? The only reason you're going to those meetings is because it gives you something to do. You know you should be. . . should, should, should, should. . .

And, "You're not good and fuck the whole thing." And, "You're pitiful." And, "You're old and you'll never be young again. Nobody's ever going to love you and care about you." Amy says she believes: "I think it's why I drank, and now I don't drink so I have to really face it, you know, and come to some... surrender."

Roberta describes the inner critical voice and how she has learned to deal with it. She discovered, over time and with inner work, that it was her father sitting on her shoulder being critical and judgmental of her as he was consistently

throughout her life. Her belief has been: "I was meant to be punished. Because I was a bad girl. I never did it right and I was going to pay for it." Roberta says:

The real truth is I'm no good. . .this is the real truth. And then I would say to myself – wait just a minute. And I'd think about the [12] steps and I'd read a little bit and say – no, that's not true. That's the old tape. . .the old tape. And I became *convinced* that I would never get rid of the old tape, but I *didn't have to play it*.

Susana states that she now realizes that she is human and therefore makes mistakes, and that sometimes her head tells her negative things about herself. She describes the critical inner voice as it is referred to in the program, as her *committee*. Susana says her head goes off and: "The committee, you know, it wants. . .its, its like that 'ism,' and that our heads go off and it says – oh, well you're not lovable, you're not likable, you're not a part of." She summarized her coping ability by saying: "I try not to let my head *control* me anymore."

In this section we have discussed the participants' growing ability to feel their emotions and to cope with negative feelings and negative inner messages. They each emphasized that emotional growth and the ability to cope are a process of development and do not come easily. They each struggle with issues of self-image and self-confidence but also have a growing ability to cope in a much more effective way with their years of sobriety. Much of this ability to develop is related to the ability to be present, to belong, and to be connected, which is discussed in the next section.

Being Present, Being Here

A sense of belonging and being connected, which emerges as a central part of the women's progress in their growing competence, is closely interrelated to

their common experience of being present. They described being present as being alive and knowing it, being here, becoming able to have a sense of connection to self and others, and a sense of belonging to the group but also in the world. This is clearly a state of *beingness* subjectively experienced by all of the women: being oneself, being in relationship, belonging to the larger group.

Amy stated, "Life opens up." Janice summed it up this way:

Everything's okay here because I'm *here*, I'm alive and when I don't drink I'm *here* all the time. I can *really* be present now that I don't drink or use anything. I could *never* get to this point if I were still using or drinking. Naah, cause you don't know where you are when you're drinking.

Hannah discusses her commitment to continue attending meetings regularly to experience the fellowship: "I need to go to meetings cause it helps me to breathe. . .it's my air, it's my source."

Being in relationship with others in the program is an essential part of the work in sobriety. A sense of community and connection lays the groundwork for much personal growth. Being able to go to a meeting, talk to one's sponsor or call an AA buddy provides a level of social and emotional connection that allows a feeling of security and acceptance. Amy now has a sponsor who, she says, let's her talk it out, "Yeah, blah, blah, blah, great, it's great."

Roberta describes her process in terms of a clarity in knowing herself and being able to know others:

So, in sobriety. . .it's almost as if I could see people and people could see me, that that *haze* of alcohol that I had needed to allow me to move through the world kind of went away and I was able to be *revealed* to *myself* and then to people that I met. So it was. . .it was remarkable.

Being present for oneself and others, developing relationships with oneself and others that are supportive and dependable, and the experience of an essential sense of belonging have been discussed in this section. These help provide alternatives to using alcohol and the inner strength to maintain sobriety. The next section provides a further discussion of the capability of being present and connected in terms of spiritual aspects.

Spirituality

The consensus of the participants is that spirituality involves surrender to a power greater than oneself and this is seen by the participants as a key part of attaining and maintaining sobriety. This surrender is referred to in the AA program as turning it over to a higher power. None of the participants feel that they could stay sober without this surrender. Although resistant to this at times in the past and at some times in the present, they see turning things over as essential to any kind of personal progress.

Each participant discussed her spirituality in terms of having, or seeking, a relationship with a higher power. Sandra states, "God is working in my life all the time." Janice believes the point of sobriety and of life is to seek a good relationship with a higher power. This is her main focus in recovery:

I know that that's the only thing that makes any sense in this life at all is that relationship. . . our oneness with God. That's what gives us all that power, all that love that we need to be of service here to other people. And I want more of it and that's been my inner journey. . . sidetracked often, but that's the *theme* of it.

Janice continues:

The spiritual journey you start when you stop drinking and get on the program is a never-ending journey. You just keep doing it and doing it and doing it and living your life always against the backdrop of your spiritual growth 'cause the spiritual growth has to be your most important object, goal, priority. . . spiritual growth.

Susana discusses her surrender to a higher power:

Because I've turned it over to a higher power where I *feel* that I *trust* my insides. And my higher power keeps *showing* me these little things, whether it's the comfortableness of going home, being at home and sitting down and just feeling *comfortable*. I don't have to *do* anything. I don't have to jump up and *worry* about this or worry about that. And just feeling *safe*, *comfortable* and knowing that *no matter what happens* if it's not supposed to be this way, it'll *change*.

In trusting one's own insides, Susana, like the other participants, is able to trust her own judgment and instinct and have a sense of confidence in herself and her decisions. This is an essential part of spiritual, inner wholeness.

Sandra's early sobriety experience with what she identifies as the voice of God continues. She only has to ask to receive a response. During two separate experiences with life threatening injuries to two of her sons she felt a definite benevolent presence and felt calmed and helped by this presence.

Prayer, meditation, and reading inspirational material are regular, often daily, parts of these women's spiritual practice. Janice is currently reading *The Power of Now* by Eckhart Tolle (1999) and has attended meditation classes and workshops. Her practice is being in the *now*, a moment-to-moment exercise of bringing herself and her attention to the present moment. She gave an example of this. One day, driving in the car, she had a bad headache. She began to think that there was something seriously wrong, that maybe she had a brain tumor. She continued thinking along this line about what would happen--medical care,

probably severe impairment, possible death. With the practice of being in the now she said to herself. "Whatever. If I have that I have that. Now, I am driving the car. My feet are on the floorboard, my hands are on the wheel, whatever." She said that this exercise brought her to the present moment and the headache went away.

Roberta read *The Only Dance There Is* by Ram Dass (1973) many years ago and considers the teachings a fundamental part of her spiritual growth. She has become a Buddhist and practices meditation regularly. She says it is a teaching of being here now and being at one with all things, not greater or less than others, but one among.

Catherine describes her and her partner's progression of gaining sobriety, and spirituality:

So we go from being non-functional young adult to being newly sober, totally in AA, to being in a relationship, totally in AA, to expanding, to having graduate school and then this child and um. . . kind of living full lives having, kind of getting this spiritual peace starting to take on a life of its own.

This discussion of the spiritual aspects of sobriety and its attendant growth through surrender brings us to a much needed attitude towards self: self-acceptance.

Self-Acceptance

Self-acceptance includes realistic expectations of oneself and not having to be perfect. It also includes forgiveness of self and others. Linked to spirituality and inner work, it is a recurring theme in the interviews.

Four of the seven women report that they were raised to be perfect: in

behavior, in grades at school, in all ways. Coming into the program they were able to realize that this expectation is unrealistic and they no longer had to expect perfection from themselves. Susana says:

And I think basically today I accept myself for who I am. I don't need to be perfect, I don't need to try to fix myself perfect because I am perfect inside. . . because I've come a long way and I *know* that I have people in my life that care about me. But I care about me. I know who I am. I know the woman that I am, I know what my likes are, what my dislikes are. I know what I can put up with.

Janice reports previously feeling inadequate and inferior, and is now able, through the 12-step work in the program, to know and identify these feelings as they are described in the program, as character defects. She realizes now there is no need to be perfect, that everyone has defects in some way and that these just happen to be hers. They come up from time to time and now she has tools to help her deal with them.

Catherine ties together spirituality, self-acceptance, and service to others in this comment:

Good religion I think is about knowing yourself, acknowledging our finiteness and our imperfections and our weaknesses. Taking responsibility for that, trying to live in the world in a way that is responsive to the needs of others, you know, serving the needs of others, and trying to keep our side of the street clean, and giving back.

Amy links self-acceptance with an attitude towards others:

I can be crazy and imperfect and so can you. . . I see better. . . I'm more. . . not so interested in what I. . . uh... look like or what I'm getting or how I can fuck somebody over or how I can be smarter than and show you. I just don't feel like that anymore. . . I'm so glad I'm me.

Hannah states, "I'm easier on myself now."

Another aspect of self-acceptance is forgiveness of self and others.

Sandra's therapist once asked her, "When are you going to forgive yourself?"

Sandra describes her process of self-forgiveness this way:

So I mean the, the, the concept of not being *good* enough, being *abandoned*, being *rejected*, not *measuring* up, not *belonging*, not *being loved*, I mean that's my *history*. But the way that I have come to. . . self-acceptance was in accepting God's love, *not* in the way that I was taught in Methodist churches or Baptist churches, you know, but in learning how to be kind and learning how to be forgiving to myself and others.

Sandra continues:

. . .and be the *very best me* that I can be. When I can make a mistake I can say I'm sorry and figure out how I can make it better. *Not make it up*, because there are some things I can never make up to these children, but my children, all of them love me today. That's huge.

Self-acceptance, knowing that one does not have to be perfect, and allowing oneself to be human, although at times imperfect, has been discussed in this section. Perhaps this capacity for accepting oneself as one is helps to facilitate functioning more fully in the world. Having a sense of purpose in life is discussed in the following section.

Sense of Purpose

Participants' acquired sense of purpose includes service to others, functioning in society, and being a responsible adult. Sobriety, spirituality, inner work, and discovering and being who she is build on one another and facilitate the capacity to give of oneself to others. Rather than the self-centered, self-concerned state most of the participants described before attaining sobriety, they are now able to think of others and to participate more fully in responsible functioning in the society.

Sandra states:

I've learned how to be responsible, a responsible person, a responsible member of society in Alcoholics Anonymous. I don't know why I didn't learn that before. Maybe its because I thought I was a *victim* and it was everybody else's *fault*, but I'm not a *victim*. I'm a *participant* in my life, a *full* participant. I'm not the perpetrator. I'm not the victim. I participate here. I chose, I believe that I chose to be here in this life. That's the truth - that if I don't drink, I don't get drunk. If I don't get drunk, I can *discover* who I am. When I *discover* who I am, I can go out and *live the life* that God intended for me to live.

Catherine attributes her developing abilities, which include being of service to others and functioning within various roles in the world, to her sobriety.

Catherine stated:

Couldn't do it [life] if I wasn't sober. Couldn't have a private spiritual practice if I wasn't sober. Wouldn't have the relationships I have if I wasn't sober. Couldn't do the professional work I do if I wasn't sober. Couldn't be parenting my child in the way that I am if I wasn't sober. Sober, sober, sober.

Inner Journey

Selected responses to my query, "Can you say more about your inner process, dreams, or "aha" moments?" are described here. Although these insights or inner experiences occurred throughout these women's lives, before and after becoming sober, they are grouped into a separate section because it is from the perspective of long-term sobriety that the women are able to articulate these occurrences. These are samples of the participants' moments of awareness that come from dreams or "aha" moments and include further insights into themselves and how they are now able to deal with life as it comes and the issues it continues to bring.

Catherine had a recurring dream before getting sober that continued into her early sobriety. She feels it is about the feeling of shame that she has carried

throughout her life and continues to deal with at times as she grows in sobriety. In the dream she has bought a new home and her parents are visiting. She gives them a tour of the house. There is a central room with no walls to the outside in which the previous owner has left a lot of stuff: furniture, boxes, etc. Around the room is also a lot of shit, human excrement, all over everything and oozing out into the hallway. Her parents ask her how she could have bought such a house.

This dream represents a sense of shame which Catherine carries within her regardless of her progress in sobriety. She describes an “aha” moment which made her intensely aware of the shame that lies within her just below the surface. She had been in a meditation session with her spiritual advisor and after the session she went into the bathroom in the building before driving home. When she went into the bathroom there was a stench, a rotten smell. Catherine immediately thought it was coming from her and wondered disgustedly what was wrong with her. Then she saw a pile of discarded clothing that a homeless woman had left on the floor. That was the source of the smell, not Catherine. Her thought about this was that her automatic reflex of thinking the odor was from her signified her feeling of shame.

There is a tendency in the AA program to emphasize how much better life is in sobriety than when drinking. In AA meetings people talk about what it was like, what happened, and what its like now with usually a positive focus on the progress in sobriety. In my meeting with Catherine she emphasized how well she is doing now in her life with a home, a spouse, their 10-year-old daughter, a great sense of community, and definite professional success. All of which is valid and,

at the same time, Catherine struggles with a sense of shame. It is represented by the shit and her parents' judgment in the dream and her automatic thought in the "aha" moment that if there is something stinky in the environment, it must be her.

Amy spoke of two "aha" moments, one in relation to her son and the other in relation to repairing a window. Her grown son, her only child, called to say he was not coming to see her for Christmas. Her feeling of disappointment was intense and she quickly got off the phone with him. She immediately called her sponsor, who let her talk it out. After talking it out and feeling the disappointment, Amy remembered a similar situation with her father many years past when she and her husband decided to take their son who was about 3 years old at the time and go with another couple to the snow on Christmas Day. She had called her father to tell him they wouldn't be there for Christmas. He said "OK." Sometime later her brother told her that their Dad was crushed. Then, when her son, now 44, called her to say he wasn't coming it brought back all the memories and feelings of the similar situation with her father. She said she cried and cried, feeling all the emotions; grief, sadness, disappointment, for herself and for her father. She says:

We really hurt him and that, that was not my plan, you know, and then to have it come to me like that and have that feeling with the aha, that was incredible. I loved it even though I wept over it because I (tearful, voice full of emotion). . .and I want my dad to know I meant no harm. *I meant no harm.*

The other "aha" moment Amy described was when she fixed a window in her home with a twig. The window had a constant problem of not closing

properly. A workman fixing it could not make it right. Amy saw that a twig from a tree in her yard would be the perfect fit. The workman said no, she said yes, and it worked perfectly. She believes this relatively small success is a representation of where she is with herself now.

See, that's the kind of thing that's so different for me, to find moments when I really recognize who I am and I'm sure that's kind of a crazy, funny thing but it was so important to me and I'm so happy when I look at that window now, with that stick, with that twig.

Amy further discusses herself and what these "aha" moments represent. She feels they are a sample of how she is now as a result of the years of inner work in the program. She had done the 4th and 5th steps, taking a thorough inventory of herself and discussing it with her sponsor; the inventory was about her family, particularly her mother and father. Although her parents are many years deceased, part of her process was to write an emotionally honest letter to her father and read it to her sponsor. Processing the emotions about her father prepared her for the interaction with her son about Christmas and the associated emotional memories. Her feeling about herself and her ability to process deep feelings have allowed growth into a state of personal competence in which she trusts and knows herself more deeply. Amy speaks about the window but also about her place now in life, "Yeah, I can take care of it. I can put it back together." And, "I'm more willing to actually say I want that and go after it." Amy demonstrates in these statements her growing competence and her ability to be who she is.

The dreams and "aha" moments in this section describe more about participants' inner journey and their growth and competence in life. With the

foundation gained in the program and its inner work they have gained an ability to deal with life issues as they come up. It is this willingness to do the inner work that the participants agree is necessary to stay sober over the long-term.

What It Takes

This section includes a discussion of how participants understand attaining and maintaining sobriety, and what they would want others to know about their sobriety.

Requirements for Long-Term Sobriety

I was very interested in what the participants thought about long-term sobriety and what it takes to attain and maintain it. Two of the women said they didn't know the answer to the question, "What do you think it takes to attain long-term sobriety?" "I don't have a clue," was a common response. Sandra said, "Its none of my business." Then, each participant responded with an emphatic statement of the need to make changes in oneself and in one's life. Most thought it has to do with the willingness to do the sometimes difficult inner work associated with the program. Hannah spoke of her alcoholism as "ism" not "wasm" and that it's a daily enterprise of working on herself and her sobriety. Hannah continues, "If you want what we have, you have to do what we do. Go to meetings. Shut up. Sit down. Listen. Work with newcomers. Work the steps."

Message to Others

This section provides the statements from participants without comment since they stand on their own. The consensus of what they want to have others know about their sobriety is that it is wonderful, difficult, and possible.

Amy says that she would want others to know:

That it's a joy. That it's a feeling of self-containment and a connection at the same time. That it's. . . I'm grateful. I am grateful. I'm filled with gratitude and I, you know, a lot of times I just say thank you. Just say thank you, God, thank you. Thank you for that. Oh, thank you. . .look at that kitty. Thank you. That kind of. . .it's just a different way of being in the world and there's more to come. . . is what my feeling is. And maybe it won't be happy and maybe it will but there's more life in my life because I'm sober. That's how I feel.

Catherine said: "Being sober makes the internal rearrangements possible."

Janice gives advice to those early in sobriety or those wanting to get sober:

Keep it [sobriety] the central thing in your life. Even when life gets good and you kind of forget that you had a drinking problem, just remember where you came from and don't go away, don't go far away.

Susana says, "Life is, life is really difficult, but if I'm sober, I can do anything."

Conclusion

This chapter has been a discussion of study findings organized into the themes and categories derived from the study interviews. The themes and categories have been discussed in their logical sequence in sections from the Surrender to Belonging, and Identity Then and Now, and What It Takes. The complex process of attaining and maintaining sobriety has been described and will be discussed in terms of the study research questions and theory in the following chapter.

I end this chapter with two short quotes from Hannah. She says that she would like others to know this about her sobriety: "That I enjoy my life and. . . that its wonderful. I think sobriety is wonderful." And, "You're alive and you know that you're alive."

CHAPTER 5: DISCUSSION

Introduction

This chapter is a discussion of study findings in terms of the research questions and relevant theory. In Chapter 2 we discussed a three-sided paradigm within which to view the results of this study: psychoanalytic thought, feminist theory, and recovery material. This literature is selectively used in this chapter, with relevant additions, to help us explain and understand the participants' process and development. Selections from the theories discussed in Chapter 2 of this document will be developed further in their application to findings. Additional theories such as those of Erik Erikson and Carl Jung, whose relevance became apparent as the findings were analyzed, will also be used.

The original research questions that were the focus of this study were: How do women alcoholics with twenty or more years sobriety understand their ability to attain and maintain sobriety? Specifically, what internal processes occurred that allowed these women to attain and maintain sobriety? The essential finding and unifying theme that emerged from this research is that surrender allows the experience of belonging, which becomes the foundation of identity formation. The study findings support the idea that identity emerges and evolves over time with the experience of belonging (connection, relatedness) and with the inner work of managing emotional vulnerability.

The transformation of these women and their lives in recovery has followed a pattern of surrender, belonging, and identity formation. In this chapter this life pattern is discussed in three sections: Paradox of Surrender, Power of

Belonging and Evolution of Identity. The discussion of the paradox of surrender includes the ideas of Carl Jung as well as literature from Alcoholics Anonymous. In the next section the power of belonging is discussed through the lens of the feminist relatedness model as well as attachment theory and its application to the process of recovery by Karen Walant. In the third section the evolution of identity is discussed using the ideas of Erik Erikson and Carol Gilligan. A fourth section synthesizes the discussion from previous sections and defines a process of identity formation in alcoholism recovery that parallels Erikson's psychosocial stages.

The writing of this dissertation has not been a linear process. The reader has likely gone through chapters 1 to 4 and now arrived at this chapter in a somewhat sequential manner. The writing of it and the analysis of the study and its data has not been sequential, nor linear, nor necessarily logical in process. There have been many starts and stops, forward progress, and regress. The data has been examined again and again. I have gone back into the participants' lives as well as my own and gone back into previous stages of data analysis from beginning, to middle, to end many times. I stand now in the last stage of my process of writing, the discussion of findings. As I clearly see now, a dissertation, as any living process, is not linear or straightforward in its manifestation but includes many beginnings, middles, and endings. Life itself is not linear. Living phenomena grow and change in a non-linear fashion. Life can be discussed in linear theoretical terms as a convenience; however, a more appropriate discussion would include a circular or spiral theoretical frame.

The interview data presented in Chapter 4 demonstrates that the lives and the selves of the women participants have evolved over time and continue to evolve. Darkness to light, despair to hope, death to life, failure to competence, isolation to belonging, and shame to self-acceptance are all descriptive of participants' experience. Yet they still revisit these issues of trust, acceptance, shame, and internal self-critical messages. The findings are rich, inherently non-linear and are somewhat puzzling to discuss within any logical, categorical format. This discussion of intensely interrelated aspects of participants' development involves overlapping concepts and categories. In any research project the task is to define terms and delineate structures. In doing so we risk overdefinition to the exclusion of new possibilities and parameters. As we talk about the essence of change in human beings as they/we move through time, it is essential that we open the discussion to possibilities as we bring some definition to these changes. This chapter is a sincere attempt to discuss the findings in a manner that is highly readable and yet captures the richness and depth of these women and the inherently non-linear, dramatic transformation of themselves and their lives.

As I speak of non-linear, subjectively experienced living processes, I provide here an early mention of one of the primary theoretical processes relevant to this discussion. Identity and its evolvment, identity and its transformation, which suggests the work of Erik Erikson and his psychosocial stages of human development. A word here is added also about the stages as he defined, and later redefined, them. As every student of social work or

psychology learns in school, initial writings on the psychosocial stages gave us what might seem to be a linear process of development that each of us goes through as we develop from infancy to old age, stage by stage, one building on another. Perhaps any stage theory carries a hazard of becoming rigid and stereotypic. However, human development is not a linear process. Perhaps development might better be described as a circular or spiral process in which each stage, for example the stages described by Erikson, will intermittently be revisited as a person matures. It is my belief that the process the study participants have gone through parallels Erikson's stages when identity development can be seen as a circular or spiraling process rather than a linear progression. We will return to this discussion of identity and the ideas of Erikson, specifically some of his later ideas, in a later section.

As we discuss the themes of the study – surrender, belonging and identity – it is with the understanding that although they are discussed separately, they actually occur in a dynamic interrelationship with one another. It is possible to discuss them one by one as if separate; however, they are not discrete phenomena. In the lived experience of participants, they are concurrent phenomena. Rather than viewing them as stages or set experiences through which the women participants moved as they stayed sober for many years, these phenomena are more accurately viewed as closely interrelated and occurring naturally throughout the path of recovery. The use of language is limiting in the description and discussion of live phenomena. Words cannot communicate the

depth, breadth, and vitality of the data nor the full dynamic interrelatedness of the themes.

Two diagrams illustrate the interrelatedness of the themes. The three themes occur in relation to one another: separate, yet partially overlapping (Figure 1). Their interrelatedness has a dynamic quality, moving back and forth, one leading to another (Figure 2). Although it would be simpler to think in terms of participants' life experience and their growth and development as moving through the states or stages of surrender, belonging, and identity in sequence, the reality of their lives is that these experiences are inherent throughout the recovery process. These themes, these elements of lived experience, are clearly non-linear rather than linear, dynamically interrelated rather than static. These illustrations provide a framework for the consideration of the themes as we move into the following discussion of surrender, belonging, and identity.

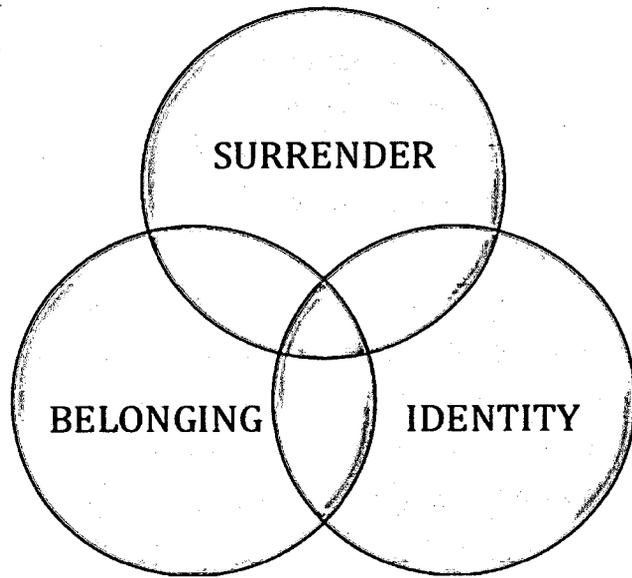


Figure 1. Interrelatedness of study themes.

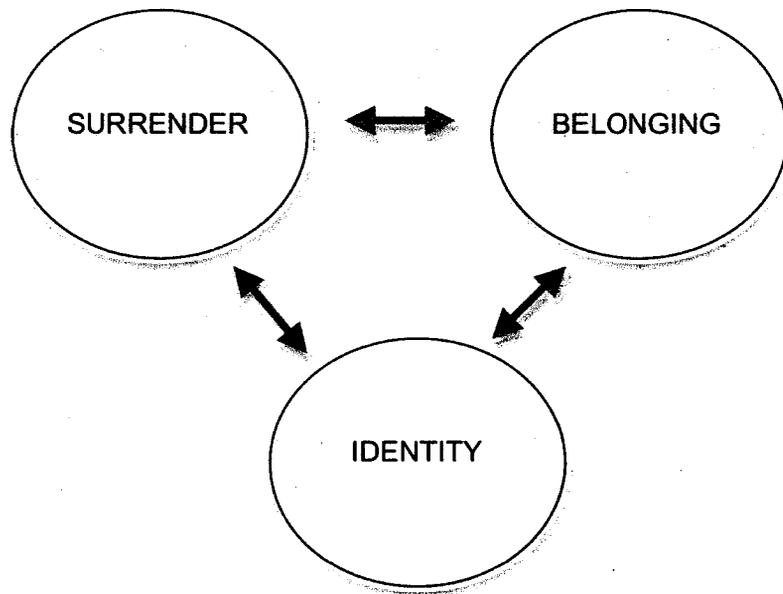


Figure 2. Dynamic interrelatedness of study themes.

Paradox of Surrender

This section discusses the spiritual surrender participants described as they became a part of AA and began the work of sobriety. Surrender and the life conditions leading up to it are discussed using ideas from AA literature and Carl Jung. Surrender to a greater or higher power is an essential element of the women's recovery.

Each participant had a negative view of herself prior to becoming sober. Many of the participants mentioned shame or feeling ashamed. Roberta used the word failure in referring to herself. Janice felt inadequate and inferior and was sure there was something inherently wrong with her that needed fixing. Hannah describes herself as an empty, black hole. Sandra states she was not able to look at herself in the mirror due to feeling ashamed. Susana described having no self-confidence, no self-esteem and felt ashamed of her self. The darkness and deadness of their lives while drinking brought them to a state of surrender in which they were able to reach out for help and to believe in a power greater than themselves to which they could turn.

Within this surrender is the acknowledgement of things as they are and an empowerment of individual responsibility. While admitting powerlessness, an acceptance of life as it is, the participants gained a sense of personal power and acquired a new level of personal responsibility.

A term from alchemy, *nigredo*, applies to the pre-surrender state experienced by the women. Alchemy is the ancient science of turning something worthless into a purer, brighter, and more valuable form. Traditionally, it is known

as the medieval science of turning base metals such as lead into gold. It speaks to the transformation of life in getting and staying sober.

I was very affected some years ago by a painting that hangs in the Philadelphia Museum of Art. In a walk through the museum I was transfixed by a huge, breathtakingly ugly painting. It is 18 feet wide and 11 feet tall, quite a large painting, and was dark upon dark with layer after layer of black and brown, probably the ugliest painting I have ever seen. As I read the identifying information regarding it and the artist, Anselm Kiefer, I found that it is called "Nigredo" which is described by the artist as the stage in alchemy just before the soil turns to gold (1984). The transformation inherent in alchemical processes such as the change from soil or other worthless substances to something valuable such as gold is a metaphor for the transformation of the women in my study. They have gone from the darkest of the dark to a much purer, brighter state, the gold of insight, beingness, belonging, and evolved identity.

Carl Jung, in *Psychology and Alchemy* (1953/1968), describes the transformational process of psychotherapy as an alchemical process, a process of turning the darkness of the self to the lightness or gold of an integrated psyche. Although this discussion is not meant to be a thorough description of Dr. Jung and his prolific ideas, the idea of alchemy is useful to our discussion. Alchemy is one of the many ways in which Jung has described the psychotherapeutic process. *Nigredo*, as described by Jung, is a stage of alchemy, a dark state of death and despair, "which was felt as 'melancholia' in alchemy and corresponds to the encounter with the shadow in psychology"

(1953/1968, p. 36). Jung relates the psychological process as parallel to going into the wilderness as Jesus did where one would encounter the dangerous shadow side or "son of darkness" (1953/1968, p.36). Although, a discussion of Jung's concept of the shadow or the "son of darkness" is beyond the scope of this paper, these ideas help us in understanding the transformational process the women have experienced.

Further illustrations of *nigredo* and the alchemical process from Jung's writings are helpful to our discussion. The following comes from *The Practice of Psychotherapy : Essays on the Psychology of the Transference and Other Subjects* (Jung, 1953/1968) and concerns a drawing in a series with descriptions of the stages of alchemy, the Rosarium Philosophorum. Jung here refers to mystical, metaphysical alchemy and quotes from the Rosarium,

O blessed Nature, blessed are thy works, for that thou makest the imperfect to be perfect through the true putrefaction, which is dark and black. Afterwards thou makest new and multitudinous things to grow, causing with thy verdure the many colours to appear. (p. 271)

Jung continues in his discussion of alchemy by mentioning the *nigredo*, the dark state of death, and putrefecation,

It is not immediately apparent why this dark state deserves special praise, since the *nigredo* is universally held to be of a sombre and melancholy humour reminiscent of death and the grave. But the fact that medieval alchemy had connections with the mysticism of the age, or rather was itself a form of mysticism, allows us to adduce as a parallel to the *nigredo* the writings of St. John of the Cross concerning the "dark night." this author conceives the "spiritual night" of the soul as a supremely positive state, in which the invisible - and therefore dark - radiance of God comes to pierce and purify the soul. (p. 272)

This description serves as a metaphor for the process that study participants have been through, a deep and dark night of the soul, then being made new when many things, inside and outside, are made to grow. The darkness weaves through each of the women's stories. Susana felt worthless, dead inside, as if she didn't deserve to be alive. She fell onto the floor of that club when the room divided into good and evil and she felt she had to make a choice. Sandra sat in the corner of her kitchen in a fetal position with her hands over her head. Janice was horribly embarrassed when calling her friend drunk, insulting her and not remembering. Each of the seven participants came to a moment in which they knew something had to change, a moment of decision, a moment of surrender. Their darkness was pierced by a change of heart, willingness, a need for change, that moment of decision, and an opportunity through surrender to connect to a greater power.

Surrender to a power greater than oneself is suggested in the *Big Book of Alcoholics Anonymous* (AA World Services, 2001) in its description of the process of recovery. Jung also remarked on the need for spiritual surrender in recovery. As described in the literature review, Jung influenced AA in its creation. His comment to Mr. Roland Hazard about being a hopeless drunk and that the only hope was spiritual surrender became a foundation of the AA program. This influence can be felt throughout the 12-steps as they build to surrender, self-acceptance, and self-forgiveness.

The AA Big Book is not directive or authoritarian but instead makes suggestions to those who wish to recover. "Our book is meant to be suggestive

only. We realize we know only a little” (AA World Services, 2001, p. 164). The first three steps of the 12 steps suggest admitting powerlessness, acknowledging a higher power, and making a decision to turn one’s will and life over to the care of this higher power. “Rarely have we seen a person fail who has thoroughly followed our path” is the encouraging quote, the opening line of Chapter 5 of the Big Book (p. 58). A portion of Chapter 5 is read at every meeting.

The 12-step process involves trust of another and the group and the willingness to be emotionally vulnerable. Steps 1 through 3 prepare the person for Step 4, a “fearless and moral inventory” (AA World Services, p. 59). The inventory is a comprehensive documentation of a person’s resentments and all the things that have happened or been done to the person that have caused harm or difficulty in any way. Included in this are the details of who did what and when but also a thorough description of the person’s part, her own responsibility, in the things that happened and her reactions to them. Through this inventory and Step 5, reading it to another, God’s help is sought through prayer to remove any defect of character or obstacle to being at ease with the past and therefore available to be more fully present in the present. A list of persons we have harmed is made with the intention of making amends to those “wherever possible, except when to do so would injure them or others” (p. 59). One of the primary amends is to oneself.

This process of surrender in AA and working through the steps lends an internal organization where there may have been none and allows one to face and accept oneself and one’s life as they are, not as pretended or wished to be.

It is the starting place of living more freely and consciously. Surrender creates a psychological space wherein new internal structures can take root and grow. This is acknowledged in "The Promises" of AA (Appendix F): "We are going to know a new freedom and a new happiness. We shall not regret the past not wish to shut the door on it...Our whole attitude and outlook upon life will change" (AA World Services, 2001, pp. 83-84). Catherine, Susana, Amy, Sandra, Hannah, Roberta, and Janice have surrendered again and again, in this way, giving themselves a renewal in life and a renewal in the way they experience life, others, and themselves.

Surrender, once done, must be revisited. Participants' fundamental surrender to powerlessness in the early years of sobriety made it possible to stay sober and work a program. Throughout the years of sobriety they have returned to surrender as a basic stance again and again, facilitating abilities and opportunities for psychological strength and growth. In sobriety, it is a repeated surrender to a higher power, but it also implies acceptance. Alcoholics Anonymous suggests frequent surrender including working the first three steps daily. Recovery is an active state requiring active participation. "We are not cured of alcoholism. What we really have is a daily reprieve contingent on the maintenance of our spiritual condition" (2001, p. 85).

Janice, who shared her practice of being in the now and bringing herself back to that state again and again, says she gets sidetracked often from her spiritual practice. She made her intention crystal clear: the purpose of life is to maintain a close relationship with a higher power. When she gets distracted, or

sidetracked, she is able to bring herself back, reminding herself of her practice, with the tools she has gained.

Amy was able to turn to her sponsor in her moment of disappointment and talk it out. Then, through step work, was able to metabolize deep emotions from the past and present, those of her own and those of her father. Empathy, sensitivity, and compassion have taken root as Amy progressed through the program.

Admitting powerlessness, turning one's life and will over to a higher power is paradoxically an active, daily practice of self-empowerment. The Serenity Prayer is said in unison at most meetings: "God grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference." This prayer is a reminder of the limits to personal power, yet an appeal to do what one can. The daily practice of steps 1-3 is also a surrender to who one is and how things are; a surrender to and acceptance of reality. Only when accepted can reality be changed.

Surrender, belonging, and identity are states progressively achieved through interpersonal action. It is not possible to achieve these once and be done. Surrender is ongoing. Belonging requires initiative and action. Identity can be seen as a result of building on these and also as a foundation for them.

Power of Belonging

The importance of a sense of belonging to the development of competence, self, and identity cannot be overestimated. In this section we discuss participants' experience of belonging in terms of feminist relatedness

models and attachment theory. Personal strength, awareness of possibility, and a greater sense of personal choice are acquired within the security of belonging to a community.

We do not know the reasons why women drink. Perhaps it is for comfort, a relationship substitute, or a method of affect regulation. Although an interesting question, it was not explored as a part of this study. We do know, however, that the active state of alcoholism in the lives of these women involved a state of hopelessness and emotional, if not physical, disconnect from others. I believe also that this state of disconnect for the participants included a disconnection from themselves and from spirituality. Each of the participants expressed a sense of being absent, either physically or emotionally or both, to themselves and in relationships. It is this state of active alcoholism that Covington (2000) discusses as a general lack of relatedness, along with feelings of shame, hopelessness, and anxiety and as the opposite of healthy connections with others.

Walant (1995) hypothesizes that addiction to substances develops as a substitute for the warmth and comfort of human relationships. Applying the ideas of attachment theory to addiction, she believes that alcoholics and addicts tend to use these substances as attachments rather than relating to others. Recovery, then, requires relationship; it requires belonging. In the participants' lives now their sense of belonging and connection has grown and they describe being present in ways not previously possible.

Attachment theory, as originally developed by Bowlby (1969), states that emotional development occurs within relationship, that humans are hardwired to

connect from before birth, and that emotional regulation is learned and successively made possible through attuned relationship. According to attachment theory, infants are born wired to connect or attach (Schorre, 2002). Infants absorb their surroundings, forming increasingly more complex conceptualizations of social and emotional reality, which Bowlby (1969) termed Internal Working Models. In his study of hospitalized children separated from their mothers, Bowlby identified three stages of separation and abandonment: protest, despair, and detachment. He described protest as anger, despair as sadness, and detachment as defense.

Without the consistent responsiveness of a caregiver to regulate emotions and to mitigate environmental influences the child is thrown back on his or her own underdeveloped internal resources and must develop other ways of meeting emotional needs (Walant, 1995). According to Walant, over time and through the experience of many unattended abandonments common in our society, a wall of detachment is built over time. Children learn not to trust others and not to need others. Walant (1995) believes this habitual detachment is an incubator for addiction. This state of detachment and the accompanying pseudo self-reliance is found in the experience of study participants prior to getting sober and getting connected in the program. Characteristics such as the illusion of needing no one, the expectation of personal perfection, the feeling of shame for having needs, and the physical and emotional distance and isolation from others are all examples of Walant's description of detachment and pseudo self-reliance, and have been the experience of the participants.

Overcoming this wall of detachment is essential in recovery. The program and its accompanying activities easily provide the opportunity for interpersonal connection. Belonging to the group, the sense of belonging in the AA fellowship, is uniquely suited to mitigate this detached state. Walant recommends immersion as a foundation for recovery from addiction. She describes immersion as total involvement in supportive recovery activities: frequent meetings, step work with a sponsor, psychotherapy with a knowledgeable therapist, and social activities with other recovering people. Addiction recovery requires, she believes, daily action and involvement: immersion as if a baby in bath water (1995). Inherent in Walant's ideas about immersion is an experience of belonging, relatedness, and attachment.

The feminist ideas from the Stone Center can help us describe and understand relatedness. The feminist idea of relationship as necessary for development include the ideas of Jean Baker Miller, Stephanie Covington, and Janet Surrey.

Miller (1976), an originator of the relational model for women, discusses the relational context in women's experience. Her point of view is that women are relational in nature and that connection to others is of primary importance. She describes five psychological outcomes of healthy, growth-fostering relationships for all participants summarized by Covington (2000): "1. increased zest and vitality, 2. empowerment to act, 3. knowledge of self and other, 4. self-worth, and 5. a desire for more connection", (p. 4). Covington and Surrey (2000) describe the qualities of healthy relationships from this Stone Center relational

model: healthy connections with other human beings are “mutual, creative, energy-releasing, and empowering for all participants, and are fundamental to women's psychological well-being” (p. 3).

In discussing the importance of relationship to women, Covington and Surrey state: “Psychological problems or so-called pathologies can be traced to disconnections or violations within relationships, arising at personal/familial levels as well as at the socio-cultural levels” (2000, p. 3).

In *A Comparison of Relational Psychologies*, Renee Spencer (2000) summarizes and compares various relational theories including feminist relatedness models, infant research and psychoanalytic relational theories. What they have in common is the understanding that it is through relationships that humans grow and develop and through relationship that psychological healing occurs (2000).

Spencer summarizes Miller and Striver: “Psychological development is understood to take place in and through increasingly complex relationships and participation in relationships with others in which mutually empowering connections occur” (2000, p. 6). She states, “Psychological growth is an outgrowth of this type of connection with others while psychological distress develops in response to repeated and chronic patterns of disconnection” (p. 6). She further states, in regard to what Walant would call the wall of detachment, “the paradox is that the very strategies we employ to maintain relationships preclude our full engagement in relationship” (p. 6).

To be one's authentic self in relationship fosters growth and healing in relationships. That characteristic is built in to the AA program. Through the reliability of the program interrelationships, participants are able to grow and change. The program is a ground for active and mutual interrelating wherein participants can rebuild internal structures and revise their views of themselves and others. Participants have built quality relationships within the program and with others, relying on their ability to be present. These relationships lend the "zest and vitality . . . empowerment to act . . . knowledge of self and others . . . self-worth . . . [and] desire for more connection" that Miller describes. (Covington & Surrey, 2000, p. 4)

Relational and feminist theorists agree that supportive relationships are the ground for growth and development. The sense of belonging, fellowship, and connection to others through the AA program was a theme repeated throughout all seven interviews. For example, Janice so wanted to belong she came to meetings at first for a friend and then for herself:

I really wanted to belong. People kept telling me that I could come there forever if I wanted to but they'd ask me to read things and I never have put my hand up or anything so, I didn't participate but I wanted to belong and I wanted to stop (drinking) for a little while.

Along with this sense of belonging the participants learn trust. Susana states, "At first it was really difficult in Alcoholics Anonymous because when I first walked through the doors and sat in meetings I was...terrified of people. It took me a while to learn to trust."

As they grew in the program and maintained sobriety over time, participants found that they consistently had someplace to go outside

themselves, to meetings and other gatherings, becoming active in relationships with others. Each participant became active in AA and also in other groups such as church or school. Catherine discusses having a more authentic self and authentic life due to being connected to others both in AA and in her church: "I had an experience of being valued and cared for and... tended to that was unlike anything that I experienced before, that has really been life altering to me."

Participants also have found a space inside themselves where a greater sense of self has developed. The experience of belonging engendered in the program has helped develop a greater scope of belonging. There are other arenas in which the participants now belong. Examples are committed relationships and professional roles. This leads us to a discussion of identity and its evolution in sobriety.

Evolution of Identity

How does belonging facilitate identity change? In the last section we discussed various relational theories which describe and explain the human need for relationship. In this section we will discuss theories which explain how identity develops within that relational set, within the parameters of the network of supportive and predictable relationships.

Identity has to do with how one views oneself, with self image and the subjective experience of selfhood. Identity is, to a great extent, fluid over a lifetime. Identity develops through relationships with others. Sullivan (1962) believed that one's personality is a collection of others' appraisals. Minuchin (1974) taught that families create the selfhood or identity of its members referring

to an "identity matrix." Minuchin further stated, "Human experience of identity has two elements; a sense of belonging and a sense of being separate" (1974, p. 47). Erikson (1950, 1959) originally theorized that identity is formed through a sequential resolution of life crises in development as one moves through psychosocial stages, one building on another. Gilligan (1982, 1998, 2006) added female experience to psychoanalytic discourse with the idea that identity development in girls differs from that of boys in that girls are predominately relational in their perspective.

Stern (2000), in his research with infants, found that development occurs in layers. In the introduction to the revised edition of *The Interpersonal World Of The Infant*, he states:

In contrast to the conventional stage model(s) whereby each successive phase of development not only replaces the preceding one but also essentially dismantles it, reorganizing the entire perspective, the layered model postulated here assumes a progressive accumulation of sense of the self, socioaffective competencies, and ways-of-being-with-others. No emerging domain disappears, each remains active and interacts dynamically with all the others. In fact, each domain facilitates the emergence of the ones that follow. In this way, all senses of the self, all socioaffective competencies, and all ways-of-being-with-others remain with us throughout the life span, whereas according to the stage model, earlier developmental organization can be accessed only by means of a process-like regression. (2000, p. xii)

Developing identity, becoming one's authentic self, is an objective of therapeutic endeavors and of strategies for positive personal change.

Development of an identity as a recovering alcoholic, one who does not drink and who works the program, is the objective of AA. Once identity as a recovering alcoholic is achieved, other identities emerge. This section discusses the identity development of participants within the relatedness of recovery and through the

lens of developmental theories of Erikson and Gilligan. Through the recovery process, the women have developed identities, becoming active participants in society.

How is it that each woman in the study went from being an alcoholic who drinks to an alcoholic who cannot drink? This is the basic and the first change in her identity. How did the women transform from feeling dead, ashamed, empty, and isolated to being alive, being present, and becoming competent, responsible citizens? How is it that their views of themselves changed dramatically? How is it that Amy feels proud of herself for fixing that window with a stick and knows, now, that someone is home inside her? How did Susana become able to trust her insides? How is it that Janice practices being present in the moment instead of following her negative thinking into catastrophe? How did Sandra find self-esteem and the ability to be present for herself and her family? How is it that Roberta can recognize her self-critical messages as her father sitting on her shoulder and can know, now, that she no longer has to play that tape? And, how did she go from having no self-confidence and feeling that she would never be good enough to being a college professor, poet, lover, and whatever else may emerge in her identity as she goes along in sobriety? How did Hannah go from being the hotshot, party girl to a sober, doting grandma? And, how is it that Catherine went from being an isolated drunk eating macaroni out of the pan to a professional in a committed relationship raising a child? What happened inside these women that made these changes possible? This is the task of this section, to explain what happened and how it happened that the women could change

internally in the ways they have in order to be the selves they are and to live the lives they now have. The sense of belonging which accompanies becoming connected to themselves, to others and to the program has created both internal and external environments for them to become more authentically themselves.

The terms identity and self will be used here interchangeably, with the understanding that, for this discussion, the meanings are sufficiently comparable to justify this use. We will turn again to the ideas of Erik Erikson and Carol Gilligan in this discussion of participants' identity transformation.

In contemplating Erikson's stages, we encounter the initial linear nature of his stage process. Imagining these stages in a circular or spiral formation would aid our discussion and would be in line with his later writings. To further this discussion, let us imagine that these stages occur simultaneously rather than sequentially over time. Rather than, for example, a pathway through a series of gates or entryways we imagine them occurring at once, in a circle or spiral, with pathways between and among the stations or stages in which a person can visit freely to aid in the development of oneself as one needs. As we proceed, we will discuss Erikson's later writings which redefine his theory in terms of this life spiral, going beyond life stages. So, then, trust and its opposite mistrust, autonomy and shame/guilt, for example, are available at once. Much like peeling an onion, multiple layers of development are available as relevant.

Erikson's (1950, 1959) original stages of psychosocial development are phases throughout the life cycle. They are: trust vs. mistrust, autonomy vs. shame and doubt, initiative vs. guilt, industry vs. inferiority, identity vs. role

confusion, intimacy vs. isolation, generativity vs. stagnation, and integrity vs. despair. The elements in each stage are dynamically, dialectically held in a state of tension. Each stage involves a turning point or crisis and the resolution of the dilemma at each stage allows the child to move forward in development. The stages are epigenetic; they build and expand sequentially on one another. Built on and evolved beyond Freud's psychosexual stages, Erikson may have also adopted the idea of fixation or interrupted development when a stage is not successfully resolved implying a lifetime deficit.

The issues of Erikson's defined stages are those which all humans encounter throughout life. For example, trust issues abound: each environment entered or person or institution encountered has to be assessed for safety or trustworthiness. Humans are constantly dealing with issues of trust vs. mistrust. Each participant developed over time a sense of trust for the program and its members. They may, at times, feel mistrust and resentment or resistance although that was not directly expressed in the interviews. It would be human for trust to wax and wane over time.

Similarly, participants deal with issues of initiative, autonomy, guilt, doubt, and shame. Catherine specifically mentioned shame as something with which she continues to struggle as exemplified in her recurring dream and "aha" moment. Initiative depends upon self-esteem. Autonomy is a relative term, meaning that true autonomy is illusory; interdependence is more realistic and attainable.

In later writings, Erikson redefined his psychosocial stages (Erikson 1966, 1976, Fitzpatrick & Freidman, 1983). Fitzpatrick and Freidman (1983) discuss two little known articles which expanded Erikson's original psychosocial theory. In "Reflections on Dr. Borg's Life Cycle" (1976) in the journal *Daedulus*, Erikson comments on the Bergman film *Wild Strawberries*. In the film an elderly doctor takes an automobile journey in which he encounters a sequence of personal life issues. "He simultaneously struggles with psychological issues from *all* the prior stages of the life cycle" (Fitzpatrick & Freidman, 1983, p. 411). Erikson's commentary takes into consideration that people naturally revisit life stages to revise and renew identity and perspectives on oneself and others. Stern (2000) would not refer to this as a revisiting of life stages but as continuing layers of development. Fitzpatrick and Freidman (1983) also discuss a 1966 essay of Erikson's, "Ontogeny of Ritualization," in which he discusses rituals of life and their fundamental effect on development, from the daily ritual of mother and infant in their morning greeting to the more defined, socially constructed ceremonies, all of which confirm selfhood. Paraphrasing Erikson, Fitzpatrick and Freidman state, "Individual psychological growth is inseparable from the confirmation of self by society. Multiple interactions simultaneously link the past and present" (p. 411).

As I am writing this, I have just returned from a complex social ritual in which my identity and that of my son have expanded. He became a husband and I became a mother-in-law. It was a grand ritual witnessed by more than 200 people. The social sanction and the confirmation of these identities by all the

witnesses highlights Erikson's discussion of ritualization and the formation of identity. While involved in the ceremonies, I encountered family members with whom I have difficulties of different sorts. I revisited and was able to rework many stages of my development leading to a stronger sense of self and competence in the world and also greater compassion and communication with estranged family. From this experience I better understand Erikson's idea that life rituals confirm identity and provide a platform for growth.

Although without sufficient data to draw a conclusion, we could suggest that the study participants did not develop adequate ego identity in infancy and childhood. Perhaps, instead of trust, they developed mistrust and detachment, instead of autonomy, a pervasive feeling of shame and doubt in themselves and others, and instead of initiative, guilt. Susana didn't feel she deserved to be alive. Sandra was raised by foster parents whom she could not please. Hannah's mother was unpredictably abusive and was suicidal at times.

Perhaps a major part of alcohol recovery is revisiting, or in some instances visiting for the first time, the psychosocial stages of development in a manner which facilitates healthy identity development. A common belief in recovery treatment is that psychological development is arrested when a person begins drinking. The idea is that when one stops drinking, the emotional age is the same as when they started drinking; emotional development is arrested at the point drinking begins. For example, if a person started drinking as a teenager, then in sobriety she is a certain chronological age, but emotionally she is a teenager. Psychological development, then, would resume once sobriety began.

In belonging to the group and doing the inner work of the program, the women developed trust in themselves, in individuals in the group, and in the group as a whole. The meetings are designed to be consistent and reliable. Meeting formats are exactly the same from week to week. Physical settings are exactly the same from week to week. The content of sharing or speaking varies but the process of each meeting is consistent. Susana was surprised to find that, following a member's unexpected suicide, the next group meeting went on as usual. In another meeting, the new secretary, a member selected by the group to facilitate, decided on his own to change the format. The group protested, he became very unpopular, and the meeting was kept the same it had always been since its beginning 20 years previously. One meeting center removed the old and breaking tables in the room. Members complained loudly until identical replacements tables were installed. The stability and predictability of the meeting rooms and formats creates a holding environment which allows for the development of trust.

Gilligan was impressed and influenced by the ideas of Carl Rogers and Erik Erikson concerning human development. She also worked with Lawrence Kohlberg as he developed his theories of moral development. Her break with Kohlberg (Larry as she calls him) emerged as she realized that Kohlberg's ideas were missing the voice, experience, and consciousness of women (Gilligan, 1998).

In her groundbreaking book, *In A Different Voice* (1982), Gilligan found that girls' development differed from that of boys. She found that girls tend to be

cooperative and focused on the quality of relationship rather than independent and competitive, as boys tend to be. Girls tend to value the quality of relationships as a goal rather than individual achievement (1982). Identity for women is not about autonomy and independence but about the quality of relationships. Mutuality and empathy are desired qualities in relatedness for women. As Miller (1976) states, within these quality connections, women can thrive.

Identity changes and many dimensions of identity emerge and evolve as women stay sober. Building on the foundation of identifying as someone who cannot drink and someone who works a program, participants connect with others and do the inner work associated with the 12 steps. Their sense of belonging and connection has grown. Through this process identity forms. Roberta, typical of the participants, speaks eloquently of her emerging identities. She sums up her view of herself now by stating:

Now after, you know, almost 30 years, I do have an identity. I know who I am. I'm an alcoholic and I'm also, you know, a teacher. I'm a lover, I'm a poet. I can accept these additional identities so I think the process of sobriety was providing me with that wonderful sense of not only identity but the fluidness of identity, that identity is constantly a moving process that we don't have to hold onto one and there's never not enough room.

Gateways of Recovery: Balance of Opposites

The discussion of Erikson's stages of psychosocial development encourages me to define the stages of recovery for women, based on the study findings. However, these "stages" are not linear or necessarily sequential but are instead closely interrelated elements. Each element and its opposite exist

simultaneously and in dynamic interrelationship. Surrender, belonging, and identity are three basic and interrelated elements of recovery. They are constant companions in participants' lived experience. They are not discrete experiences nor stages that build one on another. They are constant, interdependent elements of a holistic experience of recovery and are difficult to communicate in the limitations inherent in language.

Choices made by the individual can tip the balance of opposites toward mutual, empathic, active relationships in which growth and development can occur, or toward isolation and pretense which are inherently growth-limiting states. Presented here are the interrelated elements of recovery. Stern might call them layers of development. Erikson might see them as parts of a life spiral. I refer to them as gates for the purposes of this discussion. Gateways are openings to other environments, such as gateways between gardens, or perhaps between earth and heaven. I see these layers of development as openings to a greater experience of self and of life. These multidimensional passages are openings which give access to a greater self and a greater life (see Figure 3).

Gate 1. Surrender vs. Pseudo Self-Sufficiency

Gate 2. Belonging vs. Isolation

Gate 3. Evolving Identity vs. Static Identity

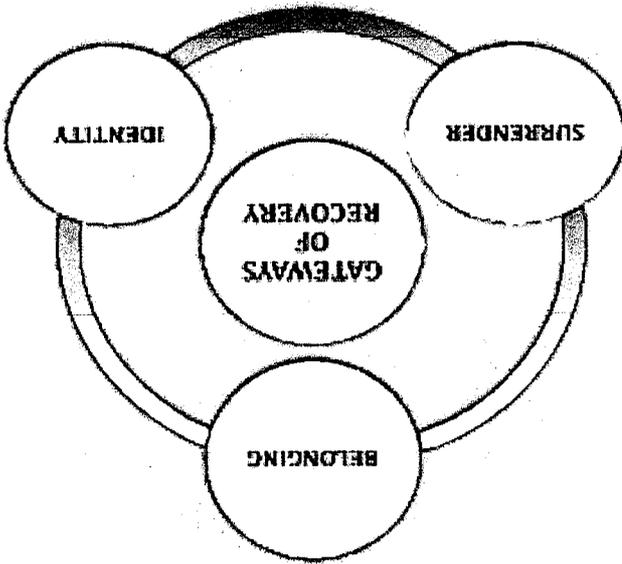


Figure 3: Gateways of recovery

In the first gate, one admits powerlessness or continues to maintain an artificial self-sufficiency. In the second gate, one begins to feel she belongs to the group or continues an isolated state. In the third gate, a person grows and matures or continues in a state of arrested development.

These levels are closely interrelated as shown in Figure 3. Surrender, belonging, and identity development are dynamically interrelated. Surrender facilitates belonging, which creates the environment for the formation or evolution of identity. It could also be said that an identity shift was required for the initial surrender. Prior to a state of surrender the identity of each participant shifted simply as "I am a drinker who can handle it" to "I am someone who needs help." Perhaps it was an identity shift that began the move towards sobriety. A sense of belonging or a desire to belong can fuel surrender and lead to evolving identity.

The opposites of each element, pseudo self-reliance, isolation, and static identity can be imagined as the other side of each coin. In Figure 4 we can see the dynamically interrelated opposites. This illustration implies a continuum for each pair of opposites. It is unlikely that anyone is 100% surrendered 100% of the time. Most human experience falls along a continuum. In this pair of opposites a person's choice would tip the balance towards either surrender or psuedo self-sufficiency. Success or competence in this gateway would mean surrender to a higher power but also to what is; surrender or acceptance of oneself as human and imperfect, acceptance of one's needs and emotional vulnerability. Honesty is the key to surrender. Psuedo self-reliance, on the other

hand, is a state of pretense and denial fueled by shame in which one defends against dependency needs and strives to be perfect and without needs. It is an artificial state that resists needing anything from anyone. It is the well-built wall of detachment. For competence in this gateway and progress in recovery, the wall must come down.

In the second gateway, the polar opposites of belonging and isolation are in dynamic interrelationship. Again, these opposites fall along a continuum; no one is completely secure in belonging and it would be rare that someone is 100% isolated. Initiation and maintenance of relationships is a difficult human task. The more important and more intimate relationships are the more difficult they become to navigate. Competence or success in this gateway is an ongoing sense of belonging within the program and in other venues such as church, school and social circles. The key to this gateway is trust. Social and emotional isolation and apparent safety is easy for anyone to fall into without effort towards relating. Isolation is fueled by fear of intimacy and need for safety.

The third gateway, evolving identity and static identity, are an outgrowth and contributor to the other gateways. In this pair of opposites, success or competence is a growing, evolving, emerging identity, or set of identities, that encompasses increasingly greater aspects of oneself. The key to competence in this gateway is constructive activity. The polar opposite of an evolving identity is a static identity, a state of under or non-development in which a person has not moved forward in development but has, instead, become impeded in some way in developmental progress.

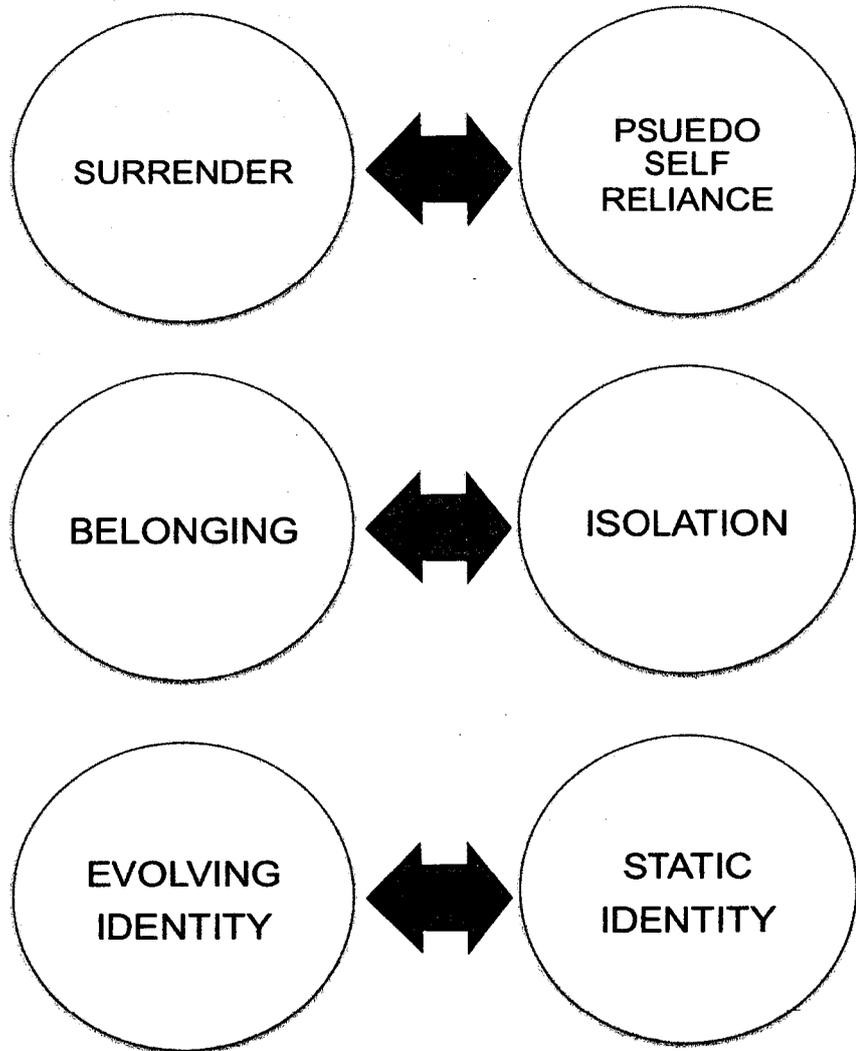
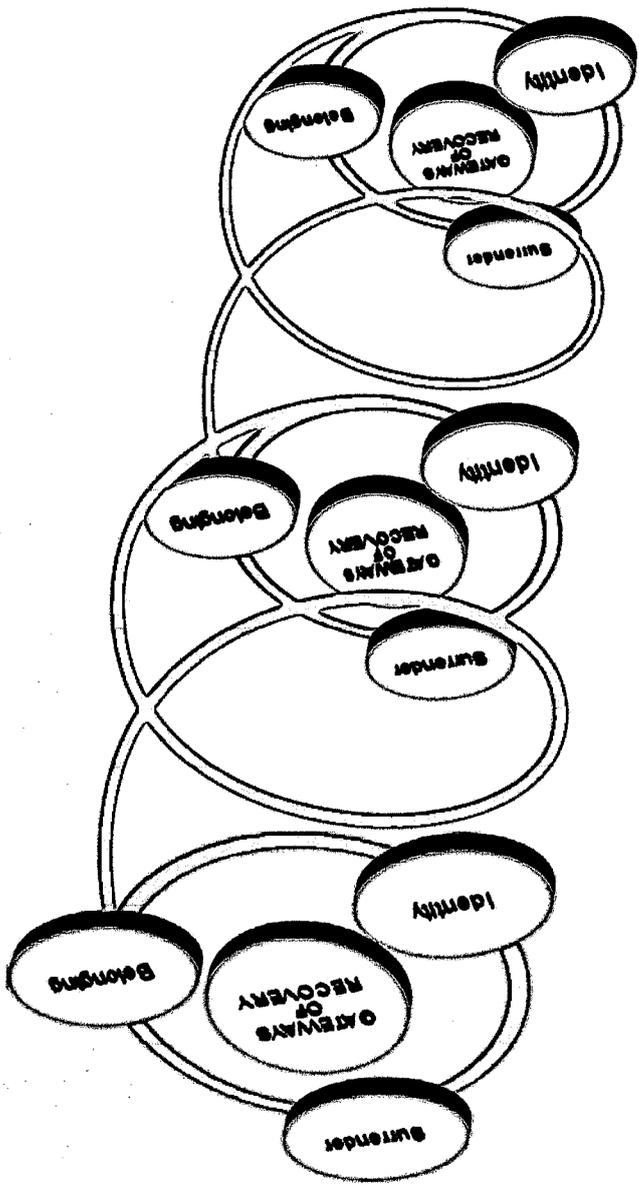


Figure 4: Gateway elements and opposites.

And, lastly, to illustrate the upward spiral of recovery development: Susana said that when she was in her active alcoholism that she was in a “downward spiral.” Recovery can be seen as an upward spiral moving from layer to layer of the interrelated elements. This illustration is an attempt to show the upward spiral of recovery, moving upwards through cycles of gateways, increasingly growing as one moves upward. In Figure 5 the elements are shown in a spiral fashion with movement upwards towards greater and greater experience of surrender, belonging, and identity.

Figure 5: Layers of development—upward spiral.



Conclusion

This chapter has been a discussion of study findings based on the original research questions and relevant theory. The elements of surrender, belonging, and identity are seen to be closely interrelated, and they emerge, grow, develop, and evolve within this interrelationship. Each element was discussed separately with the understanding that they exist together in a dynamic relatedness. A process of recovery has been identified through the synthesis of the discussion of elements.

Limitations and Further Research

As stated previously, this study was limited by the exclusion of women recovering alcoholics who are not members of Alcoholics Anonymous. The AA program is one of many ways to sobriety. Other sober people who not in AA may have a different, yet valid, experience of their recovery. In addition, this study focused on the recovery of women. It is not known if these findings are applicable to men in their recovery.

Additional qualitative research into the subjective experience of women alcoholics in long-term sobriety would be beneficial in order to gauge the generalizability of the findings of this study. Other areas for further research would include studies of alcoholic women who have achieved long-term sobriety without AA and studies of alcoholic men who have achieved long-term sobriety either with or without AA.

APPENDIX A: STUDY FLYER

A STUDY OF LONG-TERM SOBRIETY IN ALCOHOLIC WOMEN

Wanda Jewell, LCSW is conducting a study of long-term sobriety in alcoholic women. This study is for a doctoral dissertation under the supervision of Dr. Elinor Dunn Grayer at The Sanville Institute. This study will help people, professionals and other recovering women, to understand more about women who have long-term sobriety and how they achieved and maintained it. The voices of women can help others to know about this important achievement.

Women who are sober 20 years or more are invited to participate. Women will be interviewed to study their experience and perspectives on what it takes to maintain sobriety over the long-term.

Wanda is a recovering alcoholic and member of Alcoholics Anonymous with 24 years sobriety.

You are invited to contact Wanda by email or phone if you are interested in participating or want more information.

wjewell@usc.edu or 323-683-3624

APPENDIX B: CONSENT FORM

I, _____, hereby willingly consent to participate in the study on long-term sobriety in alcoholic women. This doctoral research project will be conducted by Wanda Jewell, LCSW under the direction of Elinor Grayer, Ph.D., principle investigator and faculty member, under the auspices of The Sanville Institute.

I understand the procedure to be as follows:

An audio-taped interview of 60-90 minutes will occur in a confidential setting to be arranged between myself and the researcher. I will be talking about my thoughts and feelings as a long-term sober alcoholic woman. I am aware that the audio-recording might be sent to a transcribing service. I understand that no name or other identifying information will appear on the transcript. I am aware that the recording and the transcript will have an identifying number rather than my name.

I am aware of the following potential risks involved in the study:

The possibility exists that I might experience emotional discomfort. Should that happen, I will be able to contact the researcher who will make provisions for me to receive professional help, up to three sessions, to resolve issues related to participation in the research study, at no cost to myself.

I understand that I may withdraw from the study at any time.

I understand that this study may be published and that my anonymity and confidentiality will be protected. Any information I provide that is used in the study will not be associated with my name or identity. No names or individual identifying information will be used in any oral or written materials. The audio-recording will be erased at the completion of data analysis.

Signature

_____ Date _____

If you would like a copy of the results of this study, please provide your name and address:

Name _____

Address _____

APPENDIX C: INTERVIEW SCHEDULE

Introduction

Thank you so much for agreeing to this interview and to being a part of my research project. As you know I am interested in hearing your experience of sobriety and what that has been for you. I want to understand you and your process and believe that a study such as this can help others to understand what it takes to have long-term sobriety. I am wanting to know what has happened, particularly inside you, that has made it possible to be sober long-term. As we go along feel free to express yourself however you wish and to let me know your thoughts and feelings.

First of all I would like to know how old you are and how long you have been sober.

What happened inside of you that made you decide to get sober?

What has it been like for you?

Tell me about the you then and the you now.

What are the significant changes you have experienced.

Have your values changed as you have stayed sober longer?

How would you describe your inner journey?

Can you tell me something about your inner world? Dreams, aha moments?

What do you think it takes for you to get sober and stay sober over the long-term?

Have you wondered how it is that you are sober for many years and others are not?

What would you want others to know about your sobriety?

APPENDIX D: HUMAN PARTICIPANTS APPROVAL

HUMAN PARTICIPANTS RESEARCH APPLICATION

The Sanville Institute

Title of Research Project: Making Meaning, Making Lives: Long term Sobriety in Alcoholic Women

Principal Investigator: Elinor Dunn Grayer, Ph.D.

Investigator: Wanda Jewell, MSW

I have read the *Guidelines, Ethics, & Standards Governing Participation & Protection of Research Participants* in research projects of this Institute (in Appendix D of the *Student and Faculty Handbook*), and I will comply with their letter and spirit in execution of the enclosed research proposal. In accordance with these standards and my best professional judgment, the participants in this study.

 Are not "at risk"

 May be considered to be "at risk", and all proper and prudent precautions will be taken in accordance with the Institute protocols to protect their civil and human rights

I further agree to report any changes in the procedure and to obtain written approval before making such procedural changes.

 Date 9/24/07
Signature of Principal Investigator

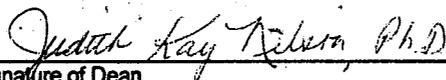
 Date 9/24/07
Signature of Investigator/date

Action by the Committee on the Protection of Research Participants:

Approved Approved with Modifications Rejected

Mary Coomb Ph.D. Date 11/5/07
Signature of Representative of the Committee on the Protection of Research Participants

Approved:

 Date 11/29/07
Signature of Dean

APPENDIX E: HOLISTIC STATEMENT

True Statements About the Study Participants...

Who I am has changed and continues to emerge.
How I feel about myself then and now is remarkably different.
I have gone from despair and darkness to joy and gratitude.
I felt dead inside and realized something had to change.
I was (and still am) able to reach out for help.
I am alive and know it.
I am not perfect and don't need to be.
I am a human being.
I try to be the best person I can be.
I am deeper, more emotional and very capable.
Sometimes I forget this.
I know that I have choice and possibility in sobriety.
My inner work means being honest with myself and others,
and working through the 12 steps.
Sometimes I have old negative messages that come up.
At times my life is a struggle.
I have someplace to turn, both within and without.
I think I am growing up.
I feel compassion for myself and others.
I appreciate the fellowship and structure of AA.
I now feel a sense of connection and that I belong.
Because of the program I have skills and tools.
A main purpose in my life is service to others.
Sobriety is wonderful and difficult.
Anyone can be sober if willing to do the work.

APPENDIX F: THE PROMISES OF ALCOHOLICS ANONYMOUS

The following promises are quoted directly from the *Big Book of Alcoholics Anonymous* (AA World Services, 2001, pp. 83-84).

THE A.A. PROMISES

If we are painstaking about this phase of our development, we will be amazed before we are half way through. We are going to know a new freedom and a new happiness. We will not regret the past nor wish to shut the door on it. We will comprehend the word serenity and we will know peace. No matter how far down the scale we have gone, we will see how our experience can benefit others. That feeling of uselessness and self-pity will disappear. We will lose interest in selfish things and gain interest in our fellows. Self-seeking will slip away. Our whole attitude and outlook upon life will change. Fear of people and of economic insecurity will leave us. We will intuitively know how to handle situations which used to baffle us. We will suddenly realize that God is doing for us what we could not do for ourselves.

Are these extravagant promises? We think not. They are being fulfilled among us—sometimes quickly, sometimes slowly. They will always materialize if we work for them.

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