THE PHOENIX RISING:
DESCRIBING WOMEN’S STORIES OF LONG-TERM RECOVERY
A NARRATIVE ANALYSIS

DISSERTATION

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By

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Abstract

Women’s personal narratives about long-term recovery from alcohol and drug addiction are scarce, leaving much unknown about the nature of the recovery process over the life course. The female experience of being in recovery is often absent from the literature. Nine women, who identified as being in long-term recovery, ranging from five years to 28 years of sustained abstinence, were interviewed to gather their perspectives. A tri-layered narrative analysis was employed to examine story structure, transitions and trajectories over the life course, and women’s voicing of their experiences. Findings reveal language that is highly contextualized to structure personal stories, and includes the use of vignettes to further explain significance, and images and metaphors to illustrate emotionally charged experiences. The trajectories into addiction and recovery are detailed, including transitions that occur within each component. Definitions for recovery are included, as well as a description of recovery over the long-term from a female perspective. Implications for social work research in the addictions include an elongated timeline for early recovery, the importance of personal identity, an expanded definition for recovery from a female perspective and an awareness of the impact of trauma, abuse and stigma in the lives of recovering women.
Dedication

This study is dedicated to the many people who surrounded me with loving kindness, support, encouragement, and helping hands throughout this journey. They are numerous and extend all over the country and across continents. I dedicate the completed work to my husband, Jake Hammond, and my daughters, Maya and Kyla Hammond, who waited patiently for me to finish. Additionally, this work is dedicated to the women who shared their stories of recovery from addiction in an effort to help other women who may be struggling without hope for a better tomorrow.
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I wish to acknowledge the contributions of the nine women who participated in this study. The ability of each woman to reflect upon her life and tell her personal narrative was inspiring and meaningful. I am indebted to each of them, as they contributed their knowledge with the hopes of helping other women. I plan to carry their work forward.

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Finally, I want to acknowledge Marci Colton Dvorak, who was the first person who ever told me to get a doctoral degree. She was an outstanding social worker, role model and friend and passed into her next life just before the completion of this work. Thank you, Marci, for planting the seed.
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Field of Study

Major Field: Social Work
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Chapter 1: Introduction

Problem Statement

Women’s trajectories into recovery from substance dependence warrant further examination, specifically with regard to long-term sustainability of sobriety. Research demonstrates the differences between men and women and their respective pathways into addiction, but less is known about women’s recovery trajectories (Abbott, 1994; Brady & Randall, 1999; Brown, 2002; Byington, 1997; Covington, 2002; Ettorre, 1992; Nelson-Zlupko, Kauffman, & Morrison, 1995; Straussner, 1997; Straussner & Attia, 2002; Weissman & O’Boyle, 2000; Zelvin, 1999). Women as substance abusers are a relatively new concept in both research and practice. The traditional perspective on addictions was dominated by male members of the medical profession who perpetuated the disease model in theoretical orientation and in clinical practice (Ettorre, 1992; Abbott, 1994). Women were treated as “others” and their problems with addiction were ignored for decades (Abbott, 1994; Lantz, 2001). Ettorre (1992) discusses the discovery of a “non-field” when she refers to this subset of the population being largely unacknowledged within treatment and research. Specialized substance abuse treatment services for women have emerged slowly over the years. The impetus for many programs was recognition at the federal level that services for women were needed. The increased attention paid to women was a result of women’s advocacy groups and growing public concern about the
social and economic costs associated with substance-dependent mothers (Grella & Greenwell, 2004).

Women’s addiction pathways were largely unknown or misunderstood until efforts were made to design treatment services that were gender-specific. Mondanaro (1989) developed a training curriculum for chemically dependent women at the request of the National Institute on Drug Abuse (NIDA) so that service providers could better serve this growing population. She provided context for understanding the plight of a woman with an addiction as, “Women learn, through repeated negative reinforcement, that they are helpless to change their situation and thus see no alternative but to continue on their present path” (p. 2). Women who present themselves to treatment tend to have lower levels of self-esteem, increased depression, increased levels of anxiety, high levels of unemployment, reduced levels of education, many of them have children and are the primary caretakers, and have experienced high rates of victimization (Abbott, 1994; Covington, 2000; Finkelstein, 1994; Center for Substance Abuse Treatment, 1994; van der Walde, Urgenson, Weltz, & Hanna, 2002). Women face significant challenges when trying to seek help for their addiction. Blume (1997) discusses several barriers: personal and family denial, negative attitudes of significant others, lack of specialized programming, lack of childcare, concerns about confidentiality and possible loss of child custody, lack of adequate insurance coverage, and simply the lack of service providers in numerous communities. The majority of research on women’s treatment reflects these same barriers to receiving care (Abbott, 1994; Covington, 2000; Ettorre, 1992; Grella & Greenwell, 2004; Hodgins & El-Guebaly, 1997; Mondanaro, 1989; SAMHSA, 1994;
Compounding the problem is the fact that only a fraction of the population in need of addiction treatment actually receives services at a treatment center. The 2009 National Study on Drug Use and Health (NSUDH) reported:

“In 2009, 23.5 million persons aged 12 or older needed treatment for an illicit drug or alcohol use problem (9.3 percent of persons aged 12 or older). Of these, 2.6 million (1.0 percent of persons aged 12 or older and 11.2 percent of those who needed treatment) received treatment at a specialty facility. Thus, 20.9 million persons (8.3 percent of the population aged 12 or older) needed treatment for an illicit drug or alcohol use problem, but did not receive treatment at a specialty substance abuse facility in the past year. These estimates are similar to the estimates for 2008 and for 2002” (p. 84).

With so few people receiving treatment, and fewer receiving it in a specialized treatment center, finding subjects with whom to conduct research on addiction and recovery becomes difficult, especially within subgroups of the population. Most studies on addiction and recovery target compartmentalized aspects of the body or the treatment process, rather than a comprehensive examination of the process of addiction and/or recovery. Studies include examinations of brain functioning (Bartels, Kunert, Stawicki, Kroner-Herwig, Ehrenreich, & Krampe, 2007; Branchey, Buydens-Branchey & Horvath, 1993; Fein & McGillivray, 2007; O’Neill, Cardenas, & Meyerhoff, 2001), social cognition (Matyassy, Kelemen, Sarkoxi, Janki, & Keri, 2006), psychological functioning (Voltaire-Carlsson, Hiltunen, Koechling & Borg, 1996), treatment conditions (Ganzer &
Ornstein, 2007; Melnick, Wexler, & Cleland, 2008; Wagner, Bartels, Aust, Ruther, Poser, & Ehrenreich, 2006; Mossberg, Liljeberg & Borg, 1985), pre-treatment conditions (Higgins, Badger, & Budney, 2000), and predictors of relapse (Jin, Rourke, Patterson, Taylor, & Grant, 1998). Thus, there are few studies that provide an integrated picture of recovery over the life course, especially for women.

Research on the long-term nature of recovery from alcohol and other drug addiction is sparse; most information on treatment outcomes and time after treatment are limited to the first month (Oslin, Slaymaker, Blow, Owen & Colleran, 2005), six months (Kedia & Perry, 2003; Satre, Mertens, Arean, & Weisner, 2003), first year (Conners, Grant, Crone, Whiteside-Mansell, 2006; Miller & Verinis, 1995; Mossberg, et. al, 1985; Ouimette, Moos, & Finney, 1998; O’Malley, Jaffe, Chang, Rode, Schottenfeld, Meyer & Rounsaville, 1996; Soyka, 1999; Weisner, Matzger, & Kaskutas, 2003), and intervals throughout the first year (De Jong, Roozen, van Rossum, Krabbe, & Kerkhof, 2007; Kadden, Litt, Kabela-Cormier, & Petry, 2007; Miller, Millman & Keskien, 1990; Slaymaker & Owen, 2006; Smith, Frawley & Polissar, 1997). Additionally, studies that extend follow-up time between one to five years are rare and typically examine males (Jin, et. al, 1998; McKay, Lynch, Shepard, & Pettinati, 2005; Ray, Weisner & Mertens, 2005; Smith & Frawley, 1993; Tiburcio, 2006; Vaillant, 1995).

Studies examining the nature of recovery for women are scarce, especially those seeking to understand these experiences directly from their perspectives or recovery over the lifespan. Alcohol and drug treatment for women was unheard of for decades. Women were often invisible addicts, able to take medications that were often alcohol or opiate-based for physical and emotional problems. Most addicted women were treated via
hospitalization and stays in mental asylums. Straussner and Attia (2002) highlight the opening of Dia Linn in 1956 in Minnesota as one of earliest modern drug treatment programs for women. However, most programs continued to treat men only or operate from a male model, shutting women out from treatment. Finkelstein (1994) acknowledges the history of public funding for women’s treatment as uneven and points out,

The initial impetus for funding specific women’s services came in the mid-1970s, when Congress, pressured by field groups such as the National Council on Alcoholism (NCA) and feminist organizations, became concerned with the scarcity of resources for alcoholic and drug-addicted women. Before the advent of federal funding for women’s treatment, states and local communities showed little initiative in prioritizing funding for women’s services. The prevailing attitude toward specialized women’s programming was fear, negativity, and mistrust, as well as an assumption that such programming reflected an “anti-male” bias. (p. 8)

Straussner and Attia (2002) note that “the history of women’s use and abuse of alcohol in the United States is intertwined with the political movements of temperance, prohibition, and suffrage and with the ever-changing role of women in political and family life” (p. 4). Types of inquiry about women and addiction have largely been epidemiological, with other forms of inquiry often overlooked and important questions left unasked and unanswered. A feminist perspective of substance use views it as a complex social issue with specific political implications rather than as an epidemiological concern (Ettorre, 1992). For example, Ettore (1992) posed the question “what is the relationship between
social inequality and substance use, and why is this issue consistently ignored?” (p. 4).

Women as substance abusers pose a problem not only for the individual, but also for society, as Ettorre (1992) explained:

“If women are seen to ‘abuse’ in any way their already abused bodies, they are seen to be worse than their male counterparts. This is because these women are seen to defile and indeed to desecrate the sacred symbol of their sexual essence: their bodies, which house their wombs or reproductive power… A substance-abusing woman is the quintessence of a wicked woman defiling her body with harmful substances” (p. 10).

This perspective highlights the difficult and complex situation faced by women during their active addiction and once they enter recovery.

One of larger studies about women and recovery was done by Kearney (1998). Kearney (1998) conducted a systematic analysis to determine the available “theory generating reports on women’s addiction and recovery” and constructed a grounded formal theory on the core components of the process of both phenomena (p. 497). She reviewed 10 studies that utilized grounded theory methods (six published articles and four unpublished dissertations) to determine common process components. Her grounded formal theory revealed the problem of addiction as a process of “self-destructive self-nurturing”, which describes an attempt by women to “ease discomfort and take are of oneself” (p. 500). The common process components of recovery were described as “truthful self-nurturing” and contained several elements. Kearney (1998) detailed how women were able to overcome addiction and the deterioration of their self-concepts though a process that “…involved gradual progress toward a more honest
understanding of themselves and their lives and a simultaneous effort toward healthful self-care and positive relationships” (p. 501). The published studies she reviewed focused on the recovery process (Hulbert, 1985; Kearney, 1996; Maroni, 1986), experiences in Alcoholics Anonymous (Hall, 1994b; Vourakis, 1989), and other specific recovery experiences like being a lesbian in recovery (Hall, 1994a), being a Native American (Lowery, 1994), being an nurse (Hutchinson, 1987), being on methadone (Rosenbaum, 1991), and being in denial (Wing, 1995). Her systematic analysis provides insight into the process components of recovery and formalizes terminology around recovery concepts (i.e. surrender, abstinence, self-work, etc.).

The interest in women and their addiction and recovery experiences coincides with the emergence of feminist writings on psychological and social development. Women’s self-development was reframed with the works of Friedan (1963), Miller (1976), Gilligan (1982), Belenky, Clinchy, Goldberger, & Tarule (1986), The Personal Narratives Group (1989), and Jordan, Kaplan, Miller, Stiver, and Surrey (1991). These works broke ground in conventional thinking about women, women’s experiences and women’s capacities to grow and change. Their work led to an expansion in critical thought on women’s lives, witnessed in Tavris’ (1992) reprimand on “normal” in The Mismeasure of Woman, and numerous additional works on feminism, and feminist research methods. The perspective shift about psychological and social development found its way into work on substance abuse, addiction, treatment and recovery. These works served to awaken the public to the reality that women were suffering with addictions (Sandmaier, 1980), their experiences were different from their male counterparts (Ettorre, 1992; Straussner & Zelvin, 1997), and that their treatment ought to
include an understanding of the progress of both their addiction and their recovery from a developmental and relational perspective (Brown, 1985; Straussner & Brown, 2002).

The desire to understand addiction and recovery within women forced a re-examination of what was known and an opening into what was yet to be discovered. This complicated work has taken numerous directions, including integration with women’s psychological development. Shifting from a focus on the medical and social consequences of substance abuse and addiction to the personal effects – namely one’s sense of self, has emerged as a prominent consideration for women. The absence of the self and the destruction of the self are the victims of addiction, while the discovery, construction, or re-organization of the self is the reward of recovery.

Defining recovery is a long-standing issue and one currently in contemporary debate among researchers, practitioners and the recovery community (i.e. The Betty Ford Institute Consensus Panel, 2007; Laudet, 2007; & White, 2007). The Betty Ford Institute Consensus Panel (2007) concluded, “…recovery is not clear to the public, to those who research and evaluate addiction treatments, and to those who make policies about addiction.” (p. 221). White (2007) comments on the difficulty in crafting a singular definition that meets the needs of vastly diverse experiences, and Laudet (2007) contends that a ubiquitous concept of recovery hinders progress in the development of tools to evaluate treatment effectiveness. Contemporary discussion seems to agree on a few principles for a definition of recovery. First, recovery from addiction is founded on abstinence or sobriety from substances that are considered mind and mood-altering; however, this aspect is not without contention as the debate over medication-assisted recovery and nicotine dependence continues. For now, abstinence seems to exclude these
substances, although the devastating effects and addictive properties of nicotine are gaining significant ground in the treatment and recovery communities (Betty Ford Institute Consensus Panel, 2007). Going “beyond abstinence” seems to be the second component of a definition for recovery, as most researchers recognize the importance of quality of life for individuals (Brown, 2004; Covington, 2002; Humphreys, 2002; Laudet; 2007; & White, 2007). The interconnected nature between the person and his/her environment is considered in most definitions as well, as the discussion of one’s lifestyle emerges in some definitions.

The definition developed by The Betty Ford Consensus Panel states, “Recovery from substance dependence is a voluntarily maintained lifestyle characterized by sobriety, personal health and citizenship” (p. 222). This definition was meant to be a “starting place” for researchers and policy makers, and they expect that more work on the definition with continue. William L. White (2007) provides a longer explanation for recovery and details,

“Recovery is the experience (a process and a sustained status) through which individuals, families, and communities impacted by severe alcohol and other drug (AOD) problems utilize internal and external resources to voluntarily resolve these problems, heal the wounds inflicted by AOD-related problems, actively manage their continued vulnerability to such problems, and develop a healthy, productive and meaningful life” (p. 236).

Just as there are problems with defining “recovery”, there are issues with identifying “long-term recovery”. Nothing definitive details the point at which someone is officially in long-term recovery, although some studies allude to the point at which an abstinent
person begins “looking” more like their non-affected counterparts, according to various psychosocial measures. Brown (2004) describes a developmental process wherein stages are not characterized by chronological timelines, but rather by experiences, moments, and ways of being with self and others. Examples illustrating on-going recovery tend to utilize women with between eight and ten years sober, although the author does not distinctively note this similarity. Vaillant (1996) found that subjects who had been abstinent for less than three years had higher levels of psychopathology and more closely resembled active alcoholics versus those abstinent for more than three years. He sites the work of Kurtines and colleagues (1978) whose findings noted how newly abstinent alcoholics were “less normal” on several measures of psychological functioning versus those who had been sober four or more years (Vaillant, 1996). Koski-Jannesa & Turner (1999) discuss the selection of subjects with at least three years of recovery because “…it can be regarded as a sufficiently stabilized outcome” (p. 472). Attempting to place boundaries on when recovery transitions into something long-term is difficult. Medina, Shear, Shafer, Armstrong and Dyer (2004) found minimal recovery of cognitive functioning in male poly-substance users after a year of abstinence. The Betty Ford Institute Consensus Panel (2007) and White (2007) use denote early sobriety as 1 to 11 months; sustained sobriety is 1 to 5 years, and stable sobriety is five years or more.

The problem at hand is two-fold: not enough is known about the long-term nature of recovery for women, and what is known is in serious need of expansion to understand the personal meaning and identity created through the recovery journey. Specific insight into significant moments, transitions, relationships and experiences sheds light on the largely untold story of recovery over the lifetime. Much about recovery is taken-for-
granted by many people – the assumption is that once one “gets sober” the rest is simple, easily into place. Building and maintaining recovery for multiple years requires certain transformative changes to occur; understanding more about these changes from women who have undergone them is necessary to further understanding of this process.

Purpose of the Research

The goal of the work is two-fold: (1) develop a greater understanding of women’s long-term recovery experiences and (2) examine the construction and meaning of their respective narratives utilizing feminist and life course theories. This work is interested in how women in long-term recovery from alcohol and other drugs describe their experiences through personal narrative, including gaining an understanding of the realities, significant relationships, connections, experiences and moments that define their recovery. The analysis of the narrative will examine meaning and identity within the context of the personal story. The methodology in this study is deliberate: it seeks to elicit narratives in an effort to understand how women who have maintained their sobriety for numerous years story their recovery. An examination of the narrative through a tri-layered analytical approach will reveal elements of story structure, illustrating how and why personal narratives about recovery are constructed. The application of a life course analysis to the structure then reveals the use of autobiographical reasoning as a means to draw lessons from personal experiences and how this reasoning impacts the telling of one’s story. Life course analysis also allows for identification of transitions and trajectories to examine their impact on recovery pathways. An examination of women’s stories would be remiss without attention paid to the feminist perspective on voice and voicing in narrative. The third analytical layer of voice examines the narrator in her own
terms: her relational landscape, places of emotional resonance in her story, moments of contradiction, translation, and the use of images and metaphor to explain oneself.

Recovery from addiction is a transformative process that is largely intra and interpersonal, which implies that many factors are dynamic, mysterious at times, and seemingly elusive to those who are still struggling. This tri-layered methodological approach is needed in order to understand recovery in a way that examines these “intangibles” and makes them explicit and detailed. The power of the story cannot be overstated in terms of how knowledge and meaning are transferred, how people are inspired, persuaded and even deflated. Recovery is not exempt from this phenomenon as the role of stories and personal narratives play an integral role in the development of addiction and the entrance into recovery. Thus, studying narrative in recovery is a valuable endeavor.

Significance of the Study: The Case for Narrative

This work will address these identified gaps in the literature through an examination of the experiences of being a woman in long-term recovery through the analysis of personal narratives. Vaillant (1988) writes that we must work toward “…understanding the structure of an addict’s life that facilitates recovery…” (p. 1148), thus this proposed work is necessary to deepen the understanding of long-term recovery for women with special attention paid to gender. Valliant’s (1988) reference to the structure of life as it facilitates recovery comes through stories that describe the varying forms of what worked, what helped and what mattered. These moments, milestones, transitions, and components may escape quantification, but can be excavated within narrative.
This study is timely as the foci of the scientific and service communities coalesce onto sustainability in recovery. Long-term recovery is often under-studied in terms of representation of experience through the construction of a story, especially for women. Women’s perspectives on their recovery, including the role of relational connections, significant experiences and the seeming “normalcy” of long-term sober living, will be elicited from the participants in an effort to understand this life experience. This narrative information about their personal, long-term recovery experience will enrich the understanding of the factors that contribute to the sustainability of sobriety for women at large. Expected results include a rich understanding of the recovery experiences for the women participants, including specific attention paid to language and contextual factors such as social, historical, and political considerations. A feminist perspective throughout the narrative will highlight women’s experiences as gendered subjects, work to incorporate collaborative processes throughout the study, and have an awareness of expressed and submerged voices (Sands, 2004).

The specific experiences that lead to the initiation and maintenance of this life change are often left for generalization based on male-dominated narratives. Examining the story itself – how it is constructed to make sense and meaning in the individual’s life – is the purpose of narrative analysis. Riessman (1993) details how narratives are representations of experience wherein “individuals construct past events and actions in personal narratives to claim identities and construct lives” (p. 2). When the story is examined in tact, one can begin to see how meaning is assigned to people, places, events and moments, from the subjective reality of the narrator. This approach proves useful for examining existing knowledge, assumptions, hunches, and beliefs about reality and
allows for an enriched understanding of long-term addiction recovery for women. For example, relational connections with self and others are accepted as important to women (Jordan, et. al., 1991). Examining how they are important and what about them is important is a subjective undertaking well-suited to narrative analysis because of its attention to context within the story construction. A personal story ultimately involves one’s life course, complete with transitions and trajectories (Elder, 1985). Stories about long-term recovery and the influence of relational connections upon the life course are absent from much of the literature pertaining to addiction and recovery, especially for women.

This examination of women’s recovery narratives creates an opportunity to gather a more comprehensive perspective on the process of gaining and maintaining recovery over the years. The promising features of this study include the possibility of creating a roadmap of long-term recovery for women to provide them with a picture of what life might look and feel like after that first day of sobriety. Providing women with a guide or preview of a possible future may serve to inspire hope, allay fears, realign expectations, and prepare them for needed changes. These ideas are speculative, yet within reason. Secondly, this work builds upon the growing body of literature on narrative and narrative analysis by adding another methodological approach to the knowledge base.

Conceptual Framework/Overview of Methodology

Reissman (2008) details “narratives don't speak for themselves, offering a window into an “essential self.” When used for research purposes, they require close interpretation – narrative analysis – which can be accomplished in a number of ways depending on the objectives of the investigation” (p. 3). Narrative analysis refers to
various methods for interpreting texts; their common focus is the storied form. There are various approaches and perspectives to conducting narrative analysis, informed by disciplines throughout the social sciences. Narrative analysis distinguishes itself by attention to how the narrator assembles the events in his or her life to communicate meaning. Analysts using a narrative approach “interrogate intention and language – how and why incidents are storied, not simply the content” (Reissman, 2008, p. 11). Long segments of narrative are preserved, rather than segmented, with a focus on the details to understand why the story was told in a particular way to understand context, meaning and broader social considerations. The analytical processes vary and researchers apply, combine and develop approaches to the work. Reissman (2008) details four typologies of narrative analysis that she uses in her work and acknowledges there are several others. Additionally, she notes that the approaches to narrative inquiry can be adapted and combined. This study does exactly as Reissman (2008) suggests: it combines, adapts and innovates a method of narrative analysis that examines story structure and the role of voice, and integrates a life course perspective to understand the process of sustained recovery for women. This study utilized the work of Reissman (1993; 2008), Sands (2004), Brown & Gilligan (1992); Anderson and Jack (1991), Elder (1985) and George (1993) to build a multi-layered framework for analysis. Details on the types of analysis applied to this study, including the rationale for the format and the application of the analytical process are provided in the Methodology Chapter.

Participants

The nine women who participated in this study self-identified as being in long-term recovery from alcohol and other drugs during the time of their interviews. Long-
term recovery was defined as at least four consecutive years of sustained abstinence from alcohol and other drugs; women ranged from having five years of recovery to 28 years of recovery. Affiliation with twelve-step support, i.e. Alcoholics Anonymous or Narcotics Anonymous, was not a requirement for participants, as they nature of the research did not center solely on support systems. However, the majority of the women did identify on some level with participation in these fellowships, either currently or sometime during their respective recovery journeys. Each woman participated in an individualized interview conducted by the researcher following the protocols set forth in the research proposal and approved by the Office of Responsible Research Practices. Interviews followed a semi-structured format, as it provided flexibility for individualized questions, and most importantly, space for the interviewee to share her stories. Questions posed in response to participant accounts furthered the telling of her narrative and contributed to the contextualization of her experience while still maintaining the integrity and consistency of the interview process. Participants were interviewed one time, with the average interview lasting approximately one hour. Structured questions on the interview schedule are indicated below with common sub-questions or clarifiers displayed in parentheses.

1. Describe your process into recovery. (How did you begin this journey?)

2. Define what “recovery” means to you.

3. Tell me about your experience as a recovering woman.

4. What stands out to you as significant in terms of your recovery journey?

5. What kinds of connections were important to you?

6. Describe “long-term” recovery? (How does one know she’s there?)
7. What don’t most people know about long-term recovery for women?

Six of the women resided in Kansas City, Missouri at the time of their interviews; the remaining four women resided in Columbus, Ohio. The choice of interviewing in two geographic locations resulted from a professional connection to both communities. There were no research-related motivations to examine the nature of the recovery stories based on geography; rather, an opportunity to connect with women who were willing to share their stories emerged and was accepted by the researcher. Recruitment and sampling protocols were the same for both cities and involved a recruitment flyer and snowball sampling. Participation was voluntary and no one chose to withdraw her interview. Most participants expressed interest in the study, especially for the findings and the results. Further details on the participants are found in the Findings Chapter.

**Overview of Chapters**

This study is organized into seven chapters, including the current introduction. Chapter two provides a review of literature and explores the theoretical perspectives integrated within the narrative analysis. Chapter three is dedicated to a description of the methods utilized, including the steps and processes of conducting a tri-layered narrative analysis. The findings from this study are divided into three chapters: Structural Analysis Findings, Life Course Analysis Findings and Voice Analysis Findings. The seventh chapter is a discussion and synthesis of the findings and literature, with implications for research and practice.
Chapter 2: Literature Review

Connection, Disconnection and Addiction

Understanding the complex problem of addiction for woman begins with an examination of feminist explanations for human development, specially attuned to the social situations of women. Feminist scholars offer explanations to counter what was traditionally labeled as deficient or deviant in the female experience as misunderstood because of social bias. Chodorow (1978) recognized that social roles and patriarchal norms are internalized throughout childhood development and that these roles and norms are perpetuated and repeated in the next generation. Thus, girls and boys are prepared to enter the world differently based on internalized messages that create freedoms for boys to be more detached while withholding these freedoms for their female counterparts (Cooper & Lesser, 2005). Girls are socialized to remain connected and provide care for others, creating different expectations for the sexes and often leaving girls more entangled in family relationships (Cooper & Lesser, 2005).

The role of relationship and an appreciation for the power of relational skills sparked a revolution in modern psychology on the views of women’s development (Robb, 2006). She cites the ground-breaking and influential works of Carol Gilligan (1982), Judith Herman (1981), Jean Baker Miller (1976), Judith Jordan, Alexandra Kaplan, Jean Baker Miller, Irene Stiver & Janet Surrey (1991), as leading this shift in understanding and intervening in the lives of women. Numerous other scholars have
expanded upon the notion of relationship and the re-examination of theories from a woman’s perspective and have added valuable insights to the knowledge base.

Relationship is seen as the basic goal of development, with empathy for others as the central organizing principle. A deepening capacity for relationships and an increased relational competence develop over time and all other aspects of the self (i.e. creativity, autonomy, assertion) develop within this primary context (Surrey, 1991). She writes,

“our conception of the self-in-relation involves the recognition that for women, the primary experience of self is relational, that is, the self is organized and developed in the context of important relationships” (p. 52).

Thus, there is no inherent need for the self to disconnect from relationships in order to develop, as is perpetuated in traditional models of psychological development (i.e. Erikson, 1963).

Surrey (1991) summarizes the basic elements of the core self as an interest and attention to others, the expectation of a mutual empathic process, and an expectation of interaction and relationship as a process of mutual sensitivity and mutual responsibility. These elements of the core self foster the ability to develop and maintain connections with others because they require participation in a relationship, creating a bi-directionality to the interaction (Walker & Rosen, 2004). Emotional connections allow one to empathize with others, and in a mutually empathic process, one can share experiences which lead to a heightened development of one’s self and the other person in the relationship. If relationships are mutually sensitive and mutually responsible, then the stimulus is present for continued growth, empowerment and increased self-knowledge.
(Surrey, 1991). This process of connection is in essence very validating and oftentimes very healing (Walker & Rosen, 2004).

Conversely, when there is a culture that creates and perpetuates disconnection within relationships, the elements of the core self are altered. Interest and attention to others, the expectation of a mutual empathic process, and an expectation of interaction and relationship as a process of mutual sensitivity and mutual responsibility are stunted when there is relational disconnection, as they do not function as intended. The notions of being “independent and strong” imply a disconnection from others and a sense that relational skills and connections are a sign of dependence and weakness. Additionally, if abuse and violence are present, one’s ability to connect, feel safe, and engage in nurturing relationships is severely limited. Thus, one may yearn for connection, but experience considerable disconnection because of the relational dynamics present in ones living situation. Disconnection may involve non-mutuality and a lack of equality within the relationship, which creates a scenario where responsibility for the relationship is left with one person. Disconnections result in feelings of invalidation, confusion, and isolation for the individual. It stands to reason that repeated disconnections across the life span would only compound this problem, as one may begin to interpret disconnection as the norm in relationships.

Women exist in a precarious situation, due to the paradoxical nature of society. This situation of paradox stems from unequal, oppressive, abusive and unrecognized life circumstances that exist both in intimate and institutional relationships. Women face a unique burden – they the keepers of their own lives and also serve as the keepers of society, taking care of others. The relationships they are in may be based on
disconnection at the core, lacking mutuality, trust, respect, and empathy. To make unbalanced situations “work”, Gilligan (1982) states “women come to question the normality of their feelings and to alter their judgments in deference to the opinion of others for the sake of connection” (p.16). Thus, the elements of the core self become altered in order to fit with these existing relational dynamics.

The research on the role of connection within relationships provides insight into the reasons women may use substances. Ettorre (1992) emphasizes the oppression women face in a patriarchal society that disempowers them and forces them to search for something outside the self, such as alcohol and drugs, to anesthetize these negative feelings. Byington’s (1997) writes the “relational approach suggests one is most vulnerable to developing an addiction when a problem or gap exists in one or more interpersonal relationships; the drug relationship fills this gap (pp. 36-37). Women may enter substance use based on feeling abnormal or wanting to connect with someone in some way, even during childhood and adolescence. They continue to attempt to connect in a maladaptive way through the use of substances, continuing to question how they feel about themselves, the situation and others around them. This pattern of continued devaluation of one’s feelings, needs, wants, and worth, combined with maladaptive attempts to connect with others creates a trajectory that changes the core elements of the self, specifically the expectation for mutuality and connection in relationships. In these circumstances, women and substance may intersect and find connection with one another – the kind of connection that allows one’s situation to remain tolerable – if only for fleeting moments.
The social environment also complicates seeking help for substance use issues. Treatment providers may be ill equipped to work with women and/or treatment services may be non-existent in some communities, as was discussed in Chapter One. The Center for Substance Abuse Treatment (CSAT) (1994) provides guidance for treatment providers intending to work with women. CSAT (1994) details that services should be offered in the context of families and relationships, and should address the following areas:

…low self-esteem; race and ethnicity; gender-specific issues; family relationships; attachment to unhealthy personal relationships; interpersonal violence, including incest, rape and other abuse; eating disorders; sexuality; parenting issues; grief issues related to loss of alcohol and other drugs; children, family, partner; work; appearance; creating a support system; developing a vision for the future and creating a life plan; and therapeutic recreational activities for women alone and with their children (pp. 178-179).

Their emphasis on empowerment, safety, and relationships addresses the basic elements of the self as described by Surrey (1991).

This list represents a tall order for many treatment providers, as funding limits and certification guidelines often constrains the duration of service. Grella and Greenwell (2004) analyzed national survey data from programs enrolled in The Substance Abuse and Mental Health Services Administration’s (SAMHSA) National Drug and Alcoholism Treatment Unit Survey from 1987 through 1998 to determine the number and types of services being offered under the guise of gender-specific programming. Grella and Greenwell’s (2004) analysis revealed that gender-specific programs were in the minority
in all states and many programs claiming to provide specialized services to women did not provide comprehensive services across the board.

A lack of treatment services represents an institutional barrier, rooted in the old beliefs that women are not addicts and that women and men are the same. Barriers exist at the family systems level as well. Weissman & O’Boyle (2000) highlight how women’s roles as caretakers and nurturers may cause them to downplay their addiction for fear of losing their children. Because the family relies on the woman as a caretaker, family members may deny and minimize the addiction as well. Thus, a woman may desperately need help for her addiction, but because others need her to take care of them, she cannot take the time to take care of herself and thus, may not seek help.

**Addiction, Recovery and the Social Context**

Conceptualizing the addiction and recovery experiences for women within the context of social environments is a complicated task. Three authors have provided extensive research on the subject and are highlighted in this subsection. Kearney’s (1998) work provides definitions for the various components of the basic process into recovery. Her formal grounded theory posits the notion of *self-destructive self-nurturing* as the impetus for addiction, as women seek drugs to ease discomfort and take care of themselves. This care is mis-guided, as drugs end up doing harm to the woman physically, emotionally, mentally and in other aspects of her outward life. This process of addiction seemed common among the participants in the studies she reviewed (Kearney, 1998). She described how “this misguided self-care inspired their original experiences with drugs or alcohol and persisted in different forms over the duration of drug use. Psychic pain from early abuse or neglect, social exclusion, or cultural
disenfranchisement was medicated with drugs” (p. 500). Common to the experience of women in her systemic analysis of 10 studies was the impact of a negative social environment. Kearney (1998) detailed, “women described a wide variety of sources of this feeling of absence of love and care: abusive parents, violent domestic partners, and the perception of a bleak future in poverty and discrimination that made drugs a logical alternative to boredom and shame” (p. 500).

Their processes into recovery centered on the concept of truthful self-nurturing, which contains several mini-steps. The first step in the basic process is a “painful shift in awareness” where substance use is seen as the problem, rather than the solution to other life problems (Kearney, 1998). She detailed how “many women spent years trying to come to terms with and fully accept this realization, until they exhausted all other avenues for solving their problems” (Kearney, 1998, p. 501). The second step in truthful self-nurturing involved “the work of recovery” which Kearney (1998) describes as containing three elements: abstinence, self, and connection. Abstinence work allows one to increase awareness of includes that triggered use, in order to guard against them by developing tools and coping skills. Abstinence work is seen as foundational, but not enough to sustain recovery because of the need to continue to work on personal growth and relational issues (Kearney, 1998). Self-work involves the idea of self-nurturing and “honest self-appraisal” in order to tackle painful life issues; connection work involves learning to relate differently to significant persons in one’s life, which allows one to set boundaries and establish equality (Kearney, 1998). These themes highlighted by Kearney (1998) provide insight into elements of the recovery process.
Brown’s (1985) *developmental stages* and Covington’s (2000) *spirals* of addiction and recovery discuss the profound changes that occur once the woman is on a trajectory of healing. Brown (1985) provides a *Developmental Model of Recovery* as an explanation of the recovery process for women. She emphasizes that the recovery process does not mirror addiction, in that, “what is lost in drinking is not automatically gained in abstinence. The broken marriage is not necessarily repaired; the lost job is not automatically reinstated” (Brown, 1985, p. 30). This process of change goes beyond restoration; rather it is a re-creation of the self. This progressive building process speaks mostly to the psychological and emotional changes that a woman undergoes. Brown (1985) describes a four-stage developmental model of recovery for women, which discusses the dynamic processes women experience as they move into and through recovery. Her four stages are discussed in detail, as they provide one of the few descriptions of a woman’s recovery experience.

Stage One: *Drinking* involves changes in drinking/drugging behavior and changes in thinking, with a marked increase in substance use. Drinking and drug use are not viewed as problematic, and believed to be controllable. The notion of control serves as an organizing belief system about self, others and the world, and includes the justification for using based on life circumstances. Despite these beliefs, negative consequences are likely occurring, such as deterioration in interpersonal relationships, adverse consequences at work, child welfare concerns and involvement with criminal justice. The woman may attempt to hide her addiction from her family, living with intense shame and guilt, and struggle to deal with other life problems such as an abusive relationship, depression, anxiety or other problems. Stage Two: *Transition* represents the end of
drinking/dru gg ing and the beginning of abstinence. There is recognition that the
disadvantages of drinking outweigh the advantages, and that the use is out of one’s
control. Brown (2002) writes “most critical at this stage is the acceptance of defeat and
the end of efforts to solve alone the struggle for control” (p. 40). At this point, she is
ready to seek help for her problem. This stage is complicated due the awareness of
painful feelings and life circumstances combined with a lack of healthy coping skills.

Stage Three: Early Recovery involves continued abstinence and an expansion in a
woman’s awareness and feelings about both the past and the present; this new awareness
can feel like a loss of control all over again (Brown, 2002). Supportive persons and
social environments are key at this stage to help the woman as she works on this new
awareness and begins to develop recovery tools to remain abstinent. Stage Four:
Ongoing Recovery finds the woman at a more stabilized time in her thoughts, behaviors
and emotions. At this time, she may be working on other life issues in addition to her
sobriety. Ongoing Recovery may not begin for quite some time after Stage Three, which
is an important consideration when applying this model. Brown (2002) cautions that
there is no formula for a particular intervention for timing for women’s treatment or
recovery; rather, this model supports a continuum of care, “recognizing that women have
different needs at different times and that treatment and recovery are long-term” (Brown,

Covington (1999) calls attention to context as paramount in her description of the
Spirals of Addiction and Recovery. The spiral of addiction moves in a downward fashion
of ever-tightening circles of constriction as the object of organization (drug) takes a
stronger hold. As the spiral of addiction tightens toward constriction, the drug becomes
increasingly powerful and life becomes organized around the substance. The upward
spiral (separate from the downward spiral) revolves around the drug in ever-widening
circles, expanding away from the drug. This spiral grows to include healthy
relationships, an expanded self-concept and a richer sexual and spiritual life (Covington,
1999). Although she does not use this particular wording, her two spirals of addiction
and recovery represent two trajectories of the life course. These two trajectories both
represent profound change for the individual – the first is profoundly destructive, the
second is profoundly life-giving. Covington (1999) proposes that a woman makes the
shift from chronic neglect of self (the addiction spiral) to a healthy care of self (recovery
references the being-in-relationship focus of women’s development as discussed by

**Feminism, Addiction and Recovery**

The application of two major theoretical perspectives frames the work in this
study. The first one discussed is feminism, followed by a discussion of life course
theory. Feminism and life course compliment one another and create a complex
framework for explaining the progression of addiction and the process of recovery. Each
theoretical perspective contains structural elements that illustrate poignant considerations
to apply to the discussion of the identified problem and subsequent resolutions. The
synthesis of these two perspectives follows the separate literature discussions.

Feminism is a philosophical perspective, and ideological framework, a thought
structure, and a worldview. While there is no one definition of feminism, there are basic
characterizing principles. Haynes and Holmes (1994) describe a feminist perspective as a
point of view that represents inclusiveness and hope through affirmation, and contains the elements of (a) holistic, nondichotomous thinking, (b) analysis of power, (c) relationship, (d) renaming and reclaiming, and (e) the personal as political. The first principle of holism or holistic thinking assumes that the whole is worth more than the sum of its parts, and values the processes and the outcomes in life. A contrast to holistic thinking is dichotomous thinking, or dividing things into mutually exclusive or contradictory groups (Haynes & Holmes, 1994). This type of discourse involves statements with “either/or” constructions and often gives the illusion of a false separation, or a false dichotomy.

Holistic thinking allows one to examine situations from a broader perspective, as many components are considered when determining cause, effect, and explanations.

Explanations of human development have often centered on dichotomous thinking, rather than holistic perspectives. One of the most profound oversights from these lines of thinking is the discussion on relationships. Feminist writers such as Gilligan (1982) and Jordan, et al. (1991) have countered this characterization of relationships and human development, re-examining the role of relationships throughout the life course, not only in the sense of tangible connections with significant others, but also an intangible sense of connection with unknown others. Relationships that are mutual, reciprocal and empathic are essential for human growth and seen as the hallmark of healthy development.

A feminist analysis of power entails an examination of the dominant-subordinate nature matrix of social structure (Miller, 1986). Miller (1986) discusses how the dominant group has the greatest influence over all the ways of knowing: philosophy, morality, social theory and science. Thus, other voices and perspectives outside of the
dominant group are likely to be suppressed, reconfigured or misrepresented. It requires that circumstances not be taken at face value; rather, one must take a closer look at relationships, spheres of influence, hierarchies, social orders, and hegemonic thinking, practices, and discourse. Closely tied to the analysis of power is the idea of *renaming and reclaiming*. This aspect of feminism involves re-examining history and re-naming those who have been left out and re-claiming events that were overlooked. Renaming and reclaiming involve the retelling of a story. Important in this process is that when one names and claims one’s reality, one is identifying it, exposing it and validating it, not causing it (Haynes & Holmes, 1994). Feminist research ethics include principles such as reciprocity, honesty, accountability, responsibility, and equality; these principles serve as a guide to a respectful research process, which facilitates the ability to rename and reclaim through the retelling of a story (Reinharz, 1992). Creating a situation where research participants feel safe and respected is essential to the core attributes of feminist-focused approaches. This situation is especially poignant when working with participants who have faced oppression and shame.

Finally, *the personal as political* is the belief that individuals cannot be viewed as separate from the larger society. Netting, Kettner, and McMurtry (2004) add that no private realities exist apart from political processes and there are no private solutions. Haynes and Holmes (1994) emphasize women’s personal troubles as a reflection of existing structural and institutional arrangements. This aspect of feminism is especially relevant for researchers. Skeggs (2001) states all feminist research is related to wider political positions because no research is value-free; rather it is carried out in the interests of particular groups. Therefore, feminism should have a political impact, in addition to a
scholarly one (Skeggs, 2001). Naples (2003) adds how feminist scholars have consistently raised questions about power imbalances between a researcher and an interviewee, especially as it relates to the production of knowledge from research. Failure to explore the impact of personal, professional and structural positions on scientific investigation results in the inevitable reproduction of dominant societal biases (Naples, 2003).

Jordan (1997) writes how women’s ways of knowing and reality are often silenced or seen as defective or inadequate as a result of societal shaming. When people are silenced by shame, they question their own perceptions and sense of reality and thus, their voices are not heard. The nature of women and addiction is one wrought with silence and shame and therefore requires a feminist perspective to bring voice to this profound life experience. Much of what is discussed in terms of women and addiction, treatment and recovery, exists in the male experience. A feminist perspective realizes the inequality of this situation, the need to rename and reclaim the knowledge on this topic, and the importance of context and multiple realities.

**Feminist Research Considerations**

Research about woman may come through various methods, each with a different aim and purpose. Considering the scarcity of information on women and recovery and the discussion of gender-bias within existing studies, the use of qualitative methods has emerged as an effective means to gain insight into personal experiences, perspectives, etc. Gluck and Patai (1991) discuss the use of interviews to gain an opportunity to listen to the words of women. Gluck and Patai (1991) share how oral interviews are particularly valuable because the expression of women’s unique experience as women is
often muted, particularly in any situation where women’s interests and experiences are at variance with those of men. The analysis of the interview data can be more complicated than the actual interview itself, because there are many issues for the interviewer to consider beyond an examination of the actual words. Holstein & Gubrium (1995) detail how interview data can be analyzed not only for what was said (the substantive information) and how it was said (construction of meaning), but also showing what circumstances conditioned the meaning-making process.

Gluck and Patai (1991) discuss the dual expressions of many women based on two separate, often conflicting perspectives based on the dominant position of men in the culture and more immediate realities of the woman’s personal experience. They detail that where a woman’s experience does not “fit” the dominant meanings, alternate concepts may not be readily available (i.e. they are left wanting for language). Therefore, although inadvertent, women often mute their own thoughts and feelings about their lives and proceed with describing them in socially acceptable terms based on prevailing concepts and conventions.

An essential component of interviewing is learning how to listen in a way that does not perpetuate the dominant perspective. Anderson and Jack (1991) offer several ideas on how to listen to what is being said and omitted in an interview. Anderson (1991) suggests that must allow women to talk about their feelings and their activities to know how they feel about their lives and to understand what the language means to them in their own terms. Therefore, the interview situation must be one that creates a sense of safety and comfort for the interviewee. Listening critically to interviews, including interviewer responses and questions allows one to hear what women imply, suggest and
start to say, but do not. Gluck and Patai (1991) suggest that the researcher learn to listen in stereo, receiving both the dominant and muted channels clearly and tuning into them carefully to understand the relationship between them. The challenge for interviewers is to search for the choices, the pain, and the stories that lie beyond conventional conversation. DeVault (1990) emphasizes how language is influenced by male categories so much so that when women talk, the right worlds are not readily available to fit their experiences. Women, thus, translate to describe their experiences. When one listens carefully, he or she can hear these moments of translation, which can sensitize the analysis to these aspects of women’s lives where language is found wanting. If these aspects of language are overlooked, the interview will reproduce the expected aspects of the female experience and miss the opportunity to document the experience that lies outside the boundaries of acceptability (Gluck & Patai, 1991).

Anderson and Jack (1991) continue with suggestions for learning how to respond specifically to relationships, activities, accomplishments, feelings and experiences in an effort to better understand a woman’s experience. They suggest that when women talk about relationships, researchers should explore how these relationships enriched or diminished life experiences. When women talk about activities, they might find it easier to take blame for failures, rather than talk about feelings of competence or pride, because these feelings are often considered unwomanly. When women talk about what they have done in their lives, the researcher may want to explore what they perceive as the options they had, i.e. the costs that accompany choices, the means for accommodating for such cost, and how they are evaluated in retrospect. When women reveal feelings or experiences that suggest conflict, we can explore what the conflict means and permit
them to discuss anger. The key is to elicit a response that sheds light on the totality of experience or remain in territory that is conventional through allowing a woman to talk openly and in her own terms.

Anderson and Jack (1991) detail how one listens for meaning and explains the tasks of analysis for researchers. They explain how the first and hardest step of interviewing is learning to immerse oneself in the interview to avoid interpretation from prevailing theories. They provide three strategies for immersion. First is to listen to the interviewee’s moral language, which provides self-evaluative statements. These types of statements detail the relationship between self-concept and cultural norms. Second, one should pay special attention to meta-statements – the places in the interview where the interviewee spontaneously stops, looks back and comments about her own thoughts or something just said. Meta-statements reflect an individual’s awareness and discrepancies within the self and between what is expected and what is being said. Briggs (1986) cautions about over-interpreting what is said in meta-statements, as researchers generally don’t have knowledge of how the information fits into broader patterns of thinking, feeling and speaking. Third, one should listen to the logic of the narrative, noticing the internal consistency or contradictions, recurring themes and the way themes relate to each other.

The self-reflection that occurs in an interview is not just a private, subjective act; rather, the categories and concepts used for reflection and evaluation come from a cultural context that has historically demeaned and controlled women’s activities (Anderson & Jack, 1991). Heyl, (2001) explains what the interviewee in each study chooses to share is a reflection of the conditions of the relationship between the two
parties and the interview situation. The interviewer and the interviewee are involved in a co-construction of a story in the interviewer and the interviewer is involved in a reconstruction of the story in the interpretation phase. Heyl (2001) cautions that subjectivity is present throughout the process and can be guarded against, but not removed. Kvale (1996) states that knowledge produced from an interview/conversation is a product of the interaction, the exchange and the production of views. A feminist perspective on listening calls attention to the constraints placed upon women within male-dominated language systems and offers suggestions for going beyond the actual words to discover meaning. Guidance is provided through feminist writings on the issues of listening, interpretation and representation to assist the researcher with the complex process of developing and sharing information about women’s lives.

When interviewing women in recovery, one must consider all of the topics discussed: feminist considerations such as domination and oppression, the absence of language to describe women’s experiences, the importance of context in narrative, the various forms of knowledge, and finally the role of the interviewer in the co-production of information. The experience of women and addiction is largely based on a male experience. Women are treated like men in many treatment settings, follow a recovery support program developed by men, and live their lives in a male-dominated society. As they describe their experience they will undoubtedly be influenced by the dominant culture tacit and intangible ways. If the interpreter does not examine the language of the narrator, what will be reproduced in an example of what is already known: the dominant experience as reflected in the life of the woman.
Feminist researchers recommend empowering respondents and developing reflexivity as interviewers. Reflexivity is a skill for the researcher to develop. A researcher would practice reflexivity in order to understand and allow for the interconnections and mutual influence between the researcher and those being researched. Dahl and Boss (2005) caution that researchers are not separate from the phenomena they study. A continuing process of self-reflexivity and self-questioning is necessary because bias is inherent in all research, regardless of method. Heyl (2001) states reflexivity applies not only to the phases of active interaction during interviewing, but also to phases of interpretation, writing and publication. Reflexive practice is proposed as a way to bridge differences between two parties and helps researchers avoid making unexamined assumptions. It lends itself to the reconstruction of theories because of this self-examination and creates a protected space within which the respondents can tell their life stories as well as increases the researcher’s understanding of those stories. Burawoy’s (1998) four principles of reflexive science includes recognition that we: (1) intervene in the lives of those we study; (2) analyze social interaction; (3) identify those local processes that are in mutual determination with external social forces; and (4) reconstruct theories based on what we have learned in dialogue with those involved in our research projects. Heyl (2001) concludes that the interview situation itself constitutes a site of meaning construction that emerges out of the immediate interaction, but also out of the ongoing relationship between the two parties. When one performs an analysis of research and practices these feminist recommendations, the biases inherent in the process are minimized, authenticity is increased and voices are heard.
Life Course Theory

Similar to feminism, there is no single unified theory of the life course (George, 1996). Life course as a conceptual term describes the “pathways through the age-differentiated structure in the major role domains of life” (Rossi, 1980, p. 7). Germain and Gitterman (1996) define life course as the “unique pathways of development that each human being takes, from conception and birth through old age, in varied environments and to our infinitely varied life experiences” (p. 21). Life course emerges from sociology of aging, which focuses on population aging, changing status of aging individuals in society, social processes of aging and the interdependency of age groups (Bengtson, Ricke & Johnson, 1999). Germain and Gitterman (1996) detail that “the life course conception rests on an ecological view of non-uniform, indeterminable pathways of bio-psycho-social development with in diverse environments and cultures” and replaces the traditional developmental models of the life cycle, which were based on fixed stages (p. 21). A distinctive characteristic of a life course perspective is the attention to heterogeneity, in that life course scholars expect heterogeneous life course patterns across time and place (George, 1996). George (1993) writes that the roots of research on life transitions are traceable to perspectives on social roles, relationships between social location and personal well being, and the mechanisms by which social contexts shape individual lives. Attention to the social structure, power relations and relationships with the self and with significant others are all elements that are necessary to understanding a person’s life and are present in both life course and feminism.
Life Course Principles

Life course scholars share general principles that underlie and guide their research. First, life course in its broadest sense is an examination of the duration and timing events within the social context; this process involves looking at the intersection of social and historical factors (Elder, 1985, Rossi, 1980). Second, life course scholars also search for “dynamic patterns that unfold over time” to better understand the progression of life for the group in question (George, 1996, p. 250). Third, life course studies focus on “age-differentiated, socially recognized sequences of transitions” (Rossi, 1980). Dannefer and Uhlenberg (1999) state the central principle in life course analysis is social interaction; they define social interaction as a “process whereby the human organism is transformed both physically and mentally into a human being” (p. 308).

The search for social patterns constitutes the crux of life course research and involves attention to sequence, timing, and duration of events. Elder (1985) and George (1996) state that duration and timing are important concepts to life course studies because the longer an individual is exposed to a specific social environment, the more likely the environment is to affect subjective states and behavior. A distinctive characteristic of a life course perspective is the attention to heterogeneity, in that life course scholars expect heterogeneous life course patterns across time and place (George, 1996). George (1993) writes that the roots of research on life transitions are traceable to perspectives on social roles, relationships between social location and personal well-being, and the mechanisms by which social contexts shape individual lives. She writes that “life events have different effects, depending on the conditions under which they occur and the resources available to individuals experiencing them” (George, 1993, p. 357). Similarly, Germain
and Gitterman (1996) cite the work of Hareven (1982) in explaining that life course theorists place human development and social functioning in a matrix of historical, individual and social time. Germain and Gitterman (1996) explain historical time as encapsulating the formative effects of social change on birth cohorts, while social time refers to the timing of collective life issues on the family, a group or the community and accounts for the transformations or disorganizations that occur as a consequence of these processes. The notion of individual time contains the experiences, meanings and outcomes of personal and environmental factors over the life course, within a given historical and cultural context (Germain & Gitterman, 1996).

Life course parallels the person-in-environment perspective of social work, wherein an individual is understood in terms of his or her environments, including family, social, spiritual, socioeconomic, work setting and culture. What a life course perspective provides to the person-in-environment lens is a framework for understanding the interplay of these systems beyond realizing that they all exist and have an influence. A life course perspective adds specificity to what can be ambiguous at times, as “environment” often “suggests a static context that most people experience in the same way” (Kemp, 2001 p. 10). Rather, Kemp (2001) highlights how environments are transactional and socially constructed, and life course perspectives tend to emphasize these factors. In their work on the Life Model of Social Work Practice Germain and Gitterman (1996) detail how the life course perspective acknowledges human diversity recognizing that oppressive forces such as prejudice and poverty affect human development and functioning. Finally, they add that “life course conception can be
organized around matters of life stressors, stress and coping that are generated by difficult life transitions, traumatic life events, poverty and prejudicial discrimination” (p. 22).

Specific to this transactional nature, a life course perspective seeks to understand the effects of transitions and trajectories upon a person’s life. Transitions are understood as changes in status or role, and are relatively bounded in duration, although their consequences may be observed over long time periods (George, 1996). Germain & Gitterman (1996) add that transitions are ongoing processes that occur and recur at any point along the life course. Transitions may be expected, unexpected, stressful or challenging depending upon the unique interplay of personal, historic, cultural and environmental factors (Germain & Gitterman, 1996). Transitions are understood as either normative or non-normative. A normative transition would be an expectable change made by virtually ever person or by the vast majority of people in a defined population (Cowan, 1991). Cowan writes that “a central task for researchers is to determine the conditions under which both normative and non-normative events stimulate developmental advances, produce dysfunctional crises, or leave the individual and family relatively unchanged” (p. 5).

Elder (1985) recommends that one cannot understand the effects of ordinary events unless the following four sets of variables are considered:

1. The nature of the event or transition, its severity, duration and so on;
2. The resources, beliefs, and experiences people bring to the situation;
3. How the situation or event is defined; and
4. Resulting lines of adaptation as chosen from the available alternatives.
He states that the first three sets of variables influence lines of adaptation, while the fourth set links events and the subsequent life course (Elder, 1985). When the duration of an event becomes unbound and develops more like a long-term pattern, the notion of a trajectory comes into play. Trajectories are explained as “long-term patterns of stability and change that can be readily differentiated from alternate patterns” (George, 1996, p. 250). Thus, a trajectory will result in a qualitative life change, whether that change is for the better or for the worse. Elder (1985) explains that events and transitions modify life trajectories, and that “some events are important turning points in life in that they redirect paths” (p.35). Important here is that transitions and trajectories are interrelated, and a trajectory may contain many transitions.

Life course also contains elements of narrative gerontology, wherein lives are understood as life-stories (Kenyon, Ruth & Mader, 1999). Narrative gerontology presupposes that human beings function as story tellers and story listeners in order to make meaning in life, especially as it impacts understanding one’s relationship with time (Kenyon, et al., 1999). Kenyon, et al. (1999) discuss how “time” is understood as functioning on the physical outer clock (social time) and the internal psychological clock (story time); individuals often compare their story time against the social clock time when evaluating their lives as either on or off-course. Narrative gerontology describes this process of understanding one’s life through an examination of four dimensions of one’s life-story. These dimensions are interrelated and provide a format for understanding the meaning of life events and experiences that may have been overlooked or taken for granted.
The four dimensions of the life story examine environment, culture, relationships and individuals. This process mirrors the person-in-environment perspective in social work, where an individual is examined within larger contexts, such as society and institutions, community and organizations, and interpersonal relationships (Germain & Gitterman, 1996; Haynes and Holmes, 1994). The first dimension of the life-story is the *structural* one, which encompasses social policy and power relations. The second dimension is the *sociocultural story*, which speaks to the social meanings associated with aging and the life course, i.e. the cultural, ethnic and gender stories. One’s *interpersonal story* is the third dimension and includes relationships with other persons. Fourth is the *personal dimension*, which details the creation and discovery of meaning and coherence for the individual (Kenyon, et. al, 1999). Attention to the social structure, power relations and relationships with the self and with significant others are all elements that feminism would agree as being necessary to understanding a person’s life.

As one considers the patterns in an individual’s life and the unfolding of events, the notion of choice seems to be inherently present. The concept of choice is interesting and simultaneously frustrating when one examines life course. Choice implies some freedom to decide among available options; however, anytime one makes a choice, it is affected by antecedent events that limit the actualities of *freedom*. Whether the antecedent events determine the options available from which to choose, or determine the manner in which the individual makes decisions and choices, the individual as the architect of his or her life course trajectories implies control over all the elements of one’s life. This undertone of choice and control is something that feminism would
challenge, as the social controls and oppression that many persons experience often
determine which “available alternatives” exist.

This life course theory of narrative gerontology proves interesting when
considering how addiction and recovery impact the dimensions of one’s life story; for
example, addiction typically disrupts both “clocks”, often setting an individual backwards
in many aspects of her life, and affects how one interacts with others, potentially
changing the course of the life-story. The application of narrative gerontology to
addiction has not been directly discussed in the literature, yet plays an important role in
this study. Life course theory in general, while applied across disciplines, is limited in the
literature on addiction. Benda’s (2004) use of life course theory to examine the reasons
for readmission to substance abuse treatment among veterans is one of the few studies
available. This study sought to determine gender differences for the types of
transformative experiences and types of abuse that were predictors for readmission at a
Veteran’s Administration inpatient treatment program.

Taking the core features of both feminism and life course and lending them to
this particular social problem allows one to revisit conceptions about the development of
addiction, the explanations of the problem, and the potential resolutions. Combining
feminism and life course creates an opportunity to re-examine substance abuse in a
manner that is absent from the current literature. The processes of analysis and synthesis
of feminism and life course follow in the next section.

The Progression of a Woman’s Substance Abuse: Dimensions of a Life-Story

The progression of a woman’s addiction to alcohol, tobacco and other drugs can
be explained using the four interrelated dimensions of life as a life-story: structural,
sociocultural, interpersonal and personal (Kenyon, et.al, 1999). While these dimensions occur simultaneously in a non-linear fashion, they will be discussed distinctly to highlight the various elements of each dimension from a feminist perspective. Germain and Gitterman (1996) define the life story as a natural process and a way of finding meaning and continuity in life events. The application of a synthesis between feminism and life course to addiction and recovery is absent from the current literature. This section seeks to explain this profound experience through these theoretical perspectives in an effort to expand the dialogue and build the knowledge base. Methodological considerations are discussed in the next chapter, as this approach applies directly to this study.

**Structural story.**

The first dimension involved in understanding a woman’s involvement in addiction is the structural story, which contains the realm of social policy and power relations. Ettorre’s (1992) view of substance use as a complex social issue with specific political implications moves away from more traditional views of addiction as an individual disease, psychiatric disorder or even an implicit moral failing. This under-recognized problem with its attached social stigma is evident within social policies. Ettorre (1992) cites Hoffman’s (1987) insight that “legal and illegal [substances] are political and often are arbitrary categorizations; use and abuse are medical or clinical distinctions” (p. 6). The societal view of addiction (at least from a Western perspective) is largely one of an individual failing, and while the treatment and health communities may subscribe to a disease model for explaining addiction, the general individual does not. The power relations evident in this dimension impact stigma, especially as it relates to women and addiction treatment, as discussed by Ettorre (1992), Kearney, (1998),
Feminism would address oppression in this dimension of the life story. Oppression is a social act, which places restrictions on a group, often focusing on the differences between the groups with the assumption that “some group is lesser than, not good as or worthy than others,” (Netting, Kettner and McMurtry, 2004, p.184). Oppression communicates that woman are not good enough, are different, and therefore can be mistreated by other groups that are “better”, which in this case are their male counterparts. This powerful societal message fosters a sense of worthlessness, which creates a void within the self and with society. Netting, et. al. (2004) explains “the most serious type of oppression against women is violence” as it serves as an effective means to control individual women and women as a whole. Yadonis (2004) points out “violence is a tool that men can use to keep women out or subordinate and thereby maintain male power and control” (p. 657). While not every woman is victimized, the fear of being victimized is also a powerful tool as it serves to regulate the behavior of women. Yadonis (2004) writes

…it is through fear that men are able to control women’s behavior, keep women out or confine their participation, and thereby maintain control of social institutions. Not every man must be violent toward every woman in order for violence to control women’s behavior. Rather, knowing that some women are victims of horrific violence is enough to control the behavior and limit the movement of all women in a society (pp. 657-658).
Substances may feel like a logical alternative to aid one’s suffering or fill a void in an attempt to alleviate the negative consequences of the oppressive state. The oppression that a woman may experience on a daily basis serves as a means to control her in ways that are overt and profound – ways that leave her blaming herself, rather than blaming the situation. The inherent power in this form of oppression – both the real experienced violence and the perceived fear of violence, can foster a sense of worthlessness, and a vicious cycle is created. The lack of recognition for women as addicts perhaps serves as a means to support oppression, as a woman lost in her addiction cannot fight for change. Powerlessness becomes pervasive and familiar at the individual and social levels.

The history of women and addiction is a second element of the structural dimension. Strausser and Attia (2002) note that “the history of women’s use and abuse of alcohol in the United States is intertwined with the political movements of temperance, prohibition, and suffrage and with the ever-changing role of women in political and family life” (p. 4). Structurally, women were invisible and non-existent as addicts. Women were condemned if they had a drinking problem, with the extreme consequence of forced sterilization (Straussner & Attia, 2002). Women were often invisible addicts, able to take medications that were often alcohol- or opiate-based for physical and emotional problems. Physicians in the 1800s advised women to take medications for virtually every physical complaint; popular at the time was laudanum, a liquid form of opium dissolved in alcohol that was prescribed for “nervous weakness” in women (Straussner & Attia, 2002). After many years of opiate use and the subsequent realization of its harmful effects, the Harrison Act of 1914 banned physicians from prescribing these
drugs and introduced the criminalization of opiate users. After this ban, instead of receiving drugs from male physicians women received them through relationships with other addicts and drug suppliers. Straussner and Attia (2002) note that “while the use of opiates among women decreased, use of alcohol increased, and other drugs took their place in the medicine cabinets of women throughout the country” (p. 12). Thus, the problem of women and addiction did not go away with this ban – it just morphed.

**Sociocultural and interpersonal stories.**

The sociocultural and interpersonal dimensions of the life story are heavily intertwined. Social meanings, including cultural, ethnic and gender stories, represent the sociocultural dimension, which cannot exist without relationships to other people, or the interpersonal dimension. The reasons women use substances and the social meanings attached are of interest in these parts of the life story. Women get involved in alcohol, tobacco and other drug use differently than their male counterparts (Abbott, 1994; Nelson-Zlupko, et al., 1995). Women often connect their involvement with drugs to a traumatic life event or stressor (Brady & Randall, 1999, Straussner, 1997); and a history of abuse drastically increases the likelihood that a woman will abuse alcohol and other drugs (Covington, 2002). Women may use substances as a means of coping with adverse life situations, such as physical and sexual abuse, dealing with a violent relationship, dealing with loss, as a means to treat anxiety and depression, and a way to cope with an oppressive situation (Brown, 2002; Byington, 1997; Covington, 2002; Ettorre, 1992; Straussner, 1997; Zelvin, 1999). Straussner (1997) writes “women’s use is more likely to be a reaction to an unhappy family situation, including exposure to sexual, physical or emotional abuse in childhood, poor self-esteem, and influences by male partners” (p.15).
Surrey (1991) emphasizes “…the primary experience of self is relational, that is, the self is organized and developed in the context of important relationships” (p. 52). This concept is not only important in one’s early years, but throughout all of life, as we exist as beings-in-relationship. Social interaction is the basis for understanding the concept of being-in-relationship as one always exists within the context of some relationship. The meanings drawn from these interactions set the stage for future relationships and form one’s worldview. Byington (1997) states “relational theory can be extended to support the hypothesis that addiction represents, at least in part, a misplaced striving for connection” (p. 33). She emphasizes how women are often introduced to drug use through a relationship – family members, peers, or sexual partners (Byington, 1997). Straussner (1997) reports “younger substance-abusing women are more likely to come from substance-abusing and dysfunctional families, to have been sexually or physically abused both as children and as adults” (p. 17). This situation speaks to a family milieu that connects drug use with daily life as “normal” behavior in this abnormal situation. The interpersonal story of relationships with addiction is often turned upside-down, yet those involved in the addicted system organize themselves so as to perpetuate this seemingly odd form of homeostasis. Brown (2002) writes that “addiction becomes a chronic adaptation to pathology, and …this kind of system is extreme” (pp. 44-45). The alcoholic becomes the dominant figure in the home, regardless of whether the alcoholic is male or female. In the alcoholic system, all members “…sacrifice autonomy to maintain the dominant organizing principle of addiction: to deny that any problem with control exists and to explain why the behavior is necessary in a way that allows the abuse and
reality of loss of control to continue” (p. 45). The core features of relationships are fear, control and disconnection as the addiction progresses.

Illustrating how integral relationships are in women’s experiences with addiction, Byington (1997) discusses the following points: First, women are often introduced to alcohol and drugs through a close romantic relationship. They are using drugs to connect with this person and/or please this person, therefore, if a woman desires to stop using drugs, then she may have to terminate this romantic relationship. As the addiction progresses, a relationship is also formed with the substances. Byington (1997) elaborates that “addiction develops when a relationship with a drug… is pursued and believed… to be essential to their life, despite continuing negative consequences, and is considered to be at least as important as relationships to other people” (p. 36). One of the most destructive characteristics of this relationship is that it is not mutual, nor growth-enhancing.

Second, addicted women are more likely than men to be diagnosed with underlying emotional problems, such as depression and isolation, and both problems may be associated with difficult relationships. Third, women’s addiction is often associated with prior or current relationship violence or boundary violations, including childhood sexual abuse, sexual assault and/or family violence.

Byington’s (1997) fourth point is that addictions and parenting are associated with mixed feelings for women; pregnancy and regaining custody of children are often motivators for treatment, while simultaneously, the guilt of being a less-than-perfect mother may push a woman further into her addiction. These cultural messages of “a good mother does not use drugs” add a layer of guilt and shame to a woman’s addiction experience. Fifth, Byington (1997) sites that women are the fastest growing group to be
diagnosed with HIV/AIDS and this situation is closely associated with relationships, as women are infected via sexual relationships and are more likely to trade sex for drugs. One can see through Byington’s (1997) discuss the interrelated nature of the sociocultural and interpersonal dimensions of the life story, especially within the experience of addiction for women.

Covington and Surrey (1997) detail that there are “at least five patterns of relational disconnection that may foster substance abuse and increase risks of relapse in women” (p. 339). These five patterns include:

1. **Non-mutual relationships**: relationships where power over another person is the reality of the situation and where unrealistic expectations of what it means to be “good” are present. The impact of non-mutual relationships includes confusion, distorted relational patterns and the use of drugs to attempt to solve these problems (Covington & Surrey, 1997).

2. **Effects of isolation and shaming**: Covington and Surrey (1997) detail “psychological isolation occurs when there is some failure of the relational context to validate and respond to a woman’s experience or her attempts at connection” (Covington & Surrey, 1997, p. 340). The shame inherent in these feelings further isolates a person from others.

3. **Limiting relational images**: Images for what is “healthy”, “attractive” and “worthwhile” are limited so that the standard that one comes to know is unrealistic. Thus, drugs serve as a means to alter oneself physically, emotionally and mentally. How one connects in healthy ways is contextually unknown. Connections formed through unhealthy means seem normal.
4. **Abuse, violation and systemic violence**: Covington and Surrey (1997) discuss the use of personal violence in the context of systemic violence and oppression, therefore, abuse at the individual level is a reflection of the level of violence and abuse in society. Speaking to the experience of women, Covington and Surrey (1997) highlight that when parental relationships are abusive, violating, and dangerous future relationship are impacted. When healthy relationships are unavailable or limited, turning to substance abuse presents a way for women to deal with the emotional pain that comes from being abused by a trusted loved one. Again, the core elements of the self are altered in this scenario and a trauma lens is formed through the relational images the woman experiences.

5. **Distortion of sexuality**: Sexuality is seen at the core of the relational self. Addiction impacts all the components of sexual self: physical, emotional, social and spiritual. Women who have been abused often use dissociation as a defense mechanism wherein, “the dissociative process often begins as a result of the abuse experience, and then later becomes part of the ongoing defense structure (Covington & Surrey, 1997, p. 343). Alcohol and drug use can recreate the dissociative experience, as one is not there emotionally and mentally, not present in the relationship and therefore not capable of deep connection. Covington and Surrey (1997) point out that sexually abused women often dissociate during sexual encounters.
The personal story.

The fourth dimension, the personal story, encompasses the creation and discovery of meaning and coherence. The personal story is the place where identity is formed and the self is defined. Sands (1996) discusses how the self is not a fixed entity, but is continually changing, context dependent and multiple; thus, the self is dynamic and subject to change based on experiences with others, society and messages. The creation and discovery of meaning and coherence in the personal story largely comes from the stories told to ourselves and told to us by others. Bauer, McAdams and Pals (2008) define narrative identity as the “…internal, dynamic life story that an individual constructs to make sense of his or her life”. Baddeley and Singer (2007) discuss the concept of narrative identity as beginning during early childhood and continuing throughout life. Narrative identity changes, as “…we revise our life stories over the life span and act as critics who apply an interpretive knowledge and accumulated wisdom…” (Baddeley & Singer, p. 178). Thus, the personal story is largely influenced by the interpersonal story and the relationships that exist in one’s life.

Brown (2004) discusses how the real self for many women in addiction may be barely known, “…barely audible, barely visible and woefully underdeveloped” (p.4). Women who have experienced relational disconnections, abuse and other challenges to the development of a sense of self and identity, struggle to know who they are; Brown (2004) adds, “…women are often so role-bound they don’t know who they are – she often finds a stunted person underneath…” (p. 5). The role binding she discusses references the multiple demands many women face as they balance their roles as nurturers and caretakers within families (i.e. mothers, daughters, sisters, wives, etc.).
ability to form one’s identity and make changes to notions of the self implies a reconceptualization of events, similar to the feminist idea of renaming and reclaiming. Baddeley and Singer (2007) detail “…women’s identity changes may not be about introducing new concepts, but about discovering ones that had been overlooked” (p. 187). This oversight may be related to life transitions that were defined by others originally that later become re-defined by the woman. The ability of transitions to have a profound impact on one’s personal story and narrative identity is a topic studied by many life course theorists. The nature of this study explores women’s recovery stories; the literature on women in recovery illustrates the significant role abuse plays in the onset and continuation of addiction, and therefore warrants further discussion.

**Sexual abuse and the personal story.**

The discussion of sexual abuse finds itself in the personal story, but in reality it transcends into the other dimensions of the life story. Finkelhor (1994) reports 20% of American women and 5% to 10% of American men have experienced childhood sexual abuse. Men commit ninety percent of the abuse, with 70% to 90% of the perpetrators being persons known by the child (Finkelhor, 1994). Banks (2001) discusses how initial reactions to abuse such as “…shock, numbness, anxiety, a sense of powerlessness, shame, irritability, sadness and anger…” may become more severe, debilitating and prolonged with continued violence. (p. 1).

Covington (2002) contends, “a history of abuse drastically increases the likelihood that a woman will abuse alcohol and other drugs” (p. 59). Brown (2002) explains addiction as “the repetitive process of acting on impulse to satisfy or quiet an internal experience that usually includes an emotional or concrete threat to the security of
self” (p. 37). Abuse is a concrete threat to the security of the self, and thus, substance use may quiet this experience as Brown (2002) contends. The reasons for this connection are numerous: to numb feelings, dissociate from the situation, feel more in control (of an out-of-control) situation, and to be able to continue to fit into the relationship. Afterwards, these substances may be used for numbing, self-soothing, dealing with dissociations and body memories, feeling normal, and in some cases the substances serve as a form of self-harm. Utilizing a life course perspective allows one to see how the exposure to child sexual abuse creates a series of life course events based on options and choices available in the context of this violent life situation.

Sexual abuse is common in the histories of women involved in addiction treatment. Jarvis, Copeland and Walton (1998) found that “CSA was a significant factor in accounting for the variation in age of first intoxication even after adjusting for age, maternal substance abuse and the life-number of traumas” (p. 872). CSA increased the risk of early adolescent substance abuse, but was not a predictor of the severity of alcohol or other drug problems for their population (Jarvis, et. al., 1998). This study also found that many women attributed their initiation to substance use to being sexually abused. Teusch (1997) writes that the presenting problems in treatment of low self-esteem, difficulties in relationships, depression, anxiety, panic attacks, suicidal feelings, eating disorders, and chemical dependence, are often indicators that sexual abuse has occurred.

The impact of abuse can vary depending upon the timing, duration, and context of the event. Teusch (1997) characterizes the long-term effects as difficult to pinpoint because they will vary with the severity and duration of the abuse, the age of onset, the relationship to the perpetrator and the reaction by the family. Najavits (2002) details how
this frightening experience may manifest itself in the form of posttraumatic stress disorder (PTSD) for the individual. Teusch (1997) explains dissociative disorders commonly seen in women with trauma histories “tend to involve a disruption of consciousness, memory, identity, or perception of the environment” (p. 101). Again, one’s narrative identity process will define this experience in an effort to make some kind of sense, order and meaning. How the individual defines this experience will serve to impact the personal story in ways that can be healing or destructive, depending on the information and resources available to “explain” the situation.

Non-Normative Transitions in Addiction

The concept of normative and non-normative transitions was discussed earlier in this chapter. Elder (1985) writes “some events are important turning points in life in that they redirect paths” (p. 35). The study of transitions (and trajectories) has tended to focus on age-expected norms; addiction turns age-expected norms onto their proverbial heads. The antecedents for these types of transitions (e.g. being sexually abused, being in a home where alcohol and drug abuse occur) are also not the typical age-expected events that most of the literature has examined. Elder (1991) sites Doka (1989) who contends that “ordinarily, family transitions refer to changes in state that are publicly known or recognized – they have social meaning or significance…However, a good many private events never enter the public domain owing to diligent efforts to preserve family standing” (p. 32). These types of transitions can be considered disenfranchised in that they are not publicly known or recognized – these are exactly the types of transitions that occur in the lives of girls and women exposed to violence, alcohol and other drugs. Hartling (2004) describes women’s substance abuse as a disease of disconnection and

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explains “the disease separates and isolates a woman from essential relationships that can help reduce her risk of developing a substance abuse problem and separates her from relationships necessary for well-being and growth” (p. 200). The combination of disconnection and disenfranchisement serves to isolate women at a time when the support and validation of others may be most essential to helping her break free from her addiction and difficult life circumstances. These types of transitions may be considered non-normative in the general understanding of adolescent and adult development, but within the context of addiction and violence, they may be quite normative. Describing and detailing these “turning points” as Elder (1985) describes is necessary for understanding the problem of addiction, as well as the process of recovery. Applying these life course elements of a woman’s progression into an addiction and subsequently into her recovery is useful because it demonstrates the life-altering transformative processes inherent in both scenarios.

**Building Knowledge on Women and Recovery**

The etiology of addiction is a topic that has received attention in research and continues to expand with advances in physical and social science. The process of recovery, especially as it relates to women, is still under-studied in the literature. Examination of this process from a woman-centered perspective, including awareness of culture, language and political contexts, will elucidate information known only within small circles of personal experience. Women’s stories about their recovery experience are the place to examine what is known presently. Examination into the construction of these stories will provide implicit information about context and meaning. Attention to the content and the process of the story are vital to understanding women’s experiences.
Narratives about long-term recovery are limited to the personal accounts shared in fellowships and circles of support, and rarely find themselves transported into the research community. A scarcity of information exists for women’s lived experiences in long-term recovery, specifically addressing the essence and maintenance of this lifestyle. Creating a picture or structured description for long-term recovery (i.e. what does it look and feel like to live a day in the life?) is essential for both persons seeking to sustain their recovery and practitioners desiring to assist persons in this process. Stories and information-sharing function like roadmaps and provide guidance and direction both for the individual who is healing and for the practitioner who is assisting in this process. Taking these personal accounts, rich in contextualization, and moving them into the public discourse will affect the public arena as it relates to working with women and their recovery processes.

To accomplish this task, this study will utilize personal narratives from women in long-term recovery. Recovering and re-interpreting women’s lives are necessary because of the male-dominated lens through which experiences have been understood, analyzed and told as truth. A narrative analysis methodology will be applied to each personal narrative as a means of gaining a greater understanding of the recovery process for women. Specifics on the methodological process follow in the next chapter.
Chapter 3: Methodology

Purpose

The purpose of this study was to explore women’s personal stories of long-term recovery from alcohol and other drugs through the use of qualitative methods, specifically narrative inquiry and analysis. Women’s narratives describing their recovery, including the role of relational connections, significant experiences and the seeming “normalcy” of long-term sober living were gathered from the participants through individual interviews. Information gathered from these personal narratives serves to enrich understanding of factors that contribute to sustained recovery for women, through an analysis of story construction, through the use of life course and feminist theories. This chapter provides a detailed explanation on the methods employed in this study, including information on the research design, participant recruitment, data collection, and analytical processes.

Research Aims

The goals of the work included: (1) development of a greater understanding of women’s long-term recovery experiences through personal stories and (2) examination of the construction and meaning of their respective narratives utilizing feminist and life course theories as the lens for analysis. This work sought to understand how women in long-term recovery from alcohol and other drugs described their journeys through personal narrative, including gaining an awareness of the realities, significant
relationships, connections, experiences and moments that influence their respective paths. This research is inherently qualitative, as this topic of study has not been addressed extensively in the literature on women’s recovery from alcohol and drug addiction. Holliday (2002) emphasizes how qualitative studies lead the researcher into “unforeseen areas of discovery within the lives of the people she is investigating” and looks deeply into behavior in a specific social setting (p. 5). Thus, what is gained from this approach is an in-depth examination of the topic at hand. This work focused on the personal stories women tell of their journeys from addiction to recovery and the description of their years of sustained sobriety. Narrative inquiry and analysis comprise the methodology that suits the research aims, as it allows for the examination of story, including structure and meaning. Detail on the rationale for this methodological decision is provided in the next section.

**Rationale for Narrative Inquiry and Analysis**

Qualitative research is a systematic empirical inquiry into meaning where one examines different sources of order, including the study of story or narrative (Shank, 2002). Narrative allows an exploration of the way the self is constructed in the act of storytelling, and provides a mode of identity formation and a sense of order for life’s events (Sands, 2004; Shank, 2002). While narratives provide extensive detail, they do not “speak for themselves” nor do they offer a window into an “essential self” (Riessman, 2008, p. 3). Rather, when narratives are used for research purposes, they require close interpretation in the form of narrative analysis – which can be accomplished in a number of ways depending on the objectives of the investigation” (Riessman, 2008, p.3). There are various approaches and perspectives to conducting
narrative analysis, informed by disciplines throughout the social sciences. Narrative analysis distinguishes itself by attention to how the narrator assembles the events in his or her life to communicate meaning. Narrative analysis refers to various methods for interpreting texts; their common focus is the storied form. Analysts using a narrative approach “interrogate intention and language – how and why incidents are storied, not simply the content” (Reissman, 2008, p. 11). Long segments of narrative are preserved, rather than segmented, with a focus on the details to understand why the story was told in a particular way to understand context, meaning and broader social considerations.

Narratives tend to follow some universal principles, as described by Shank (2002). He references the work of Bruner (1996), to describe these principles, which guide the researcher in their interpretation. Shank’s (2002) list of Bruner’s (1996) principles includes the following: (1) narratives unfold according to their own time, rather than following an absolute or temporal metric; (2) they unfold within a personal history; (3) narratives deal with particulars in life and often are told to provide reasons for certain actions; (4) narratives are composed and meant to be understood in terms of *hermeneutic dimensions* – attention to the function of the story and why certain events happened the way they did. The study of the narrative text moves away from structure into function, focused on the contextual nature surrounding events.

The analytical processes vary and researchers apply, combine and develop approaches to the work. Reissman (2008) details “analytic study of narrative can now be found in virtually every field and social science discipline” and as such, there are several methods and typologies of narrative inquiry (p. 17). She details four typologies that she uses in her work and acknowledges there are several others. Additionally, she
notes that the approaches to narrative inquiry can be adapted and combined, especially as the field of narrative continues to grow. This study does exactly as Reissman (2008) indicates: it combines, adapts and innovates a method of narrative analysis that examines story structure, the role of voice, and integrates a life course perspective to understand the story of sustained recovery from addiction for women. This study utilizes the work of Reissman (1993; 2008), Sands (2004), Brown & Gilligan (1992); Anderson and Jack (1991), Elder (1985) and George (1993) to build a multi-layered framework for analysis. Details on the types of analysis applied to this study, including the rationale for the format and the application of the analytical process are provided in this chapter.

**Target Population**

The target population for this study were women who self-identified as abstinent from alcohol and other drugs and have long-term recovery (minimum of four years) from these substances. Affiliation with twelve-step support was not a requirement for participation, as the nature of the research did not center solely on support systems. Defining “long-term” recovery for this study, including parameters for recruitment of the target population proved interesting, as nothing definitive detailed the point at which someone is officially in long-term recovery, although some studies allude to the point at which an abstinent person begins “looking” more like their non-affected counterparts, according to various psychosocial measures. The determination to interview women with at least four years of continuous sobriety was chosen based on the review of the literature. Vaillant (1996) found that subjects who had been abstinent for less than three years had higher levels of psychopathology and more closely resembled active alcoholics versus
those abstinent for more than three years. Koski-Jannesa & Turner (1999) discuss the selection of subjects with at least three years of recovery because “…it can be regarded as a sufficiently stabilized outcome” (p. 472). Because the determination of a timeframe for when someone enters long-term recovery is something worth further exploration, this study included an interview question about the notion of knowing when one reaches this point in her recovery journey.

**Recruitment**

Recruitment followed the protocol set forth in the proposal to the Office of Responsible Research Practices. Determination on the number of interviews followed guidance from the literature on narrative analysis, however, narrative analysis is detailed and in-depth and sample sizes vary depending on the scope and scale of the project (Kvale, 1996). Samples of one (Sands, 1988; Sands, Bourjolly, & Roer-Strier, 2007), three (Marks, 1989), nine (Stewart & Malley, 2004), 35 (Ginsburg, 1989), to 105 (Riessman, 1990) can be found, each of which reflects different research purposes, resources, and levels of analysis. A decision to interview nine women was made based on the purpose of the research and resources for conducting it, and the complex processes of analyses that were used.

A combination of sampling strategies was utilized, beginning with snowball sampling. Snowball sampling begins by first identifying several people with the relevant characteristics, interviewing them, and then asking them for linkages to others who may have similar characteristics (Berg, 2004). Snowball sampling is useful for locating subjects with certain characteristics necessary for a study that may be hard to find due to the sensitive nature of the topic at hand (Berg, 2004). Snowball sampling
led to five of the ten interviews. Purposive sampling was also employed to reach the participants. Berg (2004) characterizes this strategy as involving the researcher in selecting certain subjects who are known to have the attributes under investigation. Additionally purposive samples are used to ensure certain types of individuals are included in the study (Padgett, 1998).

These sampling strategies led to nine participants living in two separate states: Kansas City, Missouri and Columbus, Ohio. A recruitment flyer was emailed to a personal contact in Kansas City who had contact with the recovery community; she distributed document (and began the snowball sampling), and then later became a research participant herself. The flyer was emailed to persons directly contacted by the researcher in Columbus, OH; one participant was referred by a colleague to participate and then contacted by the researcher. Persons interested contacted the researcher to determine eligibility and to schedule an interview time. Informed consent for participation in the research was followed as prescribed by the Office of Responsible Research Practices, and all participants were provided the opportunity to opt out of the interview, although all chose to participate. A private office space in a location familiar to all participants was used for the interviews in Kansas City; a similar approach was used in Columbus, OH, although no local contact other than the researcher was needed.

The relationships that produced these narratives in this study were somewhat serendipitous. The study was introduced to B1 through a personal connection to the researcher. D1 has significant ties to the recovery community in Kansas City, MO; she became interested in the study and offered to “spread the word”. She initiated the snowball sample and recruited five women in addition to herself. Her relationship with
these other women was part of the successful recruitment effort, as is often the case in snowball samples. Connections in Columbus, OH, were made in similar ways. Colleagues of the researcher offered to pass the recruitment flyer along to friends whom they thought might be interested, which resulted in one interview. The final two interviews were made through “accidental conversations” wherein two women asked about the topic for this dissertation; when the topic was shared both of them revealed themselves as potential participants and expressed their interest. Therefore, it can be implied, that some basic elements of trust were afoot in this process of coming together.

**Interviews**

Individual interviews were used to gather personal narratives from women in recovery from alcohol and drug addiction. Interviews are a qualitative data-gathering technique and are categorized by the level of structure based on the style of questioning (Berg, 2004; Cresswell, 1998; Cresswell, 2003; Fetterman, 1998; Holliday, 2002; Kvale, 1996; Padgett, 1998; Reinharz, 1992; Rossman & Rallis, 1998; Shank, 2002). Berg (2004) details in a semi-structured interview, questions may be re-ordered and re-worded, the level of language used may be adjusted, the interviewer may answer questions and make clarification, as well as add or delete sub-questions (probing questions). This freedom to express oneself is especially important when working with women, as it allows them to make connections in their lives (Kvale, 1996), as opposed to attempting to fit answers into a linear question and answer format. Reinharz (1992) highlights the use of the participant’s own ideas, memories and thoughts in their own words, rather than the words of the researcher in the interview process. Gluck and Patai (1991) share how oral interviews are particularly valuable for uncovering women’s perspectives because the
expression of women’s unique experience as women is often muted, particularly in any situation where women’s interests and experiences are at variance with those of men. Devault (1990) emphasizes how language is influenced by male categories so much so that when women talk, they often translate to describe their experiences because the “right words” are not available to fit their experiences. When one listens carefully, he or she can hear these moments of translation, which can sensitize the analysis to these aspects of women’s lives where language is found wanting (Devault, 1990; Gluck & Patai, 1991).

This study utilized a semi-structured interview format which provided flexibility for individualized questions, a most importantly, space for the interviewee to share her stories. Questions posed in response to participant accounts furthered the telling of her narrative and contribute to the contextualization of her experience while still maintaining the integrity and consistency of the interview process. Sands (2004) explains how feminist research interviews endeavor to be non-hierarchical, collaborative and attuned to voices and emotions (p. 951). This semi-structured format follows these principles provides an opportunity for the participant to discover her voice and achieve insight into her own process.

Verbalized narratives are co-created between the teller and the listener, as they occur between two people in the context of some form of conversation. The format for conversation for this study was the individual interview. Kvale (1996) views qualitative in-depth interviews as the recommended approach for capturing “the way women want to make connections in their lives” as this situation allows them the freedom to explain their points of view (p. 73). The Personal Narratives Group (PNG) discusses the importance of

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attending to “the conditions which create these narratives, the forms that guide them, and the relationships that produce them” to understand what is communicated in a personal narrative (PNG, 1989, p. 262). These recommendations were followed during this study and facilitated the telling of personal narratives.

The conditions that created the narratives and the forms that guided them were interconnected. Creating an environment where each woman felt free to speak was paramount to the research process. Reinharz (1992) details how “a woman listening with care and caution enables another woman to develop ideas, construct meanings, and use words to say what she means” (p. 24). Sands (2004) details that a “feminist orientation” to research is dependent upon factors other than method; rather, feminist research has at the core, “…concern with women’s experiences as gendered subjects, incorporation of collaborative processes, and attention to voices…” (p. 50). Holstein and Gubrium (2002) explain how active interviewing treats the process “as a social encounter in which knowledge is constructed” where “both parties are active” in the process (p. 112-113). Additionally, interviews can “allow the participant to respond to her own voice, legitimate her concerns clarify her dilemmas and difficulties and deepen her practical understanding of her own situation” (Smithbattle, 1994, p. 161).

The interview situation should allow a woman to feel comfortable exploring her thoughts and feelings – those that are expected and those that are outside convention. Sands (2004) acknowledges how cooperative speech can occur, as the interviewer responds to the narrator’s answers with reflection or follow-up questions, adding to the dialogue or elucidating the narrator’s perspective. Alvesson (2002) explains the importance of modification of interview practices in order to better analyze the
information gathered, including assessing the “significance and impact of how issues are framed, the various relationships and interaction effects characterizing the interview and the responses” (p. 126). Thus, much thought was put into the conditions and form of the interview including the interview questions and framework to ensure that they were realistic and relatable to the participants (Alvesson, 2002). The researcher’s committee reviewed questions; feedback from the committee was incorporated and guidance on conducting interviews was followed.

Conditions that facilitate a sense of comfort are found within the researcher’s social and professional skills and the interview setting. Social skills such as personal manners (i.e. being welcoming, smiling, saying “thank you”) play a role in the first impression for the interviewee. Professional skills such as reflective listening, non-verbal cues and other aspects of interview research further impact the participant’s sense of ease for sharing her thoughts and feelings. These factors were taken into consideration in this study, including making sure participants received a reminder phone call, that the interview time and date still worked for them, that they knew where to come and where to park their cars, and that they had water to drink. Each interview was conducted with only the researcher and the interviewee present, in a private office at a familiar location to the participants. The setting was designed to be comfortable and welcoming so that the women felt comfortable sharing their stories.

In addition to guidelines for interview hospitality, there are specific recommendations for listening to women’s stories. Anderson and Jack (1991) suggest learning how to respond to specific components of a woman’s life, including relationships, activities or events, accomplishments, costs, feelings and experiences. She
directs the interviewer to attune to relationships and create an opportunity to talk about how much these relationships enriched or diminished life experiences. Additionally, women should be encouraged to talk about accomplishments, competence and pride, as they have a tendency to focus on taking blame for failures or shortcomings. Anderson and Jack (1991) add how the interviewer should explore the options women perceive they had and the costs that accompanied their choices and how they are evaluated in retrospect. Each of these suggestions for listening was considered and attuned to during the interviews. The use of reflective listening, including statements that allowed a conversation to continue, rephrasing, paraphrasing and affirmations were incorporated to elicit understanding or further the dialogue. This type of responding facilitated dialogue that ultimately shed light on the totality of experience, rather than remaining in conventional territory (Anderson & Jack, 1991).

Individual interviews were recorded using digital devices that provided excellent sound quality. A studio microphone was utilized to connect to the digital recording instrument, which allowed both the interviewee and interviewer to be heard without issue. Specific applications for digital recording were designed to operate on Apple software specifically OS 10. Digital recordings were stored on protected devices that were not accessible by others (i.e. not on computers connected to a network or devices utilized by other persons). Digital recording devices were locked in filing cabinet in a private office as well.

Participants were asked to schedule an hour for their respective interviews. Interviews lasted between 36 minutes to 90 minutes, with the majority lasting about one hour. The interviewer allotted extra time between interviews in the case that one ran
longer than expected. This extra time allowed for brief note taking, journaling and
general organization between interviews. Participants were interviewed once with the
understanding that a follow-up interview may be conducted for clarification and member-
checking purposes; however, second interviews were not needed in this study.

A protocol of questions were developed to guide the overall structure of the
interview, yet allowed for flexibility to pose clarification questions to each participant.
The questions chosen for these interviews were scrutinized to ensure they were connected
to the research aims, were understandable and socially situated to the target population.
Questions from the interview protocol included:

1. Describe your process into recovery. (How did you begin this journey?)
2. Tell me about your experience as a recovering woman.
3. Define what “recovery” means to you.
4. What stands out to you as significant in terms of your recovery journey?
5. What kinds of connections were important to you?
6. Describe “long-term” recovery? (How does one know she’s there?)
7. What don’t most people know about long-term recovery for women?

After brief introductions between the interviewer and the participants were made, the
interviews began with asking participants how they began their journey into recovery.
The remaining questions listed in the interview schedule were posed after the participant
had reached a point where this question appeared to be answered. Some questions were
answered within the response to this first question by some of the participants. In these
instances, the interviewer posed the questions as a reflective listening response, for
example, “It sounds as though the experience of leaving home was significant in terms of
your recovery journey...” to gauge the answer to this particular question and to check the accuracy of interpretation. For questions that seem to have gone unanswered, the interviewer posed the individual questions and provided ample time for response. Questions posed in response to participant accounts furthered the telling of each narrative and contributed to the contextualization of her experience while still maintaining the integrity and consistency of the interview process. The interviewer retained a copy of the protocol during the interview to ensure the questions were addressed with each participant.

**Ethical Considerations**

To strengthen the sense of collaborative relationships between the researcher and the interviewees, each woman was told about the nature of the research. This step is an important part of ethical research practices and an important part of rapport building, as being explicit about the purposes for the research facilitates a relationship of trust. The interviews began with an open-ended statement: “Please tell me about your journey into recovery”. Women were given the freedom to take this question in whatever direction they saw fit, which for many of them was a place in the past, usually at the start of their addiction. All nine were willing participants, who wanted to share their stories; some were more accustomed to talking about their recovery than others. The interview format was attuned to the variability of situations where some people were more talkative (B1, K1, D1, E1, P1, T1) while others were less forthcoming (A1, J1, L1). As the interviews progressed, those who were initially hesitant to open up eventually began to share more and elaborate. Central to all of the participants was the hope that somehow their story was contributing to knowledge about women in recovery. Before and after the interviews
began, all of the participants were eager to know more about the study and the plans for the future. The tendency to “pay it forward” or “give back” is a principle of most 12-step fellowships, as members appreciate the reciprocal nature of mutual support and help.

Participant protection is a foundation of ethical research; as such, special attention was paid to the emotional needs of the participants. Narrative analysis as a methodology is not interested in causing harm or judging what a person shares in her story. Rather it is interested in story construction, individual reality and contextual factors that contribute to the structuring of the narrative. As such, the experience for the narrator is designed to be respectful and non-threatening, regardless of content. When individuals are provided the space to speak and share their experience, they often feel as though they have contributed and been heard, as was the case in this study. Participants reconnected with moments of emotional resonance, but reported feeling safe and secure after sharing these reflections and did not require further assistance. Participants concluded their interviews on a joyful note, eager to find out the direction of the research and/or grateful to contribute their experience.

Despite one’s best efforts to create an environment of collaboration and equality, one cannot completely remove the power relationship inherent in the production of personal narratives. Naples (2003) notes feminist scholars have consistently raised such questions about power imbalances between a researcher and an interviewee, responsibilities to interviewees and the influence of the researcher on the production of knowledge. She suggests, “if researchers fail to explore how their personal, professional and structural positions frame social scientific investigations, researchers inevitably reproduce dominant gender, race and class biases” (p.3). Self-awareness of personal
experience of knowing many recovering women as well as many persons in active addiction played into the desire to conduct the study and further the body of knowledge about recovery. Additionally, having a professional background in social work and over ten years experience in a women’s addictions treatment center framed considerations for the methodology for this study. These inherent qualities of the researcher cannot be removed from the study, but they can be accounted for and recognized both valuable and as a potential bias. Special attention was paid to listening attentively and critically to each woman’s narrative with guidance from feminist scholars on bias. Interpretations were examined against the same standards. The goal of the analytical layers was to represent the voices of the participants and their perspectives on recovery in a way that was respectful to their intentions for sharing their experiences. This rigorous process was developed to examine the narratives in great detail, not only for structural considerations, but also to account for gendered experiences and the context of the life course. Thus, this process forced the researcher to consider the structure and content of the narrative from various perspectives, guarding against bias on many levels.

Transcription

Interviews were audio-recorded using digital devices as detailed earlier in this chapter. These devices allowed for clear sound recording and ease in transcription. Sands (2004) references Ochs (1979) as she explains how transcription is a selective process that is guided by the researcher’s theoretical goals, as such there are variations in guidelines. Because this study was concerned with nuances in speech, elements of voice and voicing, and interactions between the interviewer and interviewee, each line of dialogue as transcribed verbatim. Sounds, silence and other utterances (i.e. pauses,
laughter, quivering) were added in parentheses to convey the spirit of the dialogue on paper. Interviews were transcribed by the interviewer using a word processing format only; no data analysis software was employed for this analysis, as it was determined that the current software available did not meet the needs of this style of narrative analysis. The transcriptions were stored on a computer that was not part of a network. The documents were protected with a firewall and other security measures and names were not utilized in the transcription document. The physical layout of the transcription used 8 ½” by 11” paper, with a landscape page layout. The paper was divided in half using a table feature, with the direct interview transcript typed along the left half of the page; the right side was intentionally blank for notes and open coding. Each page of the transcript contained an identifier (i.e. B1) and was numbered to ensure organization of the document in the case the pages became unassembled or mixed up (i.e. B1, Page 1).

The transcription process followed suggestions of Riessman (1993) where a first draft of the entire interview was developed, detailing the words and other striking features of the conversation (i.e. crying, long pauses, laughing, etc.). The rough draft was scrutinized for accuracy and completeness during a second listening before moving onto the analysis process, as recommended by Riessman (1993) and Sands (2004). The researcher and her Methods Chairperson viewed the transcriptions, as she provided guidance and direction on the data analysis process.

Data Analysis

Narrative and narrative analysis are part of a growing research community that crosses into many academic disciplines. Methods for conducting narrative analysis are growing in scope, innovation and application as the use of narrative proliferates. This
application of narrative is from a social work perspective, wherein a person-in-environment perspective (person: environment) is utilized to understand how the narrator interacts with family, communities, institutions, and broader society in her life. A person-in-environment perspective is dynamic and provides a way of “understanding the relationships and transactions that occur between individuals and their life situations” (Haynes & Holmes, 1994, pp. 25-26). This perspective fits well with a narrative approach as it takes into account the individual and the external influences that impact her life, which creates a living picture through which stories are examined.

This work focused on how women in long-term recovery from alcohol and other drugs described their experiences through personal narrative, including gaining an understanding of the realities, significant relationships, connections, experiences and salient moments. The analysis of the narrative examined meaning and identity within the context of the personal story by combining three layers of analytical techniques. This process began with a structural analysis, which lent itself to an application of life course analysis as the second layer, followed by a voice analysis as the third layer. Structural analysis examines the organization of the story, including the messages being conveyed by the narrator (Sands, 2004). Life course analysis lends itself to understanding the impact of transitions and trajectories in a woman's recovery story, especially as they related to qualitative changes (Elder, 1985; George, 1993). The application of a voice analysis through the study reflected the research aims of understanding women's long-term recovery experiences from a feminist perspective (Gluck & Patai, 1991; Brown & Gilligan, 1992). The three layers of analysis are both distinctive in their procedures and in the story components each defines as important; however, they are complimentary and
assist one another with developing a rich and complex understanding of the meaning within the story. As such, each layer was done separately, yet attuned to simultaneously at times when similar features present themselves. Explanation for using this approach and the associated procedures for conducting each layer of the analysis are shared in the following sections, including details on what was done when the layers of analysis intersected.

**Data organization and transcript worksheets.**

This multi-layered analysis was complicated and required organization of data from the initial stages. Transcripts were organized in a binder, with each interview having its own section. A *transcription worksheet* was created to guide the process and served as a template for each interview and was filed at the beginning of each section. The worksheet encapsulated the many steps involved in this technical process. A space to identify the interview was created, followed by a section on the transcription process. The next three sections of the worksheet laid out the components involved in each analytical layer, beginning the a section for the structural analysis, followed by a section for the life course analysis, and ending with a section for the voice analysis. Within each section were the essential features of each layer. A worksheet such as this one strengthened the fidelity and rigor of the methodological process throughout all ten interviews as they were completed in a thorough and procedural manner.

**Analytical layers.**

Reissman (1993) explains how narratives constitute, rather than reflect a social constructed reality; as such narratives allow for exploration of “the way in which the self is constructed in the act of story telling” (Sands, 2004, p. 49). This ability to construct
one’s reality supports the notion that the self is not a fixed entity, rather it “…is continually changing, context dependent and multiple” (Sands, 2004 p. 49). This study employed components of Sands’ (2004) feminist narrative analysis as an overarching guide to the development of this analytical model. Sands (2004) explains how a feminist orientation is dependent on factors other than method and is guided by an attention to women’s experiences as gendered subjects, the incorporation of a collaborative process and attention to voices. A feminist perspective that concerns itself with the status of women and they challenges they face in society guides the process of interpretation. Her specific model for a feminist narrative analysis involves a three-step process, where one examines (1) the topics and structure of the narrative, (3) the use of voice, especially the narrator’s word choices, tone and other rhetorical devices, and (3) interactions between the interviewer and interviewee. Sands (2004) model was expanded upon in this study by adding additional components, including attention to life course and expansion upon her voice analysis. Each layer of the analysis developed for this study is described in detail in the following sub-sections.

**Structural analysis.**

The first layer of this narrative analysis was a study of structure. Structural analysis can take several formats, depending on the academic discipline from which it originates. Riessman (1993) recommends beginning with the analyzing structure to “avoid the tendency to read a narrative simply for content and the equally dangerous tendency to read it as evidence for a prior theory” (p. 61). An examination of structure allows one to see how a story is organized and poses the question of why a story is told in a particular way. Taking a more systematic look at how women construct their stories is
necessary for a feminist orientation. Sands (2004) model for a feminist narrative analysis calls attention to topics and structure within the narrative. She examines structure by looking for stories within the narrative, specifically citing Stein and Policastro (1984) who utilize: (1) interrelated events, (2) setting, (3) actions and (4) outcomes in their analysis to define stories inside of the overall narrative. Through the course of development and refinement of the structural layer for this analytical model, the decision was made to examine structure through (1) events/ transitions (2) contextualization statements, and (3) actions/outcomes, as many similarities were seen between Stein and Policastro’s (1984) categories, facilitating a combination of actions and outcomes and a reframing of setting to include a broader category for contextualization statements.

Events and transitions (further examined in the life course analysis) were also very similar, so this category was changed to include both terms.

Defining one’s terms is an important aspect of methodology and analytical rigor. Therefore, definitions for events/transitions, contextualization statements, and actions/outcomes are provided. **Events** were defined as the transitions that occurred or moments that serve to move the story along (i.e. the things that happened). Examination of context was an integral part of this layer, as it provides guidance on interpretation, influence meaning and serve to explain particular circumstances. As such, **contextualization statements** that provided an orientation to events, as well as cues to the historical and social times in which the story is placed were studied. **Actions and outcomes** refer to the decisions made by the narrator or those in the story, or what someone did in response to an event, while the outcomes are the result of the action. The rationale behind this choice of elemental breakdown within the structural analysis was to
examine the major components of the story in more broad categories. Further dissection of the story and examination of meaning occurred as the voice and life course analyses were applied.

The structural analysis followed a line-by-line coding process where the three components were color-coded within the transcript and then re-written separately (apart from the physical transcript) to examine the core content of the story and also serve as the beginnings of data reduction. These same colors are used in the notes that accompany the transcript. Color-coding proceeded as follows: (1) events/transitions were coded in pink, (2) contextualization statements were coded in green, and (3) actions/outcomes were coded in orange. An open coding process occurred in concert with the line-by-line coding as particular pieces of the narrative that struck the interviewer as potential themes or aspects in need of further examination within or between stories.

The transcription itself was color-coded, and then segments were copied by hand onto notebook paper, where they were color-coded accordingly. Pages were labeled with the interview identification code and page numbered to ensure organization in the event the notes were scrambled, dropped, etc. This step of writing the segments of the story structure onto notebook paper began the organization of the narrative in story episodes, a step in a data reduction process. The order of the narrative and the core of the story remained in tact; the episodes serve as a map to the narrative (Sands, 2004). Notes on the structure of the story were made at the conclusion of the line-by-line coding and open coding to summarize this layer of the analysis.

Two fundamental questions in narrative analysis are (1) why did the narrator tell the story in this particular way in conversation with this listener? (Riessman, 1993); and
(2) what are the stories within the story? (Sands, 2004). After the components of the story structure were coded and written down, the transcript was re-read to get at the question about the organization of the story – why it was told in the way it was told. Interpretations on this aspect were written in the notes and expounded upon with examples from the narrative to illustrate points of interest. Once this part was completed, the structural notes were reviewed to examine the stories within the story – the sequence of episodes in the plot that were significant. Sands’ (2004) highlights how stories are not always told as discrete entities that fit neatly into a model; rather, they may be spread out, repeated and linked to other stories in the narrative. Each episode was labeled and detailed in the notes. Detailing the stories within the story served as the final element of the structural analysis; once this section was completed, the life course analysis began.

**Life course analysis.**

Life course analysis provides another layer of consideration for the understanding of identity and meaning within a personal narrative. Because this research focused on two major segments of time – life periods during addiction and life periods in recovery – studying the patterns of the participants’ life course as identified through their narratives was paramount to understanding their recovery experiences. Life course as a conceptual term describes the “pathways through the age-differentiated structure in the major role domains of life” (Rossi, 1980, p. 7). Specific to this transactional nature, a life course perspective seeks to understand the effects of transitions and trajectories upon a person’s life. Transitions are understood as changes in status or role, and are relatively bounded in duration, although their consequences may be observed over long time periods (George, 1996). Transitions may be expected, unexpected, stressful or challenging depending upon
the unique interplay of personal, historic, cultural and environmental factors (Germain & Gitterman, 1996). Trajectories are explained as “long-term patterns of stability and change that can be readily differentiated from alternate patterns” (George, 1996, p. 250). Thus, a trajectory will result in a qualitative life change, whether that change is for the better or for the worse.

The search for social patterns constitutes the crux of life course research and involves attention to sequence, timing, and duration of events. Elder (1985) and George (1996) state that duration and timing are important concepts to life course studies because the longer an individual is exposed to a specific social environment, the more likely the environment is to affect subjective states and behavior. George (1993) writes “life events have different effects, depending on the conditions under which they occur and the resources available to individuals experiencing them” (p. 357). Elder (1985) explains “the lifetime effects of ordinary events and turning points cannot be appraised without taking into account four sets of variables: (1) the nature of the event or transition, its severity, duration and so on; (2) the resources, beliefs, and experiences people bring to the situation; (3) how the situation or event is defined; and (4) the resulting lines of adaptation as chosen from available alternatives” (p. 35).

The first three variables influence lines of adaptation individuals (i.e. their construction of their life course), while the fourth variable links the events to the subsequent life course (Elder, 1985). Substance abuse and addiction have not typically been examined from this perspective, although it illuminates important considerations when attempting to understand this process. The events associated with the development of addiction may be
socially unacceptable (i.e. domestic violence, illegal drug use, criminal activity, sexual abuse, etc.) and therefore remain private, outside of the public domain, removing them from social significance and awareness. This layer of analysis became important as a way to understand the cultural significance of these experiences from a social perspective.

A life course perspective offers a way of assigning meaning to certain events that allows for more variability, yet avoids the problem of total subjectivity, as it emphasizes the timing of events as a critical factor in determining their meaning and impact (McLanahan & Sorensen, 1985). The examination of transitions and trajectories was the main focus of this layer of the analysis to capture the life patterns of the participants, especially as they impact addiction and recovery. McLanahan and Sorensen (1985) contend that a life course perspective sensitizes the researcher to the importance of studying change rather than simple correlations. As the narrative data were reduced and segmented during the structural analysis, transitions and trajectories were color-coded and noted by hand on notebook paper. The section for this layer of the analysis was identified as such, and details on transitions and trajectories were made. Transitions were labeled as: expected/unexpected, stressful/challenging, or transitions that modified trajectories. Notes on the life course analysis included an ordering of the transitions and trajectories that occurred to distinguish patterns. Attention to the sequence, timing and duration of these transitions and trajectories were noted to understand their impact upon the participants' respective life courses. Comparison of these transitions and trajectories were conducted between the participants' narratives to examine common and divergent patterns among the group. A summary of the life course analysis was written after the
steps in the process were completed, similarly to what was done at the end of the structural analysis.

In addition to the examination of transitions and trajectories, this layer of analysis examined the use of autobiographical reasoning by the participants. Autobiographical reasoning refers to the development of narrative identity through the ability to step back and draw inferences and lessons from the stories one tells about one’s life (Bluck & Habermas, 2000; Baddeley & Singer, 2004) detail the tendency of individuals to revise life stories over the life span in essence to apply “an interpretive knowledge and accumulated wisdom” (p. 178). Thus, narrative identity is connected to autobiographical reasoning within the formation of the story, especially the vignettes inside the larger narrative. Excerpts of the personal story that demonstrated autobiographical reasoning were noted and commented on by hand in the life course analysis notes. Examination of autobiographical reasoning among the participants allowed for further understanding of identity formation through the personal story as women detail their lives post-recovery and the lives during their addiction. This aspect of the life course analysis is intertwined with the voice analysis (the third layer) as it is subtle and is identified through the listening process, wherein one must take notice of moments when the narrator steps back to reflect and analyze her own process, or her own understanding of herself. Oftentimes, these moments were parceled out in the contextualization statements (from the structural analysis) and validated during the voice analysis. Once this aspect of the life course analysis was completed, additional notes not captured through the identification of transitions and trajectories or the use of autobiographical reasoning were made. The
voice analysis then followed after the conclusion of the life course layer of the analytical process.

**Voice analysis.**

Feminist research is concerned with attention to voice, as it is both expressed and submerged in the discourse of many women. The analysis of voice represents the most convoluted and complex part of the process, as it requires an active and acute listening ear of the interviewer, paying attention for what is said, how it is said, why it is said, and the layers of social information that influence and affect the overall narrative. There are many issues for the interviewer to consider beyond an examination of the actual words. Briggs (1986) cautions how interviews provide examples of metacommunication – statements that report, describe, interpret and evaluate communicative acts and processes. Interviewers generally don’t have knowledge of these events, which deprives them somewhat of understanding how the information fits into broader patterns of thinking, feeling and speaking. Dahl & Boss (2005) add that knowledge is a constructed phenomenon, and as such, objects, events, or situations can mean a variety of things to a variety of people. This entire process is both a reflexive one wherein the interviewer must continually check her own assumptions, knowledge claims and cultural experiences against her interpretation of the narrator’s story. The Personal Narratives Group (1989) emphasizes the importance of gathering narratives, especially for women and validates the complexity in interpretation, stating how “the significance of these exchanges for women in clarifying social realities and challenging hegemonic oppression has often been profound” (p.261). Attention the contexts that shape personal narratives and the
worldviews that inform them are the foundation for understanding the truths within narrative during the analytical process (PNG, 1989).

Attention to voice is complicated and therefore, following a process is essential. Sands (2004) feminist narrative analysis, Brown and Gilligan’s (1992) “Listener’s Guide”, and Anderson and Jack’s (1991) writings on listening to women’s words, served as a guide to this layer. Sand’s (2004) voice analysis discusses the use of voicing as it relates to character description and development within narrative. How the narrator positions herself in relation to others, as well as how she positions other characters in relationship is examined. The Personal Narratives Group (1989) calls attention to interpersonal relationships as a way of understanding how women’s lives are shaped through and evolve within relationships with others. From this perspective, voice and voicing assist one in understanding relationships as well as struggles between the narrator’s own voice and the moral discourse that tells her what is considered appropriate.

Brown and Gilligan (1992) suggest attending to the ways women talk about relationships and how they experience themselves in the relational landscape of human life. They advise being attentive to struggles for relationship that are authentic and resonant to them, and the vulnerabilities inherent in relationships that are less authentic (constrain their expression of feelings or safety).

Brown and Gilligan (1992) expand on Sand’s description of a voice analysis and recommend a listening process that causes one to “sort out different voices that run through the narrative and compose a polyphonic/orchestral rendering of its psychology and its politics” (p. 25). Portions of their listener's guide are combined with guidance from Anderson and Jack (1991) who challenge the interviewer to listen critically to the
questions and responses during the interview, hearing what women imply, suggest and start to say, but do not. Additionally, the interviewer should attempt to interpret their pauses and their unwillingness or inability to respond (Anderson & Jack, 1991). All authors recommend listening to the interview multiple times, which was followed in this study as well.

During the various rounds of listening, special attention was paid to understanding the narrator in her own terms and in connection to the social realities of sex, race and class that are often rooted in the experiences of men. Anderson and Jack (1991) offer suggestions for sharpening attentiveness to the interview process, including: (1) beginning with an open-ended question; (2) listening for feelings about the events being described; (3) being attuned to which question is being answered (if not the one posed, then what other question might she be answering); (4) looking for the meaning attached to the described events and (5) attention to the absences in her story. This guidance was followed during the interview process and subsequent interpretation. The hybrid of these two guides and Sands’ (2004) voice analysis resulted in several elements of voice being analyzed, including: recurring words and images, central metaphors, emotional resonances, contradictions, revisions and absences in the story, and shifts in the sound of the voice and in narrative position (first, second, and third person).

Voice analysis offered an opportunity to write numerous interpretations based on the study of the narrative from this perspective. Notes on voice were taken by hand and written onto notebook paper, just as the previous two sections. Voice was color-coded in purple on the transcript, and as voice emerged within the structural analysis, it was noted with a purple underline. As stated earlier in this chapter, while structural analysis and
voice analysis have distinctive processes, they intersect at times, especially within contextualization statements. Thus, the analytical process was attuned to these intersections as they emerged. Each of the sub-sections detailed in the paragraph above were noted and examples were taken from the narrative to demonstrate these features, when applicable. Not all stories featured the components from Brown and Gilligan’s (1992) Listener’s Guide, and those areas were coded as “non-applicable”. This section involved the most interpretation during the early stages of analysis, as attention to voice is not only based on content, but on stylistic cues and attention to what is not said, including inference or allusion to situations. After this section of the analysis was completed, the transcription was reviewed again to note milestones and potential themes.

**Open coding/themes.**

Narrative analysis preserves the structure of the story, yet allows one to hone in on particular statements that serve as potential themes. Once the three layers of analysis were completed, the transcription was revisited and specific phrases were noted as potential themes to analyze within each narrative and between them as a group. An individual list was developed for each interview and then a combined list was developed between the interviews to begin the recognition of patterns and themes. These individual lists were created by hand, while the group list was developed using a word processing format. This step in the analytical process lends itself to the research questions and to the study of story structure, as they highlight particular statements that stand out during the narrative.
Interpretive synopsis.

Thee three layers of analysis resulted in multiple pages of notes; in order to begin preparing the findings, an interpretative synopsis document was created for each interview. This document facilitated a summary of each interview by highlighting the major elements in each layer of the analysis with a discussion on how each element informs the narrative. Components of the thematic content analysis that developed through the coding process are highlighted in each interview synopsis. The use of the interpretive synopsis document created a systematic and organized method for examining the interviews individually and as a group.

Analysis to Findings

This chapter details the methodology employed in this study. The design of this particular narrative analysis contains several layers and components in an effort to provide a rich understanding of the topic at hand. These multiple layers serve to guide the interpretation of the findings, as they are compared to one another to inform the researcher regarding the research aims and questions. The following three chapters provide the findings from these interviews, which were guided by this analytical process. The chapters follow the three analytical layers: structural analysis findings, life course analysis findings and voice analysis findings. An introduction to the findings chapters is provided directly following this chapter.
Introduction to Findings Chapters

The following three chapters represent the findings of this study. They are divided between the three analytical layers discussed in the Methodology Chapter. The first findings chapter presents the structural analysis findings. The second chapter presents findings from the life course analysis. The third chapter presents findings from the voice analysis. The three analytic layers employed in this study reflected feminist principles for understanding the gendered experiences of women. First, this study examined narrative form for storytelling style. The women in this study each had a narrative form that was structured by chronology for the opening question to describe their journey into recovery. After the first question, their styles became much more fluid focused on events ordered emotional resonance in each narrator’s memory. Their styles were reflective and introspective for the most part, with some women providing extensively detailed vignettes. Each narrative contained multiple stories within stories, or sub-stories that highlighted a particular point or experience. Each story had a logical flow and was interesting, as many of the participants are compelling talkers.

In addition to studying narrative form, elements of the story structure were examined to understand how women construct their individual stories. The use of events and outcomes were coded, as well as the use of contextual statements. Events and outcomes played a larger role in understanding life course, while context emerged as the central feature for understanding perspective, meaning and identity. Context involves
connecting together webs of meaning; these webs consist of social groups, structural relations and identities (PNG, 1989). Context, therefore, is a dynamic process where the individual shapes and is shaped by her environment. Inherent in context is the study of interpersonal context, which was revealed in the narratives when the women discussed how their lives evolved within relationships with others. Special attention to context was paid in the structural analysis, as well as in the voice analysis when the relational landscape was discussed. Attention to context is an essential component to the process of recovering and reinterpreting women’s lives, as much of the female experience has been analyzed through a male-dominated lens (PNG, 1989; Sands, 2004). This study examined the use of context directly in the narrative as well as contextual factors that existed outside of the narratives during the analysis and interpretation.

The structural analysis provided details about how the women communicated their stories of long-term recovery; but structural analysis alone was not enough to create a complete picture of long-term recovery. Adding life course as the second analytical layer was necessary to help discern the intersection of events and transitions within personal and social contexts. The impact of the transitions and trajectories on the women’s respective life courses proved interesting for several reasons. First, the pathways into addiction and recovery had many similarities, despite differences in age, geographic location and ethnicity among the participants. Second, the significant moments they experienced on an individual level in their addiction and in their recovery provided understanding into personal moments of realization, emotional resonance and meaning. Third, it became increasingly evident that all of the women in this study had spent time reflecting upon the course of their lives, attempting to understand how they
had become addicts and found their way into recovery. Those who used more autobiographical reasoning were much more introspective in their story-telling style; those who used it less were focused more on a plot and character-driven story than an examination of their own perspective. This feature was not necessarily correlated with longevity in recovery, nor did it seem to correlate with chronological age. Research on autobiographical reasoning tends to demonstrate that age is associated with linear increases in the likelihood of autobiographical reasoning; however this situation was not reflected with the women in this study (Pasupathi & Mansour, 2006).

This work emphasized the narrator’s voice: what the narrator communicated, how she communicated, the subject communicated (structural analysis), and the location from which she spoke (life course and voice analysis). When narration is viewed as creative and voice as particular, one is able to highlight the versions of the self, reality and experience that are produced through the telling of the narrative; this aspect was illustrated in the voice analysis. This third layer paid special attention to listening to the message behind the words of the narrator and was guided by feminist principles for listening. This layer of the analysis proved useful to understand each woman’s unique way of expressing herself.

Gluck and Patai (1991) share how oral interviews are particularly valuable for uncovering women’s perspectives because the expression of women’s unique experience as women is often muted, particularly in any situation where women’s interests and experiences are at variance with those of men. They explain how there are situations where a woman’s experience does not “fit” within existing dominant meanings, and oftentimes, alternate concepts and language may not be readily available. Therefore,
although inadvertent, women often mute their own thoughts and feelings about their lives and proceed with describing them in socially acceptable terms based on prevailing concepts and conventions. The challenge for interviewers is to search for the choices, the pain, and the stories that lie beyond conventional conversation. If these aspects of life are overlooked, the interview will reproduce the expected aspects of the female experience and miss the opportunity to document the experience that lies outside the boundaries of acceptability (Gluck & Patai, 1991). This study incorporated these recommendations on listening, as well as creating an active interview, wherein the women were encouraged to talk about their experiences and share their unique perspectives. Paying special attention to “voice” as its own analytical layer attuned to researcher to these particulars of women’s dialogue, elevating its importance in the study.

Searching for the “choices, the pain and the stories that lie beyond conventional conversation” came during the analytical and interpretive process as what was said and not said was examined. Anderson and Jack (1991) suggest that women need the space to talk about their feelings and their activities to know how they feel about their lives and to understand what the language means to them in their own terms. Words like “recovery” and “connections” were explored with each participant, with an emphasis on her describing terms in her own words. Reflective listening and asking the participants to explain certain things they had said created a moment of self-reflection and expression outside of the researcher’s own interpretations and assumptions. This situation of muted expression and dual expression was evident as the women discussed their experiences as addicted women and then as recovering women, including the bias and stigma they faced. They made the structure of Alcoholics Anonymous “fit” for them by exploring and
defining their own emotional and spiritual processes. Translation and “wanting for language” were most evident in the women’s use of images and metaphors to describe experiences or convey a point. Each of the participants utilized these features of language to express themselves.

The lengthy process of tri-layered analysis was necessary to develop a detailed picture of long-term recovery from a woman’s perspective. Personal narratives provide extensive amounts of data, which varies based on the method of excavation. Combining structure, life course and voice provided information for understanding the many facets of the recovery process, which are shared in the following three Findings chapters.

**Participant Demographics**

Nine individual interviews were conducted with women who self-identified as being in long-term recovery. Demographic characteristics were extracted from the narrative as the women discussed their lives. Most women identified primarily as being in recovery from alcohol, with a few identifying recovery from drug use as well (i.e. prescription drugs, marijuana, powder cocaine and crack cocaine). Six of the nine interviews were with women from Kansas City, Missouri, with the remaining three were with women residing in Columbus, Ohio. The opportunity to interview women in two different geographic locates presented itself at the beginning of the study’s formation and the decision was made to conduct the research in these two sites. The following table displays basic demographic information about the participations. The relevance of these demographic data is discussed throughout the findings chapters.
<table>
<thead>
<tr>
<th>Participant Code</th>
<th>Interview Location</th>
<th>Years of Sobriety</th>
<th>Ethnicity</th>
<th>Difficult Childhood (i.e. abuse and/or addiction)</th>
<th>Current Affiliation with 12-Step Support</th>
<th>Received Addiction Treatment</th>
<th>Current Married/Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>KC</td>
<td>22</td>
<td>Caucasian</td>
<td>Sexual abuse, addiction, eating disorders</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>K1</td>
<td>KC</td>
<td>25</td>
<td>Caucasian</td>
<td>“Dysfunction”; death of sibling at a young age</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes (Twice)</td>
</tr>
<tr>
<td>B1</td>
<td>CO</td>
<td>28</td>
<td>Caucasian</td>
<td>Addiction in family, but identifies childhood as happy</td>
<td>Yes (in professional life)</td>
<td>No</td>
<td>Yes (Twice)</td>
</tr>
<tr>
<td>T1</td>
<td>KC</td>
<td>5</td>
<td>Caucasian</td>
<td>Addiction in father and step-father; divorce; identifies childhood as happy</td>
<td>Yes</td>
<td>No</td>
<td>No Divorced</td>
</tr>
<tr>
<td>D1</td>
<td>KC</td>
<td>25</td>
<td>Caucasian</td>
<td>Addiction, physical, verbal and sexual abuse; “Dysfunction”</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes (Twice)</td>
</tr>
<tr>
<td>P1</td>
<td>KC</td>
<td>27</td>
<td>Caucasian</td>
<td>“Alcoholic network” of family and friends; describes childhood with positive regard</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>S1</td>
<td>KC</td>
<td>14</td>
<td>African-American</td>
<td>Provides no detail on childhood, other than saying it was the place where she had a foundation</td>
<td>Yes (in professional life)</td>
<td>Yes</td>
<td>Yes (Twice)</td>
</tr>
<tr>
<td>L1</td>
<td>CO</td>
<td>7</td>
<td>Caucasian</td>
<td>Both parents were alcoholics; sexual abuse and other abuse in childhood</td>
<td>Yes</td>
<td>No</td>
<td>Yes (Twice)</td>
</tr>
<tr>
<td>E1</td>
<td>CO</td>
<td>18</td>
<td>African-American</td>
<td>Father and siblings were all alcoholics; does not report abuse</td>
<td>Yes</td>
<td>Yes</td>
<td>Widowed</td>
</tr>
</tbody>
</table>
Women’s Recovery: The Roadmaps

The following tables provide an overview of the major findings from each of the three analytical layers; they functions like a roadmap for recovery and are divided by the major life trajectories revealed in the findings. The tri-layered methodological approach facilitated a comprehensive understanding of recovery by delving deep into each narrative, elucidating undocumented features the journey, including the entrée into addiction, the beginnings of recovery and the years afterward.

<table>
<thead>
<tr>
<th>Table 2: Roadmap for the Trajectory into Addiction</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Context:</strong> The absence of connection to self and others and a desire for “normalcy” which was sought through the use of substances.</td>
</tr>
<tr>
<td><strong>Common events/transitions that modified trajectories into addiction:</strong></td>
</tr>
<tr>
<td>- Exposure to violence, abuse and drinking in the home or with a significant other</td>
</tr>
<tr>
<td>- Experience of sexual abuse during childhood and adolescence, and into young adulthood</td>
</tr>
<tr>
<td>- Other conditions such as eating disorders, death of siblings, etc. that exacerbated negative feelings</td>
</tr>
<tr>
<td><strong>Repercussions of the absence of connection to self and others:</strong></td>
</tr>
<tr>
<td>- Identity as a foreign concept because of “being whoever you wanted me to be or who I thought I should be”</td>
</tr>
<tr>
<td>- Sense of a void and emptiness, often related to trauma issues</td>
</tr>
<tr>
<td>- Accelerated emergence into adulthood (i.e. marrying at age 18 or 19, military careers, entering the convent at age 16, moving out of the house onto one’s own at 18, children at a young age, etc.)</td>
</tr>
<tr>
<td><strong>Outcome:</strong> Substance use as an attempt to deal with daily life or as an escape from the pains of daily life</td>
</tr>
<tr>
<td><strong>Stories within personal narratives about relationships and the social environment</strong> during addiction included descriptions of living in families where addiction was present (i.e. “alcoholic network” from P1, the message that use was acceptable, so “Drink as much as you want” as P1 was told, and the struggle to understand one’s own addiction in “I should not have been an alcoholic” from T1.</td>
</tr>
<tr>
<td><strong>Stories within personal narratives that captured the struggles and the ability to survive</strong> during addiction included a sense of “false starts” into recovery related to feeling uncomfortable in 12-step meetings and the lack of recognition of substance use as the core problem from K1, and a sense of “broken trust” with parents from L1 that impacts her ability to trust others still today.</td>
</tr>
<tr>
<td><strong>Metaphors</strong> used to describe this period in one’s life included P1’s “alcoholic network” to describe the environment in which she lived during childhood, adolescence and her adulthood, and how the majority of her social connections involved drinking.</td>
</tr>
</tbody>
</table>
Table 3: Roadmap for Addiction

Context: The worsening of substance use and the deterioration of one’s quality of life. Substance use is seen as necessary or normal, rather than the root of the problem.

Common events/transitions experienced during addiction in adulthood included:
- Marriages and divorces, relocations, career changes and overall disruption in life
- Increased negative consequences from substance use such as DUI charges, job losses, violence and abuse, incarceration, etc.

Outcomes from addiction included:
- Worsening of addiction as it became more dominant in one’s life, including the inability to work due to progressed use, or the inability to parent and the relinquishment of primary custody to other family members
- Seemingly futile struggle to fix other aspects of life in order to overlook substance use as main problem
- Instability in living situations due to criminal activity, loss of income, dissolution of relationships, etc.

Stories within personal narratives to describe relationships and the social environment during addiction focused on how use was “acceptable and normal” or “under the radar” due to the settings in which some of the women lived and their ability to mask some of their problems with substances. The influence of significant relationships on substance use were described in S1’s story of joining her husband’s family in their drug use in “when in Rome”, and D1’s story of the parallels between her first marriage and her relationship with her father during her childhood.

Stories within personal narratives that described the struggles women experienced and how they survived during their addiction were varied based on how the women have made meaning of their addiction. S1 described her ability to “survive” in the midst of violence and continued drug use and disruption of her living situation. P1 recognized her addiction progressed in response to her reaction to being a nun thrust into the “modern world” in a time of social change (1968). Her drinking allowed her to cope with immense fear about race riots and other difficult social situations that she was facing for the first time after being in a convent for 11 years. B1 recognized her addiction as detraction from her intended life path as she described it as “the 20 years in between” where she moved away from her sense of self and fell deep into her alcoholism and disconnection from her self. T1 reflected her gnawing sense of “never being good enough” in her own mind, always questioning herself, always criticizing and living in a very dissatisfying emotional state for her 30 years of drinking.

Images used to describe the quality of relationships in addiction were a “shattered and stained glass window” from B1, as her first marriage began to fall apart, leaving her and her husband with a sense that it could not be repaired. A second image gleaned from S1’s description of her life during addiction was “chaotic and nomadic” – filled with relocations, disruptions, violence, homelessness, and other difficult circumstances.
Table 4: Roadmap for the Trajectory into Recovery

Context: “The Awakening” for many of the women through moments of crystallization that signaled a need for change in one’s use of alcohol and drugs.

**Common transitions/events that modified the trajectory into recovery:**
- A distinctive moment when one recognizes the need to address the addiction to alcohol and other drugs
- A crystallization or awakening that the “something” that needs to change is the drug an alcohol use, in addition to other issues
- A sense of desperation for something different in one’s life emerges
- Asking for and receiving help for addiction from someone

**Stories within personal narratives** that described the entrance into recovery characterized the transformative moments that allowed each of the women to see that she needed to find some way to make a major change in her life, specifically connected to alcohol and other drugs. This moment of realization focused on alcohol and drug use as the core of their issues, rather than other components of life (i.e. a bad relationship, other metal health issues, or other life circumstances).

**Metaphors** about early recovery described finding a safe haven of sorts, as described by D1 as “where you come when you have nowhere else to go”. Many of the women described feeling lost in their addiction and feeling a sense of relief once they admitted that they had a problem with alcohol and drugs and opened up to the idea of recovery, especially as it was presented to them in AA meetings.
Table 5: Roadmap for the Beginning of Recovery

| Context: A time of growth, and change, through deeply personal work and a reconnection to a sense of self. |
| Timeframe: The first few years, especially years one and two. |

<table>
<thead>
<tr>
<th>Common transitions in the beginning of recovery included:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Involvement in 12-step support, typically AA</td>
</tr>
<tr>
<td>- Substance abuse treatment or individual therapy</td>
</tr>
<tr>
<td>- Working on painful life issues (both during treatment and therapy)</td>
</tr>
<tr>
<td>- Re-learning how to live life without substances, especially social activities</td>
</tr>
<tr>
<td>- Connection to a mentor or nurturing individual especially in the 12-step community</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Getting through the early years of recovery: What to expect</th>
</tr>
</thead>
<tbody>
<tr>
<td>- The urge to drink/burden of using was lifted for B1, P1, T1, and S1, facilitating a sense of relief and assurance that sobriety was the direction to follow</td>
</tr>
<tr>
<td>- Because of the painful feelings that emerged, for some of the women the early years were excruciating, a living hell, and frustrating from wanting alcohol and drugs all the time</td>
</tr>
<tr>
<td>- Struggles with fear, being terrified, and wanting to use</td>
</tr>
<tr>
<td>- Getting to know oneself, which is a scary process; afraid of finding nothing</td>
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<tr>
<td>- Someone provides a reality check about the seriousness of addiction</td>
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<tr>
<td>- Structure and guidance from others for recovery</td>
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<tr>
<td>- Tremendous growth and a lot of work on deeply personal issues</td>
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<tr>
<td>- Treatment and therapy as an important part of the early years to help with the resolution of these issues</td>
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<tr>
<td>- Process of re-learning life without substances</td>
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<tr>
<td>- Awareness of not wanting to go backwards and return to addiction</td>
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<tr>
<td>- Having a gift of willingness to keep saying yes to the process of change</td>
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<tr>
<td>- Growing up, becoming a whole person, and letting go of the old life are the benefits that begin to emerge during this time</td>
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**Stories within personal narratives** that described rebirth and growth included a sense of being in an “energy field of light” as one experienced the renewed sense of being connected to life, rather than an existence of confusion and negative feelings. The sense of support and encouragement from others contributed to this sense of being embraced by blessing or “grace”. Recognition of the positive contributions of others was also expressed in “saving my life” as the realization of little miracles that led to her recovery was reflected upon.

**Stories within personal narratives** that described the reality of struggle and survival included the experience of shame and stigma related to one’s past actions during addiction. This sense of lingering shame and internalized stigma is an issue that makes connecting with others outside of recovery complicated.
Images of transformation/spiritual expansion included the recognition of addiction as the problem as coming like a “bolt out of the blue” by P1, which facilitated her entrée into recovery; once sober, B1 described the feeling of being in an “energy field of light”, surrounded by support and positive thoughts. As K1 grew into her spiritual beliefs she experienced the sensation of “everything falling away” which forced her to rely on her Higher Power for support. This experienced deepened her spiritual relationship.

Metaphors about the beginnings of early recovery included L1’s description of the “mountain of things” that built up and exploded in her early years of recovery, forcing her to make major changes throughout her life, including ending her first marriage, going back to school and examining her own interests. She likened this experience to the “Kriya” discussed in some versions of yoga. A1 described her ability to get through the early years similarly to how she got through “the military”, telling herself that she could not drink today, rather she could drink tomorrow. She soldiered through her recovery, just as she soldiered through her early years in the military, telling herself, “you can’t leave today, you can leave tomorrow”. Her connection of sobriety to military service allowed her to keep her commitment to recovery, despite not liking it for the first five years.

A metaphor to describe the social environment experienced in recovery was provided by L1. She views AA as a “community for outcasts” which symbolizes the acceptance within the group of everyone, regardless of past circumstances. She feels like she fits in with this community, after feeling like an outcast for most of her childhood and adolescence.
Table 6: Roadmap for Early Recovery

**Context:** Adjusting to a new life and a new perspective
**Timeframe:** Years two through year ten; (post “the beginning”)

**Common transitions in the early years of recovery:**
- Adoption of a new lifestyle that is centered around sobriety and an accompanying perception shift about one’s thoughts and behaviors
- Making different decisions (ones that are healthy) rather than ones that lead back to using or other negative behaviors
- Using abstract reasoning again especially as it relates to thinking about one’s life, applying lessons and information, and interactions with others
- Learning to handle things softly vs. everything being a battle with oneself: being more gentle with mistakes, decisions, circumstances, etc. rather than beating oneself up for not being perfect
- Learning boundaries with others and how to assert oneself and get needs met in ways that are healthy
- Learning patience, especially as it relates to the desire to move forward or progress rapidly (i.e. wanting to jump from year one to year five, rather than go through the process)

**Stories within personal narratives that describe relationships and the social environment** in early recovery included the importance of “support” emphasized by E1 as a necessary component of her recovery. Her support consists of a network of women friends, many of whom are in recovery as well. They advise, consult, and encourage her when called upon. L1, however, feels like most of the people in her life are reluctant to discuss her addiction and recovery. She believes “nobody wants to talk about it” out of fear – fear of finding out things that are painful, fear of triggering her to use again, and fear from the unknowns in addiction. While she is comfortable (and even jovial at times) talking about her life, many members of her family and some friends are not.

**A story within a personal narrative that describes struggle and survival** was provided by E1 as she explained the challenges of parenting adult children. Her relationship with her son has emotionally pushed her into places where “the addict will come out” because of the nature of his behavior toward her. Her recognition of “the addict” allowed her to make some difficult decisions and set boundaries with her son in order to maintain her recovery. This relationship is a struggle, but not one that she is going to allow to be a reason for her to return to using again.

**Images about changes in perspective during the early years of recovery** included L1’s sensation that the “brain surgery” she had tried to do in her addiction was actually being done by her use of yoga, meditation and other self-soothing techniques. While still considering herself to have a serious case of PTSD, she has been able to help her brain “open” up to allow in positive thoughts, lessons from AA, and a spiritual life. D1 described her change in perspective when she was able to let go of her “victim mentality” and recognize that she was holding onto this identity out of fear and comfort. Letting go of the victim identity allowed her to “grab onto something worth grabbing”, which included her spiritual principles and practices, healthy relationships, and a new personal identity. E1 described how she is able to tell when someone is in recovery because he/she is “walking different” than he/she had done in the past. “Walking different” signifies changes in behaviors and actions, appearance, and general demeanor. It also symbolizes a transformation from ones old self to a new life.
When A1 described how recovery changed for her in the early years she provided an image of her uncle who was a police officer; she lived in great fear of him for a long time until she came to a place where she respected his authority and discipline, rather than fearing it. She felt the same way about her relationship with alcohol and drugs – she lived in fear that they would come and overtake her, which eventually turned into a respect for their power to do so, if she returns to using.

**Metaphors about early recovery** included the description of the first few years as a lot of “work” similar to going to a job and learning a new set of skills. The early years certainly did not feel like a vacation to most of the women in this study, rather it was a conscious process of daily change and difficult emotional healing. Eventually the sense of recovery being a lot of work changed into something that felt more natural and easier as the women moved out of the early years and had resolved some painful emotional issues. K1 recalled how her husband said to her, “first you’re in recovery and next you’re getting your teeth fixed” to describe the physical and emotional changes that people experience as they begin to care about themselves again.

**A metaphor about the social environment** in early recovery provided by E1 described how she not only “lives life on life’s terms”, but moreover “lives life on God’s terms”. Her relationship with her Higher Power grew in her early recovery and became a central force in her life. She has a strong foundation of faith and believes that she is living her life through God; thus, her life is on His terms. Her relationship is one that is active and conversational with God and one that she feels is a constant presence in her life.
Table 7: Roadmap for the Middle Years

<table>
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<tr>
<th>Context: Stability, Balance, Rebuilding and Persevering</th>
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<tbody>
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<td>Timeframe: Years 5 through Years 15</td>
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### Common transitions in the middle years included:
- Sense of security and stability in one’s personal and professional life
- Continued involvement in therapy
- A sense that recovery behaviors are now second nature (rather than “work”)
- Decision-making is cautious and deliberate, not impulsive fear-based
- Movement away from 12-step as sole support to include other forms of support; some women moved away from 12-step meetings entirely during this time, having found other forms of support
- A sense of emotional balance both inside and outside of AA is achieved
- Recovery is seamlessly woven into life, not something that exists outside of life
- Career and educational developments including going back to school, finding new careers, being promoted, etc.
- Dealing with unexpected crises in life: All the women in this study experienced difficult situations, usually with a loved one, significant other or child.

### Unexpected transitions:
Three of the women experienced a desire to use alcohol and drugs during the middle years of recovery: K1 entered treatment during her sixth year of sobriety; A1 and E1 both had a desire to use again during their eleventh year of sobriety. All three women were able to sustain their sobriety by utilizing recovery tools, support, and therapy to help them during this difficult time. Desires to use again were linked to being emotionally overwhelmed from multiple stressful situations.

### Changes and evolutions in the nature of recovery as described by the participants:
- Recovery becomes more even during these years as one has worked on the majority of difficult issues and is more comfortable feeling emotions;
- Big changes from the beginning of recovery to the middle of recovery as one integrates practices and principles from AA into one’s life. Additionally, as one is more emotionally mature, it becomes easier to have friendships and relationships.
- Recovery evolves and process changes as one deepens her understanding of her self and the application of 12-step principles
- Perspective continues to change through growth and maturity
- The ability to recognize old behaviors sharpens as one is more aware and attuned to one’s self
- Gifts of relationships are evident: the realization of not being alone, the ability to trust and share with others, appreciation for the support from the AA community, being able to utilize support when making decisions, having healthy friendships, and being able to be a responsible parent are all gifts of relationships.
- Gifts of happiness: enjoying life, feeling happy, peaceful, life is purposeful, beautiful; the sense of happiness is expressed as the women described this chapter of their lives
- Gift of identity: Authentic self, liking oneself, self-acceptance, forgiveness

### Stories of rebirth, growth and rising above from personal narratives included:
D1’s description of emotionally “growing up” to where her developmental age matched her chronological age. This growth allowed her to deal with issues with a new set of emotional skills that were better matched for the situations she was facing. Similarly, P1 described her process of “self-differentiation” wherein she learned how to get her own needs met, rather...
than relying on others to meet her needs or fulfill her happiness. She began to know who she was in terms of her own identity. A story of rising above was offered by L1 who shared how the birth of her son and the death of her father felt symbolic. Her father died from his addiction right after her son was born. Her goal is to break the cycle of addiction in her family, beginning with her recovery and her son’s life. She views the end of her father’s life and the beginning of her sons as the end of an era of pain and the beginning of an era of possibility.

L1 also described how wellness has played an important role in her recovery, including her spiritual process. She explained how her physical wellness was intimately tied to her spiritual life and her recovery.

**Metaphors about later recovery** described the maintenance of one’s sobriety, as described by P1’s use of the Third Step Prayer to guide her each day. The message in the Third Step Prayer serves as a metaphor for living one’s life on God’s terms. She utilized this prayer even during the years when she was inactive in 12-step. It allowed her to remain centered on her recovery even though she was not attending meetings. E1 detailed how one has to learn how to “ride through the thunderstorm” of emotions and difficulty in order to remain sober. The “thunderstorm” is a metaphor for “the issue” that a person is facing, while the ride is one’s ability to move through it. The thunderstorm can last a long time or be brief, depending on how one deals with the situation (i.e. dwelling on it or coping with it).

B1 provided a detailed metaphor for recovery through the description of the butterfly’s transformation. She explained the process of the caterpillar weaving its chrysalis and its feelings of confusion and loneliness as similar to the time of addiction. For reasons unknown to the caterpillar, it begins to fight its way out, which allows it to emerge from the chrysalis transformed into a butterfly. Her own ability to fight her way out of her addiction allowed her (and other women) to emerge as a transformed creature. Necessary to growth and survival is the ability to fight one’s way out – just as the caterpillar must fight in order for its butterfly wings to work once it emerges.
Table 8: Roadmap for the Later Years

| Context: Fulfillment, Meaning, Comfort, Normalcy and Joy |
| Timeframe: Year 15 and beyond |

**Common transitions in the later years of recovery:**
- Less anxiety/fear about relapsing
- Feeling solid in one’s identity (knowing who you are and what you have to offer others); sense of meaning and purpose
- Awareness of one’s ability to give back to others
- Connection to a supportive network of people
- Sense of fulfillment in one’s life, including relationships and career
- Sense of joy and gratitude for life, regardless of the circumstances

**Stories of rebirth, growth and rising above in later recovery** reflected the transitions listed above. Although T1 is technically not in her “later recovery” her story of “being the person I wanted to be” reflects the sentiments of many of the participants. She believes recovery has allowed her to fulfill her own expectations for being a good mother, as well as emerge into someone she likes. She can face herself in the mirror each day and acknowledge that she likes whom she sees. B1 believed that recovery allowed her to become the person she was destined to be, which included work in “ministry and spiritual communities”. She recalled wanting to be a doctor as a little girl and feeling called to this profession again in her recovery; in her education about wellness, she recognized the role of spirituality and began her work in this area as well. Her career combines her knowledge of both subjects as she works with women in early recovery in a treatment center. B1 also tells the story of her second marriage, which is a reflection of “love and partnership”, as she and her husband built their careers on understanding recovery and how it is impacted by wellness and spirituality. Their journey together as a couple was interwoven in her journey as a recovering woman.

K1 described the importance of having “spiritual freedom” in AA and how this freedom has allowed her to continually explore her practices for over 25 years. Her relationship with her Higher Power has continued to grow and change and is something for which she is grateful. S1’s relationship with her Higher Power has usurped her need for 12-step fellowship, as she told the story of being “delivered” from the bondage of disease by her God. She feels free from the addiction, not consumed or bothered by thoughts of using, despite facing difficult circumstances over the years. Her faith is steadfast that her battle with addiction has long ended.

**Metaphors about later recovery/recovery today** described the maintenance of recovery. P1 described how recovery has become integrated into her every thought, feeling an action at this point. Just as one learns how to “ride a bike”, she learned to live in recovery. At the beginning, it is difficult to learn how to ride, but once one learns, it seems effortless. She believes this process of integrating recovery is similar. She views service work and meeting attendance today as a way to “stay green” and keep her recovery “fresh”. For her, service work is like “tending a garden” so that she can continue to learn and grow. D1 describes recovery today as “an adventure”, which allows her to embrace and enjoy new experiences. She has moved from a place of “growth sucks” in her earlier years to a place of “adventure” and enjoyment.
Chapter 4: Findings I: Structural Analysis Findings

Narrative inquiry seeks to examine what the storyteller accomplishes by telling her story in a particular way; this task is accomplished through structural analysis. Analyzing the structure of a narrative allows one to see how particular elements of story construction are used to convey meaning. This analysis seeks to understand content and construction, to understand both what the narrator said and how she said it. This process of structural analysis involved several steps, and begins with a summary of the structural similarities from the participant narratives to illustrate commonalities and differences. Second, individual narrative overviews are provided to familiarize the reader with each participant and to interpret the message the individual narrators attempted to communicate during the interview process. The third section of this chapter presents the major structural elements from each narrative through the identification of (a) events, (b) actions/outcomes, and (c) contextualization statements. Following the presentation of the elements is a sub-section on “defining recovery” which serves to illustrate the individual perspectives of the participants and how they construct their answers to this question. The structural analysis concludes with a discussion of the “stories within the stories” or the vignettes that exist within the narratives.
Overall Story Structure

The women in this study each communicated several points by sharing their recovery narratives. The first point for many of them was the reality that their addiction began in their homes, where they were often exposed to alcohol use from a parent. Additionally, many of them experienced physical and sexual abuse as a result of the level of dysfunction within the home. Many of them recognized how their environment influenced their adoption of substances into their own lives at a young age. Common in the addiction narrative is a sense of events happening outside of their control. These external forces like being abused, and being raised by parents with untreated addiction served to negatively impact their development and life choices. The tone in the majority of the addiction stories is that of chaos and pain and an external sense of control. When the women switched to the recovery portion of their narratives, the tone shifted to one that was less chaotic, more stabilized, and centered on internal forces and processes. The structure of the recovery story is one steeped in personal power, even in moments of doubt and difficulty. The recognition of a connection to others, the self, and a higher power resonate in the recovery narratives of the women. Their journeys are eventful, arduous at times, and dynamic. They all recall the work they had to put into themselves and their recovery in order to reach the places they are today and are proud of their abilities to survive and thrive having faced such painful life circumstances during their addiction. The desire to help other women is apparent in all the narratives, with each woman wanting her experience to be understood, as she is certain there are other women out there struggling with similar issues. Further details on the characteristics of their narrative structures are provided in the next section.
Individual Narrative Summaries

Each narrative in this study communicated a personal message about addiction and recovery for women in order to make a point, or several points. An overview is provided for each personal narrative with interpretations of the narrator’s message. Why stories were told in a particular manner is the focus of this section. The subheading for each participant’s narrative will be indicated by the participant’s coding pseudonym.

B1

The structure of B1’s story was complex, weaving in several sub-stories within her overall recovery narrative. The message she communicated throughout was one of destiny, sometimes serendipitous, and other times unavoidable. Her desire to convey this personal understanding of her own journey was part of her opening statement where she says, “... the life I have today and the life that I had and who I was the first 17-18 years of my life, fit together perfectly.... looking from where I was as a girl, and as an adolescent...and where my life started to pick back up again...seem seamless to me”. She believed the events that unfolded in her addiction and recovery were connected and necessary, on a mystical and spiritual level in order for her to become the woman she is today. Her recall of events, transitions and outcomes was chronological, with contextual statements woven throughout to provide understanding of what it was like to be in these moments – her story is one where the listener is able to journey along with her, due to the emotional detail she provides.

She devoted an extensive amount of time to the telling of her addiction story to illustrate the disruption of her life. Most of her addiction story was characterized by a sense of chaos and an external locus of control over the events in her life. Once sober, she
seemed to re-join what felt like a more natural order, or a seamless fit with her life before
age 18. She provided detail on a series of events that occurred in her recovery journey,
divided up in a way that illustrates the many facets of her personal development
including, marriage, career, education, and spiritual explorations. Each event was
contextualized by her feelings, reflections and memories.

Her narrative was full of sub-stories or vignettes. Each of her sub-stories had a
distinctive thread or theme, and expressed point related her development. This stylistic
manner may be influenced by her many years as a journalist, as each segment read like a
mini-series with character development, plot, etc. Her description of her husband’s
departure to Vietnam illustrates this style:

“Um, I was 20 years old, living on the island of Oahu alone, about 5000 miles
from home (very tearful), and had no support system and I found out about it
watching the evening news and seeing my husband walk down the pier…and that
was the start of the Vietnam war. (Crying). And within six weeks, half of my
friends were widows. And so, I, I, I locate the real disintegration of my life from
that point.”

Her main narrative accomplishment was the detailing of the profound nature of her
recovery. The profundity lies in reconnecting with a true sense of her self - a coming into
wholeness and the realization of dreams that she had once abandoned - through spiritual
work, significant connections to teachers and guides, and an expansion of knowledge on
the mind and the body. She believes that her story is not common and one that many
would not expect to hear. She recognizes that her experience may be unlike others, but
that it is one that should be shared.
A1 anticipated not having much to say or share and opened her interview with a statement about how she is “usually pretty brief, so I “might not get much” out of her, as if to lower my expectations around this particular interview. This statement proved interesting and somewhat true, as she spent only 36 minutes talking, as opposed to the other interviews, which were closer to one hour or longer. Her recovery process was described as hard and full of fear and dislike for the first twelve years as she struggled to feel comfortable with a recovery lifestyle. The following 10 years were less difficult, but certainly not characterized as joyful. She revealed during the interview the amount of underlying issues she had to face – “eating disordered behavior”, spirituality, “sexual preference”, and long-term sexual abuse. She identified how it took a long time for her to put together the various pieces of her personal puzzle and understand how her issues of abuse and trauma played into her addiction and her recovery. Like many other difficult things in her life, she has survived by “soldiering through” the pain – she soldiered through 22 years of sexual abuse, through a long military career and recovery.

She senses that this version of the recovery experience is often overlooked and wanted her perspective included in the dialogue about recovery. She characterized herself at the end of her narrative as introverted, introspective and someone who “prefers a lot of alone time”. She assumes that most people in recovery enjoy the process and find it easy because their personalities are more fitting with the 12-step group format. As she told her story, there is a sense of pervasive silence in her life; this silence has impacted her opportunities to share her story and seems to have kept her disconnected from others, which is partly why she believes she is almost alone. Recovery for her was not about
destiny and wholeness as it is for B1, it was about **survival** and an intense **fear**. Her narrative structure did not involve many details about the people in her life, rather she focused on her own self and her internal dialogue. Her style was “matter-of-fact” and moved in a chronological sequence through her years of recovery and her career developments.

**K1**

K1 has a recovery story that very few people outside of Alcoholics Anonymous (AA) even know exists, as she chooses to not reveal her status as a recovering person outside of the AA community. Despite 25 years of sustained sobriety and continuous affiliation with her AA groups, she is unaccustomed to sharing her story with “an outsider”. When asked to describe her journey into recovery and her experience, she struggled to understand the question, and then decided to describe her recovery experience through “aspects” of her life, rather than periods of time. Her story began with a transition statement about having “false starts” into recovery. She was introduced to the idea that she may have a problem with alcohol when she visited her boyfriend while he was at a treatment center. The staff person there presented this idea to her after an assessment; she considered the counselor’s feedback and decided to try an AA meeting, but felt out-of-place immediately. She found her own way into recovery after two more years of negative consequences related to drinking. This time she went to a meeting with another female friend and walked away feeling like she could at least “tolerate” the experience. Once this connection was made, she remained sober, and currently has 25 years of sustained recovery.
She credited recovery as “the best thing that ever happened” to her in terms of her personal relationships and most every part of her life. The “thread throughout” for her is the ability to be in intimate relationships with others that are based on trust and accountability. It has been fulfilling and gratifying to her to have these kinds of relationships and she has long-term relationships with many of her AA friends. She feels accepted by the AA community, but feels a sense of stigma outside of AA that prevents her from identifying that she is in recovery to most people. It is not something she feels like “she wants to disclose easily” and yet, she feels guilty because she wonders if there are people she could have helped if she were more comfortable disclosing this information. This sense of stigma is internalized based on unresolved shame about her past. The impact of stigma and shame are evident in her story and she has isolated herself somewhat from connecting with others outside of the 12-step fellowship because of these powerful feelings. It is not without coincidence that the majority of her addiction story is absent from her interview. Part of what her story structure communicates is a desire to understand her own reluctance to share her journey outside of what she perceives to the safe world of 12-step fellowship. She also hoped to communicate the reality of stigma for women in recovery, especially the double standards that exist in terms of sexuality and other behaviors during addiction.

Her addiction story contains events that led into her recovery, rather than a history of her use. Once she details how she transitioned from drinking to being in recovery, the structure of her story is similar to an internal dialogue, constructed mostly from contextual statements of her internal musings. She was both pensive and thoughtful in her reactions and answers to the questions posed during the interview. She struggled at
times to edit herself, unsure of how she wanted to phrase certain things that were more familiar in AA meetings. She struggled to respond to questions that contained the phrase “women in recovery” until she reframed it to be about her own experience. Her struggle to identify as a recovering woman outside of an AA meeting made it hard for her to relate to the group as a whole in her discussion. Toward the end of the interview I asked, “Why did you agree to this interview?” She stated at first she did it as a favor to one of the other interviewees and then added, “I was wondering what I might say.”

**P1**

P1 began her story with a contextual statement about growing up in an “alcoholic network” that comprised family, friends, neighborhood and church community. This statement laid the foundation for her understanding of how she became an alcoholic and continued as a theme throughout her initial story line. Her story followed a chronological path, with events that directed her story, each of which were contextualized briefly before the introduction of the next event. She spent some time in self-dialogue to provide insight into her thoughts at the time of the event and the struggle she endured in letting go of drinking. She was fairly matter-of-fact and comfortable sharing the events and outcomes of her addiction, as sharing her story as a part of her role in 12-step fellowship over many years has seasoned her. She ended her answer to the first question by stating “And that’s my story and today I’m a happy camper,” signaling her belief that the interview was over and that I was there to gather only this part of the narrative. However, there were several questions to answer about her recovery journey, which she was happy to do and less-practiced at delivering.
Once she finished her answer to the opening question, she refrained from the AA “lead structure” and merged into a place of context that was more about her discoveries, thoughts, and musings on recovery over 27 years of continuous sobriety. P1 came to “carry the message” of recovery by participating in this interview, and then was happily intrigued by the opportunity to delve further into discussion about recovery through the additional questions. Her story communicated a subtle message about being destined to become an alcoholic based on her environment, rather than on major personal problems. She shared a successful career, a somewhat happy life (minus some fear and anxiety), and little to no tragedy. She seemed to learn some things about her recovery while she was talking, especially as it related to the connections that are meaningful to her. She recognized the importance of her service to others through the 12-step fellowship and how it has played such an important part in the last seven years of her sobriety. Her story is one that is meant to inspire someone to believe that recovery is attainable and that with practice it is also sustainable. She has a desire to help others in recovery and has many thoughts and points of advice based on her practice of the recovery principles and her experience living this life of sobriety.

D1

Her story began with a statement of context to explain how the experiences from her childhood set her up for her alcohol and drug addiction. She explained the similarities between her alcoholic father and her first husband. It seemed important for her to highlight these parallels before going into the details of how she began her sobriety and her recovery journey, as she believes they are relevant to understanding who she is today. She acknowledged that getting connected to her first husband, while a painful and
abusive union, was the beginning of her recovery journey because he introduced her to recovery via “The Big Book”, which planted the seed for her to seek AA later in her life. After these opening statements she moved into a chronological focus on her addiction in her adult life.

She uses this theme of growing up to explain the process of recovery for her in terms of segments, divided into blocks of years. She spoke in detail about the difficulties faced in the first 5 to 8 years due to the amount of feelings that needed to be processed, understood and healed that had previously been quelled by alcohol and other drugs and eating-disordered behaviors. She characterizes the first five to eight years as “tremendous growth” through a lot of pain and hard work. The “growing up” part of these years involved a steep learning curve about handling feelings, having relationships and “all the things you're supposed to learn in adolescence”. A “peeling back of layers” and feeling very comfortable in her identity characterize the last five years of her recovery. She sees her role in recovery now as someone meant to guide others and contribute to their recovery. The fears she had in the past have subsided and she feels settled in her identity. She views recovery as an adventure, and shares her perception shift around not being a victim anymore as a major milestone in her recovery in this part of her story. She ended her story with a discussion on her philosophy on life, which is that life is to be enjoyed and that there is a lot of fun in recovery.

D1’s story is one of gratitude for being able to experience a healing process. She feels graced to have recovery and wishes everyone with the disease of addiction could experience recovery. She sees how her life unfolded and seems to understand why some of the events happened, noticing moments of serendipity throughout. She believes
recovery is the reason she has a life and feels a sense of triumph over this disease. She told her story with ease and responded to each question with a lot of thought about herself and other women. She answered from a place of confidence about addiction and recovery and is positioned to advocate for persons in need of treatment. She is in an entirely different place than K1 in terms of stigma - she believes it is anonymity that perpetuates stigma and wants more recovering people to share their stories outside of the 12-step fellowship. She believes that recovery should be recognized and celebrated, rather than kept quiet and hidden from the general public. She tells this story to inspire others to find their recovery.

T1

T1’s interview began with some background on how she'd become an alcoholic, stating that she knew she was a problem drinker, or an alcoholic for the last 15 of her 30-year drinking history. She provided a short vignette about her first time drinking to get drunk at age 14 and interjects the statement about “being someone who should have known better” because both her father and stepfather are in long-term recovery from alcoholism. Despite their experiences with addiction and recovery, she still began drinking at an early age. She spent extensive time detailing her progression into alcoholism and the events that almost ended her life as a way to explain how lucky she is to have survived and found recovery.

Her story is one of gratitude and relief. She is grateful to have found recovery after surviving the events of her life and being given the opportunity to get sober. She communicated the importance of community in her life – from her neighbors, her fellow parents at her daughter’s school, and the community of AA in her life. She seemed most
thankful for the relationship she has with her daughter and how she has been such an important part of her sobriety, often serving as her main motivation. She seems relieved to not be plagued by the negative feelings and perspective that characterized her in her addiction. Her ability to see the positive aspects of life and to handle situations differently has made her life much “softer” and easier. She recognizes the interconnectedness of life and enjoys what she is able to experience today. She shared that while it has been a lot of work, the good things that have happened in her life since entering recovery have been “amazing”. She hopes her story will help others who are struggling like she was for so long. She wants other women, especially those who are mothers, to recognize how recovery can benefit the experience of parenting. She is at a place where she wants to share her gratitude as she continues to grow and learn in her own recovery.

L1

L1 was the youngest woman to participate in the study; she became sober at age 23 and was 30 years old at the time of her interview. Her story represented the perspective of someone in the transition between early recovery and middle recovery, attempting to balance the demands of a career and life as a single mother. L1 grew up in an environment where both of her parents were alcoholics and use by she and her siblings was acceptable. K1’s mother taught her how to “take a glass of wine into the shower” so that she could continue drinking while getting ready to go out. She recalled having a physical compulsion to drink (and drink alone) by the age of 12 and had access to alcohol from her father’s beer refrigerator. Her use was part of her effort to “perform brain surgery” on herself so that she could “permanently forget” the abuse she suffered,
specially the sexual abuse from her father. At the time she didn’t know what was bothering her, exactly, she just knew that she wanted that part of her brain to stop remembering. She was certain that she’d know when to stop with the surgery was complete. Her use continued until she was 23 and had experienced a “series of bottoms” at all levels – physical, emotional, and spiritual and began to feel an “impending sense of doom”. Her moment of realization occurred on night when she found herself walking barefoot down a four-lane highway. She told herself that this life was “not fun” and certainly “not glamorous”.

She began attending Narcotics Anonymous (NA) because she was comfortable admitting to her addiction to cocaine and methamphetamine, but did not want to admit her dependence on alcohol, because her parents were alcoholics and she didn’t want to identify with them. However, she met a woman who was involved in both NA and AA who told her “your real place is in AA” and through some guidance, she was able to understand that this woman was correct. Once she connected with AA and accepted that alcohol had been an integral part of her addiction, she felt like she “hit the ground running”. In her seven years of sobriety, she has worked through some pain of her past, delving into therapy for her trauma issues and for her mental health needs. She sent herself to graduate school and became a social worker, was married twice, and experienced the birth of her first child. She is still at a place where she struggles with emotional bottoms, mostly due to her unresolved issues with relationships and trust, and is working on the spiritual component of her life. She continues to understand herself and her needs, building a sense of identity in many ways through reading, her career and parenting. She still finds herself feeling “empty” at times, seeking validation from others,
often from men. Her most fulfilling and safe relationship is with her child, which is something she believes deepened her commitment to her recovery and began another chapter of her journey.

S1

S1’s story structure was character-focused and full of dialogue and contextualization. Her story was chronological and spent time detailing the events of her addiction, more so than her recovery. Her story began with her entry into using, which was introduced to her in adulthood through a relationship and emphasized by an extended family that was involved in drug use. She entered a world quite different from her own upbringing and seemed to be swept up into this life with her first husband. She relocated from Indiana to Minnesota with her husband and was soon surrounded by people who were using drugs. Her drug use worsened and became her main focus. She quit working and contact with her own family was severely limited. She transitioned with her husband to different cities in several states to try and make a better life, only to find their situation remained the same: shackled by drug addiction.

Her relationships with her first husband and her long-time significant other were riddled with drug use, violence and a constant cycle of residential and economic instability. She sent her son to live with his grandmother as her situation became more difficult. She survived the death of her infant daughter at birth, which deepened her addiction due to the unresolved grief and lack of support from others (as many did not know about the situation). Two years later, she had another daughter and soon lost custody of this child to children’s services when she was a toddler. After a “spiritual
awakening” and assistance from a court advocate, she was able to get into long-term treatment and sustain her sobriety.

Her life after getting sober was a lesson in patience and perseverance as she worked to regain what had been lost. While her addiction and recovery stories were rich with character detail and dialogue, she provided little discussion on the meaning she made of many of the events that unfolded in her life; this situation may be due to a story structure that is less attuned to introspection and more attuned to “telling a story”. She believes she is delivered from this disease and therefore does not need to spend much time pondering certain aspects of her recovery. Her story had a rhythmic pattern that was almost musical as she repeated herself often, usually as a reaction to a part of her story. The way she told her story felt like she was simultaneously reflecting while being presently involved, which allowed the listener to be in the moment with her. Some of her stylistic issues may have served to jog her memory as she spoke, as she often asks herself to “back-up” and re-tell a particular vignette. She told her story to communicate the madness of addiction, the pain she experienced in her adult life, and then the triumph of recovery, to which she credits her higher power. Her interview for this study was not the first time she shared her story with others, as her accomplishments were recently acknowledged in a public ceremony in the community.

E1

E1 started her story at the time of her fifth prison sentence – the final time she was incarcerated and the beginning of her entrée to recovery. She was the only woman interviewed who did not begin her trajectory into recovery with the realization that she needed to stop using drugs and alcohol – rather, she was tired of being incarcerated and
wanted to figure out how to continue her drug use but discontinue her incarceration. She decided to try a behavioral modification program in prison with the hopes that they would teach her how to stop going to jail, but be able to still use drugs and alcohol. The realization that her drug use was intimately connected to her criminal life came at about seven months sober when her counselor asked her if she had figured out how she was going to be able to continue to use and not be incarcerated. She then experienced her light bulb moment that “one would not come without the other” for her, so if she wanted to stay out of prison, she would have to stop using alcohol and drugs.

Key to her recovery journey was being involved in long-term treatment, which began in prison. She received help through the program for much of her two-year sentence and then was directly linked to a long-term women’s treatment program that also provided safe housing. Going directly from prison to treatment allowed her to further stabilize and not return to her old environment, which she believed would have triggered her to use again. It was at this point that she believed she began to really be in recovery, because of the different decisions she began to make for herself. Her behaviors, thoughts, and feelings changed as she began to build trust, act responsibly, and “walk differently” than she had before. Her journey included a new career as a chemical dependency counselor, as she began working at the treatment center and completing her education. She reunited with her children when her daughter was 11 and her son was 18, and got married to her husband. Her 18 years of sobriety have not been without challenge – she had to learn to parent her children who had been without her much of their lives, build a relationship with her husband that was recovery-based, and reconnect with her family members who were not in recovery. She experienced difficulties with
her son in his adulthood, and became a full-time parent to her two oldest grandsons. Additionally, she was diagnosed with a chronic lung disease, which forced her into an early retirement and her husband died from cancer around her 16th year of recovery. Through it all, she has relied on her “support” to help her through these times – a large network of women who have provided her with guidance and friendship since her recovery journey began. She lives her life “on God’s terms” with a steadfast commitment to her faith, as well as her recovery practices of meetings, therapy and support persons.

E1 told her story to share her wisdom over the years of how she was able to enter recovery and sustain it. She intended to deliver wisdom during her interview and share her experience, strength and hope, as is traditionally done in the 12-step community. Her story structure was not a traditional lead, rather, she told a very detailed and character-driven synopsis of her early years in recovery to demonstrate how she began her sobriety and was able to finally break free from her addiction and criminal life. She used contextualization to explain her insights into the events in her life, often explaining why she believed they happened and show she believed she learned from them. She was comfortable talking about her experience and did not need much prompting, using the first question to explain much of her journey, including her insights about entering recovery and how it changed for her over the years. Her telling of her story was rich in detail of her own considerations – including direct conversations with herself and others to illustrate a scene or vignette. In many ways, her story style was similar to S1, the only other African-American woman interviewed. They both utilized present-focused conversations and past-focused reflection to explain a situation. E1’s style differed from
S1 by integrating more reflection – much like a teacher wanting to explain a point to a student. She made certain to provide her understanding of each event, outcome and experience as a lesson for another woman. This style continued into the latter part of the interview, when there was more of a question and answer scenario about certain aspects of her recovery. She would state her answer to the question and then step back to explain why she said what she did and why it mattered. E1 is reminiscent of an elder – there to provide sage advice and guidance.

**Structural Elements**

Structural elements are components that comprise or makeup a narrative. The elements presented in this section were identified and categorized according to definitions and procedures from the Methodology Chapter. Presentation of the findings of structural elements occurs in the following order: (a) events/transitions, (b) actions and outcomes, and (c) contextualization statements. Most of the narratives were not event-driven; rather events were limited and focused mostly on the addiction story versus the recovery story. The stories focused more on actions, reactions and outcomes to events with significant contextualization within answers to questions or reflections about the journey. Each participant used action/outcome statements to further the telling of her narrative and bring a conclusion to a part of the story. Action/outcomes seemed to close off one segment and move the plot forward for most everyone. Each woman utilized action/outcome statements in a slightly different way to communicate what happened either as the result of an event or right after an event. Action/outcome statements are presented from each participant, beginning with those used to describe addiction, followed by those that occurred in recovery.
Events/Transitions in Addiction:

Event one: the beginnings of alcohol and drug use.

Most of the women began their stories with a statement of context about their journey and then began with their memory of first using alcohol or other drugs. This was the first event located in the narratives for B1, P1, T1, A1, S1 and L1. Their age of onset varied from age 3 when P1 drank a bottle of cold medicine to age 20 when S1 began smoking marijuana. L1 realized she had a problem with drugs and alcohol by the time she was 12 years old, while D1, A1 and T1 all began drinking around ages 13 and 14. Consequently, everyone other than S1 was exposed to alcohol or drug use in the home on a consistent basis with many all having at least one addicted parent. E1 did not detail when she started using, but explained that she and all her siblings where drug and alcohol addicted and that her father was an alcoholic. E1’s drug use involved significant jail and prison time, which worsened as her addiction progressed.

Event two: marriages and careers.

Marriage or a relationship was the second event for the D1, S1, and K1, while the start of a career was the second event for A1, T1 and P1. B1’s first event is her marriage to her first husband at age 18, although she shared that she had begun drinking prior to getting married. B1, S1, D1 are all married by age 20; K1 is involved in a serious relationship around this time with a man who is in treatment for addiction. Careers came early for P1 who entered the convent at age 16, for T1 who dropped out of college at age
20 and began a successful career in food service, and for A1 who began her military career at age 18. L1 moved to New York City and began working in bars and clubs to support her self and her addiction. They were essentially married to someone or to a career very early in their respective lives. Their addiction process was beginning to escalate for many of them at this time as well.

Rather than discussing a career or marriage, E1’s opening event for her narrative was her fifth term in prison. Her life involved significant time spent at what she referred to as “the university” – a euphemism for prison. At “the university” she felt like she was on campus, alongside other “students” who where verse in drugs and crime. Her fifth term in prison was the beginning of her recovery, unbeknownst to her. Her life up to this point was different from most of the other women, as she spent many years serving time in prisons and jails as a result of her drug addiction. The legal consequences she experienced during her addiction were much more severe than the other women, yet not severe enough to make her want to stop using drugs and alcohol.

**Event three: relocation.**

A common third event for many of the women was a geographic relocation shortly after marriage or a career beginning. B1’s husband was stationed in Hawaii and was soon sent for his first tour in Vietnam; after this first tour they moved frequently, and finally settled in Naples, Florida. S1’s husband moved her from Indiana to Minnesota to join with his family. T1 traveled frequently to assist other restaurants in her company; P1 exited the convent and began a career working for the church and traveling. A1 moved from Iowa to Ohio to attend graduate school and D1 moved from Iowa to Kansas with her husband. L1 relocated from New York back to Ohio in an effort to stop using. The
only one not to move was K1. S1 experienced frequent relocations as her drug use progressed and she and her husband attempted to find places to live and ways to survive.

**Event four: divorce.**

The experience of divorce is the next event for several of the women. B1 sought divorce after the birth of her sons and several years of chaos (i.e. constant relocations, financial ups and downs, etc.) with her husband. S1’s marriage ended after an argument where S1 left for two days; when she returned to their apartment her husband had packed his belongings and left. T1 got married at age 30, had her daughter and then got divorced shortly afterward. K1 went through a divorce in her recovery, at approximately 6 years sober. Marriages for many of the women were wrought with difficulty and ultimately ended as a direct result of addiction or as a correlation to the addiction lifestyle. L1 did not experience divorce, as she did not marry until she entered recovery.

**Event five: awareness of a problem.**

The event that got many of the women to recognize they had a problem with alcohol and other drugs varied among the group but had one underlying theme of embarrassment and/or awareness. D1 was pulled over for driving while intoxicated and allowed to go home after the traffic stop; angered by the manner in which the officer talked to her, she made an accusation that he had made a sexual pass at her during the stop. The police department sent out a team to investigate her claim the next morning, which was terribly embarrassing to her because she was unsure of the events that had transpired. This embarrassment led to an immediate moment of awareness that she was an alcoholic. Shortly afterward she began attending AA and was sober from alcohol and
other drugs within a few months. P1 had been pulled over for driving while intoxicated many times in her youth and was often allowed to go on her way because many of the officers in her town were family friends. She had dismissed these many traffic stops until the one day she woke up at a stop sign without knowing how she’d gotten herself there. Prior to this moment she had spent the weekend reading about alcoholism after purchasing $37 worth of books on the matter. She then attended a dinner party where she began drinking and somehow drove herself to the point where she awoke in her car. This moment was a “bolt out of the blue” that she needed help. She reached out to a friend in AA who linked her directly to treatment.

T1 was arrested after a third DWI over the course of 27 years and jailed because she had a controlled substance on her person as well. In a moment of deep depression and self-loathing, she contemplated her own existence and the end of her life. At the same time that she is feeling incredibly sorry for her self, another woman walked into her jail cell who appeared even more desperate than she; she revealed to T1 that she had just shot her boyfriend and was being charged with murder. This encounter was the moment when T1 felt that the desire to drink was lifted from her. Upon her release from jail the following day, she asked some friends for help and began attending AA. Her ability to empathize with the other woman’s shock and pain was literally sobering.

A1 experienced significant embarrassment after being absent from work for two weeks on a binge. Upon returning after what she thought was only two days away, she received an intervention by her boss and co-workers. They demanded that she enter treatment, with which she complied. K1 experienced embarrassment over her behavior while intoxicated, especially as it related to sexual behavior and multiple relationships.
Her embarrassment led her back to AA and into sobriety. B1 crossed a personal line of being very intoxicated in front of her family, which drove her to ask for help due to her embarrassment. The next day she admitted to her parents that she was an alcoholic and was getting help from a friend in AA. S1 experienced years of negative consequences due to her drug use, including the loss of her residence, the death of an infant, the loss of custody of her children and her safety, yet continued to use. One day she experienced a spiritual awakening in a drug house where she realized she did not want to continue using drugs. This awareness prompted her to call a social service worker and ask for help. This person linked her directly to treatment, where she remained for 18 months.

L1 found herself walking down the middle of a highway with no shoes on at 3am, thinking that walking made more sense than driving. While this event was preceded by what she called “a series of bottoms”, she recognized that her life was “not glamorous anymore” and that it “obviously” was not working for her anymore. She remarked that after getting off drugs, she continued to drink, despite feeling like she was dying. After a year of drinking and this event, she began her sobriety through attending 12-step meetings.

E1 was not aware that she had a problem with alcohol and drugs; rather she was focused on her inability to stay out of jail and prison as her main issue. When she arrived to serve her fifth prison sentence, she digested several pain pills in an effort to not get “dope sick” from heroin withdrawal. Her efforts were in vain, as she almost overdosed and died. She survived this incident and transition from jail to prison to begin serving her sentence. She had heard from a friend that the prison had a “behavioral modification” program that was “pretty good” for women and she thought that it might be able to help

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her find an answer to a burning question. She posed this question to the program counselor and stated, “I want to know how I can continue to do these drugs cause I love it, and stop coming to the penitentiary.” E1 was certain that if she followed their directions and did what was asked of her, she would solve this mystery. However, during her seventh month in the program she became aware that her drug use was connected to her criminal life. Therefore, if she wanted to remain free, she would need to abstain.

**Event six: introductions to AA.**

Many of the women mentioned their first exposure to AA, which for some (K1, L1, D1 and P1) came prior to getting sober and for others came in early sobriety (B1, T1, S1, A1, E1). First impressions of AA were mixed; with some feeling like it was not for them (K1, L1, A1, P1) and others feeling like it was the right place for them (D1, B1, E1 and T1). What seemed to help them connect with AA was a friend in the program, especially a female friend who exposed them to a meeting where women were present. L1 met a woman who worked with her to recognize her addiction to alcohol, which she was reluctant to admit. She connected her to an AA meeting and L1 felt she’d found the right place for her recovery. E1 was connected through the program in prison and then through her long-term treatment program.

**Events/Transitions in Recovery**

The portions of the narratives focused on recovery were much less event-driven than the addiction sides of the stories. Therefore, events/transitions are not numbered as they were in the previous sub-section. They are discussed in terms of the participant’s individual narratives. Additional interpretations on events and transitions are presented in the second Findings Chapter on Life Course Analysis.
K1 attended an international conference for young people in AA during her first year in recovery, which sealed her commitment to her sobriety because the experience was so powerful. She got married around her fifth year of sobriety and then divorced in year six. The demise of this marriage was painful, and she experienced thoughts of drinking and suicide. She was fortunate enough to enter addiction treatment for 30 days, despite being sober for six years. She later got married again to her second husband, with whom she is still married today. The final event she discusses in her spiritual awakening through the experience of “everything falling away”, forcing her to rely on a power greater than herself.

A1 struggled with many issues after entering recovery. Her first sponsor in AA met with her twice and then relapsed, which drove A1 away from AA, certain that the program was a joke. She began some intense therapy around years 5 and 6, which helped her feel more settled in recovery. Around year 10 she experienced a “bizarre obsession” with cocaine, prompting her to enter therapy again. After year 12, she had a “total surrender” and felt much more connected to her recovery, as well as her sense of a higher power and spiritual life. At some point in her recovery she talked with her mother about the continuous sexual abuse she experienced from her grandfather (ages 3 to 22); her mother responded with a statement about the abuse being unavoidable, which was deeply troubling to her. This event was significant to her in terms of her awareness about the level of abuse and dysfunction in her home.

B1 experienced many events after becoming sober. She met the man who she felt was destined to be her “teacher” and spent six years under his tutelage learning about medicine, psychology and metaphysics. She met her second husband during this time as
well and was married again. She began an extensive spiritual exploration and attended Seminary for addiction counseling. After the death of her youngest son, she continued to develop her understanding of numerous faith practices and integrated this aspect of her life with her expertise in recovery and wellness. She and her husband continued to work together in the addictions field, applying their expertise in wellness and recovery.

L1 got sober at age 23, similarly to D1 and K1. She experienced many events in her seven years of sobriety. After finding a home group in AA, she met her first husband, who was also in recovery. She got married and began trying to conceive a baby, including giving herself daily hormone shots as a part of the process for in vitro fertilization. She was also the primary caretaker for her uncle, who had HIV and needed extensive support. Around her third year of sobriety she began to feel like things were not right in her life – her husband began using cough syrup recreationally, she began to feel unsafe at meetings, and her uncle’s health was failing. She described what happened that year as, “I would call it a Kriya – you know, like what happened to me in 2003 – like a whole bunch of mountains, a mountain of things built up and it just exploded.” She got divorced, her uncle died, and she began to think about what she wanted for her self. She recalled the next couple years as the “next phase” of her sobriety, as she entered graduate school and began exploring her intellectual and social interests. Years five and six of her sobriety included completing graduate school, a second marriage and the birth of her first child, followed by the death of her father due to suicide. Now, in her seventh year, she is separated from her husband and raising her son primarily as a single parent. Her commitment to her recovery remains strong, despite this personal challenges and difficulties.
E1’s events were focused mostly on her recovery journey. The first event she discussed was entering prison, followed by her admission to a behavioral modification program in the penitentiary. During the first seven months of this program, “something inside” of her had changed and she realized that she would have to remain sober in order to stay out of prison. She stated that her recovery began after sobriety – because she did not realize she was in recovery until that moment. After two years in prison, she was linked to a long-term women’s treatment program, where she remained for over a year. During this time, she obtained a job, she reunited with her 11-year old daughter, and began a relationship with a long-time boyfriend who was also in recovery. She transitioned from being a client to a staff person, per the recommendation of the Executive Director, beginning her career as a Resident Manager. She then started her college education and eventually transitioned other roles in the organization.

She faced a difficult situation in her recovery when she received a letter from Child Support, which forced her to face an issue that she’d been avoiding for many years. She informed her daughter that the man that she thought was her father was not – rather, her biological father was another man. This issue was doubly difficult, as E1 had faced the same thing in her own life with her father. This issue was ultimately resolved after some difficult discussions between her daughter and her boyfriend, and they continued to live as a family as they had prior to receiving the letter. She eventually married her boyfriend and remained with him until his passing a few years ago. After her husband passed, she was granted custody of her two oldest grandsons (her son’s children) and began raising them as teenagers. She had to address substance abuse with both of them
as well, and linked one of them to treatment. She has remained sober for 18 years, despite hardships, because she believes recovery is her “life”.

D1, P1 and T1 have recovery narratives that contain few events as a part of the story structure. D1 began working in the treatment field after her first year of sobriety and met her second husband during her second year. P1 met her second husband around her tenth year of sobriety and experienced a relocation and job change after he was diagnosed with a chronic illness. Their stories contained more information that was considered as *actions or outcomes*, which are discussed in the next section.

**Actions/Outcomes in Addiction**

The subheading for the actions and outcomes in addiction for individual participants will be indicated by the participant’s coding pseudonym.

**S1.**

While all participants used action/outcome statements during the discussion about their addiction, most used less than ten of these statements. The participant with the greatest variance from the others was S1, who used 30 action/outcome statements to describe her addiction experience. Her story was very outcome-driven and was delivered as a blow-by-blow of the progression of her addiction, the continuing negative consequences, painful life choices and personal struggles. Most of the outcomes are not significant to understanding her or her sense of meaning – rather they are a entertainment-focused telling; for example, “this happened and then I did this and then he did this…” type of discussion. There were a few outcomes in her addiction story that stood out as significant to understanding her journey; these outcomes differed in their style as compared to the others as they were more internally focused, sharing aspects of
her feelings and reflections on the situations. First was the death of her first daughter, who passed away shortly after birth. This outcome was a result of a difficult pregnancy that involved drug use and violence. Her sense of being alone during this time and of possibly being mistreated in the hospital was evident as she reflected back on this moment. She went through the process of labor and delivery without her significant other or any support people present. After her daughter died, she was discharged from the hospital (alone) and returned home. She shared how it still haunts her today that she never buried her daughter – rather, she left her with the hospital and went home. This situation leaves her with some unresolved grief, having no closure on her daughter’s death, no place of burial, etc. This was the only time during her narrative that she cried.

The second outcome of significance was the birth of her second daughter and the subsequent loss of custody due to neglect because of her drug abuse. S1 attempted to stay sober for a few months after her second daughter was born, but was living with her daughter’s father, who was still actively using drugs. She returned to using and was absent from the home, leaving the baby alone most of the day while her son was at school. Child welfare became involved and her son returned to live with her mother and her daughter was placed in foster care. She sustained abstinence for 11 months after this event, but relapsed on the day of her custody hearing. She said she still does not know why she relapsed at this time. Her use became worse, resulting in homelessness and life on the streets.

The third significant outcome happened when she had a “spiritual awakening” in a drug house and decided to call “this girl” whose phone number she kept tucked away in her shoe; “this girl” happened to be her court advocate, who came to retrieve her and got
her into treatment immediately. Serendipitously, the following day was scheduled as her final hearing for the termination of her parental rights. Amazingly, her rights were upheld because she entered treatment. The end result of this situation was her sustained sobriety and eventual reunification with her children. She has been sober since this time.

**T1.**

T1 utilized outcomes heavily in her narrative, during her description of addiction and of her recovery. Her outcomes were very detailed and described the negative consequences of her addiction. This situation may be a result of her having one of the longest addiction histories (active addiction for 30 years) and shortest timelines in recovery (5 years of sobriety at the time of the interview). Her style was very chronological and focused on the progression of her drinking and the changes in her career. She seemed to use these outcomes to explain her life, and illuminate her continued progression, despite having a “good life” on the outside. During her telling she seemed dumbfounded by her continued alcohol use, despite the events and outcomes that unfolded.

There are two events that stood out as significant, especially as they related to outcomes that changed her life. The first involved a brain aneurysm, which resulted in her almost losing her life. She not only survived, but also was essentially unscathed, other than increased anxiety about it happening again. Despite this brush with death, she returned to drinking. This outcome resulted in her experiencing an event that changed the course of her life. She was arrested and charged with a DWI and possession of a controlled substance; because this was her third DWI in her life, she was jailed. This outcome led to the event discussed earlier that began her recovery journey.
P1.

P1 discussed living in an “alcoholic network”, which resulted in several outcomes that contributed to her drinking. She drank an entire bottle of cough syrup at age three and became very ill from it. The outcome from this event included her parents allowing her to deny that she drank it, even though they knew it was she. This ability to deny her behavior and minimize what happened impacted her perspective on drinking for most of her life. She described a second outcome of her environment as being able to drink freely inside the home as an adolescent, often while cleaning up after frequent parties, gatherings, etc. She discussed the outcome from entering the convent at age 16 and being allowed to drink in there, so long as the Superior was a drinker herself. These outcomes all contributed to the furthering of her alcoholism. Additional outcome statements in her addiction included being able to drink as a part of her work environment, as a part of graduate school and as a part of her social network, all of which resulted in her belief that her entire world involved alcohol. The outcome that resulted in her seeking help happened after the event at the stoplight. She realized two things after this event: (1) she had a problem and that (2) she needed help from someone. She decided to call a friend very early the following morning and asked for help. The friend recommended treatment immediately, to which she abided. She stated that her desire to drink was removed at that point.

D1.

D1 used three outcome statements when she described her addiction; she used 18 when she discussed her recovery, as this side of her story was much more detailed. She reserved her use of outcome statements during her addiction to detail the driving forces
that got her into recovery. She discussed how her first husband introduced her to the idea of Alcoholics Anonymous by giving her a copy of the Big Book and telling her “this is where you come when you have no place else to go”. The outcome of this event was her becoming aware of AA, even though she did not explore it at the time. However, the proverbial seed was planted in her mind. About two years later, she experienced an embarrassing and shaming event with the police, which convinced her that she was an alcoholic. The outcome of this event was her seeking out AA, figuring she had no other place to turn, as her husband indicated. She ended her alcohol use at that point, and then within five months, she ended her use of marijuana and cocaine.

K1.

K1’s use of outcome statements is also limited in her narrative; her story is much more contextual, rather than action/event/outcome driven. She shared four outcomes that were tied to her awareness changing in her addiction, which led to her entrée into recovery. She visited her boyfriend, who was in addiction treatment himself and agreed to an assessment. The outcome of this event was the idea that she might have a problem with alcohol as well, which had not previously been one of her considerations. A second outcome from this event was her decision to go and “check out” an AA meeting. She was immediately “turned off” because it appeared to her that everyone was an “older man” and was talking about God, both of which were not appealing to her. After trying to stay sober for a few months on her own, she returned to drinking. She shared how she began to seek out therapy to figure out her problems in life, but had not considered her use of alcohol as part of those problems. It was not until she experienced consequences that were more “attention-getting” that she decided to re-examine the idea of having a
problem with alcohol. These outcomes all speak to her feeling somewhat alone and disconnected during this time as she struggled to figure out what was wrong in her life. It was not until she got connected to this AA group and women friends in AA that she began to understand some of her issues and problems.

A1.

A1 discussed two outcomes during her addiction, both related to being confronted by others about her alcohol and drug use. She was scheduled to present at a professional conference and showed up 90 minutes late and intoxicated. Her peers confronted her about her use, which she minimized and related to a stressful life. The outcome of this confrontation was an increased sense of denial and defensiveness toward others. Her addiction continued to escalate and interfere with her professional life. After she graduated from her Master’s program, she began working in an adolescent treatment center where she would regularly have to confiscate drugs from the patients. Rather than destroying the substances, she took them for her own use. The outcome from the intervention at her workplace was her agreement to enter treatment; she also made the decision to leave her job as well and work in another setting. Her fears about “being taken over” by alcohol and drugs and of losing her professional license helped her agree to the treatment ultimatum and allowed her to begin a recovery journey.

B1.

B1 utilized outcome statements to sum up her telling of a vignette and transition to the next segment of her journey. She provided five outcomes in her story of her addiction. She began early in her story with the event that changed her life, which involved her husband being sent on his first tour in Vietnam. The outcome of this event
was “the disintegration” of her life. The second outcome of his departure was a series of moves across the country, multiple tours of duty and what she called “nine years of Vietnam hell” in which they became “fractured in terms of support, resources and grounding”. She described them being on a “descent journey” where nothing in their lives could come together. The loss of control she felt as she shared these outcomes were evident. After he left the Marines, he experienced posttraumatic stress disorder (PTSD), and she had a secondary PTSD; they were not diagnosis at the time, rather she offered her professional opinion looking back on the situation. The outcome of their mental states included an escalation of her drinking and a decline in her health. She reached a point where she realized she needed a divorce after being married for 17 years, which was both frightening and freeing for her. She began taking better care of herself and stopped drinking and smoking, until she began dating a man who was an alcoholic; her drinking and smoking began again and she went on a year-long “descent journey” again before she eventually got sober.

L1.

L1 focused most of her story on the context of her experiences, her insights and thoughts about why things in her life happened. Her outcome statements were reflective and detailed as she explained the progression of her addiction. Her first outcome statement focused on how she started to make her way toward sobriety. After moving back to Ohio from New York in an attempt to be less triggered to use, she found herself compelled to drink in her home environment. She explained the transition, “I picked up again and um, started drinking again, but this time it wasn't so long, it was only about four days.” She was surprised by how bad she felt when she started drinking again, as
she had been off drugs for a year. She noticed the impact upon her mental health feeling like her “brain was just so fried” to where she could hardly read a book. She felt like “just dying” and a “horrible depression set in”, which was physically alarming to her because she was only 23 years old. She began going to NA meetings and doing yoga to feel better, which began her journey into recovery.

**E1.**

E1 began her narrative at the beginning of her recovery journey and did not devote much time to discussing her addiction. Therefore, her use of action/outcome statements during addiction was absent from her narrative. She utilized these statements to discuss her recovery journey, which is highlighted in the next section.

**Actions/Outcomes in Recovery**

The women used action/outcome statements to provide detail about their recovery as well. Some of the women utilized outcomes that were less about the impact of an event (i.e. this happened and then I did this) and spoke more about the results of the event that seemed to be less of a direct one-to-one correlation. For example, the transition or event of going into treatment has numerous outcomes, some of which are not described as “I went into treatment and then I worked on this issue” and are more about the numerous benefits or numerous changes that were the outcome of the experience. This feature may be the most distinctive between the outcome statements told in the addiction side story versus the recovery side.

**K1.**

K1 provided three significant outcomes during her discussion of her recovery. She detailed that the main outcome of her recovery has been the quality of her relationships.
Specifically, she shared how recovery allowed her to have relationships built on trust, which was a new experience for her. She never felt like she could live up to anyone’s expectations during her addiction and now she feels like she can be counted on in a relationship. Second, she is able to be “proactive and deal with issues as they arise” which is something she values in herself. She commented many times in her narrative about the friendships she has formed with people in AA, which she described as “really solid people”. She values these types of changes in her life greatly, and credits them as a result of her recovery. Third, is her spiritual life, which resulted from the experience of being “forced to turn to a higher power” and rely on something greater than people or money for security. She valued this process and the freedom to explore her beliefs within AA and has continued to grow in this aspect of her life.

T1.

Similar to K1, T1’s outcomes are about transformation in various relationships as an outcome of recovery. Shortly after she got sober, she got connected with other parents in her school community who helped and supported her through a difficult time. Additionally, she became connected to the AA community, which helped her feel less alone. She commented how she began a spiritual journey as a result of her recovery, which was something she battled with throughout her life. Another outcome of her recovery is her ability to “handle things softly” and not engage in “cranial combat” with herself as a result of learning how to have feelings and change her perspective on situations. She provided two examples to illustrate this change in her, including a situation where she had to deal with disappointment and another where she had to trust her ability to be her sober self in a social situation. She commented how all of her
relationships have grown into the positive, including ones that used to be tenuous. A surprising outcome of her recovery included a career change from sales in the for-profit world to her work as a public relations person in a non-profit agency. She credited this job to her recovery and her service work at a local woman’s treatment program.

P1.

P1 spoke about the outcomes of her recovery through her connection to AA. She shared that in her early sobriety, she did not feel very connected to “the program” and had not designated a “home group” for herself. After being confronted by an older member and warned that she would not make it without a home group, she became concerned that she would relapse and decided to get more involved. This outcome has played out in the transverse of her life, as she is now often the voice of the senior member, giving others this same message she received over 27 years ago. A second outcome of her recovery has been her deepened relationship with her Higher Power, which she describes as transitioning from a “big daddy” perspective to a “constant presence”. She recognized that an outcome from practicing the tools of recovery was that many of them became automatic responses. She commented on how it has become second nature for her “to go to a Step…to not feel sorry for herself…to let go of things…”, all of which help her not get lost in the stress of daily life.

After relocation to another state, P1 found herself in the middle years of her recovery and less connected to AA. She recognized around year 20 that the support of the AA community was something she needed, so she reconnected and became very involved. The outcome of this change was a sense of being “more peaceful” because of “upping” her program and becoming more connected. She realized through this new
connection that the service work in AA has “kept her green” and allowed her to see that her recovery tools are applicable to even the most intimate aspects of her life, including her husband’s Alzheimer’s disease.

**A1.**

A1 provided more outcome statements within the recovery portion of her narrative. The relapse of her sponsor impacted an already reluctant participant because it further distanced her from the fellowship of AA. The outcome was her belief that what she was hearing was insincere and that most of the members were “hypocrites”. The secondary outcome of this experience was her sense of disconnection to others in recovery, which is something she still carries today, although some of the sentiments have changed. Feeling as though recovery was up to her, she soldiered through the early years by telling herself, “you can’t use today, you can use tomorrow.” The outcome of this mantra was her continued sobriety, despite not liking the “recovery lifestyle”. She discussed the role of therapy in her recovery. The outcome of much of her therapy was the opportunity to work on herself and resolve numerous personal issues rather than “give, give, give” to others. Another outcome of the therapeutic process was her ability to see “how everything fit together under recovery” – her past, her self, her relationships, etc., which deepened her commitment to her recovery and allowed her to fully “surrender” her battle with her addiction.

**L1.**

L1 identified as a person addicted to drugs before she was willing to identify as an alcoholic. After attending some NA meetings, she encountered a woman who worked both NA and AA who introduced the idea of alcoholism to L1. Although she was
reluctant to admit that alcohol was her primary drug of choice, she recognized what this woman was communicating to her. She worked L1 through the five steps (of the Twelve Steps) rapidly, which provided her with “some relief” which helped her know that what she was learning “was sticking”. She found a home AA group and realized that her place was with other alcoholics and she felt like she “hit the ground running.” This AA group also connected her to her first husband. Their relationship was stable and calm until she started to have symptoms of feeling frightened, feeling uncomfortable being alone and feeling suspicious. Additionally, her husband began drinking cough medicine, which disturbed her. During her third year, many events occurred that created changes in her life. She went to graduate school and “…started exploring things [she] hadn’t thought about in a long time…” and began doing some forgiveness work around her childhood. She was making “…steps forward, intellectually, vocationally…” and feeling good about the course of her life. She met her second husband in AA as well during her fifth year and had her first child; about a year and a half later, she began to experience domestic violence, which caused her to move out with her son and seek a marital separation. At seven years sober, she has experienced many events and the outcomes have often been different than what she expected. Despite the many issues she is still working on in her life, she remains steadfast in her recovery, focused on wellness as a foundational tool for her sobriety and stability.

B1.

B1’s recovery outcomes were all about growth, expansion and opportunity. Shortly after she got sober, she was sent on an interview assignment for her magazine to interview a well-known physician. This interview turned into a six-year private tutorial
by the man she refers to as her teacher, rather than someone she interviewed for a magazine. He fulfilled a long-time dream for her to be educated in medicine, physics and philosophy. She learned from him that survival is about “being who you are” – one’s authentic self, which has aided her throughout her life. This outcome of meeting with her teacher began a life-long learning journey for her and built a foundation for her career in recovery and wellness. She recognized early on that her recovery was intimately tied to wellness, which she focused on in her personal and professional life. After relocation from one state to another, she felt a calling to go to Seminary; the outcome of this event was her own spiritual journey, which took her through many faith communities as she explored her own beliefs. She reflected on how this experience was not only healing for her, but created for her a ministry outside of the pulpit as she works with women on their spiritual journeys in her career today. An outcome of these experiences is that her work today is what her “little girl” inside wanted to do, which is very fulfilling to her.

D1.

D1 shared many outcome statements as she described her 25 years of sustained sobriety. She provided 18 outcome statements, ten of which were about her first two years of recovery. These outcomes centered on the work she did in treatment, therapy and in AA. This work was simultaneously painful and powerfully healing. She learned how to deal with her anger, how to assert herself, and how to address her eating disorder and other harmful coping skills. She discussed being able to “grow up” as a result of recovery, especially as it related to her emotional development. The result of this experience was that she finally felt that she was matched up emotionally with her chronological age after a few years of recovery.
She also discussed outcomes in terms of relationships. After she got sober, she ended up getting divorced. About two years later, she met her second husband, whom she credits with some of her success in recovery because of his gentle and supportive nature. She also met a group of women friends in her first two years who served as mentors and guides for her for many years. She described the results of the work in her first eight years of recovery as being full of tremendous growth through a lot of pain and hard work. Central to this time for her was the development of a spiritual component of her life as well.

The outcomes from the middle years of her recovery (years 10 through 20) involved identity formation, professional growth, and gratitude for the tools and skills she’s learned through her 12-step work. These tools and skills allowed her to cope with the death of two of her best women friends, which she sees as significant in terms of her recovery. The outcomes from her recovery today involve relief from fears, especially the fear of wondering what other’s think of her. She also sees the payoff of recovery as a sense of continued growth, wonder and adventure in her life today.

S1.

S1 shared three outcome statements in recovery; her statements were less about relationships and more about stabilization and basic needs. She shared how after she entered detox, she was able to participate in 18 months of residential treatment, which allowed her to get back on her feet and regain custody of her children. After she completed treatment, she was assisted with finding stable housing and a job. She provided a lot of context about this time of her life, but did not utilize another outcome statement until she discussed her husband’s health. Her husband was diagnosed with
Stage Four throat cancer around the tenth year of her sobriety. She focused her energy on helping him survive and heal and discussed how the result of this time was that she forgot she was an addict because she was so consumed with getting him well. It solidified her belief that God has delivered her from the “bondage” of her addiction because she never once thought about using during that extremely stressful and frightening time.

E1.

The majority of the outcomes that occurred in E1’s narrative were a direct result of her entering recovery – specifically as a result of her participation in the behavioral modification program and then her connection to the long-term treatment program. She heard about the program from a female friend who had completed it and was still sober. She trusted what that friend had to say and was further compelled to enter when she recognized one of her old friends from the penitentiary who also “looked good”. Toward the end of her time in the program, she had decided that she wanted to go to work immediately post release. She was shocked when the counselor objected, telling her that she was headed back to “getting high” when she got home because she was not ready for life outside the program. She linked E1 to a women’s treatment program, where she went directly upon her release. In treatment she learned how to “just be normal”, which she described as learning how to shop again (without stealing) and learning how to have a job, be trusted with money and to be responsible. Treatment turned into a career path for her, which allowed her to go to college, have stable housing, and healthy relationships. During her eleventh year of sobriety, she experienced thoughts of using. These thoughts would not leave her – even while she was at the treatment center working. When the stress of these thoughts reached their peak, she called her best friend and asked for help.
She learned the importance of caring for herself and utilizing support from this situation. Later in her recovery she was faced with confronting addiction in her home with her grandsons. She confronted his use and required him to go to treatment in order to remain in her home. She remarked that she would not trade her life today for anything, as she is grateful for her recovery.

**Contextualization Statements**

Contextualization statements provided description and orientation to particular settings (i.e. geography, work or home environments, particular venues, etc.), and information on circumstances surrounding events and transitions. This element of the structural analysis was featured heavily in the narratives, as it seemed to be the place where the participants made particular points by providing their individual interpretations and descriptions of meaning for events and situations. Additionally, the women shared the interrelated conditions in which moments of their lives existed, which provided a background or framework for understanding what happened, why it happened or how it happened. Context seemed important to all the participants because it allowed them to explain themselves in their own terms, which underscores the importance of allowing women the space to share their perspectives. None of these women wanted to be misjudged, or misunderstood, and many of them wanted to convey some type of message about recovery. The subheading for each participant’s contextualization statements will be indicated by the participant’s coding pseudonym.

**B1.**

B1 used a contextual statement to open her interview and set the tone for her story. She began,
“OK, I think I’d like to start by saying that the life I have today and the life that I had and who I was the first, um, 17 to 18 years of my life fit together perfectly. And so, from looking at where I was as a girl and as an adolescent going into young womanhood, and where my life started to pick back up again on March 23, 1982, um seems seamless to me. Um the twenty years in between are a whole other story.”

After this opening sentence, she paused and then began to tell the story of her addiction. Her contextual statements provided interpretation from three areas. First, she often used context to describe the setting in which things occurred, mixing geography, with workplace, history and home life. Second, she provided vivid visual images and metaphors to describe situations that were often emotionally charged – either due to difficulty or to transformation. Third, she contextualized events by detailing her personal process for getting through the situation or her process for later understanding the situation.

One of the major events in her addiction story involved her husband being on active duty during the Vietnam War. She provided contextualization about that time in history, from the perspective of a young wife who was left to wonder if her husband would live, as she watched many of her friends die. She vividly detailed this time as,

“…I was 20 years old, living on the island of Oahu alone, about 5000 miles from home, and had no support system and I found out about it [husband being sent to Vietnam] watching the evening news and seeing my husband walk down the pier…and that was the start of the Vietnam war. And within six weeks, half of
my friends were windows. And so, I locate the disintegration of my life from that point.”

Her sense of fear, helplessness, and isolation was evident from this brief statement describing the setting and historical details from this part of her life. She utilized setting again to provide a framework for the next 10 to 15 years of her marriage, describing over ten location changes, and two long tours of duty in Vietnam. After he resigned his commission, they move to Florida where it seemed life was going to get better, but it did not, and they relocated again to Ohio. She described this time as,

“…the next six or seven years were absolutely chaotic. There were ups and downs…this little suburban life that we had put together was disintegrating…we were unable to grasp where we were at one minute before we were onto something else…we had all this stuff, stuff, stuff that we had quickly been accumulating over the past few years, hoping that we could find something that would help us to feel better and get us to some quiet place that we’d been trying to get to all of our lives.”

Her use of contextualization statements was most frequent when she described her personal process around an event or outcome in her life. She described her transition from addiction to recovery and how her perspective began to change, including her sense of self. She described this time as going from a “flat world to one with depth and dimension” to illustrate how she was changing her perspective on everything. She provided detail on the events that unfolded as she worked with her mentor and described,

“…he was the teacher that I had always wanted and knew everything that I wanted and needed to know and was open to learning about it. After 20 years in a
desert, it was the oasis and education and development that I needed…And this time in my life, was so filled with novelty and the unfolding of so much that had been gone for so long, it is very difficult to even to describe the picture…”

Her process of becoming “a whole person” was a recurring theme in her recovery story, including context around her completing her bachelor’s degree, which “filled a hole in [her] soul”. She summarized her recovery as “a journey of joy…joy as wholeness, not happiness”.

Her use of contextualization is significant; it illustrates the amount of thought and feeling she has put into understanding her own life, reflecting on it, and making meaning of it. Most of the dialogue during the interview belonged to her, with most questions posed toward the end, after she’d had the time and space to tell her story.

K1.

This feature was similar in K1’s story, as she seemed to value the space to talk about her recovery and hear her own self speak. K1 used contextualization in order to explain herself and figure out her answers as she talked about her recovery journey. Unlike B1, she was not accustomed to telling her story outside of an AA meeting. Most of her contextualization fell into two categories: (1) explanations about her process and (2) details about relationships.

Her opening statement was about her process into recovery as she stated, “…there were a lot of what I would maybe look at now as false starts…there were introductions, but for one reason or another I would decide I was not done with the life…” Her process into recovery was really about her awareness changing with regard to what she thought was plaguing her in her early 20s. She provided examples of these false starts – an
assessment by her boyfriend’s treatment provider when she comes to visit him, her efforts to stay sober on her own after this assessment, and her negative experience at her first AA meeting. The second place in her narrative where she uses contextualization on a significant level was when she brought up her feelings of stigma about being in recovery and the shame she still holds over her past. She seemed to be working through these feelings as she talked, attempting to make meaning for herself and decide how to explain this part of her psyche during the interview. The idea of shame and stigma resurfaced again toward the end of the narrative as she talked about “women in recovery” and admitted that maybe she was still working on this issue, even after 27 years of sobriety.

The remainder of her contextualization was less focused on interpreting events, and more attuned to interpreting lessons and relationships – the gifts in her recovery. She stated early in her narrative that recovery was the best thing that ever could have happened to her in terms of personal relationships and other aspects of her life. She described her long-term relationships with her friends in AA as, “…we have a contract together where it is OK to be wherever you are and have whatever feelings you have…” this contract is an unwritten agreement between her and her friends and is something she holds as dear to her. She also contextualized her relationship with AA in general when she shared her personal definition of recovery as going beyond abstinence and having a “commitment to the principles of AA, having a support system, having a place to be honest and a mutual sense of purpose”. She holds the process and purpose of AA in high regard, as it is where she has found her safe place to be honest about herself, which is something she has not found outside of the fellowship due to her internalized stigma.

T1.
T1 utilized contextualization around the seven events of her story to explain all that she has come to know and understand in her five years of recovery. She opens with a contextualization statement about how she knew she was a problem drinker for the last 15 years of her 30-year drinking history. Despite this awareness, she continued to progress in her addiction. She sets the stage for her story by explaining on how her home life as a child and her work life as an adult contributed to her addiction. She was able to look back and realize that she was “one of those people who could maintain and pick up the pieces and hide them easily” which allowed her drinking to go virtually un-checked by anyone. She built a successful career in the restaurant industry, where access to alcohol was plentiful and part of the work scene. Her alcoholism progressed after she left this industry for a career in sales, which felt unfulfilling to her.

She provided extensive context for an event that almost ended her life – her brain aneurysm, and the one that changed her life – the arrest, to demonstrate how she understands the significance of these events and what they each have come to mean to her. She detailed how after the arrest “I knew I was given the ability to change my life at that moment.” Most of her contextualization was about her recovery, in terms of how her perspective has changed and her process during these five years of sobriety. Contextualization around perspective changes included discussion about realizing her own self worth, self esteem, focusing on the positive versus the negative, learning how to recognize and address old behaviors, being more gentle with herself and others when mistakes are made, being able to “connect the dots” in life, and realizing that she wants her new life more than she wants her old life back. She was eager to share the ways in
which her perspective has changed, often calling these things the “gifts of recovery”. Her gratitude for these changes is clear and was something she wanted to talk about.

Contextualization statements describing her process of recovery included descriptions of how recovery has shifted from being “lots of work” to something “more natural” to her now. She discussed not being afraid of feelings anymore and wanting to deal with life’s challenges and victories. Her spiritual journey was a process for her and something that she is grateful to have begun with the support of others. She seems most grateful for how her relationships have been impacted by recovery, especially the one she has with her daughter, which was something she cherished during her addiction and something she was able to grow and strengthen during her recovery.

P1.

P1’s use of context seemed to be directed at sharing wisdom with others, especially when she discussed the addiction side of her story. She provided significant background information about her environment and detailed, “…in that neighborhood and in that context, there was no shame about drinking or getting drunk…it was funny, it was kind of competitive”. Her father’s advice was that she could drink as much as she wanted, so long as she could still get up and go to work the next morning. These messages and actions normalized drinking for her from a young age. Her emphasis on her environment seems to explain her belief of “here’s how I got to be an alcoholic”, as she provided little information on any underlying personal issues during her narrative. She used historical context to detail the turbulent time in which she emerged from an eleven-year stay in a convent into what she called “the modern world” in the late 1960s. At the age of 27, she emerged into social times that she’d largely been living outside of
for many years; she was frightened and overwhelmed and drinking helped calm her fears. Her efforts to “drink” like a nice girl during these times and during the progression of her career did not work, so she began to mask and hide her use. She feared losing her entire social life if she stopped drinking, so she did not tell anyone she needed help or that she might have a problem.

Recovery for her was explained as a process of growing up and “becoming a whole person”. She used the term “self-differentiation” to describe her change and how she learned to be connected to others while still maintaining some sense of oneself. She indicated that therapy was important in her recovery because “it got at a lot of my stuff” but did not define “stuff” or anything beyond that brief statement. Her belief in the importance of AA, including meetings, fellowship and service work is evident and she spends much time contextualizing the importance of these things to her, including how they have continued to evolve.

E1.

E1 provided context to explain the events, transitions and outcomes in her recovery journey. Similar to P1, she provided her wisdom and insights over the course of her 18 years of sobriety. Her opening statements about her recovery journey explained the progression of her addiction and her living situation. She explained how, “…I had a lot of jail time. And when I went into recovery, I was shooting heroin and cocaine daily, throughout the day, drinking, throughout the day and doing whatever required to get those things…” She almost overdosed the day she reported to serve her prison sentence and had no idea she was harkening upon a recovery journey. Her enrollment in a behavioral modification program began to alter her actions and her thinking, without her
realizing how it was impacting her. She remarked how, “…at that point, I was into my recovery and was not really aware of it…” Seven months into her sobriety she remarked how “something inside of me had changed” and that she realized that sobriety was essential for her life so that she could be free from incarceration. She shared a lesson she learned in prison through an exchange she had with her counselor. E1 believed she was ready to re-enter society and begin working immediately after release. She stated to the counselor her desire to participate in a computer program, which was met with resistance. She stated,

“And I was just so excited about that. And when she answered me, it was like a slap in the face. She said, “What, you gonna have a job cause what you going to be doing, nodding at the computer?” I was like – “Woah!” The thing I learned is that sometimes you got to have harsh realities and that was like – Woah! Bam! So I says, let me take my butt and to go to my room and sit down cause she just devastated me on that one. But the truth of the matter was that she was telling the truth. I wasn’t ready to go nowhere, I thought I was.”

Devastated by this reality, she wondered where she would go after prison, so she reached out to this same counselor, who linked her to a women’s treatment program. She received an interview in prison that helped her begin to understand that she wanted additional treatment. The quality of this interview was something that impacted E1, as she recalled,

“…I had never met this woman in my life and we ended up sitting there just talking for three hours. And it was like, it was just a one-on-one conversation, like she had knew me all these years and I felt real comfortable with her...”
EI discussed the importance of women in her life throughout her narrative, recognizing that her recovery journey really began with other women leading her, guiding her, and helping her. Whether it was her female friend who told her about the program in prison, the counselor at the program, the treatment staff, or her friends in recovery, she recognized the importance of these connections.

She provided context about how she came to understand that she was ready to end her time in treatment and enter the “real world” by recognizing that she had learned about trust and responsibility. She remarked, “…there was some trust – they taught me all about trust – also the program I was in at the penitentiary taught me about trust – but I learned more about trust here at Amethyst because Amethyst trusted me.” After moving on from treatment, she came to understand that she still had unresolved issues that she had not dealt with in treatment. She explained how this process unfolded for her,

“see, I think what happens in recovery is some things that you hadn’t dealt with, when the time will come to deal with it, you’ll know when its time to deal with it. See, I would have never dealt with that issue, but I got a letter from Child Support, so I have to deal with this now and that’s going to hurt a lot of people and I don’t want to hurt a lot of people….Some things can’t be taught, some things you have to have life experience in, and you can tell a person, but a person doesn’t really hear it for whatever reason…I came home, got into everything, and that went so far back in my mind like it did not even exist and then I got the letter from Child Support so there was no out, no way out, so that’s the part I talk about where sometimes you have to live, even though me and that counselor had that conversation…”

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While this issue was a painful one, she recognized her ability to deal with difficult issues and continue to remain sober. In addition to learning that some issues surface when you least expect, she also learned the importance of incorporating structure and a safety net in her early recovery. She recognized that while society may not change, a recovering person does have to change. She recalled how many people don’t like the pace of recovery, wanting it to move faster in terms of their healing. She described the evolution over time as,

“So, as life moved on, what people will see, and I think a lot of times what we like to do is jump over – jump over from one year, and we want to be at five years already – I want to be here and I don’t want to go through all this to get here. But, I need to say that in recovery it is a changed life, you become responsible, you learn how to deal with things in a healthy manner.”

She added her insight into what many people fear in recovery as,

“I think the biggest part about recovery is the pain – that you ran from for so long and once you learn that the pain is not going to kill you, it’s not going to stay, it lessens and it lessens. And I think once you learn that, when painful things come up, and the longer you stay sober, you have a way of coping with it, you have a way of getting through it.”

The lessons in recovery are numerous from learning how to deal with adult children, learning how to listen to others for support, recognizing one’s own behaviors, and learning how to utilize self care. She regards her recovery as a “serious issue” and utilizes meetings, support and her spiritual life to sustain her sobriety.
D1.

D1 focused on the connections in her life and the relevancy of certain moments and events. She opened her story by saying, “It is probably relevant that I came from a home where alcoholism was the central issue.” She described her process of “growing up” in recovery as “excruciating” in the early years because of all the developmental work she had to do in order to catch up with her chronological age. These lessons were not taught to her in her home environment, which is why she had to learn them in recovery. She hone in on the process of identify formation for herself and others, letting go of fear, and the power in letting go of being a victim. She discussed these processes in great detail, and they are shared throughout the Findings Chapters. She articulated the evolution of her recovery over the course of 25 years to explain the changes, resolutions, and lessons, all while conveying a sense of gratitude for the process. She is unwavering in her support for AA and the fellowship and detailed,

“Part of the attraction in the 12-step program, and the spiritual piece of that – coming to an understanding that I could have that as a journey and it didn’t have to be an ideology…the other thing would be coming into a community of people who were winning over this illness and having them love me unconditionally and having open arms, open ears and open minds. I would never have stayed if I thought I was going to be judged and beaten up some more.”

She conveyed a social message as well about the reality of recovery as being one of “adventure, enjoyment and fun” and not only about misery and pain. She is passionate about what recovery can do for people and believes that this message should be much more public, less anonymous, and told more often.
S1.

S1 used context to provide additional details about the events in her life, especially about her life with her first husband and the escalation of her addiction. She used this feature of her story structure to provide a who-was-where-when type of rendering, and focused less on interpretation and meaning. This aspect of context (meaning and interpretation) came into her story later when she shared the death of her first daughter. She discussed how the events of that time in her life still do not make sense to her today – why the hospital staff did not do more to save her baby’s life, why she didn’t bury her and give her a proper funeral, etc. She commented on how a neighbor brought another newborn over for her to see about 4 days after her daughter died described how this action seemed “bizarre and cruel” considering her circumstances. She still keeps this part of her life very private and does not discuss it with many people in her life. This vignette is the first time in her narrative where she provides a personal evaluation of a situation.

She used meaning and interpretation at the end of her addiction story to demonstrate how her life seems to have come full circle – the judge who presided over her custody case is now the pastor in her church, the treatment center that helped her now employs her as a counselor, and she is now raising her son’s children after missing out on so much of his life. She provided more contextualization in response to questions posed during the interview about recovery, connections and what others do not understand about recovery, vacillating back and forth between detailed stories and times of reflection. She was clearly more accustomed to thinking about her addiction story than her recovery story and these times during the interview where questions about recovery
were posed were the moments where she could sit back, think and respond. This seemed to alter her normal pattern of storytelling and gave her pause to consider her recovery in more detail.

A1.

A1 used context at times to defend herself as someone whose voice has not been heard and as someone who has been misunderstood. She firmly believes that her journey has been much more difficult than others and wants this perspective to be shared. She spent time explaining her denial about her addiction and how it continued to worsen over the years. Despite these negative consequences, she was able to complete her education, build a career and serve in the military. It was important for her to detail the sense of fear and desperation that plagued her for the first 12 years of her recovery before things transitioned to a more comfortable place – going from “I hate this”, to “I don’t think this lifestyle is too bad”. There never seems to be a place where she recognized a sense of joy or happiness about recovery, although she is grateful for her sobriety.

She provided little context about her childhood or the reasons why she became alcoholic until the end of her narrative when she shared a little about “her issues” and her family history. Her entire childhood and adolescence where filled with continuous abuse, specifically sexual abuse, that was allowed and ignored (likely because her grandfather had abused many other family members). Her ability to integrate her childhood and family history with her addiction was not immediate – the process was more fragmented to her and she did not put these pieces of the puzzle together until the middle of her recovery (around year 12). Once this integration happened, she seemed to shift into a
more comfortable place with her recovery. She also used context to provide a word of caution about the power of addiction,

“No matter how many years in recovery, you are always susceptible to getting back on the addiction path if you choose to pick up. Someone asked “what would you do with your life if you were not afraid? What if there was a guarantee that I could drink without moving into that addiction cycle?” At this point, I don’t think I would, but in previous years I might have, because alcohol and drugs took the place of so many things before. Now I don’t have a need for something external.”

Unlike most of the other women in this study, she is not at that place of feeling delivered, free from the urge, etc. – she is still in the battle in some sense. She concluded her narrative with another plea for women like herself who need more individualized care because they are introverted or less social – women like her who do not enjoy the group process. She feels the need for more accommodation and acceptance for women like herself in terms of treatment and in the AA fellowship.

L1.

L1 used contextualization to explain why she was an addict to open her story, providing the reasoning she had as a child to use drugs. She commented,

“I knew I had a problem with drugs and alcohol probably when I was 12 years old. Um, but I felt powerless to stop. Um, I felt like, um, there was something just unalterably wrong with me and that the drugs and the alcohol helped that. And that I was trying to, like, give myself like brain surgery with it. And, um, and that I would know when the right time was to stop using it because the brain surgery would be done.”
She wanted to perform brain surgery on herself to try and forget what was happening, as her father was sexually abusing her. Her home environment caused her to live in great fear and isolation. She added,

“The reason that I did meth and I did cocaine was because I always felt terrified, always, like baseline terrified, but when I would do the drugs there was a euphoria that accompanied the terror and I could manage it – I thought I was managing it.

And so, it was like this is the best thing ever.”

Her desire for normalcy in terms of her brain and her level of fear drove her further into her addiction. She moved to New York City and found herself working in bars and clubs, where use was an expected part of her job as a dancer. As she began to feel herself physically getting sicker, she became concerned and decided to move back to Ohio to be less triggered. However, her return to her alcoholic home made it difficult to stay sober and she began drinking again.

She used contextualization to explain her “series of bottoms” that allowed the idea of getting sober to “click” for her as the primary means for getting herself well again. She began changing her eating habits, doing yoga, exercising and attending NA and AA. She discussed her understanding of “the hole” she was trying to fill from her childhood trauma and the struggles she still faces to heal this part of her life. Her ability to forgive herself and others is one of the gifts of recovery. Her most prized relationship is the one she has with her son, as she felt her commitment to recovery deepen after his birth. She expressed the difficulties women face in recovery, especially with relationships and being “preyed upon” by men (and some women) in meetings. Surprising to her is the reluctance of others to talk wither about her recovery – while she is open and willing to
talk about it, many others are uncomfortable and unsure what to say. She explained this situation as being similar to what persons with HIV and AIDS face when they discuss their disease. The majority of her story is told with contextualization, as her process is one that is deeply internal, as she combines her intellectual mind with her emotional mind to make sense of her past, her present and her future.

**Defining Recovery**

Personal definitions of recovery provide insight into how each woman lives out this term and explains this aspect of her life to others when asked or when it is discussed with others. It also provides an illustration of how each woman structured her response to this basic, yet personally profound question. The definitions combine the structural elements discussed throughout this chapter. The women were asked to talk about recovery and most were asked directly to define it as an answer to, “How would you explain to someone what it means to be in recovery?” This question was posed to gain a greater understanding of how each of the women describes the term within her personal recovery narrative. Each definition is shared individually, and then a collective definition is presented based on these descriptions.

L1 was the only woman in the study to explain addiction, as well as recovery during her narrative. She shared her insights on why she used drugs and alcohol as related to her desire to feel normal,

“…this vacuous hole had been there since I was a little girl and it was early childhood trauma – now I can identify it as that. That was what I was trying to perform brain surgery on – thinking that if I could just take enough drugs I’ll forget, just permanently forget, you know.”
She recalled an episode in her recovery where she had to take a friend to treatment after a relapse and described active addiction as,

“It's almost like you can feel the vibe, like a spiritual vibe, you can feel the vacuousness, and you don't want to feel any more of that than you already do. I guess on a psychic level or something, you just want to stay, you love them, but it is like they're being inhabited by something, like they're a zombie. I tell people that all the time, somebody is using your body, you're a zombie and they're going to gobble you up and eat you and spit you up. If there's any human left, maybe you can get to them…I don't want to pick up the vibes, it like sticks to you, you know, it's magnetic – the disease recognizes one of its own…”

Her definition of recovery is also very personal – focused on a sense of one’s self and actions. She characterized recovery as a way of being, explaining,

“I'm trying not to be the person that I was. And it involves a lot more than just the drugs and the alcohol. The lying behaviors, the shaming behaviors, the stealing behaviors, just selling your soul, trying not to do that on a daily basis.”

When asked to explain how a person accomplishes this task, she indicated that she uses prayer, alone time, and service work. She emphasized the importance of service work to her life and explained how,

“I find that when I'm working versus when I'm not working – when I first had my child, I felt this huge hole inside because there wasn't a service piece which is very much integral to my recovery, just because I'm a walking talking anomaly that really shouldn't exist anymore. Just crazy, crazy, crazy stuff, just crazy stuff to have lived through and still be having conversation, still be able to string a
sentence together, you know is pretty amazing. I owe that gift that I was given, to keep perpetuating that – just a little bit of hope.”

She is amazed at her own survival and her ability to be sober, she feels compelled to share her journey with others in the hopes that they will be inspired to be in recovery.

K1 began her definition with what she called the “basics” of not using mind-altering substances, and then added that recovery implies having “a commitment to the principles of AA”, having a support system, a place where she can be honest and where there is a mutual sense of purpose. She added, “…sort of living my life in such a way that I’m not…creating a lot of drama a chaos…I’m almost like a positive force in other people’s lives rather than a destructive tornado running through.” The spiritual aspect of recovery is paramount to her, especially the freedom to explore and define that aspect of recovery. Recovery allows her to understand that she is “not the center of the universe”. Recovery for her is a constant desire to question and explore these aspects of her life.

When this question was posed to P1, she answered without hesitation and stated, “for me it means growing up and becoming a whole person who is responsible and who is able to be of service to other people.” Her definition expanded to include recovery both inside and outside of the AA fellowship and included her views on a spiritual life, “…recovery means for me a strong spiritual program, where I have a strong connection with my higher power and other people, both inside and outside the program. Recovery for me is not just participating in AA, it's being able to participate in life outside the rooms too and have a balance there”.

She views recovery as impacting all aspects of her life, so much so that the separation of recovery and life seems paradoxical to her. She provides an example of using her
recovery tools to deal with her husband’s diagnosis of Alzheimer’s Disease and the realization that the tools had transferred to a situation that was so life-changing an intimate to her signaled a “huge marker” to her in terms of what it meant to her to be in recovery.

S1 defined recovery as, 

“being able to live life on life's terms, for real, that is a real true statement. Shit happens – it happens to people everyday and there are people who have way more problems than I do and they never pick up a drink or drug and they live.”

She added her personal feelings about recovery by stating,

“I on the other hand have seen the dark side. I appreciate life more today. I'm more grateful, I'm more humble, I have more everything. I look at my grandkids and I look at my children and even look at my job and the women that I now serve and think you know - there is more to life than just throwing it away on nothing. You know, being spiritually dead.”

She then provided some understanding of how she defines recovery in her professional life as an addictions counselor as being more traditional to AA (i.e. using the Big Book), but in her personal life, her recovery is centered on her faith and spiritual practices (i.e. using The Bible). She believes that many people walk around being spiritually dead, simply existing, whereas persons in recovery are walking around having a life with purpose and a willingness to face the challenges that each day brings. She spoke about the ability to evaluate and make cautious decisions in recovery and to learn from them as well. She ended her definition of recovery with this summary statement, “So um, recovery is beautiful.”
D1 answered this question with a two-part definition for recovery that centered first on the practical side of having a disease. The second definition spoke more to a perspective for living her life. She stated,

“Well, today I would define it as: my disease is in remission, that I’m blessed to not be suffering from alcoholism and drug dependence today so I have a life that is free of that…so that would be the short answer. The long answer would be that I have a set of principles that I live by and a spiritual journey that I trudge along and that I have a lovely life that I wouldn’t have had otherwise if I’d continued along in my disease.”

E1 also focused on the practical aspects of recovery, including actions and behaviors. She explained,

“I would say recovery first is abstinence from any mood altering drug, any narcotic or whatever, or alcohol. You have to have a clear head, OK. You will be making changes in your life from negative changes to positive changes like all your behaviors – the negative behaviors. Some behaviors will stop instantly, like the stealing. Some rules you will um, you try to adhere by all the rules, but sometimes you don’t because you’re a human being – that’s just being honest with it….”

She viewed abstinence as the foundation, followed by changes in thinking, especially as it related to problem solving and decision-making. The ability to make good decisions is something that she believes impacts the individual and her family,

“…recovery is making different decisions – making healthy decisions for yourself or if your family, your children, mainly for you, because those healthy decisions
that you make for yourself sometimes fall into your family, cause when you make that decision, your decision may affect your family. So, you’re making healthy decisions.”

Additionally, her definition of recovery involves one’s connection to others who can be supportive. She underscores the importance of this aspect,

“Recovery is when you got something going on, you talk about it…. you need to start looking at who would you consider to be your support. Sometime, it usually a person you’re going through recovery with. You have so many similarities with what your life has been like, even on the negative side. Um, I think recovery – the biggest thing about recovery is being honest – no matter what it is, you have to be honest, you need to be honest – that’s the biggest, you know. That’s really recovery.”

The request for a specific definition was not made to three of the women, as their narratives contained details about how they were defining recovery. B1 shares how recovery is manifested within her, beginning with the integration of wellness and recovery as one and the same to her. “Part of my recovery is my health,” she states within her story and explains how her wellness practices are the foundation for her recovered life, matched only by her spiritual foundation. Recovery served as the gateway for her realizing the life she had dreamed of as a young girl. She shares, “What recovery looks life for me today is that I have become the person I was supposed to be, that I was intended to be, and that I would even say that I was destined to be.” Her journey in recovery impacted what recovery “looks like” for her today including “…bringing so much of what so many just wonderful teachers that started showing up in my life in 1982
and showing up ever since, have gifted me within my work and in my life, and so that’s what recovery looks life for me today.”

A1 defined recovery beginning with the practical focus on abstinence. Much of her recovery story focused on the fear of relapse that pervaded her first 10 years of sobriety. Unlike the other participants, recovery did not feel natural to her, nor was it comfortable for the first 10 to 12 years. Her personal mantra, “You can’t use today, you can use tomorrow,” sustained her sobriety for the first five years despite not liking the recovery lifestyle. Recovery requires a commitment in order to be successful, even if the commitment is made out of fear and desperation. She illustrated this point by sharing how despite not enjoying the recovery lifestyle she remained committed and stating, “all throughout my recovery the main thing I’ve always said…no matter what it was, even if it was a person, or a relationship, a job, a social situation, no matter what it was, if it came before my recovery it had to go.” She repeated several times in her story that “recovery is a complex process” involving not only abstinence, but also “other pieces” that allow one to become connected with the self, including the healing of trauma, eating disorders, abuse, and of finding a spiritual life that is defined by oneself.

T1 defined recovery as beginning with sobriety and the general sense of relief that came over her once she admitted to being an alcoholic. Recovery to her at first was a lot of work, but over the years it transitioned to “an experience” where she experiences “good and amazing things.” Her recovery has been “dependent on realizing that there is a Higher Power writing the script and if I accept that, I lose a lot of the battles I carried around inside me”, which makes her daily life much easier. She adds how, “recovery involves changing the way I look at things” including a perspective that re-examines
situations and requires her to examine her role in various events. She acknowledges that her life prior to recovery was rather full of good fortune, but she could not appreciate it and now that she is sober, “Recovery opens my world up completely” and she feels like there is so much to learn, explore and experience.

**Collective Definition of Recovery**

While each of these individual definitions provides insight into the personal meanings ascribed to recovery, a collective definition provides additional context to this profound term. As one of the participants said, “recovery is a complex process” and the definition echoes that sentiment. The examination of the definitions as a group reveals a three-part explanation for what it means to be in recovery, not unlike the explanation provided within the Alcoholics Anonymous literature, which references the physical, mental and spiritual. The participants expanded upon these terms as they described recovery for themselves. The collective definition from the participants contains direction for the (1) practical or tangible aspects of recovery, (2) the individual identity or personal worldview components of recovery, and (3) the relational aspects of recovery or living a recovered life.

The practical or tangible aspects of recovery begin with getting sober from alcohol and other drugs/mind and mood altering substances, and then maintaining continuous abstinence from them. A “clear head” seemed to be the beginning of what followed for a recovering person. Continuous abstinence allows the disease of addiction to be in remission, implying a freedom from alcoholism and drug dependence. Additionally, recovery is a lot of work at first as one works to live life differently than before, including learning to make cautious decisions, and then later transitions to “an
experience”. Being able to “live one’s life on life’s terms” was explained as dealing with problems without picking up a drink or drug in order to make it through the situation.

The individual identity or personal worldview aspects of recovery begins with commitment to recovery and a set of principles that may or may not be directly connected to 12-step fellowship. An appreciation for life comes from this shift in perspective – how one looks views situations, including one’s role in matters is a part of this view. This shift in perspective opens one’s world and allows for significant exploration and healing of painful life issues. Recovery involves questioning and exploring a spiritual life and developing a strong spiritual program or connection. This component allows one to be spiritually alive rather than merely existing. Through these processes, recovery then allows one to grow up and become a whole person – the person she was supposed to be, intended to be and perhaps even destined to be in this life. The process of growth and identity formation allows one to have balance and purpose in life, both inside and outside of the 12-step fellowship.

The definitions shared by the women had a relational context to them as well, indicating that their recovery is intimately connected with other people’s lives. Recovery includes having a support system and a safe place to share one’s thoughts and feelings – for some women this manifests in their 12-step support groups, their church fellowship or with groups of women friends. This support system often helps them learn to handle themselves and others more softly, with consideration and a gentle appraisal of situations. Functioning in this way allows them to live life as a positive force for others, rather than destructive or chaotic. Being responsible and of service to others, including bringing what one has learned from others and sharing it with others, is an essential part of having
what one participant called “a lovely life”. The application of recovery tools to virtually every aspect of one’s life signifies the integration of recovery and self, rather than an artificial separation of one’s recovery from the other parts of life.

While this collective definition may seem lengthy, it is necessary as a tool for explaining to others what it truly means to be in recovery – what it requires of the individual, what it potentially holds in the future, what it looks and feels like from an intrinsic perspective, and how it manifests inside relationships with others. The personalization of the term serves to create meaning and ownership for the individual and likely makes the term more relevant in one’s identity. Many of the participants in this study were taught about recovery by others – both the written and unwritten rules of what to do, what not to do, etc. Most of the teaching was for them – how to address their own issues and apply the principles and tools of recovery to their individual lives. The various aspects of the recovery process became meaningful to them (and thus were manifested in their personal definitions) once they experienced moments, milestones or situations for themselves. These particular lessons are discussed later in these findings.

Stories within Stories

Each interview produced an extensive narrative that described the participant’s history of addiction and recovery. Inside each narrative are several sub-stories or stories-within-stories that function as vignettes. Vignettes are understood as short impressionistic scenes that focus on a particular moment or provide a trenchant impression about a person, an experience or a particular location. Stories-within-stories may be discretely found within the narrative, or may be more loosely connected and spread out. Both characteristics (discrete ad spread out) were present in the narratives
from the women. Four categories emerged from the narratives: (a) stories about relationships and social environments, (b) stories about the entrance into recovery (3) stories of struggle and survival, and (d) stories of rebirth and discovery. Vignettes from each participant are presented within these broader categories.

**Stories about Relationships and Social Environment**

**When in Rome.**

Relationships and environment played a pivotal role in S1’s addiction. She stated, “I was always brought up in the church, and I was brought up in a really strict and disciplined household. So, when I started using, I was like in my 20s. I already had a foundation, but I was in Rome, so I did as the Romans did, you know...”.

“The Romans” she referenced were her first husband and his family, who were involved in drug use. She began by smoking marijuana, “...and then I got into a relationship that the entire family got high. The entire family got high, and I migrated from weed to snorting cocaine.” Her relationship with her husband was full of tumult, violence, disruption and drug use, but she remained with him for several years despite these conditions. After that marriage ended, her next relationship followed a similar pattern, with more severe violent episodes. She was unable to leave “the Romans” of her life until she entered a long-term treatment center. Her new “Rome” was found within her church family and through a reconnection to her family of origin.

**The alcoholic network.**

P1 opens with a statement about growing up in a “whole alcoholic network” that includes her family, her religious community, her neighborhood and social institutions, i.e. the police force. The network is present throughout her story of addiction, as it
perpetuates the alcoholism by accepting drinking and not confronting problems when they arise. The influence of this network allowed her to avoid some consequences, especially legal ones because her brother was a police officer, so other officers would let her go after pulling her over, rather than arresting her for driving while intoxicated.

Her network extended into her religious and work life as she worked for the Catholic Church where drinking was permitted both inside of the convent and on weekends when visiting family and friends. Her work life and social life became intertwined and both involved drinking. Many of her friends were priests who drank or others affiliated with her work that drank regularly. As she began to experience more problems with her drinking she had many fears that ending it would also mean an end to her social life, which she was not willing to walk away from for many years.

Ironically, it is the alcoholic network that helped get her into treatment. When she decided to ask for help she called a priest-friend who was in recovery and asked him to meet her and help her with her drinking. He took her to treatment and got her involved in AA. Her new “alcoholic network” included recovering people. She detailed how becoming more connected to this network helped her feel more comfortable and peaceful. She reflected on her role within this network by sharing, “It was sort of a dawning consciousness that the journey I had been on, as difficult as it had been, would help other people.”

**I should not have been an alcoholic.**

T1 discussed that she had a happy childhood, one with opportunities and dreams and one where she knew she was loved. She believes that this environment alone should have prevented her from becoming an alcoholic. Additionally, she was aware of the
effects of alcoholism as an adolescent, as she witnessed her father go through detox at home. Both he and her stepfather were alcoholics who found recovery in her adolescence. The combination of the happy childhood plus the witnessing of her fathers’ experiences with addiction should have been enough to prevent her from becoming an alcoholic, in her mind. Yet, she still drank to get drunk at age 14 and continued to do so for 30 years. She does directly ask “why me” within her story, but clearly wonders how it could have happened right under her own proverbial nose. Rather than viewing her chances of becoming an alcoholic as increased due to the exposure in the home, she believed they should have been decreased. While she still ponders over this aspect of her life, she recognizes today that she is most certainly an alcoholic and seems to have found significant relief from breaking through her own denial once she found sobriety.

**The story of her childhood and first marriage.**

D1 began her story with a small window into her childhood. She grew up with an alcoholic and abusive father, which contributed to significant dysfunction in her home. She had felt like her life had been cursed by other alcoholics and addicts (i.e. her father and her first husband), rather than seeing her own problem as contributing to her life situation. Her first husband was 17 years her senior and similar to her father in many ways, which she also viewed as a direct connection between the two time periods. She recognized a parallel between her father and this man who was also an addict and violent toward her. She wanted her first marriage to work, despite these problems because of her “confusion about love” likely influenced by her relationship with her father. She commented that her history with her family set her up for where she bottomed in terms of her relationship and her own addiction.
Drink as much as you want as long as you can get up and go to work.

This was the mantra from P1’s father, and this advice was precisely what she followed until she was about 42 years old. Although she did not make this connection directly through her words in her narrative, her father's statement about drinking and working had a profound effect on her life. P1 was very successful in her career and told much of her journey through the transitions she makes through job changes, which were “always better than the last job”, rather than through a series of negative events. She did drink as much as she wanted and she did indeed get up and go to work for many years, often finding jobs that accommodated drinking. In this sense, she was a success – following the guidance of her father. She stated how she did not experience many negative consequences – she never lost a job, never lost friends, and never got arrested for drunk driving, although she was pulled over many times in her hometown. She did not want to stop drinking because she was afraid of losing her entire social life. In this context, her drinking was not causing her any problems in terms of work, family, spiritual or social environments. Thus, her concerns about what her life would look like without drinking were valid, as her whole environment supported and integrated drinking as normal. It took an experience where she felt helpless and afraid to finally admit that she had a problem and actually needed someone to help her.

Acceptable and normal.

B1’s relationship with alcohol dates back to her childhood. B1 has alcoholism in her family, but her drinking did not show up until college where it was normalized as part of sorority life, and a part of military culture, etc. She and her husband were a young military couple, surrounded by others engaged in the same activities and under the same
stressors of war. The secondary PTSD she experienced only made this situation worsen. Her alcoholism escalated after her divorce, once she got a job in a magazine. Although her addiction progressed, she managed to begin a career and really excel at it, despite what was happening to her health. She commented on how drinking was an acceptable part of the publishing culture; so again, her behavior was normalized and accepted.

**Under the radar.**

A1 began drinking at age 13, to cope with her family dysfunction and continued her use into her adulthood. Her drinking was considered acceptable behavior in the military and her use of alcohol and other drugs remained under the radar for several years. She remarked that her drinking became noticeable in graduate school when she arrived late to a presentation because she was out drinking. When confronted she responds with denial and anger, explaining that she is “going through a hard time, school was tough, she was under a lot of stress.” No one questions this response and her drinking and use continue. She managed to graduate and relocate to another state where she got a job as a social worker in an adolescent treatment center. At this point her use is finally “on the radar” and she is confronted with an intervention from her supervisor and colleagues. This situation was both frightening and humiliating, as she was shocked to know that she could not account for two weeks of her life and that she was at risk for losing her job and potentially her license.

**Nobody wants to talk about it.**

L1 shared some of the difficulties she has faced as a recovering woman both inside the recovery community and outside in “normal” society. She commented on how
it is hard for her to talk about recovery outside of a meeting, not because she is unwilling, but because others are uncomfortable with the subject. She explained how,

“I can't tell anybody I work with – they would just be blown away. I couldn't tell anybody I went to school with. My parents don't even want to talk about it. My stepdad is like I don't care, I don't want to talk about this.”

She has found that the person most comfortable discussing the topic with her is her grandmother, so she knows she can talk to her at any time. She tries to be jovial and light-hearted about the subject to help ease the discomfort of others, but even that does not seem to help. When asked to explain why she thinks people are so uncomfortable, she shared,

“…they're afraid they’re going to catch it, or you're condemning their using. People get ultra sensitive like is she going to freak out if I drink this beer? I didn't drink beer, I never drank beer, you can drink the beer.”

She paralleled this experience with a similar reluctance to talk about AIDS, explaining,

“Yeah, And they're afraid they're going to catch it or that you're going to re-catch it and you’re going to die on them…Or you might tell them a story they don't want to hear. Because all these little stories from the grapevine from New York to Ohio was still working when I was using so they heard a couple of stories from the grapevine. They don't want to know if those stories are true. They don't want to open up that dialogue. Just like domestic violence. They don't want to talk about that.”

Despite this situation, L1 is not deterred from sharing her story with others, including her firm position on acknowledging mental illness within her 12-step meetings. She has
found that some recovering people are uncomfortable acknowledging this issue as well, so she often makes it her personal “soap box”.

**My support.**

E1 emphasized the role her support network has played in her recovery, from the beginning of her journey until today – her group of women friends, some of whom are in recovery and others who are not – are a part of her daily life. She believes a support group helps her make good decisions, providing her with guidance. She explained how this process works for her,

“I need a support group because at that time, my perception, what I think it is, if I don’t have these people and I just go off that thought that I have – I want to make the best decision for me. And in order to make that best decision for me, when I really have something going on, especially if it is emotional, I could act off my emotions and that emotion could be the worst decision I’ve made in my life. If I’m emotional and I talk to a couple of my support people, and they say, “Well, that sounds good, what you’re saying, but have you thought of this?” They give me another way of looking at it, um, they can suggest well, maybe, just don’t do nothing with it. Cause when you’re going through something, sometimes you want that urgency, that word process – you all say process, but sometimes when you are going through something you want that sense of urgency of relief, sometimes you don’t need to handle it right then, so you need to have somebody say, maybe you just don’t need to do nothing. But it’s like a guidance, it’s like something that’s giving me some kind of guidance. Cause if I person work off
just what they think – oh my goodness, you could find yourself in a world of trouble.”

She has support people across the state with whom she is connected. She relied on her support system when she considering using again during her eleventh year of sobriety and again when her husband was passing. Her support has replaced a single sponsor for her in the 12-step fellowship, instead viewing herself as having several sponsors.

Throughout her narrative, she discussed and illustrated how the support of other women has helped her and given her opportunities to grow. She is passionate about the need for support in women’s lives and wanted this point to be made as she shared her recovery story.

More time.

E1’s story of her relationship with her husband spanned many years. They were both involved in drug use and both incarcerated over the years. She described their relationship as “on and off again” due to their addictions. Her addiction caused her to prostitute and be with other men in order to obtain her drugs, making a relationship with her boyfriend difficult. After her fifth time in prison, they reconnected, both focused on sobriety this time around. They decided to be “on again” and began their life together. Her time with him seemed to really begin at this point, as they worked together to raise her daughter and be involved with her adult son. They got married and were involved in the lives of their children and grandchildren, many of whom had not known them as addicts. Unfortunately, her husband was diagnosed with cancer and became very ill a few years prior to the interview. She recalled how during his illness she prayed for
“more time” and came to understand her relationship with her Higher Power at a deeper level. She shared this moment:

“He stayed functional until one day…one day he couldn’t make it up the stairs to the bedroom and he fell. I don’t know where I got the strength, but I got him to the bed and we fell, we both fell on the bed, and he was out, and I was like “Oh, God, not like this, please not like this.” And I was praying and one time I went from one bedroom to the other bedroom and it’s like I hear the voice, but don’t hear the voice, see if it comes in your head. I think I was asking, I was like, uh, just like, “Oh, just give us a year” or something and I heard, “Where is your faith in me?” And I was like Oh, wow… and when I heard that, I was like OK, God is in control here and you’re right and I started asking for more time and then the next thing that’s in my head is “I’m giving you more time now” and I knew from that.”

Shortly after this incident, her husband was admitted to the hospital and then he passed, peacefully. While she wanted more time with him, she came to understand that “God took him when he could go no further”, which helped her let go and grieve. She allows her self to miss her husband and talk about it and describes losing him as “a process”.

**Stories of Struggle and Survival**

**Twelve years of difficulty.**

A1 described her recovery journey as “difficult and complex” throughout, especially for the first 12 years. The difficulties she experienced included her years of wanting to use, struggling to find an identity, and feeling disconnected to the 12-step community and process. She acknowledged that she had a lot to unbundle and work on in
her recovery, including eating issues, long-term sexual abuse, issues with spirituality, and sexual preference questions. She worked on these issues through periods of therapy, and acknowledged that having a relationship with someone in recovery was helpful to her. By her fifth year of sobriety, she became relaxed with the idea “this life is not so bad and it will be OK”. She began to feel settled and less uncomfortable around year twelve after intensive therapy. She experienced what she calls a “total surrender” around years 12, and found a spiritual life that was more fitting for her. Sustaining her through these difficult years was her solid commitment to not drinking or using drugs due to the fear and respect she has for the power of the disease to “come and overtake” an individual.

**The 20 years in between.**

B1 referred to her years spent in addiction as “the 20 years in between”. Her life during these 20 years was similar to a roller coaster of disruptive events. The chaos of a husband involved in war, multiple miscarriages, and multiple moves across the country events left her feeling fractured. She stated how she could locate the “disintegration of her life” when her husband went on his first tour in Vietnam. This time in her life felt outside of her control and she subsequently lost touch with her self as she struggled to grab on to anything that seemed stable. She recalled, “No matter how much effort I made as a wife and as a mother, and even the effort he made, and he did make a heroic effort...nothing could come together and everything kept going more and more into a descent journey.” She believed that her twenty years of addiction were some kind of necessary blip in her life where she was taken off track. She reconnected with herself when she was 38 years old and began her recovery journey, ending the “twenty years in between”.
False starts.

K1 highlights how she had a lot of “false starts” into recovery. She characterizes these “false starts” as introductions into recovery that weren't successful because “for one reason or another I would decide I wasn't done yet with the life.” One of her first false starts came when she was introduced to the idea that she may be an alcoholic during a visit to her boyfriend at an alcohol and drug treatment program. She considered “maybe” having a problem, but was unsure if it was really her drinking or other issues. During a short period of sobriety she has the first taste of “maybe I'm looking at this from the wrong angle”. She had been to several different therapists and tried to change other aspects of her life without success, without examining her drinking. Her first introduction to AA was also a “false start” because she has a negative experience. Connecting to women in AA moved her from a false start to an actual beginning in recovery.

Shame and Stigma.

K1’s story of shame and stigma is intimately connected to her story about her “false starts’ into recovery. She brought up the idea of stigma early in her story explaining how she still felt uncomfortable being open about recovery because she has “this past that is not very pretty”. She discussed this lingering feeling of shame about her behavior prior to entering into recovery and is afraid that she will be asked to talk about her past if she told someone she was in recovery. Her projected fear about being asked to discuss her past with others holds her back from reaching out to others who may need her help, which brings her a sense of guilt. She rationalizes or negotiates her guilt by stating the following, “I think that's more how I see it – without necessarily saying that I'm in recovery, it is sort of my life – the way I conduct myself...I feel like I'm embodying it and
living it.” This guilt has resulted in her belief that it is not the shame that holds her back from disclosing; rather it is because she is introverted. She seems to feel better with this explanation than the connection to unresolved shame.

Later in her story the idea of stigma and shame resurfaced when asked about what is misunderstood about women in recovery. She struggled to respond and connect herself with the term “women in recovery” and instead reframed the question to be about her situation. She stated “I'm affected by the stigma of it, and I think...it goes into the shame and into the not wanting to disclose, but being a woman and having had the experiences I had when I drank – a lot of it had to do with...my sexuality and the, uh, and I just keep thinking of the shame attached with the things that I did and I just, you know, for men there's not the same stuff attached to that...”. Her ability to integrate her past with who she is today is still a struggle and is something she's coming to terms with that part of her identity. She acknowledged that this process is ongoing for her.

**Being good enough.**

T1 discussed the challenges faced by women in society, and how these challenges impacted her. “I think as women we suffer a huge self-esteem, self-confidence issue in our society. We're always batting that. I mean, different ways, like way back just to vote and now who knows... I think we do and for me that was a major point of impact in my recovery – giving me back my self-esteem. I think we're born with it and tear it away slowly as we grow up – or it gets torn away.” She commented on how negative her perspective was during her adolescence and adulthood. She was never able to see the good in things, especially herself, and never felt good enough. She commented further on how these pressures play out in parenting. “Women – we think we're supposed to be
perfect, we have the task in our society of raising the child, although fathers are there, it really falls into the mother. So, that's another person's life, so we are viewed as being influential in another person's life. That makes another expectation and another place for a woman to find fault in ourselves. And as a mother you're wrapped up completely in it.” Recovery gave her the ability to feel good about herself and to be more positive about life in general.

The nun in the modern world.

P1’s story about her time as a nun in the convent and her emergence into the “modern world” speaks to the historical and social contexts of the time and the culture shock she experienced. P1 entered the convent at the age of 16 during the late 1950s and emerged when she was 27 and it was 1968. On some levels, she had been absent from the modern world, living and working inside the convent and was frightened and overwhelmed by the societal changes once she emerged and began teaching in the inner city. She stated how drinking alleviated her fears and inhibitions during these times of personal and cultural transition. She made bold moves – across the county from NY to Nebraska, from the United States to Europe, and places in between, as her career grew, all of which may have been harder on her than she detailed.

Survival.

The story of S1’s survival against many odds is noteworthy. She survived on a physical level from intimate partner violence, including situations where she was brutally attacked with knives. She survived emotionally from the death of a child during her addiction, which was terribly painful and lonely for her. She survived on physical, emotional and mental levels through years of drug abuse, street life, and prostitution. In
her story, she is disconnected from her own family, her own support, and does not talk much about friends or people in her life that help her out, other than court advocates and social workers. These helping relationships from social services are the lifelines that pull her from the drug house when she finally wants out, connect her to treatment and housing, and it is there where she finds a job in the field later on. Unlike the other women, S1’s story of survival does not contain information about women friends or a connection to AA.

The losses she experienced were far more financially devastating than those experienced by many of the other women in this study. As she reflected back on her accomplishments in her life – including being the lead counselor at the same treatment center that helped her 14 years ago she often smiled and said, “Who knew?” to signal her own amazement in her self. Her survival story continued in her recovery as she was faced with her husband’s cancer diagnosis – a supposed death sentence at the time of discovery. She was determined to help him live, and through a year of difficult treatment and rehabilitation, she helped him to survive.

**Broken trust.**

L1 acknowledged that her parents were her abusers and because of this situation, she has a difficult time trusting others, especially women. She recognized that she has an addiction to relationships and has trouble finding ones that are healthy and often seeks approval from men. Despite her concerns with men being predatory toward her in meetings, she prefers co-ed meetings to women-only meetings because she is hesitant to trust other women. She explained,
“I still have a hard time getting along with women. I did a women's meeting for about a year, that I really liked because it was in the dark and you didn't have to see faces and it was great. But I just don't trust them; it goes back to stuff with my mom, you know, I don't have a sponsor. I haven't had a sponsor for three years for kind of the same reason. It is almost like the thought of seeing a man will get me to a meeting – that's kind of sad to admit, but it's true. And, I'm not interested in them; I'm just interested in the validation. I mean, I've got some time, but I still see myself as this empty thing sometimes – I mean it's really kind of sad.” Her experiences with women in her life in mentoring and nurturing roles have been very limited, and she often finds herself functioning as the caretaker in her intimate relationships.

Her professional life requires her to build rapport and trust with her clients, which seems paradoxical. When asked how she is able to build trust she commented that she really only trusts a few people in her personal life, but in her professional life “there’s no problem trusting a little kid, there’s no problem trusting someone who is ill…” She recognized the following about her self and trust:

“…that's been one of my biggest issues, because there wasn't any, there wasn’t any, and that might be something that's never solved for me. I've talked to a lot of people about it and they've said it might be something that's never resolved. It's gotten to the point where I don't even want to go to talk therapy anymore because I know what it is, you know, I'm just, you just get to the point where it's like “OK, God, are you going to do something about this or not?”
She has resigned herself to being at a peaceful place with this issue, telling herself that she is “a solitary person”, having exhausted her desire to discuss the issue any further in talk therapy. Her relationship with her son is the first time she has experienced love with a male where she is not worried about being hurt; she is hoping her son will know a sense of trust and safety that she never got to experience as a child.

**The addict will come out.**

E1 detailed the difficulties that come with raising children in recovery, including adult children. Her son was 18 when she got sober, and remains angry with her at times, in his adulthood. She has had a tenuous relationship with him, as he is someone who is involved in drug use and other negative behaviors. She detailed how she had had to learn how to deal with him and set boundaries, otherwise, the addict side of her will come out. She provided this emotionally charged example of their relationship,

“…this is a part of me that I don’t like: you can push my back us against the wall and the addict will come out. And when that addict comes out, it’s about survival and what I think you are a person on the street and you’re trying to hurt me. And when that addict comes out, it’s not coming out to play – it’s coming out to destroy. And so, a couple of times, he have triggered that side of me to where I was ready to just shoot him. And, um, my friend has had to talk to me about that and my husband told me years ago, “You don’t need a gun cause if that side of you comes out is a bear and I never saw that side”. That side was coming out more and I was like, “Ooh, I don’t need this in my life.” You know, so, I had came to the decision that you can’t be in my life.”
While they have had their ups and downs, and while he has pushed her to the place where she can feel the addict inside of her come out, she still maintains a relationship with him, within certain limitations. Additionally, she is the primary guardian and caregiver of his two sons. She recognizes that what she was not able to do for her son because of her addiction, she is currently doing for her grandsons, which helps her deal with guilt from the past. She stated, “life is good, but you still go through things, and sometimes you go through, especially for me, I have had it with my children. Oooh – that’s some work, and I’m going to tell you…”

**Stories of Entering Recovery**

**Entering recovery.**

K1’s friendship with another woman in AA is what brings her into recovery after many “false starts”. She was not certain that she liked the idea of AA, but at least felt as though she could “tolerate it”. Her tolerance transitioned to acceptance and integration after she attended an international AA conference for young people during her second year of recovery. She felt a sense of connection to the community and found an immediate friendship with another woman there who allowed her to share a room, etc. She states how she was “astonished by being a part of this huge community” and that sense of connection is was cemented her commitment to being in recovery, as she felt she was part of something much bigger than herself, which was both exciting and affirming to her. She recalled having the determination that “there's not going to be anything that's going to take the place of this, that I would give this up for...” in terms of her recovery.
No place else to go.

D1’s first husband provides her with a copy of the Big Book from AA and says to her, “This is where you come when you have no place else to go.” Although she did not immediately see the connection to her life in terms of her own addiction, she remembered this statement and considered it the beginning of her journey towards recovery. Two years later she found her way to AA and felt welcomed and supported in her community. It was the place to go when she had left all that she knew in terms of values, and was able to build an identity and a life for herself.

I only had a few sips.

When P1 is three years old, she drinks a bottle of cold medicine and becomes very ill. When questioned by her parents about drinking the whole bottle she responds, “I only had a few sips”, which she then states became her “M.O.” (Modus Operandi/method of operating) for her drinking for many years. Her denial of her problem was supported by her belief that she did not drink that much, considering she was able to continue to function at her job and not experience negative consequences. This line of thinking seemed to present itself again when she first experienced AA and said that “she only heard differences” and really didn't see herself as “that bad” compared to the members sharing their first step (which often details how life had become unmanageable). She tells herself that she can handle things on her own, including seeking therapy for problems, but not for drinking. She began attending meetings and hiding her drinking from her therapist, which pushed her further into her own denial about her problem with alcohol.
Stories of Rebirth, Growth, and Rising Above

Letting go of the victim identity.

D1 passionately spoke about being able to let go of her identity as a victim as an essential part of her recovery process. She did not realize she had a victim mentality for a long time, and it was a “huge revelation” for her. Seeing alternatives is an essential part of releasing the identity as a victim, as it is a part of functioning when growing up in situations where there is abuse and violence. She believes this transition was not only important for her, but that it is important for many women who are trapped by this perception. She stated, “I was able to understand that I wasn't a victim, that I had choice and that I had power and that I had a self and that the growth being painful was just simply a fact of life, but that the payoff was great.” She recognized that the ability for abstract reasoning has an important role to pay in “getting it” about things like not being a victim. She had to come to understand her pieces, her power in the whole process in order for her perception to shift. She states “…I’ve seen lots and lots of women over the years who don't get to that place and I feel so sad about that because I think that, I don't know, maybe its fear, maybe its so inter-generationally entrenched, but to be holding onto your sense of identity as a victim for dear life is tragic.”

Understanding the victim concept allowed her to deepen her understanding of Step One in the Twelve Steps. “See, and this is a place where I come back to the first step in the Twelve Steps, where you admit you are powerless over alcohol and that your life as become unmanageable and for women, that can be really challenging – a challenging paradigm and if you don't understand or you don't get that it is in admitting your powerlessness you can reclaim your power.”
The energy field of light.

B1’s early recovery is filled with positive memories and boundless energy. She described,

“In my early recovery the only way that I can even describe it today after all these years was that I was living in a state of grace, I was living in an energy field of light. All of my, um, all of my sense of who I really was, was beginning to emerge. Um, everything I picked up in books, meditation books, books I had not read for a very long time, I saw in a completely different way. I had had a profound spiritual awakening. I would not have called it that then, because I didn’t know what that was about, but I feel very humble even describing it in that way today, but my life changed completely. The old life fell away like a vine that had poisoned me…it was going to go and it was gone.”

She described her early recovery as filled with “novelty and the unfolding of so much that had been gone for so long”, likening her life to an oasis. She described herself as able to move from a world that had been flat for so long to a world of “depth and dimension”. It was a time of transformation and rebirth, as if she were waking up from some kind of 20-year sleep. Her growth in recovery has continued for over 20 years with a similar sense of amazing opportunities and experiences.

Wellness, spirituality and recovery.

Wellness has played an important role in L1’s recovery, including her spiritual process. She explained how her physical wellness was intimately tied to her spiritual life and her recovery. She discussed her wellness practices as,
“Well, yoga and a lot of dietary stuff. I've gone through phases of being like a raw vegan, you know, very phase-oriented, try whatever works and basically I'm to the place where I want to feel like I'm integrated, body, mind, soul. And that just takes a lot of work, a lot of time, effort and energy. Yoga for me saved my life. I mean it absolutely saved my life – it got me to the place where I could actually understand AA. I couldn't understand what they were saying before – I didn't get it. I never had a place of ease and comfort for God to enter – I was so hyper-vigilant. And, when I did my first relaxation exercise that was yoga-based, it blew my mind. I felt safe for the first time in my entire life. It was just bizarre. I probably fell asleep but then when I learned to kind of school that and train that a little bit I learned how valuable that was…”

She has taken what she has learned and applied to her professional life, working with children who have behavioral and emotional traumas. This experience with the children allowed her to better understand her own process with yoga, meditation, spirituality and AA. She explained,

“…and I started teaching these little traumatized kids how to do it and they would have the exact same response. So, I’m like, “Oh my god, I'm like 20 years old but I'm emotionally like this little seven year old, you know, that has no space for the Divine. So, I have to work on digging that out, digging that out, digging that out, and then I can receive. But otherwise, I don't get anything out of meditation, I wouldn’t get anything out of an AA meeting because I'm so full.”
She relies heavily on her wellness practices to help her achieve balance and manage her anxiety (with the assistance of medication). She added that yoga and meditation might have actually performed that “brain surgery” she wanted drugs to do for so many years.

**Saving my life.**

T1 experienced a brain aneurysm during the later years of her addiction that should have ended her life. However, she was surrounded by others who made good decisions on her behalf, as they called the ambulance and advocated to send her to a particular hospital known for its work in neurology. These actions ultimately saved her life. Despite surviving this event, she returned to drinking almost immediately after her release. After the aneurysm, she was jailed for a third DWI. Her life is saved again when she encounters another inmate with a “look of despair beyond anything I could recognize”. She sat down next to T1 and shared that she was “never getting out” of jail, revealing her paperwork with a “Felony One” charge on it for the murder of her boyfriend. Her compassion for the suffering of this woman was enough to cause an epiphany about her own life and her need to stop drinking.

**Spiritual freedom.**

K1’s ability to develop her own relationship with a higher power without having to subscribe to anything religious or ideological was an essential part of her recovery journey. This vignette surfaced several times during her overall narrative, emphasizing the importance of this component of both AA and her own recovery. She was grateful for the freedom to develop her own sense of spiritual meaning, especially in the beginning. During her early recovery a woman in AA told her about prayer; she was reluctant to try it because of her dissociation with any religious practice. The woman
responded with “that does not matter, just try it” and K1 did, mostly out of desperation. She was surprised that prayer worked for her, as the woman had suggested. She discussed how she's been “all over the map” in terms of spirituality from not wanting anything to do with it to going on meditation retreats. K1 is still grateful that she is not forced to “explain” her concepts on spirituality or forced to “define” what she believes. For her, recovery is about questioning and exploring the spiritual part of her life having a commitment to that continuous looking inward.

**Ministry and spiritual communities.**

B1’s story about her spiritual life is one of discovery, expansion and resolution. Her relationship with religion was positive and present in her childhood and adolescence, but it drifted away from her during her addiction. During the eighth year of her recovery, B1 was in a church service when she felt a strange pull. She recalled, “and as I was sitting there, I had this sense that I was supposed to go to seminary. It thought to myself, “It will go away, and will leave in a few days… and it was after that my life screeched to a stop.” She recalled hearing about a local seminary from a friend and mentioned to her husband that she wanted to check it out. The strange feeling would end up being the next segment of her journey. While she was completing the Masters in Addiction Counseling program, she also spent time in the Masters of Divinity program, because she was still trying to determine if her calling was in a ministry behind a pulpit. She reflected on this experience by stating, “two years at seminary were so helpful in my personal journey and also my professional journey, I have a lot of issues around spirituality, and I spent three years working with groups, battling those issues, asking questions, crying, doing a lot of my own work around it and have come to a place to today where that’s integrated for me
and I’m so grateful for that because if I had not integrated that, if I hadn’t healed that there’s no way I could be present when other women can share their spiritual journey that has become part of my recovery.” Her spiritual journey is one of convergence and integration of the various spiritual communities she experienced after her time in Seminary, including Tibetan Buddhism, Sufi, Native American, Hinduism, and Christianity.

**Being the person I wanted to be.**

T1 always had high expectations for herself, even during her addiction. She mentioned several times in her narrative how she wanted to be a “good mom” to her daughter – and she was, despite her escalating addiction. She was able to provide a comfortable home and send her daughter to private schools, but none of these accomplishments satisfied T1. Her negative perceptions were fueled by her alcoholism and low self-esteem. These expectations and negative feelings began to change once she entered recovery. She passionately discussed her gratitude for recovery through her relationship with her daughter.

“The relationship with my daughter has been the key instrument in my recovery – and the relationship with myself, but that came behind that, as an off-shoot from that… and, well, I have learned so much from her… She has taught me how to think away from me, how to speak gently to others, and just how to enjoy life just a little bit more… I know that by being the type of person I wanted to be for her, I became the type of person I wanted to be and I know that she sees that and that's going to be a help to her.”
She had a second experience that signaled to her that she was becoming the person she wanted to be her entire life. She recalled, “I had another pivotal moment, I think is important. … I went to her birthday party at a bar – and most of these people I hadn’t seen for a few years. I had a blast – I talked, I conversed, I was witty, I was charming, we had a good time. I’m walking to my car and it hit me – I was the person I wanted to be for those three or four hours and I had a blast and it is all because I didn’t drink…” Recovery has gifted T1 with many tangible benefits: she is able to be an active part of her daughter’s life; she has a great job that she likes and feels good about. She is able to trust others, feel feelings, able to make mistakes, admit them and then let them go. She is no longer battling with self-esteem and self-confidence issues and the societal pressures to be perfect. The life she has today is the one that she wants for herself.

**Love and partnership.**

B1 met her second husband in her first year of recovery and his presence is woven throughout her story. Their story together is one of love, collaboration, and stabilization. Their love for one another was instantaneous, as she described, “…we met on a blind date and immediately knew…we were married about a year later and we’ve been together ever sense.” There was a sense that they were meant to be together, as their interests in life were mutual – both were fascinated by the concepts of wellness, recovery, metaphysics and spirituality. He assisted her with accomplishing her goals of completing college and furthering her education. Her second husband provided a sense of security and safety to her, which allowed her to focus on her own development. She impacted his personal journey as well, as they were studying and building a model on wellness and recovery together. She commented on their growth,
“We were changing, we were no longer recognizable to the people who knew us years ago, either one of us, and we were changing individually, we were growing as a couple and I will say this for me and will say this for us – we were very true to ourselves, and very true to our couple ship, and that was what was, that’s were our values were at that time, it was not convincing people that we were still the same old people that we used to be –that didn’t matter at that point.”

Their work is interwoven today, as they still collaborate on many projects and support one another almost 30 years later.

**Growing up in recovery.**

D1 described her experience in recovery as, “when I started growing up.” She recognized that in the first five to eight years of her recovery she was learning about feelings and how to have relationships, the “things you're supposed to learn in adolescence and earlier than that”. However, in her family system no one knew how to model these behaviors in a healthy way. These early years in her recovery were about “foundational work” which she characterized as “excruciating” because of the tremendous growth that occurred though a lot of pain. The excruciating part came from doing the healing work without using alcohol and drugs (or other negative coping mechanisms) to quell the pain. She struggled with forming her identity because she “was always who anybody else wanted me to be at that moment”. She felt like she had a solid identity in recovery around her tenth year of sobriety, after she determined her values and learned to use her voice. Her “family system” became a group of women friends who mentored her (outside of AA) along her identity and self-esteem.
The growth after the first eight years was less painful and more age-appropriate for her. She explained “at this developmental level you have what you need to get through the challenges of life, including learning and growing from them”. The life experiences during this time included the deaths of her two best friends, which were extremely painful. She reflected on her ability to stay sober as, “I didn't ever have to go back to the coping mechanisms that were so destructive. I had a way of being able to deal with it and cope and grieve through it and feel it and be there, etc.” Her last five years of recovery (20-25) have felt like a pulling back of layers and is what she calls the “more comfortable years”. She is at a place where fear has subsided and she is solid in her identity and recognizes that she has something to give to others.

**Self-differentiation.**

P1 recalled how one of the biggest things that changed in her recovery was her sense of “self-differentiation”. She defined this quality as feeling connected to others while still maintaining her own identity. She described the process as one where she's gotten to know who she is, including what she wants and needs in life. She also knows how to go about getting those needs and wants met appropriately. She is able to respect other people's needs, wants and boundaries while taking care of her self. She reflected that in the beginning of her recovery she was not self-differentiated, and that it took her a long time to understand her happiness was not “out there” and not in getting things from other people or in what other people thought of her.

This understanding of “coming into her own” echoes back to her fears about losing her entire life if she quit drinking – alcohol was something that was outside of herself that she thought contributed to her happiness. Her recovery helped her grow out
of self-centeredness and realize that her sobriety has helped other people be sober. She stated how she used to be concerned about who knew that she was in recovery and about who should would tell; today she really does not care who knows because she is secure in her identify.

**Era of pain to an era of possibility.**

The birth of L1’s son was a transformational experience. She had longed for a child and when she finally got pregnant and had a baby, she felt her commitment to recovery deepen. She moved from a place of “I guess I will” stay sober, she is now saying, “definitely” to remaining in recovery because she wants to provide her son with a different life. She commented on the importance of her recovery,

“Because I refuse to do to him what my father did to me. I absolutely refuse to and my father's death is drug-related, alcohol-related, it's just stupid. And it's this family legacy of just failure and drunkenness and fatherlessness and pain, and I don't want him to know that.”

Her family legacy of is one that she battles against by channeling her rage toward this destructive disease. She commented on her own perseverance coming from not wanting to give up. She shared,

“Rage has been my best friend coming in and it keeps me sober when all else fails because I absolutely refuse to give up. I just refuse to. There are too many failures in my family. Too many people who just didn't make it, just weren't strong enough, whatever X factor it is...I don't know what it is that makes some people get it and some people not get it, and it frustrates the hell out of me, and that
frustration I channel into this sense of “It's not going to take me, it's just not going to”.

The birth of her son and the death of her father were not far apart. She believed that this was representative of a transition from “an era of pain to the beginning of this era of possibility” which she describes as “very powerful”. Her hope is that she can break this cycle in her family and spare her son from a similar fate.

Delivered.

When asked to define and explain recovery, S1 details that she has been “delivered”. She explains it as follows:

“So, this is my answer to this: I don't know that I think I'm in recovery anymore. I have been delivered. I really believe I've been delivered from all that. I have always been grounded in the word of God and I believe he can remove anything and I strongly believe in the Lord. I can still identify with the recovery process – been there done that. But I feel like I've been delivered from it. When I'm at work, do I tell them I'm still in recovery? Of course I tell them I'm still in recovery because they may not be in the place where I'm at, so I don't want to confuse them. I know I work for a 12-step program that is based on the principles, so at my job, I do what my job do. But outside of my job, I'm delivered.”

She described the feeling of being “delivered” as,

“I feel like I'm freed from the bondage of that disease, that hell, there's no question about me ever wanting to drink or drug again – there's no question about it. I just feel free, I feel free from it. That's why I say, when God deliver you from something, you're delivered from it”.

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Chapter 5: Findings II: Life Course Analysis Findings

Life Course Analysis

The second analytical layer of this study focused on the impact of transitions and trajectories upon social patterns, pathways and overall development for the women in this study. Specifically, transitions that impacted the trajectory into addiction, transitions that occurred during addiction, transitions that modified trajectories into recovery and transitions that occurred during recovery were examined. Perspectives on long-term recovery and how one understands she is in this part of her journey are provided, along with a collective interpretation on the topic. Findings on additional life trajectories outside of addiction and recovery were examined and provided to highlight powerful experiences that further impacted the course of some of the women’s lives. This chapter concludes with an examination of autobiographical reasoning to better understand how each woman drew lessons from her own experiences and how those lessons impacted her narrative identity.

Transitions and Trajectories

The women in this study discussed how their lives unfolded as they explained their respective recovery stories. As they shared the events, outcomes and resolutions of
issues, they were detailing the impact of transitions and trajectories upon their lives. Transitions represented noticeable changes in the women’s lives, while trajectories represented a qualitative life change or a redirection of a life’s path. Transitions tended to be more time-limited than trajectories, and were examined for their timing and duration, and whether they were unexpected, stressful, or non-normative. Multiple transitions often occurred within the trajectories, with some sustaining the current path, while others are powerful enough to cause transformational change and modify the trajectory. During the analysis of the transcript, special attention was paid to these moments in the narrative that signaled transition for the onset of a trajectory. The following sub-sections provide detail on the trajectory into addiction, and the trajectory into recovery, including the transitions embedded within each.

**Trajectory into Addiction**

The trajectories into addiction were qualitative life changes, as the women were impacted emotionally, physically, spiritually and mentally by their use, especially for those who began drinking as adolescents. This trajectory was an entirely different pathway for moving through life as compared to other girls in their age cohorts. What they were learning in terms of emotional coping, communication and identity formation was significantly altered or stunted because of the addiction and the abuse that many of them experienced. The choices and opportunities presented to them once on this path were different than those presented to non-addicts because of their exposure to using environments and using people. Additionally, the consequences they experienced because of their addiction were increasingly negative and qualitatively different than their non-using counterparts. The trajectories of addiction varied in their duration for the
women, with some active in their use of alcohol and drugs for 11 years to almost 40 years, depending on the age of onset and their age once they got sober. The women who began drinking early in their lives (i.e. those who began in childhood and early adolescence) recognized how their emotional development, was altered compared to the women who were closer to adulthood when their addictions began.

**Transitions that modified trajectories into addiction.**

Several of the women identified dysfunctional home environments, where violence, abuse and addiction were present. These home environments were connected to the onset of addiction for many of the women, as stated directly by them, or through inference based on the details they shared. Transitions commonly experienced by the women included exposure to violence, abuse, and drinking at an early age. These transitions represented changes in daily lives that were largely stressful and somewhat unexpected, resulting in negative outcomes for them.

Each woman was asked to describe her process into recovery at the beginning of the interviews. Eight of the nine participants began their explanation with details about life in addiction, and all nine discussed their addiction at some point in their narratives. Six of the women (T1, P1, B1, L1, E1 and D1) discussed alcohol use as present within their families, with at least one parent. All six women discussed the normalcy of drinking in their family lives and believed this environment influenced the development of their alcoholism to some extent. Four of the women discussed the presence of abuse in their childhoods and a significant level of family dysfunction. The ages at which the women began using substances, with alcohol being the one mentioned most often, varied. Five women began using prior to age 18, most during middle school (ages 13 and 14). P1 was
the earliest to initiate and had her first drink at age three when she ingested a bottle of
cough syrup; from then on her use is not detailed, but alluded to as something that
happened regularly as she and her siblings would finish the drinks left over from her
parents’ parties. L1 recognized she was physically addicted to alcohol by age 12. D1, T1
and A1 all began drinking in junior high; A1 at age 13, T1 at age 14 and D1 in junior
high (no specific age is detailed). They indicate that these ages where the beginning of
regular drinking, as opposed to a one-time event. B1 began drinking regularly once she
enters college and S1 details that she began smoking marijuana at age 20. E1 did not
provide a specific age as to when she began drinking or using, however, it seemed to
begin prior to her having her first child.

D1 identified how her home life was wrought with violence at the hands of her
alcoholic father. She began working in bars as a young woman, married a much older
man who was also an alcoholic and very violent, and her addiction escalated. T1 had a
father and a stepfather who were alcoholics during her formative years. Both women
began their own drinking around age fourteen. P1 grew up in a home where alcohol was
always present and had her first experience with drinking at age three with no punishment
from her parents for this action. P1’s “alcoholic network” extended beyond her
immediate family into her community and church life, when she entered the convent at
age 16; drinking was permitted there as well by the Superior and the Priests. Both of
L1’s parents were alcoholics and her father was sexually abusive. E1’s father was an
alcoholic, and she and all of her siblings used drugs and alcohol. B1’s father was an
alcoholic who later found recovery, and managed to hold off her own drinking until
college, where alcohol was normalized in her sorority and other social circles. B1’s
drinking escalated when her young husband was sent on his first tour of duty in Vietnam, six weeks after their marriage. A1 lived in a home where sexual abuse was regularly inflicted on her and where other forms of dysfunction were present. She began drinking regularly at age 13, and then entered the military at age 18, where her alcohol and drug use were normalized as well. S1 had the latest onset of use at age 20 when she began smoking marijuana with her boyfriend; once she married him and moved away her drug use escalated.

The home environments described by the women were negatively affected by substance abuse, violence, emotional neglect and abuse and other difficulties, leaving many of them without resources to address their own painful issues or to foster connections with others that were nurturing, safe and growth-enhancing. The use of alcohol and drugs and other negative actions, may have felt like natural coping mechanisms, given their individual circumstances and home environments. The timing of these transitions (i.e. sexual and physical abuse, exposure to alcohol and drugs) occurred in their early lives at a time when they were still developing emotionally and physically. The transitions had long-term impacts and seemed to facilitate their trajectories into addiction. From the outside looking in, these transitions would be considered “non-normative” as they would fall outside of normal developmental expectations for children and teens. However, because of the contexts of their lives, many of them felt powerless to change their situations, or were unable to see other options for coping. Thus, these transitions they experienced would be considered “normative” within the context of their home environments where alcohol and abuse
were present – they were simply replicating what they witnessed the adults in their lives had demonstrated and presented to them as examples.

**Transitions during addiction.**

Transitions during addiction involved marriage, relocations, career changes and increased negative consequences from alcohol and drug use. After their initiation into drinking and/or using other drugs, the women cite a series of transitions that seem to articulate two main themes: (a) the worsening of their addiction as it became more dominant in their lives, and (b) the seemingly futile struggle to fix other aspects of their lives in order to overlook substance abuse as the main problem. Only three women found recovery in their 20s; the other women entered recovery in their late 30s or 40s, after many years of drinking and using other substances. While the specifics of each addiction story differ among the participants, the plot lines remain similar in terms of negative consequences and struggles to accommodate substance use.

Many of the women found partners, careers or both that tolerated their substance use. K1 had a boyfriend who was an addict, A1 had a partner who was a drug dealer, S1 met a man whose family was heavily involved in drug use, and D1 had a husband who was an alcoholic. E1 had an on-and-off again relationship with a man who was addicted to drugs, and dated the “dope man” from time to time. T1 was a successful manager in a national restaurant chain, which served alcohol, so after her shift she was able to remain at work and drink; after this job she took an at-home sales role, allowing her to drink without leaving the house. Similarly, L1 worked in bars and as a dancer where use was expected as “part of the job”. P1 was a member of the convent until age 27 and then held
a successful series of jobs affiliated with parish schools; these positions required her to travel. The priests she affiliated with all drank, and her drinking was widely accepted as a social norm. These relationships were tumultuous for some, and dangerous for others, but all resulted in chaos and disconnection from friends, their own families and their sense of self.

Despite these situations, many of the women began building their careers – B1 became a successful magazine editor and journalist, P1 was promoted in her work with the Catholic Church and completed graduate school in Europe. T1 was quickly promoted in her company and A1 had a successful military career, completed graduate school and began working in the addiction field. Their work settings were all conducive to drinking – often after hours, but at times within the office environment. Additionally, most of them relocated away from family during the course of their marriages and careers. This career situation was not the case for all the women. D1 worked in a bar as a cocktail waitress, L1 was a bartender and a dancer, and S1 held service-sector jobs. All three women lived with violent men who were also addicts. S1 experienced numerous disruptions to her housing and work life as she and her husband became more debilitated by their drug use. They eventually became too consumed with using to even go to work. These situations were accommodating to each woman’s addiction process, which may have contributed to some of the women having longer addiction histories than others. E1 had a criminal career that developed to support her addiction – she was a thief, engaged in prostitution and other crimes. She was in and out of jail, and sent to prison five times. Despite these consequences, she was determined to keep using because she told herself “I love it.”
Transitions during addiction also impacted some of the participants’ children. B1, E1 and S1 had children during their addiction and both relinquished custody during their active addiction. B1 sought divorce after 17 years of marriage, and allowed her ex-husband to raise her sons in Ohio while she lived in Florida. She recognized the escalation of her addiction and did not want to take her sons on what she called a “roller coaster ride into a deep dissention”; she did not connect her sense of doom with her addiction at that time – she simply knew that something bad was happening to her. S1 felt like she could not take care of her son so she sent him to live with her mother for what was supposed to be a summer, but ended up as an eight-year stay. She also lost custody of her daughter when she was a toddler due to her absence from the home while out using. After S1 lost custody, her drug use further escalated and she began living on the streets and in drug houses. These transitions were stressful and unexpected to both women and they were virtually alone in terms of support and left to their own devices to continue to move forward.

E1 was a part of her son’s life until he was about seven years old; when her addiction caused her to “take off”, her mother became the primary caretaker. Her daughter (who is nine years younger than her son) was born addicted to methadone and was essentially raised by E1’s mother from infancy until age 11. Once E1 entered long-term treatment, her daughter moved in with her and remained until adulthood. T1 also had a child during her addiction, but managed to not lose custody of her daughter during the progression of her drinking. She experienced a divorce but had support of family and friends to help her through the process. Additionally, she had an amicable relationship with her daughter’s father, who was not an alcoholic.
These transitions represent changes in roles as the women moved through adolescence and adulthood, including changing from daughters to mothers, friends to girlfriends, and wives to ex-wives. They began careers and educational pursuits and had unexpected changes in their lives with war, relocations, and other circumstances. Many of these transitions were stressful for the women and evoked fear and helplessness in many of them. However, they were without emotional and spiritual resources to deal with their feelings, so they continued to use alcohol and drugs to cope.

**Trajectory into Recovery**

The trajectory into recovery represented a second major qualitative change in their lives. The removal of the alcohol and drugs freed them up to begin working on some of the underlying issues that had made alcohol and drug use attractive as a coping mechanism. These women did not simply abstain from use of alcohol and drugs; they also entered *recovery*, which for them entailed following principles of the AA fellowship, a deepening spiritual life, and improved health and wellness practices. Growth and healing were the focus for the women in this study. Some also sought a return to a value system that they had left behind, while others developed a value system for themselves for what felt like the first time. Similar to the addiction trajectory, the choices and opportunities that presented themselves on the recovery path were qualitatively different than before. Consequences for actions were less severe, and the ability to address problems was greatly improved as a result of recovery.

There are qualitative differences between the early years of recovery versus the middle or later years. The women discussed how recovery evolved over the lifetime, providing descriptions of their experiences during the beginning, middle and then into
their later recovery years. They shared the tools, coping skills and resources that developed from their recovery, as well as the opportunities and gifts that were present once they got sober during the course of the personal narratives.

**Transitions that modified trajectories into recovery.**

Despite all these negative consequences and what some may see as obvious signs, the majority of these women did not recognize they had a problem with alcohol or drugs. P1 wanted to figure out how to “drink like a nice girl”, A1 wanted to learn how to not black out and just “be normal”, and D1 thought her life was simply “cursed” by the addictions of other people. L1 thought there was something “unalterably wrong” with her and that drugs helped with that problem. She wanted to perform “brain surgery” on her self to try and make certain parts of her brain forget things and other parts of her brain function better. K1 sought counseling for “the other issues” in her life and made no connection between these issues and her drinking. S1 wanted to make her marriage work, B1 felt she was on a “descent journey” but didn’t know why, and T1 kept thinking she could “pick up the pieces and maintain”. E1 did not want to stop using drugs, rather she wanted to stop going to prison; she needed someone to help her figure out how to still be able to use but not have to serve time. This lack of acknowledgement of alcohol and drug use as one of the central problems in their respective lives was common among the women, and seemed to sustain their addiction.

Other mechanisms for emotional coping were virtually drowned out by the time many of these women realized they had to address their addiction. The transition that modified their eventual trajectories into addiction was something that all of them recall as a distinctive moment where the idea of having a problem crystallized for them. The
specific moments or “events” that caused their lives to radically change involved a consciousness-raising process or awakening for all the women, which likely had been building subtly and ended with a crescendo. All of them reached a point in their narrative where they could distinctively identify this event or moment in their lives where things began to change. This was the transition that modified their trajectory into recovery. Shortly after these transitions, they began their recovery journeys, with most beginning on the next day. These transitions can be considered either normative or non-normative, depending on how one views this part of the women’s life course. They are non-normative in the sense that they contributed to the development of the recovery trajectory, as opposed to the addiction trajectory; they are normative for persons who enter recovery, as they signal the beginning of this new path. This transition was normative for the participants of this study, as it was an essential component of their narratives and their identities as recovering women.

B1 recalled, “crossing a line” after drinking in excess in front of her parents and grandmother. She had come off a week of continuous drinking and little sleep and this pattern did not change once her family arrived. She drank to excess in front of them and was mortified by her actions. Later that night she asked for help through prayer and by contacting a friend whom she thought might help her. This friend talked with her and asked her to go with him to an AA meeting, which she does. The next morning she revealed to her parents that she was an alcoholic, and they provide her with encouragement and support. She explained that from that moment, the urge to drink was lifted from her.
L1 found herself walking down the median of a four-lane highway, barefoot, at three in the morning because she thought it would be a smarter decision to walk instead of drive. She realized in this moment that her life “was not glamorous” and that her plan of fixing her brain was just not working. Her physical health had deteriorated, her mental health was fragmented and she felt like she was “losing her mind” and she was only 23 years old. Seeds about recovery had been planted with her and a family friend had talked with her about his own sobriety; both of which were an impetus for her to take better care of herself. She approached sobriety as a cleaning for her body and began attending 12-step meetings.

P1 had come to believe that her entire social life and most of her professional life revolved around drinking, and she was not interested in quitting, but she did want to manage her use better, including frequent blackouts. She had been negotiating with herself to not drink as much when out with friends and had purchased $37 worth of books on alcoholism to explore whether or not she had a problem. However, she drank to excess at a dinner party and awoke at a stoplight in her car. She called a friend in the morning and asked him for help. He took her to treatment and said she never had the urge to drink again after that moment.

D1 believed that her drinking and using were not the problem; rather, her profound bad luck of continuing to have other addicts in her life was the issue. She decided to test herself to see if she was an alcoholic and managed to not drink for two months. Upon the confirmation of her hypothesis, she celebrated by getting drunk. While driving home, she was pulled over by an officer. Once home, she called the police station to complain that the officer had made a pass at her and had let her drive home
drunk. The following morning, the police sent someone out to investigate her complaint, which was an incredibly embarrassing moment for her because she was unsure if the event even happened. She details how in that moment, she realized that it was possible that she was an alcoholic and apologized to the officers. After this incident she connected with some friends who were involved in AA and she began attending meetings. After six months of meetings, she became sober, leaving alcohol first, then marijuana three months post, and then cocaine in the final month. After her sobriety began, she staged an intervention on her husband, but it was she that entered addiction treatment instead.

K1 had a series of “false starts” into recovery. She was first introduced to the notion that she may have a problem with drinking after she completed an assessment offered by a treatment center that was providing services to her boyfriend. Once her awareness was raised, she decided to attend an AA meeting and was immediately uncomfortable. She decided to try and stay sober on her own, and managed to do this without any support. After two months she returned to drinking and experienced consequences that she deemed were “attention-getting” and decided to try AA again, this time going to a meeting with a female friend. She was sober from this point forward.

The significant moments for A1, S1, T1, and E1 seemed to involve a greater degree of peril in terms of their personal situations and potential losses. A1 was building a career as a social worker, after successfully completing graduate school. Her use focused mostly on alcohol, but other drugs were mixed in during blackouts. At the end of her using, she was employed in a treatment center, where oftentimes patients brought drugs onto the property which she would confiscate for her own use.
thought was a two-day using binge, she appeared at work after having been out for two weeks, with no recall of the time. She received an intervention from her boss and co-workers and is given an ultimatum to enter treatment. She accepted these demands and entered treatment and decided to change jobs as well. She remained sober from that point.

S1 experienced almost 16 years of continuous drug use, violence, unstable housing, and loss of custody of her children before she had a desire to stop using and get sober. She experienced two violent long-term relationships, both of which were tangled up in drug use. During the course of her use, she sent her son to live with her mother, experienced the death of her second child at birth, and lost custody of her third child as an infant. The loss of her children, her housing, and essentially her ability to live a normal life put her in a mindset to not care and abandon any desires of life changing. One day she was using in a drug house and began to pray; she visualized everyone in the drug house as a monster and recited a prayer verse over and again. She then called her court advocate, whose number she had kept in her shoe, and the court advocate picked her up from the drug house and immediately got her into a treatment program. Unbeknownst to S1, the actions of the court advocate prevented the termination of her parental rights of her child, which were set to occur the following day. She remained in treatment for 14 months and has been sober ever since.

E1 was preparing for her fifth stint in prison when she heard about a behavioral modification program from one of her friends. Eager to learn how she could continue to use drugs but stop getting arrested, she signed up for the program hoping to find the answer to her dilemma. Seven months into the program, she came to the realization that “one did not come without the other” – if she was going to continue to use, then she was
going to continue to be incarcerated. Her seven months of sobriety and significant behavioral changes from the program had resulted in an internal shift for her. Thus, she accidentally stumbled on recovery as a result of sobriety and therapy in prison.

T1 knew she had a problem with alcohol for a long time, but thought she could continue to hide it. After a night of drinking, she experienced what she thought was a bad headache, but it was actually a brain aneurysm. She managed to call for help before collapsing and in a series of very fortunate events, neighbors and friends made decisions for her that ultimately saved her life. After this near-death experience, she resumed drinking and added prescription drugs to her repertoire to address her anxiety from the incident. One evening she was arrested and cited for a DUI (Driving Under the Influence); because of her possession of a controlled substance she is ordered into an orange jumpsuit while in the jail cell. She contemplated the end of her life because of the embarrassment and the misery. At that moment she met another woman in an orange jumpsuit who sat next to her with a profound look of despair. The woman shared with T1 that she had just murdered her boyfriend and was going to be in prison for the rest of her life. She remarked that the “urge to drink was lifted at that very moment” for her. She was released shortly afterward and asked for help from some friends in AA and began attending meetings. She was sober from that point forward.

The beginning of each respective journey into recovery was marked by feelings of desperation for something different, a sense of relief that the proverbial roller coaster ride has come to an end, and a sense of fear for the unknown. Life without substances was mysterious to some of the women who began using early in their lives and maintained their substance use into their adulthood. While many cited how the urge to drink was
gone, lifted, or removed from them, their journeys were not without extensive work, healing, and difficulties. They all seemed to reach a moment where they realized *something* had to change, and that *something* was not other people, or their job, or their geographic location, rather that *something* was finally their use of alcohol and other drugs. Once they each tapped into their need for sobriety, the myriad of other personal and painful life issues (i.e. physical, sexual and emotional abuse, self-esteem, mental health, eating disorders, unresolved grief, etc.) were acknowledged through therapy and/or work within their recovery support networks.

Coupled with these moments of crystallization was the request for help – which each woman received from a friend who was somehow connected to recovery. E1 credited her entrée into recovery to a “network of women”. Many of the women followed the advice of that friend and either entered treatment or began participating in AA. A1 and S1 were connected to treatment through social service workers that knew them; A1’s supervisor connected her to treatment and S1’s court advocate transported her to detox. E1 had a friend and a former inmate introduce her to the idea of the behavioral modification program in prison; the counselor from that program linked her to long-term treatment upon her release. B1, P1, K1, L1, T1 and D1 all had friends or someone in their lives where were connected to recovery and facilitated the introduction to an AA meeting. These connections were significant factors in helping them find their ways into recovery. Once they began their journeys, all of the women interviewed successfully maintained their abstinence without an incidence of relapse.

The transitions that modified the trajectories into recovery may seem outside the realm of expected or normative development along the life course. Events like losing
one’s housing, being incarcerated, being arrested for a DUI, and feeling out of control may not be the kinds of things reflected in non-addicted person’s lives. However, these types of transitions described by the women were normative in the context of their addictions – as their addictions progressed, their lives became more difficult and less under their sense of control. Fortunately, each of these women had a moment where they were able to ask for help, and receive it, which changed their lives significantly.

**Transitions in recovery.**

Transitions experienced during recovery were contextualized by many of the women as helping them “grow up”, become a whole person, fulfill a sense of longing, and reconnect with hopes and dreams from their pasts. Many of them felt as though they began living life once they entered recovery and began to experience happiness and a sense of purpose. These transitions were fulfilling to the women, reconnecting them to their senses of self, and to others, after feeling confused and isolated for many years. In many ways, the transitions they experienced in their recovery were ones that they likely would have experienced much earlier in their lives had they not been living within addicted homes and within their own addictions. Thus, the timing of these “normative” transitions was delayed for many of the women until they entered recovery.

**The beginning.**

The women described the early years of recovery as “the beginning”. This time period lasted for 1 to 10 years, depending on the duration of the healing process for each woman. Those who were able to identify and work on core issues soon after getting sober seemed to move through the beginning in a few years (less than five for E1, S1, B1); for those who took longer to recognize and work on these issues, “the beginning” lasted
closer to 10 years (D1, A1, K1, P1). L1 and T1 may still be in “the beginning” considering that they are in year seven and year five of recovery, respectively. This difference in duration of “the beginning” is not a reflection on inadequacy or lack of trying by any of the women; rather it is dependent upon resources. Resources include family support, access to therapeutic services, socioeconomic factors and emotional resources for processing painful life issues. Access to these resources made certain tasks during this phase more manageable. For example, having some family support, access to friends in recovery, stable housing, and other supports seemed to help. The connection to other women also played a pivotal role in helping the women in this study learn how to address their issues and begin living their lives differently than before.

Specific tasks occur during this transition. The women became involved with 12-step support immediately, with some entering treatment simultaneously. Their commitment to sobriety came early as well, with many realizing they did not want to use alcohol or drugs again. A1, K1, P1, D1, E1 and S1 received addiction treatment during their early recovery; for A1, P1, S1 and E1, treatment was at the very beginning of their sobriety. K1 went to treatment during her sixth year of sobriety when thoughts of suicide and drinking began to enter her mind as a result of a painful divorce. For everyone but S1 and E1, treatment lasted for 30 days; for S1 treatment lasted 18 months, while E1 was in treatment for three years. E1 and S1 were in programs that provided sober housing in conjunction with treatment services. Those not entering formalized addiction treatment reported receiving some type of therapy to help them with some of their more painful issues such as trauma from abuse and eating disorders and other mental health issues. Therapy and addiction treatment assisted the women in their healing processes and
provided a place for them to begin to look inward and understand some of the underlying issues that had either contributed to their addiction or resulted during their use. It is worth mentioning that all of these women had access to treatment services or therapy, which may be a factor that is more significant than can be realized through this study, as there may be other women who are unable to sustain recovery because they cannot access this type of service. Some of the women were able to receive treatment for free through social services, while others were able to pay for services. Additionally, services were available in their communities.

Recovery involved a lot of “work” during the early years, as the women learned new ways of living and new things about themselves. Additionally, they began addressing difficult and painful issues that they had attempted to numb during their addiction. L1 described the pain of the first couple years as,

“And you can be in so much pain, just the first year, you're kind of numb and then the second year you start to wake up and you're just in perpetual pain. Because you're realizing...you've gone through the steps a few times and you realize all the really crappy stuff you did and you don't have the forgiveness piece yet, so you're just, it's kind of like a living hell.”

E1 recalled the fear of facing this pain for many addicts as a reason they are not able to last long in recovery. She recognized,

“I think the biggest part about recovery is the pain – that you ran from for so long and once you learn that the pain is not going to kill you, it’s not going to stay, it lessens and it lessens. And I think once you learn that, when painful things come up, and the longer you stay sober, you have a way of coping with it, you have a
way of getting through it. It’s just the ride through the thunderstorm and that’s the biggest thing, people that don’t have long-term recovery sometimes it’s just the pain, because that’s what we run from, we run from all that.”

Their sentiments were echoed by A1 and D1 who found the first few years to be difficult, “excruciating” and a complete fog. Dealing with unresolved anger was a central focus for D1 and L1. D1 had a counselor who referred to her as “a walking volcano” because of her constant “eruptions”. L1 described being “very, very angry” where she “had to talk a lot and people had to listen” because she “hadn’t spoken for so long”.

K1 described the re-learning that occurs in the beginning, especially in terms of social experiences (i.e. talking to people, going out to dinner, going grocery shopping). E1 described learning how to live in society again, understanding that while she might have been changing, society was remaining the same (i.e. with dangers, triggers, etc.). E1 explained making “different and healthy decisions” in an effort to “walk a different way” in recovery and not repeat old, negative behaviors. Because the beginning is so tumultuous, many of the women sought guidance and direction from mentors in AA. L1 describes this stage of recovery as full of “copycat behavior” until one can learn to set boundaries. E1 noticed her willingness to follow directions in early sobriety, before she even realized she was working toward recovery. She recalled how her thinking changed,

“See, when I went into the program, I was willing to jump into boiling hot water because they were going to give me the answer to that question. So, that meant doing everything they told me to do. Well, I didn’t know that doing all those things was going to take a change. So, I quit looking for the answer, I didn’t even
This realization that she could no longer continue to use drugs was a pivotal point in the beginning of her recovery journey. After these initial issues were confronted and the women began to understand their addiction, recovery became more “even”, according to T1, K1 and S1.

An unexpected part of this transition was the connection to a mentor or nurturing individual. B1, D1, K1, E1, S1, P1, and T1 all discussed individuals who provided them with guidance, nurturing, and support in their early years of recovery. The majority of the women in this study emphasized the importance of having “women friends” in recovery, as the connection to other women was essential, especially in the healing process. Women friends provided a safe place to discuss painful issues that evoked a sense of shame, humiliation and guilt. Topics such as sexual abuse, sexual acting out, domestic violence and self-esteem seemed easier to discuss with other women, rather than with men. E1 described how these friendships matter “because women will go through different things in their addiction. It may be the same things, but women are more emotional than men, I believe…” The quality of the feedback from women friends is important to her as well, as they seemed to provide her with more thoughtful advice.

For three of the women, men served a role in their early recovery, usually as teachers or links to AA. Men seemed to serve a more educational and supportive role for B1, as she recalled the importance of her “teacher” for six years and the role her husband played in helping her achieve some of her personal goals. It was a male friend who introduced her to AA and to her recovery as well. P1 called a priest who was a friend and
colleague for help, and he linked her to treatment and AA. L1 had a male family friend introduce her to the idea of recovery by sharing his story with her, which helped her connect more to 12-step support. B1 and S1 were the two participants who did not discuss the role of women friends in their early recovery. L1 was the only participant to detail having negative experiences with other women in AA, describing many of her interactions as “tragic” and a “fricking disaster”. However, she did encounter two women who helped her in AA – the first one directed her to AA and worked her through the first few steps. The second was her first sponsor, whom she described as “incredible”.

The transitions described during the beginning of recovery had places where they were congruent for all of the women, and places where they diverged, making some of them appear normative and others non-normative. This situation may be a result of several factors related to the individual women, including their age and life phase during this part of their recovery journey. This intersection is examined further in the Discussion chapter.

_adjusting to a new life and new perspective._

The women described the adjustment period that is necessary during the early years of recovery. This adjustment involves an adoption of a new lifestyle, centered on recovery, rather than alcohol and drugs. For E1, this transition occurred after she had begun treatment. She recognized that previous stints in prison and jail had ended with a return to her former life, rather than a referral to treatment. The help she received in prison and the referral to a treatment program made a major difference because,
“…my goal every time I got locked up was what can I do to get out of here faster? Because I had to get back, and every time I got out of jail or whatever, as soon as I got out, I got some alcohol and drugs. This last time I came out I came straight to Amethyst, this last time, when I went through that treatment program. So sometimes recovery starts in treatment…”

Adjusting to the “recovery lifestyle” involved a perception shift, a focus on personal wants and needs, and a commitment to principles related to remaining sober. E1 detailed how she had to incorporate some basic safety skills into her life in order to remain sober. She explained this understanding,

“For one – like a safety net – you’re not safe because you come into this building everyday, you come into this building but then you leave, you’re in society everyday, you go to the grocery store to get some food, liquor bottles is in the grocery store, OK. On the way to the grocery store, you pass the dope man on the corner, so you know, some things you have to incorporate within yourself. And that was one thing I learned So, I had to incorporate the safety net in here, because I had to live in society. Society doesn’t change – I have to change.”

B1 described the first year of her recovery as “living in a state of grace” where her sense of her self was beginning to emerge and her perception changed completely. T1 described her perception shift from “always seeing the negative in things” to viewing life more positively. D1 discussed the ability to regain a sense of “abstract reasoning” after the first couple of years, which allowed her to recognize there were alternatives to her often negative perceptions. L1 felt like her brain was so “fried” that it took her at least of year to be able to concentrate and read a book. T1 and S1 moved from a “pink cloud”
where they thought recovery was almost perfect to a more “even” state where the good and bad of life could be appreciated. The ability to feel feelings and be accepting of these emotions is a part of this phase. T1 discussed the skill of “handling things softly” that she gained in her early years, which allowed her to be less harsh or critical of herself and others. Her reactions to situations are softer, which makes confrontation with others less complicated because she is able to slow down her thought process to analyze and reflect before determining her response. L1 shared the importance of learning boundaries, especially as it impacts one’s decisions about friendships and relationships. She detailed how,

“It kicked in after a couple of years. I had to know where I ended and other people began before I could understand that I didn't want to be like them. You know what I mean? In early sobriety there is just a lot of copycat behavior. And, I had to kind of like get through that before I could understand that my friend was my friend, and not me. We are two different people with two different sets of skills and that's OK. And what she chooses to do can be different from what I choose to do. And that was just a maturation process in sobriety. And that happened around year two.”

S1 described the need to learn patience during her first two years, as she wanted her life to progress much faster. She remarked how important it was for her to learn to plan her day, budget her money, and work on her expectations during her first two years as she struggled to build her finances and resources. This task was arduous at first but she continued to pray and remain hopeful about her future, which ultimately benefitted her.
The commitment to a recovery-focused life occurs in these early years. The adjustment to this lifestyle was fairly easy for P1, T1, B1, K1, S1 and E1, all of whom seemed to experience mostly positive life events during this time. A1, L1, and D1 struggled more with the adjustment due to the emotional turmoil they were experiencing. L1 experienced numerous transitions in her first six years of recovery, including the death of her uncle, two marriages, and the birth of a baby. The time between her third and fourth year of sobriety was quite tumultuous. She described how her “whole world just exploded” during this time. Rather than returning to drugs and alcohol, she decided to explore her own interests and get more into her “intellectual life”. Similar to L1, A1 and D1 made some type of determined decision to remain abstinent, despite difficult circumstances. Whether the events in their lives were normative (i.e. getting married, finding a job, getting divorced etc.) or non-normative (i.e. sudden death of someone, dealing with eating disorders and other traumatic issues), each of these women addressed the event with a focus on their recovery tools and skills to help them cope, rather than dealing with their emotions with alcohol and drugs. One would assume that positive events make it easier to remain focused on recovery, while negative or difficult events would make it harder; however, this assumption may be false based on how the women in this study found strength in their recovery during these difficult times.

**Stability, balance, rebuilding and persevering: the middle years.**

The middle years of recovery signaled another transition that seemed to begin around the fifth year of sobriety and extend to about the fifteenth year for most of the women. This part of the recovery journey contained many normative transitions that provided a sense of security and stability in the women’s lives. Stability came in the
form of careers, rebuilding one’s family, improved finances or completing one’s education. Again, these transitions were occurring later for the women than perhaps for their non-addicted counterparts, yet they still had a similar outcome in terms of a sense of security, regardless of timing.

A sense of perseverance in terms of one’s healing was evident during this time. Many of the women were involved with therapy, working on deep personal issues including self-esteem, self-worth, trauma and abuse, eating disorders and unresolved grief. T1 cited the ability to regain her self-esteem as a major “point of impact” for her recovery. B1, P1 and D1 described this stage as “growing up” and becoming a whole person. D1 added that after the first eight years of her recovery she was able to “live more as a human being who was growing, changing and developing as opposed to someone who was just running her ass off to catch up”, feeling more age-appropriate in her responses to life. Being able to figure out one’s values is a central task of this milestone and is often related to finding one’s voice. During this time, many of the women spoke about growing in their respective identities as a recovering person and feeling more comfortable in recovery.

P1 discussed how recovery behaviors become second nature during this time, due to practicing them everyday. T1 echoed this sentiment as she recognized how her “automatic reaction” to things has changed,

“And, so my reaction changes, so I believe that my reaction – my automatic reaction, probably when that situation that would have triggered an old behavior – sometimes on some of my behaviors - I can't get specific right now, but my old behavior is gone and it is replaced with a new one, so the old behaviors will be
replaced, I'm hoping. But if they don't, I can deal with them now and I can find humor in them now instead of disgust.”

E1 described this recognition of behavior as a signal to take a personal inventory as,

“Sometimes for me, to know something is going on, and I didn’t have this in the beginning – it can come out in the behavior. The behavior may come before I can say, “Oh, OK…” or a thought may come and I might say, “What got me thinking like this?” “OK, E1, let’s have a conversation”.

S1 reflected on how her decision-making changed to “cautious” where in she examines consequences and thinks things through before acting. E1 explained how she uses her support network to help her with decisions, especially those that carry a lot of emotional weight.

While recovery behaviors become more integrated and normal, some of the women found themselves moving away from 12-step support during these middle years. P1, A1, S1 and B1 all relied less on their involvement in AA and more on their careers, friends and spiritual practices during this time; A1 and P1 returned to 12-step support in their later years. B1 and S1 have remained affiliated at some level with 12-step support as they both work in alcohol and drug treatment agencies and support the connection to these groups. Both women utilize their spiritual practices over 12-step support in their personal recovery. Being able to apply recovery tools and skills to one’s everyday life is a hallmark of this milestone, regardless of one’s affiliation with a specific support group. The integration of this “new normal” allows one to achieve a sense of balance in one’s life, both “inside and outside the room” as stated by P1. Central to many of the women was a sense of “everything fitting together under recovery” as A1 shared, wherein they
experienced an integration of recovery with their everyday lives – recovery was not something in addition to their lives – recovery was seamlessly woven into their lives. Being able to see and feel this integration allowed many of the women to further deepen their commitment to their own recovery processes.

The ability to persevere through difficult situations and remain sober is a hallmark of recovery. Many of the women faced a difficult personal crisis during this period of their recovery, yet managed to cope by utilizing the tools and skills gained during their years of sobriety. Some of the women faced the chronic illness of a spouse, death of friends and family, and divorce. These situations are important to mention, as it is seems as though the ability to make it through a difficult situation signals a moment of transcendence in one’s recovery. Additionally, the reservation one may have about the type of situation that might send someone back into her addiction is often related to crisis in one’s family or one’s health. This assumption did not hold true in the recovery narratives of the participants, as they faced painful and frightening situations and managed to utilize their recovery tools as strength during times of great need.

L1 experienced a “mountain of things” in her third and fourth years of sobriety that resulted in what she called “an explosion”. Her first marriage began to deteriorate – her husband began drinking cough medicine recreationally, her fertility treatments were not working and she could not get pregnant, her uncle died, and her sense of panic, fear, and suspiciousness began to grow. She began feeling “unsafe” at AA meetings, concerned with what others were saying about her. These issues all came to a head around the same time, resulting in divorce, additional therapy and an emergence of a new career path for her. She was able to maintain her sobriety and strengthen her recovery,
rather than return to using. She utilized her support system through the 12-step community and emerged feeling stronger and freer after these experiences.

K1 went through a divorce around her sixth year of sobriety, resulting in difficult emotional issues and financial crisis. She recalled,

“…I know I’m not alone in this either, interestingly, I sort of thought it was so strange at the time, but it was so painful - the breakup of that relationship and all the stuff that went with it, that I didn’t drink, but I was thinking about it and I had gotten away from meetings, I had sort of thrown everything into this relationship - all the things you’re not supposed to do, I was really in bad shape. In fact, I was thinking suicidal thoughts at that point and I knew I needed help, but I didn’t feel like I was, you know, and I sort of kind of tried to start getting my bearings at that point, and I actually ended up going to treatment to alcohol treatment… even though I hadn’t taken a drink…I had about six years at that point, and that was the second best thing I ever did. I went and did 30 days of inpatient treatment …and it really got me back on track, in terms of taking care of myself and addressing all of those sort of underlying issues of codependency - you know all the things, you take away the drink and you still have all these issues.”

Her time in treatment served to strengthen her recovery in a time of crisis, allowing her to maintain her sobriety and her safety. In this instance, she ran toward recovery, rather than away from it during a painful and embarrassing time in her life.

A1 also gained strength in her recovery by seeking therapy in a time of need. She began experiencing strong cravings for cocaine use during her tenth year of sobriety.
These cravings were mysterious to her because cocaine was never one of the substances she preferred to use. She explained,

“At about the 10th year, about the 10th and 12th year, I had this kind of bizarre obsession with cocaine again, and like I say, I only used other things when I was in blackouts. And, I hated cocaine. It made me feel like I was walking on the edge of a razor blade, I’d always say, but I would use it in my blackout. And then, for some reason, somewhere between that 10th and 12th year, I had another kind of struggle again with craving cocaine, I mean it was my obsession for a couple of years. The only thing that I can think of is that it was sort of weight related in the sense that I had gained a pretty significant amount of weight during recovery and kind of longed for that thinner, more physique, and I don’t know if that had something to do with it, but for sure it was a diversion to the alcohol, but it was a little bit crazy to me.”

While her desire for cocaine felt obsessive to her, she did not act on this desire; rather she sought out therapy to help her through this time in order to understand the feelings that were underneath this desire for drug use. Again, she ran toward her recovery and sought assistance from others during this uncomfortable and unnerving time of her life. After she worked through this period of her life she discussed how she had a process of “total surrender” around her twelfth year. This process was monumental in her journey, as she had been uncomfortable with the recovery lifestyle up to that point. She detailed,

“…so I was really, pretty much settled into recovery about the 12th year (light laughter). And went back to meetings, I guess, totally…it was a total surrender at that point, even though all along I’d think “I’ve surrendered”, you know you kind
of go through cycles of surrender, so that 12th year was kind of when I did that, I think.”

Her commitment to and comfort with her life in recovery deepened after this process and led her from the “beginning stages” into the second half of her journey which has proven much more palatable to her.

E1 faced a similar desire to use during her eleventh year of sobriety as well. She recalled waking up one morning with the thought of using in her head. She tried many things to get the thought to stop, but it only worsened as the day moved on. Toward midday, she reached out to her best friend who demanded that she come and meet her to talk. She obliged and ended up crying for two days. She realized that she had been overworked physically and emotionally due to a busy life and family crises. Her recognition for the importance of taking care of herself became amplified, as she recognized how “powerful” and frightening the addiction can become when left unchecked. She explained,

“So, I did experience that and when they say it’s powerful, it’s powerful. And I think what happens is I thought I was at this place, I thought I’m healed, I’m cured, it had to be what I was thinking, and I made it to her and I just broke down and cried, and I cried that whole day and my husband was like, OK, just take the ride, take the ride. And I learned, I cried for about two days. And I said from that point, it’s like I got to do the things to take care of me and some of that took some foot work that I needed to do to lessen the load, but that was one of those times, just sometimes, when you get time up under your belt, but when you’re not doing the things you need to do it will slip from you, so sometimes its not choice, it is
powerful and it will jump on you and it will beat you down to the ground and you
will use.”

Two women had health crises with their husbands after entering recovery that
were unexpected and life altering. P1 met her husband during her tenth year of sobriety.
He was a professor at a university with a strong academic career. At some point, he was
diagnosed with Alzheimer’s disease, which has left him without the capacity to do many
things on his own. He cannot be left alone, and can say very few words. This situation
has changed her life completely, as she is his primary caretaker. She reflected how it
surprised her when she realized her recovery skills were transferrable to her marriage and
her husband’s health situation. She described,

“Somebody asked me the other day how I felt, because my situation is difficult
with P, and I quit my job, and I work from home – there are a lot of things that are
not easy about it. Somebody said “Well, how to you feel?” and I said, “I think I
feel peaceful, but I could be numb.” People don't understand that even I – it isn't
being numb - I just don't get into those things – I could, but to what end? That's
not where I want to spend my energy… I think one of the most significant things
for me was when P was diagnosed with Alzheimer’s – that just changed my life.
And learning - using the tools to deal with that, that was probably a huge, huge
marker for me.”

The ability to apply her recovery tools to something so serious and “intimate” for her was
a reality that she had not experienced personally in her recovery journey until that point.
She described, “upping” her program and her commitments to service work, which was
transformative for her (a deepening on some levels) during this time of transition in her
life. She found comfort and strength by reconnecting to the 12-step community and in essence, moved closer to her recovery program and support system.

S1 was ten years into her recovery when her husband was diagnosed with Stage Four throat cancer. He had been ill with what everyone thought was a virus or some type of respiratory infection. After his symptoms became worse, she took him to the hospital only to find out that he had a life-threatening health diagnosis. She recalled the shock,

“...It was um, come to find out he had Stage Four throat cancer, never any warning, never any anything. And if that don't make you use. I had no warning, he had no warning, I was just thrust into it.... They'd only given him like a 30% chance, they said he's already at stage four, and I said, I don't care; I have more faith in God than that. It was rough, it was horrible, I can't even describe it... I had determined that I was not going to put him in a nursing home cause he would die in there. So I kept him at home and didn't work for probably six months.”

She emphasized the importance of the support from her workplace, family and church during this time. Despite the fear, the stress, the turmoil of arranging for childcare and job security, she never thought of returning to her addiction for comfort. Her statements about forgetting she was an addict and being consumed with getting him well signal transcendence from even considering drug use as an option for herself to a selfless act of service to another person. Remaining in recovery seemed to be the only option S1 saw as open to her.

Four of the women experienced the death of a family member or close friend. B1’s son died during her tenth year of sobriety. At the time of his passing, she had entered an intense period of spiritual exploration and intense study of world religions.
She felt that he guided her to some of her spiritual teachers and opened doors for her as she worked through this painful loss. She explained,

“I also spent seven years in the formal study of Tibetan Buddhism, after my son died, and he died in 1992, and it was an absolutely devastating time, and yet it was a time of spiritual discovery. Having been there before I got sober and I could feel the sun shining again and...I found that...a deeper sense of connection with a higher power than had ever been there before, D had opened that door for me to higher power to help me through his death...After his death, D just kept leading me.”

The relationship between her son and her spiritual life were intertwined as his passing allowed her to deepen and expand her awareness and ultimately her healing process. Rather than seeking comfort outside of herself through the use of alcohol, she went further into her spiritual journey to find refuge from the death of her son. Similar to the other women, she looked toward her recovery journey in her time of need, rather than going away from it.

D1 had two women friends who mentored her for many years and acted like maternal figures in her life. She discussed the loss of them both,

“...my two main extraordinary women I was talking about died - one of them my best friend of breast cancer - and going through that with her in a very intense way was really, it was a privilege to be with her through that process and it was devastating. But, I didn't ever have to go back to the coping mechanisms that were so destructive. I had a way of being able to deal with it and cope and grieve through it and feel it and be there, etc.”
While the loss of her two closest friends in succession was painful, she was able to use her recovery tools to be present with them and take care of her own grief afterward. The ability to sustain her sobriety through both situations strengthened her recovery because she was able to grow from the situation.

E1’s husband was diagnosed with cancer and passed away around her fifteenth year of sobriety. She recognized that many people around her were wondering how she might cope with his death, with some wondering if she would return to using. She recalled,

“After I lost my husband, in losing my husband, I can deal with this pain or I can use. And everybody around me is like [whispers] “What’s she going to do? What’s she going to do?” One thing is, I kept myself – my friends and my support – they’re my friends and my support - they stayed in tune with me, which is a lot of help.”

She viewed his passing as a journey for herself, or a process. She described the end of his life,

“The next day I seen him and I could see it, you could just see the cancer all in him and you could just see it, and my journey began and they didn’t want you to cry in front of him, so I left the room and P is with me and I was like, “Here we go, the roller coaster has started.” You know, I don’t really cry there. I wait, it comes in spurts, and by the time he had come home and a week later he passed. I looked at it as when he could not go any further and God took him when he could not go any further, and that was a blessing. And that there was not a thunderstorm - it was a process. Because I had to go through it and I still go through it now.”
Relying on her support system and her faith practices has helped her to experience her emotions without feeling overwhelmed with grief.

L1 lost her father to a drug-related death during her sixth year of sobriety. While his passing felt like the end of “an era of pain” in her life, she still grieved for the relationship she never had. She recalled how much support she received from the recovery community during this time, which helped her through the difficult process of his passing.

In times of crisis and emotional devastation, these women made movements toward their recovery, rather than away from it to draw strength and courage to cope with painful feelings. Whether the women realized it or not, their ability to survive and remain sober during these sometimes frightening and very emotionally painful situations is an indicator of the strength of their recovery.

The women in this study experienced positive transitions as well during this period of recovery. The women experienced changes in their careers, with some going back to school, completing unfinished degrees, and changing fields of employment. These transitions were normative across the women in this study, as many of them found a sense of purpose for defining themselves during this time, with many discussing the desire to do things that made them happy or where connected to goals or dreams from their childhood/adolescence.

T1 transitioned from food service and sales to public relations for a local prevention and treatment organization, after volunteering her time at a woman’s residential treatment home. She believes she is combining her experience from the business world with her passion for recovery in this new career. D1 began working in
treatment after her first year of sobriety through an opportunity she was given by one of her friends. Her career continued to grow, resulting in her becoming an executive director of a women’s treatment center and then as the executive director of a local prevention and treatment organization for her community. A1 transitioned from working directly in addiction treatment to mental health services after she got sober in an effort to maintain some distance between her recovery and her clients’ own processes. She maintained her professional license and obtained her doctoral degree as well. S1 began working as a house manager at the treatment center she had graduated from; today she is one of the lead counselors. D1 built a career on addiction counseling and wellness with her husband and continues to do her work at a women’s treatment center. E1 and L1 went back to school and completed social service degrees; E1 worked in the same treatment center that she graduated from for many years, and L1 works with children who have emotional and behavioral needs. After a successful career working for the church, and P1 worked in publishing and marketing for many years until her retirement.

**Fulfillment and meaning.**

The fourth major transition in recovery occurred around year 15 and extends forward. S1 had 14 years of sobriety at the time of her interview, but expresses similar sentiments to the women with 20 years or more. E1 has 18 years of recovery, while B1, D1, P1, K1 and A1 are all women with over twenty years. They recognized the differences in this stage of their recovery as opposed to earlier stages. First, they all have less anxiety (if any at all) and fear about relapsing – for many of them the idea of picking alcohol or drugs back up seems bizarre, as they have no desire to re-live that experience again. They are at a place where they feel connected to themselves and feel solid in their
identities. They realize they are at a place where they can “give back” to others in recovery and mentor them in the ways they were once nurtured and supported. They have developed a sense of trust in themselves and others. E1 saw trust as one of the “biggest things that happens over time” and that one must learn to “trust the process” even though “a process” is not what someone usually wants to go through.

They remain connected to a supportive network of friends, and all the women, other than B1 are reconnected to 12-step support. Many have revisited the 12 Steps and even done their “step work” again to explore the issues from another perspective. E1 shared the importance of the quality of people in one’s life,

“…one thing also in life experience, I learned that I have to have - there is not always a positive, people in recovery – I have to see, not just hear from your mouth – I have to see how you’re living, I have to see it, I can hear you, but the people that I trust, I can see it. We’re not perfect people. We do things differently and the different choices that I make today versus the people over here.”

Surrounding oneself with people who are interested in recovery, or those with a positive perspective and a similar value system seemed important to all the women in the study, as they recognized the impact negative people may have on their own psyche.

They all seem to have a sense of fulfillment for “being the person I was supposed to be, intended to be and destined to be” as characterized by B1. P1 described feeling “self-differentiated” at this stage in her recovery wherein she is able to feel connected yet knows who she is and how to go about getting her needs and wants met in an appropriate manner. K1 discussed how she knows who she is and how to take care of herself without
losing the center within herself. This transition to a secure identity – one that is crystallized, but not stagnant, seemed to be fulfilling, relaxing and comforting for the women. They have reached a place where they are “comfortable in their own skin” as the saying goes, which was something they were missing for many years.

An appreciation for the adventure and wonder of life are part of this stage of recovery, as detailed by D1. K1 adds that there is a commitment on her part to continue to explore and to reach out to others. A1 described the constant process of evaluating and re-evaluating oneself in recovery as necessary to remain aware of one’s feelings, which she feels is a central tenet of a recovering person. D1 detailed, “It’s about layers and peeling back more layers. It is a more comfortable place.” She, P1 and B1 all realize they have something to give and offer from their personal journeys. They have reached that place where they do not question themselves and are much less concerned with the opinions of others (they are much less self-conscious) and feel freer to express themselves. This full reinstatement of voice seems to be the outcome of this stage of recovery. Their reclamation of their lives and their respective voices was obvious in their willingness to share their stories for this study. In sharing their stories many of them ended with a comment about how they hoped that somehow they were helping further the understanding of women in recovery.

Finally, they all express the joy they have in their lives today and how happy they are in recovery – even A1, who struggled for so many years to adjust to a recovery lifestyle. They enjoy life today and feel blessed in many ways to have found recovery. This sense of joy, gratitude and happiness seems to drive their lives today, despite the reality of stress, challenges and the disappointments that come with life. B1 describes her
journey as “one of joy and wholeness”, while P1 calls herself a “happy camper” and S1 has been “delivered”. K1 detailed that getting sober was the best thing she ever did in her life because of how it has benefitted all of her relationships. E1 described recovery as a “serious issue” for her because it is “her life”. D1 summarized her thoughts by stating, “Recovery became the reason I had life, not just my life.”

Understanding Long-Term Recovery

To further understand the impact of this trajectory, the women were asked to explain how one knows she is in recovery for the long-term. This question was posed to elucidate the moment when something internally shifts to signal that one is not wavering anymore between “the old life” and this new life. While several women remarked that the “urge to drink” or “desire” was lifted from them at the moment they asked for help, they were not necessarily aware that they were entering into long-term recovery at that moment. Their responses represent their inner logic and personal understands that signaled to them that this “recovery” thing was not simply a passing phase; rather, it was a part of their identity and integrated into their lives. The subheading for each participant’s perspective for long-term recovery will be indicated by the participant’s coding pseudonym.

L1.

L1 viewed the recognition that one is in recovery for the long term as coming in “bursts”. She remarked how,

“…it happens when you're in a meeting and you look around and you see a bunch of smiling faces and you realize that life’s not pain and suffering, you know, and um, it happens when you can successfully navigate the wine aisle at the
supermarket. Or when you can drive a friend to rehab, you know. I have, one of my very, very good friends coming in relapsed and she relapsed hard and she was using around me a lot and I knew that, that didn't have to be me and I knew that I was on a different path. It's almost like seeing two different colors – it is very black and white.

For her, the realization was not about a specific marker on a timeline, rather it was about the “little things” in life than many others take for granted as expected or normal. There are signals that her life is changing and that she can recognize the “different paths” between recovery and addiction.

D1.

D1 described knowing that she was in recovery for the long-term as very different from how she felt at the beginning of her sobriety. She shared her very personal insight of realizing she was in it for the long term when recognized that although she was determined that drinking and using were not alternatives for her, “just ending it” still was an option in her mind. When “ending it” was no longer an alternative, she realized she had reached some sort of pinnacle. This pinnacle was at her fourth or fifth year of sobriety.

P1.

P1 reflected on what it is like now to have 27 years of sobriety and knowing that she is in recovery for the long-term. She remarked about when she wakes up in the morning now, she does not even think about the fact that she is in recovery, because she does not wonder if she will ever drink again. She realizes that the possibility will always exist, but the anxiety about it has lifted. She adds,
“But I forget – it is not my major focus anymore, the actual drinking part of wondering what people think or is it strange that I’m not drinking, you know, those kinds of things, which in the beginning I was kind of concerned about who I would tell.”

This shift for her came around her sixth of seventh year of sobriety when things became more comfortable for her. She adds that by the time she met her husband she had about 10 years sober and felt that her being in recovery was not an issue because she was comfortable in this identity. She adds that she had done a lot of therapy by the tenth year, which likely contributed to her feeling comfortable.

S1.

S1 responded to this question with examples from her life that signaled to her that she was in recovery for the long haul. She began by saying,

“You know, I don’t know what it’s like to be normal, because I don’t know what normal is, I don’t know what the definition of it is, but I don’t get up and think about using, I don’t… when they talk about living life on life’s terms, you know I have stuff too, clearly, I have stuff, but I don’t…using is not a thought anymore.”

Later in her narrative she adds another perspective on her recovery and states, “I don’t know that I think I’m in recovery anymore. I have been delivered. I really believe I’ve been delivered from all that…”

T1.

The question of knowing when one is in long-term recovery caused T1 to pause and question herself, as she is in her fifth year of sobriety. Her first reaction was to pose a reflective question to herself, “How do I know?” and follows with her answer,
“I don’t know if I’m there. I actually believe that the minute I take another drink, I’m sunk. So, there is still fear there, and I know that all I have to do is think about everything that has happened to me in the last week and know that it would be completely different if I were drinking and I don’t want that.”

After hearing herself provide this answer she posed the question to herself again and answered confidently,

“How do I know I’m there...I want the life I have now more than the old life back – that’s it. I think people who struggle – and I know a couple of people who are struggling – they are scared to death to give up what they know.”

She continued to explain how it is more natural for her today to be able to put things into perspective now, to be grateful, to be able to admit to mistakes, recognize her own humanness, and to trust others with her thoughts and feelings. These changes have made recovery feel like “less work” and more natural for her, a shift that occurred for her at about two and a half years sober.

E1.

E1 explained why she is in recovery with this insight:

“I think when I look back on my life and my recovery and it is a serious issue for me because it is my life – in other words, what I mean is this: I look back on being an alcoholic and I look at my life now, and I wouldn’t trade my life, even though I have some heartaches, I had some losses, you know, I wouldn’t change it, I wouldn’t trade this life for nothing. So I have to stay in tune, I have to do the things to keep this life.”
When asked to explain when she realized she was in recovery for the long-term, she recalled,

“That transitioned about maybe 3 or 4 years. Now, I think what happened was that I was in a program doing recovery and didn’t know it. I recognized it when I left [treatment program] and really recognized it when, even when I was here, E. was living with me, but I really recognized it when I left, I can say now when I look back, that third year when I left Amethyst, see I had been incarcerated, and what people think that when you’re locked up you can’t do the things you do on the street and that is not true.”

A key indicator for E1 was her ability to make responsible decisions, including being able to work at night. While many thought that working at night would be a trigger to use, she realized “I can use 24 hours a day – what do you mean at night?!” She made the decision that she would go to work and then come back home, go to bed and go to school. Sustaining her recovery is her self-care, which includes regular attendance at meetings and the ability to see a counselor when “things come up” for her.

K1.

K1 recalled knowing she was in recovery for the long-term during her first or second year of sobriety. She attended an international conference for young people in AA and had gone by herself. While there she experienced a sense of being part of a huge community, which is something that had been missing from her life up to that point. She commented, “Just knowing that I really was part of this thing that was so much bigger than me and that all these people were part of it too – it was just really exciting and affirming and I think I certainly knew by that point.” Unlike the other participants’
responses to this question, K1’s response was unexpected because her sense of being in long-term recovery came so early in her sobriety. She discusses this pivotal moment occurring very early, yet the landscape of her first six years of sobriety were filled with destabilization and difficulty due to the dissolution of her marriage and the financial aftermath that found her almost bankrupt. However, this experience in her early recovery likely contributed to her ability to traverse the next five or six years and remain sober.

A1.

A1 struggled for many years to feel comfortable in recovery and with the “recovery lifestyle”, describing herself at times as “hating it”. She distinguished recovery from the recovery lifestyle during much of her narrative; recovery refers to her abstinence, while the recovery lifestyle seems to imply affiliation with the 12-step community. She stated that her commitment to recovery came early on when she told herself that nothing would come before her recovery, despite struggling with whether the lifestyle was for her. She stated that she was “pretty much settled into recovery” around her twelfth year, adding how the commitment to recovery began out of fear, but then as her process of surrender evolved, so did her commitment. Important for her was personal integration of her life with her recovery, as she described,

“…a process out of fear maybe originally, surrendering out of desperation, surrendering, but then as I became to understand myself, my relationships and my past, how everything fit together under recovery, I deepened in my commitment and I did it so more out of respect, understanding the process of addiction, rather than out of fear.”
She credited external factors as helping her feel settled into recovery including, stabilization of her finances, comfort in her career, and a relationship with another recovering person. These factors were along the lines of normative transitions that she had wanted for a long time. She remarked,

“And I guess I had a lot more going for me in terms of…I had relationships with other recovering people that had grown. I had an intimate personal relationship with someone in recovery…my finances had improved significantly, so I didn’t have near the stressors and I had much more of a support system in place, so those things were a little more enticing than those five or six years when I was really struggling with a lot of those external stressors.”

B1.

B1 realized she was in recovery for the long-term early on in her journey as well. She detailed her recognition that her life was changing by describing,

“…my sense of who I was, was beginning to emerge…I had a profound spiritual awakening…my life changed completely. The old life fell away, like something that had poisoned me…it was going to go and it was gone.”

She continued in her description of this transformative time as being surrounded by supportive people from her family, to colleagues, to friends. Her perception and focus of attention changed and she began to experience many things that had left her awareness, like nature, books, and music. There seemed to be no going back for her and really no desire to go back once she entered her sobriety. At the close of her narrative she added how the desire to drink has be absent since she got sober,
“…from the night I got down on my knees and made that phone call, I’ve not had the urge for alcohol, it has not been there. I’ve had to work on everything else…relationships, codependency and all those kinds of issues – that’s been the heavy lifting and that hard work, but that part was lifted from me”.

**Collective interpretation on long-term recovery.**

The experience of knowing one is in recovery for the long-term or the long haul, varied among the participants. For B1 and K1, the recognition came early in their journeys, during the first two years. The same may be true for S1 who feels she was delivered from her addiction and speaks about her commitment to faith very early in her recovery journey. T1, L1 and E1 experienced this transition around the third year of recovery, followed by D1 at 4 or 5 years. P1 found that she became comfortable with her recovery after 6 or 7 years, while A1 was not settled into recovery for the long-term until year 12. This place of acceptance for a recovered life seems to occur after a series of personal realizations, reaping the benefits of recovery, and experiences environmental changes.

Personal realizations include meaningful lessons intimately connected to one’s history. These lessons may involve the application of recovery principles, or may involve insights about one’s self. The benefits of recovery include seeing actual rewards from one’s ability to live life without using, as well as benefits from the recovery experience. Environmental changes imply changes in one’s career, home life, circle of friends or larger community that provide a sense of stabilization and security. The following table captures the examples provided by the participants to illustrate these common sentiments.
The participants expressed numerous personal realizations. Internal changes in how they viewed themselves and others seemed to be a conduit for them feeling safe and secure in their identities as recovering women. A collective understanding for knowing

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<th>Table 9: Long-Term Recovery</th>
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<tr>
<td><strong>Personal Realizations</strong></td>
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<tr>
<td>• Using alcohol and drugs is no longer an option;</td>
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<tr>
<td>• Not part of the thought process</td>
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<tr>
<td>• Don’t get up and think about using</td>
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<td>• Not wondering if I’ll drink again; being less anxious about relapse</td>
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<tr>
<td>• Still some fear about the reality of relapse</td>
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<td>• Understanding that I was not a victim, that I had power, that I had a self</td>
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<td>• Despite growth being painful, it was simply a fact of life</td>
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<tr>
<td>• Recovery is an adventure</td>
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<tr>
<td>• Being delivered from the disease; freed from the bondage</td>
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<td>• Not being afraid to let go of the old life</td>
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<td>• Realizing that “this is working” and I like it</td>
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<td>• Having some sense of relief</td>
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<td>• Feeling settled and more comfortable</td>
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<td>• Came to understand her self, her past, relationships and how everything fit under recovery</td>
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<th><strong>Recovery Benefits</strong></th>
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<tr>
<td>• The payoff from growth was great</td>
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<td>• Wanting the new life more than the old life</td>
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<tr>
<td>• Able to put things into perspective, add humor, trust others, see humanness now</td>
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<tr>
<td>• Sense of who she was had begun to emerge</td>
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<td>• Things she enjoyed were coming back to her</td>
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<td>• Being able to view things in a more forgiving light</td>
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<th><strong>Environmental Changes</strong></th>
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<tr>
<td>• I was no longer concerned about who knew I was in recovery</td>
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<tr>
<td>• Knew I was part of something big, knew I was part of a community</td>
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<tr>
<td>• Having friendships in the recovery community;</td>
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<tr>
<td>• Having an intimate relationship with another person in recovery</td>
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<tr>
<td>• Improved finances and less external stressors</td>
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<td>• Energy field of light; state of grace</td>
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<tr>
<td>• Support from everyone in her community</td>
</tr>
<tr>
<td>• An entire network of support</td>
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<tr>
<td>• Not being incarcerated for 18 years</td>
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one is in recovery for the long-term seems to include a few components, based on the reflections from the participants.

- First, a person knows that she is in recovery for the long term when she realizes for herself that drinking and using are no longer an option at a fundamental level (meaning there is no questioning about whether or not one can use substances again).

- Second, she must come to realize that her recovery is not separate from her life; rather it is her life, as she integrates her past and works to resolve painful issues. Her sense of connection to herself and others will begin to emerge as she realizes she is part of a community of support.

- The application of recovery principles must begin to materialize in ways that are beneficial and meaningful to her. Once she senses that her new life is something she wants more than her old life, she will begin to feel connected to the idea that she is in recovery for the long-term.

- Finally, this transition from feeling like recovery is work or something foreign will shift on emotional, spiritual and cognitive levels to signal a sense of comfort and normalcy. A sense of purpose will emerge from this experience and she will recognize the importance of giving back to others.

A timetable for the transition from early recovery to long-term recovery varied among the participants. One can garner that the first year is really a testing ground for the connection to recovery and a recovered life. A willingness to let go of much of “the old life” is apparent in these stories, as well as the recognition that personal issues need to be addressed and healed in order to experience these personal realizations, recovery benefits
and environmental changes. While the question surprised the participants, as they had not been asked to think about it prior to the interview, they all realized they had this transformation occur within their respective journeys.

**Additional Life Trajectories**

Some of the women experienced additional trajectories in their lives that are worth discussion, as they impacted the course of their lives. L1 and A1 share a similar first trajectory in life, as they were both sexually abused, beginning in childhood. A1 endured continuous abuse for 17 years by her grandfather, which altered her worldview in numerous respects. To escape her home, she entered the military at age 18, which again represented a qualitative life change for her. Because her addiction had already started by age 13, her use only worsened in the military, where she “hated it and wanted out every day”, yet remained in it for 22 years. Her ability to endure adverse situations is something she learned early in her life and something she utilized during the early years of her recovery. L1 was sexually abused by her father, and abused by her mother in other ways that she did not detail. Her use of alcohol and drugs came at an early age to try and help her feel more normal and erase the part of her brain that was aware of the abuse. This abuse impacted her ability to trust others. She also described herself as a “severe PTSD case” because of the trauma, which requires her to maintain a regimen of anti-anxiety medication to function each day.

When S1 migrated from marijuana to cocaine, her life changed dramatically. She could no longer work or maintain stable housing. She eventually resorted to prostitution to support her addiction. This lifestyle change represents a trajectory because of the life on the streets, the criminal activity and the danger involved. Her identity changed as well
as she crossed a line in terms of her value system, for her addiction. She remained in this trajectory until her spiritual awakening occurred.

L1 experienced a change in her recovery that qualifies as a trajectory. When she first got “clean” she was doing it to purify her body and then after her “world exploded” between years three and four, she sensed that something had shifted. She remarked how, “…finally, I think I started to get sober, you know, whereas before, I was just doing this to clean my body out, I'm doing this because it is the right thing, but I still kind of feel like dying inside. Year four was when I started doing it for me, and things started to change”.

Prior to the onset of this trajectory, her abstinence was related to physical health and aided by the fact that she was married to someone who was in recovery – so they were living the sober life together, even though she had not experienced her own sense of deep connection to the program. When she broke free from the many relational commitments in her life (i.e. marriage, taking care of her uncle, and giving herself daily injections for fertility), and was focused on “me and school” she was able to examine recovery for her self. The quality of her experience and her life changed, which is why this change functioned as a trajectory, rather than a transition.

E1’s criminal history included many years in prison and jail. She came to know the penitentiary as “the university” after spending so much time “on campus”. Her criminal life included living on the streets, prostitution, involvement with drug dealers, and theft – all in support of her addiction. The culture that exists within institutions like prison impacted her life, as it became normal to be in and out of trouble. She identified as a “thief” and a drug addict and didn’t see herself changing from these roles – rather,
she wanted to change her environment and stop living inside of prisons and jails. Luckily, she realized that her addiction was connected to her living situation and embraced recovery as the means to staying out of prison. This trajectory occurred inside of her sobriety and while she was incarcerated, which then changed the course of the rest of her life.

**Autobiographical Reasoning**

Autobiographical reasoning is understood as the development of narrative identity through the ability to step back and draw inferences and lessons from the stories one tells about one’s own life. Essentially, this idea centers on the ability to explain to one’s self what happened and why it happened – it is the process of how one makes sense of his or her experiences across the lifespan. The power of the process lies in its ability to shape narrative identity – after all, what we tell ourselves about ourselves is ultimately what we believe to be true. As personal knowledge grows and perspectives change, individuals may go back and narrate particular parts of their personal story differently. This concept is especially interesting within the personal recovery narratives from the women in this study. Their individual lives and experiences have been quite different in terms of geography, socioeconomics, career choices, family composition, and exposure to other people, etc. Therefore, what they chose to explain and how they chose to explain it varied in terms of their use of autobiographical reasoning. The ability to use this narrative tool did not seem to be impacted solely by longevity in recovery, however, it would seem that those with more years would have greater opportunities to look back, reflect and understand their own life lessons.
Places in the narratives where it was common to find autobiographical reasoning included explanations for how they understood themselves to have become addicts. It seemed important for all of them (other than S1) to connect the dots around how they ended up with an addiction and how they thought it came about. The explanations appeared to have helped them come to terms with their respective situations. The second common place to find autobiographical reasoning was during moments of self-awareness; these moments included reflections about events, outcomes or experiences and gave them the opportunity to explain why they think they took a particular course of action and what they learned from that course. For others, these moments came during the interviews, as they heard themselves speaking about a subject that they had not previously considered. These moments often arose after a question was posed or a reflective response/question was offered. Examples of autobiographical reasoning are provided from each of the participants to demonstrate how women use it as they share their recovery stories. The subheading for each participant’s examples of autobiographical reasoning will be indicated by the participant’s coding pseudonym.

D1

D1 used autobiographical reasoning primarily as she shared stories about her childhood and her early adulthood, especially as she provides information on how they are related to one another. She had insight into patterns that impacted her thinking about her self, her relationships and her addiction. Her experience growing up in a home with alcoholism created a lot of dysfunction in her family system and disrupted her learning about feelings and relationships in ways that were healthy. She learned to cope by not feeling and being “sweet and passive”, which led to her not knowing who she really was
and what she really wanted. She discussed how similar her first husband and her father were in terms of violence and addiction, and her decision to be in that relationship makes sense to her as she reflects back on her life. She can see these parallels today and how they contributed to her addiction and to her difficulties during her first eight years of sobriety.

She used contextualization and voicing to demonstrate interpersonal dialogues that were instrumental to her healing. She narrated with an infused sense of what she has learned in recovery and how she's come to understand these lessons. For example, when she discussed the lessons taught to her by her group of women friends/mentors she went into great detail about what they taught her in terms of identity and voice:

“… that kind of attitude where you need to get out there and be who you are and figure out a value system and stand up for it...I also had comments and instructions like be careful of digging your heels in, which I would do, I would get stubborn. I finally found my voice and I'm going to use it really loudly, and maybe I don't need to as much – you know, that kind of thing...so tempering it. So, it was really important to have these women as my mentors to guide me in life. And my recovery became the reason I had life, not just my life.”

A1

A1 used autobiographical reasoning in a more subtle manner, as her story-telling style was much more subdued and matter-of-fact. However, as she shared tidbits of her process, she drew lessons from her experiences and was able to look back and explain why she struggled for so long. She seemed to understand what might have been underneath all the strife, especially during her first 12 years of sobriety. She answered the
first interview question about her journey into recovery with context about her using and when it first was identified as a problem and can look back and recognize that she responded with denial. While it was apparent to others around her in graduate school, she was unwilling to admit it to herself or to others. As she went further into the telling of her addiction story, she recognized that during her job at the adolescent treatment center she was in denial about her own addiction and the severity of it. She was acutely aware of how out-of-control her addiction was becoming, especially when she lost two weeks of her life during a binge, which obviously contained a significant period of being “blacked out”.

She was able to understand how her difficulties with recovery began, including her negative experience with her first sponsor, which reinforced her already negative beliefs about the program. Where her reasoning stopped short was in her recognition of her severe trauma issues and how they have impacted her ability to connect with other people in social settings. She labeled herself as introverted and introspective, but not as withdrawn and afraid, which comes through in her tone and in the content. She has convinced herself (through autobiographical reasoning) that many people in recovery are extroverted and have had a much easier time with the “recovery lifestyle” than she did.

As she reflected on her 22 years of recovery, she broke her process down into five-year segments and drew lessons from each. The first five years are characterized by fear, desperation and struggle, including a persistent desire to use. Years five to ten found her growing in her identity, but still struggling to feel connected to the recovery community. Years ten through twelve involved intense therapy and a process of “total surrender” for her after being able to connect some of painful life issues into her
addiction and recovery. It took many years for her to integrate her chronic sexual abuse, emotional abuse and eating disorder with her addiction – she seemed to believe these were separate and disconnected issues. Her realization of their integration came toward the end of her interview when she revealed why she struggled for so long to feel grounded in her recovery.

There is one significant issue that does not appear to have autobiographical reasoning wrapped around it – this issue is one related to her “soldier” mentality. She seems to have been forced to go through many things in her life, such as sexual abuse from her grandfather for 20 years. The way she stories herself and her experiences provide the feeling of being powerless over her own life in many ways. For example, when discussing how she entered recovery she stated, “…the impetus that drove me into recovery…” was an intervention by her boss that came with an ultimatum, or an order, which she willfully obeyed. She entered the military at age 18 and said that she spent 22 years hating it, telling herself, “you can’t leave today, you can leave tomorrow.” She told herself a similar message in her early years of sobriety, “you can’t use today, you can use tomorrow,” in an effort to keep going forward. This mentality is very soldier-like in the sense that she keeps marching forward, detached from her desires, detached from the pain and misery of the situation. Perhaps this is a coping strategy she developed early on in order to survive her childhood. Her ability to “soldier through” does not seem to resonate with her in her verbalized story, and it may be so innate to her at this point that it goes unnoticed. However, it is worth mentioning because this mentality is prevalent throughout her narrative, yet is not directly discussed at any time.
E1

E1 was continuously reflecting as she told her story. She shared her thinking process and hindsight on most all her situations. Her use of autobiographical reasoning was plentiful, so particular examples are included here to illustrate her personal lessons learned. One of the first times she used autobiographical reasoning in her narrative was when she detailed a conversation that occurred between her counselor in prison and herself. E1 had decided that she was interested in attending a computer class so that she could get a job upon release from prison. Her counselor was surprised at E1’s decision and confronted her with the idea that she would not be able to hold down a job because she would likely start using drugs again if she returned to her home upon release. E1 recalled,

“And I was just so excited about that [computer class]. And when she answered me, it was like a slap in the face. She said, “What, you gonna have a job cause what you going to be doing, nodding at the computer?” I was like – “Woah!” The thing I learned is that sometimes you got to have harsh realities and that was like – Woah, Bam. So I says, let me take my butt and to go to my room and sit down cause she just devastated me on that one. But the truth of the matter was that she was telling the truth. I wasn’t ready to go nowhere, I thought I was. But that’s the thing, sometimes people think they’re ready to go somewhere and they’re not ready to go. Anyway, I stayed on and she knew my family history.”

Her narrative centered on her and her loved ones, especially her relationships with her children. She used autobiographical reasoning when she shared a deeply personal story about her own biological father and her daughter’s biological father. This issue was
something she struggled to deal with for many years, until she could no longer avoid it. The lessons she learned are woven throughout her telling of the story as illustrated in the paragraphs below. Specific indicators of autobiographical reasoning are underlined.

“…see, I think what happens in recovery is some things that you hadn’t dealt with, when the time will come to deal with it, you’ll know when its time to deal with it. See, I would have never dealt with that issue, but I got a letter from child support, so I have to deal with this now and that’s going to hurt a lot of people and I don’t want to hurt a lot of people…well, my boyfriend he knew, my daughter didn’t know, but uh, he raised her, he did good in raising her, he always accepted her as his daughter and that’s the man she calls her father, even though she’s met her father and been around her father, her biological father – she just calls him a sperm donor, but anyway, that was a painful thing. I believe that you live and you learn. Some things can’t be taught, some things you have to have life experience in, and you can tell a person, but a person doesn’t really hear it for whatever reason and for me and my counselor – we had brought that up in treatment in the penitentiary and she was like, “When are you going to take care of this?” And I was like, “I’m going to take care of it.” And she was like, “this is something you need to take care of.” And I’m going to tell you the truth, Gretchen, I came home, got into everything, and that went so far back in my mind like it did not even exist and then I got the letter from child support so there was no out, no way out, so that’s the part I talk about where sometimes you have to live, even though me and that counselor had that conversation. And then that letter came so it was then time to deal with it.”
In working through this situation with her daughter, she worked through her own long-standing issue of her father. Again, she explains her understanding of the situation, “…what I had to do with my process was look back on the father that I always knew and always loved and look back and did he treat me any different? And it had to take somebody else to say, “Well, did he treat you any different than he treats the others?” No, the only way he treated me differently was he gave me more, and he really spoiled me. And so, looking back at those things, nothing changed and nothing changed for my daughter. So, for my issue, the father that raised me is my father. For my daughter’s issue, my daughter tells me that the father that raised her is her father, so it kind of was the same. Those is the things I can’t change those, I have no control of that thing. With my daughter I did, but when you’re wrapped up in drugs and alcohol everything is a whole big lie, life is a whole big lie.”

K1

K1 was able to step back and draw inferences and lessons from the stories she told of her life. She used autobiographical reasoning almost in the instant she began telling her story—as if she was figuring out some of these lessons in the moment. This situation may be accurate, as she had not previously discussed her story in this format, and had not revealed herself as a recovering woman outside of AA prior to this interview. Many of her answers to questions posed came after long pauses where she was contemplating a response. Her analysis of her answers provided many instances for autobiographical reasoning. For example, when she was first introduced to the idea that she may have a problem with alcohol, she was able to infer that she had an issue but was
not completely ready to address it at that time. She discussed the idea of false starts into recovery, connecting this situation to “not being done with the life”. While she was quick to place blame on herself, she also commented about the lack of support she had in her life for getting sober and the negative experiences she had with AA at first brush.

She spent time discussing her internalized shame and stigma that still affects her psyche and her actions today. She recognized early in the interview and then again later how the stigma and shame that she feels impacts her ability to share her recovery story with others. Her perceived fear of being forced to reveal the acts of her past (of which she is ashamed) prevents her from reaching out to others who may be in need of help. She commented how she is still somewhere in the process of healing these things and coming to terms with her past as a part of who she is today. This discussion with her was one of the more revealing, as it felt like she was creating her own story for the first time. When asked what made her want to come and share her story she responded with,

“Oh, B1 asked me…I basically just agreed because she asked me and then the more I thought about it I thought, “Gosh, I wonder what I’ll say?””, you know, I don’t know, because I really, partly because like I said before, I do usually only talk about it in meetings….Maybe it will be a whole new chapter for me.”

She used autobiographical reasoning when she discussed the experience of her first marriage. She learned the importance of therapy, as she was able to enter a treatment program and receive 30-days of intensive treatment during her sixth year of sobriety. This treatment experience allowed her to see that she had underlying issues (i.e. death of her brother) and did some of this therapeutic work during that time. Her autobiographical reasoning was strongest in moments of self-awareness when she
discussed personal journeys, like spiritual development, relationships and friendships. The aspects of her life that she has come to integrate into her identity and those places where she has let go of guilt and shame are clearly integrated into her narrative identity. The parts of her life that are still “in process” are places one might anticipate changing in the next few years as she continues to work on them.

**P1**

P1 demonstrated narrative identity through autobiographical reasoning in the story of “the alcoholic network”, which is discussed in detail on the “Stories within the Story” part of this chapter. Her ability to draw inferences from her social environment as a child was quite profound, as she has been able to categorize and name it and discuss how it played out in the formation of her addiction. She was mostly retrospective during her interview until she surprised herself with her thoughts and insights on the role service work has played in her life – especially the last seven years of her recovery. When the question about the importance of service work was posed to her she commented,

“…I think the other thing about service today – *it is very interesting now that I'm thinking about it*…in the beginning you do what you do because you have to do it, and then I had that middle part when I didn't think I had to do it, but today, especially service within the program keeps me very green. It just keeps me…it's like tending the garden in a way.”

This brief example demonstrates how one can began to expand narrative identity even in situations where it seems one’s story is “down”, as P1 is very practiced at telling her story both inside and outside of AA. However, when aspects of the journey are elicited that may not have previously been part of the dialogue, the ability to draw inferences can
present itself. When this situation occurred, P1 took full advantage to draw a lesson from her own perspective.

T1

T1 demonstrated significant autobiographical reasoning as she told her story. Each vignette she shared involved contextualization, especially about the changes in her perspective during her five years of sobriety. She mentioned how during the interview, she was putting threads together or exploring things. For example, in her opening statement she said,

“I knew I was a problem drinker, an alcoholic, for probably the last 15 years I drank; I drank for over 30 years. I started as typical, anybody, but the first time I drank to get drunk, I seriously drank at the age of 14 – I blacked out. I...my father is an alcoholic – recovery for over 30 years...um, so I thought I knew something about it you know, I watched my father go through detox on the living room floor of his home in Florida, shaking, quivering, crying and all that, and I still drank too, alcoholically from day one. And, I had no idea, how that worked, that that's really what that was.”

This opening section demonstrates her ability to draw a lesson from the window into alcoholism that she had as a young person, but for reasons she details later, was not enough to prevent her own addiction. She provided an example of how her perspective on her childhood has changed as a result of recovery. She shared,

“I wanted to be a horse person and at the age of 10 we moved to San Juan, Puerto Rico...I became part of the Puerto Rican Junior Equestrian Club and I rode for six
years competitively down there, and it took me getting sober to realize that I had a
dream come true down there with that.”

This change in thinking has allowed her to move through a lot of forgiveness and anger
towards her mother because of the blame she placed on her for all the perceived negatives
in her life. She understands her mother on a different level today because of the work she
has done on her own issues in recovery.

As she looked back into her addiction, she recognized the ways in which she was
able to sustain her use; she recognized the ability to use alcohol in places of business
because of its legality, making it OK to sit at a bar and drink all night. She acknowledged
her ability to “pick up the pieces and hide them easily” and maintain – she was someone
who could function – no job losses, no loss in her residential stability, until late into her
alcoholism. During one of the scariest moments of her life she acknowledged that her
life was saved because everyone around her made good decisions. She discussed the role
of others several times in her story – but in this vignette, the relationships with others and
their actions literally saved her from dying after a brain aneurysm.

As she discussed the features of long-term recovery, her focus on the gifts of
recovery was prevalent - she acknowledged a career change as a gift in recovery, the
ability to feel feelings, to trust and to work through things in life as all coming to her
once she became sober. These answers are contextualized with her insights into why she
experienced certain things the way she did and how these things play out in her life
today. She knows that the life she has today would not be possible if she were still
drinking and that she wants the life she has today more than she wants her old life back.
Each segment of B1’s narrative is contextualized with autobiographical reasoning – an explanation of what happened, why it happened, and what she gained from it in terms of her identity is present throughout. She commented prior to the interview that she had shared her story many times with many different audiences and was accustomed to discussing her recovery journey. Her understanding of herself, especially her identity and the purpose of her life, is evident and present when she discusses both her addiction and her recovery. A distinctive example of this feature is provided early in her narrative as she begins to explain when her addiction began,

“…And that was the start of the war…that was June 1965. Um, I was 20 years old, living on the island of Oahu alone, about 5000 miles from home, and had no support system and I found out about it watching the evening news and seeing my husband walk down the pier…and that was the start of the Vietnam war. And within six weeks, half of my friends were widows. And so, I locate the real disintegration of my life from that point.”

This moment was a seminal one in terms of her life changing from her vision of what married life was going to look like to something she could not have anticipated.

She continued to describe this disintegration of her life (and her husband’s) until she reached a point where she decided “the descent journey” had to end. She recalled,

“I decided in 1979 that this marriage was over and I needed to get a divorce. And after 17 years that was very difficult and painful and it was not something initially that my husband wanted. And our lives were such a shambles that we couldn’t even figure out how to go about this in a reasonable way…where to live, what to
do with the children….Within about a year of the divorce, he came to me and asked if the boys could come and live primarily with him back in Columbus. And I agreed to that. I agreed to it because it seemed to me like the best thing for them and I knew that I had a problem just riding a roller coaster down a very deep dissension I didn’t know where that was going to take me. I didn’t know I was an alcoholic then – that I didn’t know. Hard to believe.”

This explanation of the end of her marriage and the beginnings of her entrée into recovery are a testament to how she’s come to identify herself during this time in her life. She can see the connections between the events in her life and can identify her perspective during the time and her understanding of that perspective today.

Another clear example of autobiographical reasoning emerged in her discussion about the relationship she formed with the man she believes was destined to be “her teacher.” She described his role in her life as,

“He became my “Yoda”. I had felt as a little girl that there was somebody out there who was going to be a teacher to me. I had many teachers over the years traditionally, but I had a sense that there was teacher for me and that’s what happened: I went out and I interviewed him for the magazine and we just could never finish the interview. I would go back two, three times a week and talk with him, interviewing, interviewing, interviewing…The article was going to be about his journey – and has he began to share his journey more and more with me, um, I, it, it changed me. It was as though he was the one who was going to help me figure out who I was and who I always had been as a young girl and it was in a number of different ways.”
She continued on with the numerous lessons she learned from him and how those lessons impacted her life and why they were necessary for her to learn. This “private tutorial” lasted for six years and served to build the foundation for what would be the next 30 years of her life in terms of her personal and professional lives. Again, B1 utilized autobiographical reasoning continuously throughout her narrative, which is a testament to the amount of time she has devoted to understanding herself and her life. While this feature is apparent in all the interviews, her use of it is the most extensive and elaborate.

S1 did not utilize autobiographical reasoning as much as some of the other participants. She began to use it when she explained her entry into drug use as a result of being in a relationship/being married to someone who was involved in drugs with his family. She realized she followed them when she states “…when in Rome…”, but does not discuss why she thought using was OK, or why she thought she started using, other than being in a using environment. She seemed to draw limited lessons from this experience, but not much of her own insights. Similarly, in her stories about violence and abuse her thoughts on the experience and emotions around it are not evident. Who she was within this part of her story is unclear, other than being a participant.

The two places where she seemed to step back and draw inferences on a deeper level were (a) the death of her infant daughter and (b) helping her husband survive throat cancer – her experience of what she went through and her interpretations about it come through here. Her process for trying to understand each situation is revealed through her explanation of her thought process in the moment:
“They couldn't stop the labor – I ended up losing the baby, the baby was a full-term baby and the baby only lived for a day. For whatever reason, I can't remember why, I had the baby at [hospital name], I remember thinking, “Why didn't they take my baby to [hospital name] to try…” I don't know…that part is kind of fuzzy now...I remember holding the baby all day until it took it's last breath – it was a little girl, till she took her last breath – I was just thinking about this the other day cause I was talking about it with a friend, and I don't really talk about it, a whole lot of people don't even know, but um, I remember thinking how I regret today...that I never...(crying).... I didn't bury her. I just walked away from the hospital, that's it. (Crying)...I started back using immediately, the pain was too great. I mean, to have a full-term baby, and leave the hospital without your baby, and at the time I was having the baby, I actually wanted the baby. I didn't want to be pregnant, I didn't want to be pregnant. But once you start feeling the baby moving and kicking you are like “OK, this is real, this is a real person, this is part of you” and I thought you know “just try and stay clean” and by the grace of god she was born clean – no drugs or alcohol in her system...”

As she attempted to figure out this situation for herself and explain it during her interview, it became clear that her process for understanding what happened was still ongoing. She admitted to not being at a place of peace with her daughter’s passing as her grief around this death is still somewhat unresolved.

She reflected on helping her husband survive cancer treatment, “If in all that, you do not have to use… I cannot even begin to describe what that was like – to be scared to go to sleep because you think they might be dead when you wake up -that's how sick he...
was….And I never once thought about using. I think I forgot I was an addict when all that was going on – I was too consumed with taking care of him.” She is accustomed to telling her story in a way that is focused on describing the scene and the characters in the scene, versus a style that is more about looking back and reflecting from a more general sense. She painted vivid pictures with her story, sometimes telling it as if it were happening in that moment – as if to say, “here is what happened” versus “here is why I think it happened.”

L1

L1 was the youngest woman interviewed for this study; at 30 years old, she is between 15 to 35 years younger than the other women. Her life span is significantly shorter, and her experiences are impacted by her age simply because she has lived less years than the others and may still be in the midst of some significant healing work. She remarked how she is similar to the “scared kids” she works with in many emotional ways, which may be connected to her chronological age and her emotional age still being apart from one another. However, her ability to step back and draw lessons from her life was evident, as she provided her personal insights on why she began using, why she got sober and how she is currently learning to process her feelings and move through life. She spends time thinking about the disease process and how it has impacted her life. She is focused on women’s rights and is cognizant of the difficulties women face as they contemplate recovery.

One place in her narrative where she used autobiographical reasoning was her perspective on her relationships with her current and former husbands. She described experiencing a “series of bottoms” before she got sober,
“And so, I was young when I got sober and to be physically that sick was really alarming. So, I'd say the physical bottom was easy to deal with. The spiritual bottom lasted for years and intermittently comes back (laughs), because maybe it’s my personal opinion, but AA does not fix the spiritual bottom for women. I mean it is just, it is just an ongoing journey. And then in terms of the emotional bottom – that is all tied up in my addiction to relationships (laughs). So, you know, if I stay away from those, I'm usually doing pretty well. If I’m dabbling in those then, we're going to have another emotional bottom.”

She is currently in the midst of another emotional bottom, as she is separated from her husband. Their relationship has elements of domestic violence, which was part of the reason they separated. She reflected on the lesson she’s gained from this experience by detailing,

“And then the disease sneaks out in really sick ways, like most recently getting involved in this relationship and getting married again, to a guy who is violent and it's like that's how it's manifesting right now and here I am with all this knowledge (laughs) and the women that I talk to who are in this same situation, I say, we don't have to do this and yet I’m doing it, and it’s mindboggling (laughs)...and I just go back to the forgiveness piece. I can forgive my father for molesting me all those years – I can. I can forgive my mother for being a special person that she is – she's just special. Um, but I can also learn to forgive myself for not being perfect.”

She is still working on this relationship and trying to determine her future with this man, as they share a child. She recognizes that her relationship addiction has her on an
emotional pendulum with him, which is part of the reason she knows she is headed for another emotional bottom.

The second place she utilized autobiographical reasoning was in her discussion about her addiction, detailing why it made sense to her for many years. She explained, “The reason that I did meth and I did cocaine was because I always felt terrified, always, like baseline terrified, but when I would do the drugs there was a euphoria that accompanied the terror and I could manage it – I thought I was managing it. And so, it was like this is the best thing ever.”

Dealing with her overwhelming sense of fear and anxiety has been difficult. She maintains a strict regimen of anti-anxiety medication and remarks how she hopes that with more time in her recovery that she will not “be making snap decisions anymore and I’m in a place where the anxiety isn’t ruling my life.” She discovered that yoga and meditation helped her with her sense of fear and her anxiety. She described the first time she realized yoga might help with her recovery,

“… when I did my first relaxation exercise that was yoga-based, it blew my mind. I felt safe for the first time in my entire life. It was just bizarre. I probably fell asleep, but then when I learned to kind of school that and train that a little bit I learned how valuable that was and I started teaching these little traumatized kids how to do it and they would have the exact same response. So, I’m like, “Oh my god, I’m like 20 years old but I'm emotionally like this little seven year old, you know, that has no space for the Divine. So, I have to work on digging that out, digging that out, digging that out, and then I can receive. But otherwise, I don't
get anything out of meditation, I wouldn’t get anything out of an AA meeting because I'm so full.”

She learned about her own emotional self through her teaching of relaxation to children, which helped her work on some of her trauma issues.

She seemed very aware that her issues are still a work in progress and has recognized the importance of therapy and wellness in her life. She has placed some expectations on her recovery (i.e. thinking she should be “past” some issues by this point), while simultaneously trying to be more forgiving and gentle with her self.
Chapter 6: Findings III: Voice Analysis Findings

Voice Analysis

The examination voice represented the most complex part of the analytical process, as it required active listening for how the women in this study used certain elements of voice to share their experiences, knowledge and insights as it related to their journeys from addiction into recovery. The importance of examining women’s voices is a tenet of a feminist perspective, as it lends itself to understand their unique experiences as gendered subjects. This chapter begins with a presentation of the participant’s understanding of the reality of being a “woman in recovery”. Second, specific elements of voice are presented, including: recurring words, emotional resonance, images and metaphors, and relational landscape. The chapter continues with an expanded presentation of findings on the relational landscape including the importance of relational connections, followed by significant moments along the recovery journey. The conclusion of this chapter includes perspectives from the women on what others need to understand about women and long-term recovery.

Experience as a Recovering Woman

The women were asked, “What is it like to be a woman in recovery?” to gain their perspectives on the female experience. This question was answered directly during the interviews, and indirectly through other examples and vignettes that the women discussed
while sharing their personal narratives. These answers and examples were organized using open coding and then grouped together to examine places of intersection as well as those of divergence.

Making it through the Early Years

Once they got sober, all nine women sustained abstinence, free from a relapse. The methods they used to sustain their abstinence were multi-faceted and are at the heart of the purpose of this research. The beginnings of their respective abstinence began by asking for help from someone connected to 12-step support or addiction treatment services. These people either took them to an AA meeting or linked them directly to treatment services.

Initial Feelings.

Four of the women experienced an immediate relief from the desire to drink or use drugs after asking for help. P1 said that once she asked for help and decided to enter treatment, the desire to drink was lifted from her. The “obsession to drink was lifted” for T1 in jail, B1 reported that the “urge to drink was lifted” the night she asked for help, and S1 believed she was “delivered” from the bondage of disease. The admission that they had a problem seemed to lift the burden from the women, signaling a transition to a new beginning. These four women were clear about this feeling and grateful to have experienced it at the beginning of their journeys.

Three of the women did not experience the sense of relief like their peers; rather, they struggled with their newfound sobriety, mostly because of the feelings that were rising to the emotional surface. D1 described her early process as excruciating, as she worked to deal with painful feelings without alcohol or drugs to quell them. However,
she was able to sustain her abstinence despite these painful experiences with help from her support system and treatment services. L1 called the first year of recovery “a living hell” because of the awareness of the “crappy things” from the past and the absence of the ability to forgive. She described trying to run and hide from the pain through relationships until “that wild howl inside of me…came up and smacked me in the face”, forcing her to deal with some of her issues. A1 expressed the strongest feelings around the difficulties she faced when first getting sober. She described herself as “wanting it all the time” in the first five years of her recovery and being very unhappy for a long time. However, she has been “a straight shot” for over 22 years, despite these strong desires to use the first five years and then again between years 10 and 12. Their commitment to staying sober despite these painful feelings was a major factor in them remaining sober.

When they first got sober, some of the women had significant fears of not “making it” in recovery or had fears about life in general. P1 questioned the need to be involved in AA and met someone who “scared” her into getting more involved, telling her that she would not make it (in recovery). E1 got sober while she was incarcerated and believed that she was “ready” to go to work upon release; it took her counselor confronting her about her addiction to help her see that she would not “make it” without a different living situation. She was shocked and wondered where she would go once she left prison. Her counselor linked her to long-term treatment, which allowed her to begin “living with structure”. A1 described her first year as a “complete fog” with little to no recall other than feelings of desperation. For the first five years A1 “cussed, screamed and wanted it everyday”. She remained unsure about the “recovery lifestyle” for many years, but was more afraid of being “overtaken” by alcohol and drugs if she didn’t remain
sober. D1 remarked how fear had been a huge part of her life since “day one” and that she was afraid “all of the time”. L1 discussed being terrified for her entire life; learning to deal with her PTSD was a major part of her addiction and remained a challenge in her recovery. Working through this sense of constant and pervasive fear was a significant component of the early years of recovery. Once fear became manageable for these women, they were able to address other significant issues in their lives.

Conversely, T1 and B1 found the beginnings of recovery to be easier than their counterparts. T1 described herself in the first years as a “pink-clouder”. She clarified this term as, “Everybody and everything was the most wonderful thing on earth…I did eventually come down off that, I leveled out to the evenness.” Similar to the “pink-cloud” feelings described by T1, B1 recalled her first year as “living in a state of grace…an energy field of light”. She felt supported by everyone in her community once she got sober which was a very healing experience. B1 described her first six years as a very “rich time” in her life, as she worked to put her life together again. T1 and B1 both expressed having happy childhoods, free from abuse and trauma, which may have contributed to them having less difficulty at the beginning of their journeys.

**Growth.**

The women characterized “the beginning” as a time of “tremendous growth” and “a lot of work”. Guiding them through the beginning were recovering friends, many of who were women, and some of who were men. On a practical level, K1 shared the need to learn how to do many social activities sober, including making friends, going out in public, and having conversations with others without alcohol or drugs in her body. She discussed the need for stability in the early years, including a sense of safety within that
stabilization. Stability and safety allowed her to feel more comfortable in her recovery and build relationships, trust and a spiritual life. Much of her work during this time was done in women-only AA meetings. T1 cited how she “did exactly what I was told” by her recovering friends in the beginning, which helped her to stay sober and do the work. Similarly E1 “did everything they told me to do” in her first treatment program in prison, not realizing that her behavior changes were going to affect her thinking. E1 spent much of her time in women-only treatment programs, both within and outside of prison. Following orders or guidance from others provided T1 and E1 with structure and direction, which helped them in their sobriety. L1 described how many people in early recovery are unsure of what to do so they follow others and “copycat” their actions until they learn how to differentiate.

During these early years, many women engaged in therapy to resolve painful life issues like sexual abuse, domestic violence, and eating disorders. L1 described the importance of therapy for recovering women especially as it relates to relationships and mental health. She explained the difference between meetings and therapy,

“I think that's were you can really start to tease out what's really going on, what’s underneath (old and currently). Meetings are not therapy. Meetings are therapy for the new people, but for the seasoned people, you need someone you can go to once a week that's unbiased that you can talk to that’s going to listen.”

E1 recognized the need to feel a sense of trust with a therapist or counselor so that one can “talk to [a] counselor no matter what” is going on in life. E1 received over three years of treatment and counseling between her program in prison and her year of intensive treatment services. These services also assisted her with her children and their
issues as they transitioned to living with her again. This assistance was important in helping her stabilize her life.

Treatment allowed K1 to work on underlying issues of “co-dependency, unresolved grief, and anger”. She reflected that recovery became “much more even” after treatment when she was able to address issues that she had covered up for many years. She discussed working through the death of her brother during childhood as one of these issues she addressed in therapy. A1 utilized therapy to come to terms with inner “demons” such as sexual abuse, eating issues, and sexual identity. She entered therapy again to work on her “bizarre obsession with cocaine” during years ten through twelve. Therapy for her allowed her to focus on her self as opposed to always “giving, giving, giving” to others. T1 described the “tumoriol of stuff” a person works through in the beginning of recovery. T1 explained how the “work” in recovery involves making changes to one’s thoughts and feelings, which involves perspective changes, awareness-raising, and re-training. “Learning to erupt” was an essential part of D1’s therapeutic process so that she could work through her deep anger issues related to the abuse she had experienced in her life. Practicing new ways to express her anger and resolve conflict were components of her therapeutic process. S1 participated in long-term treatment for 18 months and E1 received treatment for three years, including two years of treatment in prison. Both of these women needed stability in the form of basic needs such as housing, clothing, and food, as well as therapeutic services and life skills. They received guidance and support from other women working in roles such as resident management, case management and counseling to help them develop life skills, in addition to working on emotional and mental health issues.
The process or re-learning was not easy for everyone, as reiterated over and again by A1, who really struggled with feeling miserable in early recovery. A1 described her frustration as someone who wanted her recovery to go quickly and not be so much work. “I think most people know that its a process and not an event, but when you’re in the midst of that process I think it’s hard to - you kind of want it and you want it now, I mean that’s kind of the personality of those of us who used is kind of that instant gratification. … I know I wanted it, I wanted an easy fix, I didn’t want to have to go to therapy, didn’t want to have to go to meetings. Yeah, misunderstood on some levels certainly, but intellectually, I knew it was going to be a process. I knew I wasn’t going to wake up one day and be cured.”

E1 echoed this sentiment, remarking how many people want recovery to jump from year one to year five, hoping to skip the process that is involved in changing one’s life. Despite the pain, the discomfort, the fear and the uncertainty, each of these women made it through “the beginning”. What sustained some of the women was both their commitment to staying sober, as well as a gift of willingness. K1 and B1 both described a “gift of willingness” to keep saying yes (to the process), to ask for help and to show up (in the support meetings); this gift seemed to come from a spiritual sense early on for both of them. For others it was an acute awareness of not wanting to go backwards and potentially dying. E1, L1 and A1 all felt that their drug and alcohol use would likely result in their death and did not want to return to using. Additionally, E1 did not want to be incarcerated again, which she recognized was intimately connected to her addiction.

The women described recovery as a process of “growing up”, from an emotional perspective and “becoming a whole person”. Part of the process of “growing up” in
recovery involved letting go of “the old life” and healing some painful past issues. Common in the recovery journeys of the women was the notion of the old life (i.e. the life led during addiction) falling away and a new opportunity to connect with either a higher power or a sense of self. B1 began to experience aspects of life that she had forgotten or lost during her addiction, and this ability to reconnect with who she once was while simultaneously developing who she would become, felt empowering, healing and right. D1 recognized her old life falling away as “one by one, the things I had used got healed” referencing her addiction, her eating disorder, and other painful coping mechanisms that had once been a part of her life. Forgiveness towards others was a skill that L1 found helpful in healing her trauma issues with her family. The ability to forgive was not something she learned in her first year of sobriety; rather it came afterward as she learned to view the events of her life from a different perspective.

Changes and Evolutions in Recovery

The women discussed how recovery changed over the years, which tied into the old life falling away and the new life emerging. All participants were clear that the “beginning” of the journey is quite different from the middle and later years of the journey. When asked, “Does recovery evolve and change?” most women responded with an affirmation that it definitely changes, mostly for the better. P1 shared how her recovery evolved and the process changed over time. She discussed her ability to “self-differentiate” as she came to understand how to get her emotional needs met in healthy and appropriate ways. Her relationship and perspective on her Higher Power changed, and the importance she placed on service work with the 12-step community heightened. While the mechanisms she utilizes (i.e. meetings, support, prayer, etc.) may appear
unchanged from the beginning of her journey to now (over 25 years later), her personal experiences with these mechanisms and has evolved over time. The value she places on these activities and the lessons she gains from them has changed over the years, especially as she has learned to apply her recovery tools to most everything in her life. T1 described how her ability to recognize old behaviors and replace them with new ones was increasing,

“...I noticed that ... over the years is my ability to recognize old behaviors gets sharper and sharper - is right there. And my ability to smile and say, “There you are...” and my ability to notice and say I don't have to go that way, don't have to do that, is becoming more automatic – that's what becomes less work – that's what becomes automatic. I mean it's automatic to take a breath, it is automatic to feed yourself when you're hungry or put clothing on when you're cold. I think as human beings we also become automatic in our reaction to feelings or situations and my way of reacting automatically has changed.”

K1 discussed how “recovery became more even” after she had completed treatment during her sixth year of sobriety. She detailed, “…so there was just a lot of healing that went on with that experience that um, you know, enabled me to really sort-of be on a more even keel, I think sort of just in general in my life.”

Realizing the benefits and gifts of recovery is essential to embracing the new life. Gratitude for these things is a significant component of recovery for the women in this study, especially for the 12-step support programs. T1 stated the importance of the 12-step support for her,
“…and I realize that I'm not alone and that's a gift of sobriety and letting it go. By talking about it and sharing it with other people, by trusting – that's another thing – I can trust people now even though I didn't before – I can trust them with my imperfections and know they are still going to like me tomorrow.”

While L1 has some qualms and complaints with AA, she was adamant about her support for the program. She remarked,

“I guess I would say that at the end of the day I would consider myself to be somebody who is pro AA and it saved my life and that there is something to be said about strength in numbers and something so powerful about that organization and it think it's because it gives people hope. And that is what we lack as alcoholics, I mean there is the fear component and the denial and minimization and all that, but we're just lacking hope and I don't know how it does it but it does and it's completely weird, it's just completely weird.”

E1 described needing a meeting everyday like needing “a one-a-day vitamin”. Her connection to meetings is also a connection to her network of supportive women friends. She regards the idea of support as part of her recovery foundation, utilizing her network in times of difficulty and for assistance with decision-making. Her support network also is a source of joy and friendship, which is something she cherishes. She explained her use of her support for making decisions as,

“Sometimes when I run into things that I don’t know what to do – because really I do know what to do – I’ll call a support person and share with that person, and it’s usually somebody – it’s not anybody, it’s a person I trust their input, and I listen to what they say. And I might tell another person and listen to what they say. I
don’t tell a whole lot of people, because then that becomes confusing. And then I sit back and I pray and then I make a decision…”

D1 expressed gratitude for supportive friends, regarding their presence in her life as a gift, detailing how,

“… having these incredible friendships and relationships, you know there is a life that I didn't even ever dream that I would ever – literally couldn't even ever envision – that I have now and I wouldn't have it if it hadn't been for not drinking and using anymore, having a new way of learning how to grow up, having the spiritual journey that I'm on, having the exceptional healthy, healthy-ish people in my life – all because I was able to find a way to not let my disease overcome me.”

L1 recognized her gratitude for her new life in recovery once she had her son and began to see other parents with children at AA meetings. She described one meeting in particular where

“…this little pack of AA kids, and that was like a light bulb moment because I never thought that I was going to have that – I didn't think that I was going to be sober, much less in AA, much less pregnant, so that's pretty awesome.”

D1 described personal philosophy that “life is to be enjoyed” and for her, recovery is “a blast” and an adventure. The growth and wonder of the journey, combined with the tools recovering people learn via the 12-step process, and the friendships created in recovery, all result in a lot of “fun” in her life. Her sentiments are echoed by B1 who describes her recovery journey as one of “joy” and of “wholeness”. Her recovery is integrated with her views on wellness and taking good care of herself. She reflected back on her journey and can see the necessary lessons and experiences she needed to have in
order to become who she is today. P1 characterized her feelings today in recovery as centered on “peace, serenity and happiness”, even calling herself “a happy camper”. K1 described recovery as “fulfilling and gratifying” because it allows her to live out the values of her life and to be proactive about issues as they happen. S1 said, “Recovery is beautiful,” as being in recovery has allowed her to have a life of purpose, despite challenges or problems. She is able to face life today and be spiritually alive, which is of great value to her.

The Gift of Identity

Common in many of the narratives is the gift of identity. The women spoke of knowing who they are today in terms of how they feel about themselves, and what they want from life. During their addiction, the concept of identity was foreign, as many of them were simply trying to fit in (K1), or “trying to be normal” (A1), or “being whoever you wanted me to be” (D1), or feeling so far removed from who they once were (B1, S1), or drinking to be somebody other than themselves (T1), or thinking that their whole identity was drinking (P1), that they never really knew themselves. At first, getting to know one’s self is a scary process, as detailed by D1,

“And how it was – probably until the first 10 or 12 years into recovery, how I really struggled with just being who I was. That was a big piece for me in those early years as well – one of the things I've always said and it still resonates as true – I was really afraid to look inside myself – not as much because of what I thought I would find there, but because I thought I wouldn't find anything. And in part, I still get that, because I was never who I was – I was always who anybody
else wanted me to be at that moment. And so, developing an identity in those first few years was really important.”

L1 is still struggling with this component of her self. She recognized that she still feels “empty” at times and often seeks validation from men at meetings. She characterized this aspect of her identity as “kind of sad” and is hoping to move past this emotional place.

Alcohol and drugs supposedly filled this void of identity and happiness, at least for a while, but the void remained despite the increase in frequency, amount and types of drugs. The healing work on painful issues and the ability to develop an identity replaced the need for substances as the void was filled. A1 surmised, “Um, yeah, I think that it took the place of so many things before and now, I guess I don’t have that need for some kind of external...”. Similarly, L1 described how she realized drugs were not fixing her problems because,

“… this vacuous hole had been there since I was a little girl and it was early childhood trauma – now I can identify it as that. That was what I was trying to perform brain surgery on – thinking that if I could just take enough drugs I'll forget, just permanently forget...”

A1 shared how in her later recovery she found her authentic self, and grew in her identity as a recovering person. T1 learned to like herself and have self-acceptance. L1 has appreciated how she can forgive herself for not being perfect all the time. The ability to develop identity and grow into one’s true self is not without struggle for balance in relationships, as the women detailed in their narratives. Relationships played (and continue to play) a significant role in the women’s lives; this topic is discussed in the subsection on Relational Landscape later in this chapter.
Recurring Words

Recurring words signaled important points, concepts and places of identification within personal narratives. If the individual narratives were to be boiled down to only a few words, the ones identified in this sub-section would qualify as accurate (albeit brief) descriptors, as they served as a reflection of the overall tone of each narrative. Recurring words were not present in every interview, however when they were, it proved noteworthy. Interestingly, the recurring words used seven of the women in this study were overwhelmingly about emotions or relationships. The subheading for each participant’s examples of recurring words will be indicated by the participant’s coding pseudonym. Table 10 provides a listing of the recurring words used by each participant.

<table>
<thead>
<tr>
<th>Coding Pseudonym</th>
<th>Relationships</th>
<th>Emotions</th>
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<tbody>
<tr>
<td>B1</td>
<td>Support</td>
<td>Light</td>
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<tr>
<td>E1</td>
<td>Support</td>
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</tr>
<tr>
<td>K1</td>
<td>Relationships</td>
<td>Life, Experience</td>
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<tr>
<td>L1</td>
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<td>T1</td>
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<td>D1</td>
<td>Growth</td>
<td>Victim</td>
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<tr>
<td>A1</td>
<td></td>
<td>Different, Desperation, Process, Fear</td>
</tr>
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</table>

**B1**

B1 used the word “support” several times in her narrative. Her addiction story was filled with a lack of support, specifically from family, because she and her husband were moved 5,000 miles away from their nearest relatives. As their marriage began to deteriorate, she described their relationship as “fractured in terms of support, resources...
and grounding” due to all the relocations, the PTSD from his tours in the war, and other issues. When she decided to seek a divorce she was without a support system, as she was living in Florida and her family was located in Ohio. Once she entered recovery, her perspective on support changed. When she told her parents that she was an alcoholic, they responded with encouragement and support for her entering recovery. When she discussed her sobriety with her boss, he was also very supportive. Later in her narrative when she commented on what women in recovery needed, she indicated that one must “support the benevolence that presents itself over and over again…” in order to continue to grow. She longed for support during her addiction and felt like it was missing; conversely, when she entered recovery she was surrounded by support from virtually everyone she met.

The second recurring word in her narrative was “light”. She spoke of her early recovery as a time when “everything was filled with light”, using this statement to describe her experience with the world – nature, her community, and her own awakening. Her sense of “light” is very spiritual and was something she felt almost immediately after asking for help with her addiction. She discussed being “surrounded by an energy field of light” as well, which felt supportive, nurturing and healing. Her sense of her self and who she was becoming seemed to be manifest in this light that was surrounding her. This essence continued to go forward into her recovery, as she developed her talents, realized many of her childhood dreams, and discovered her professional calling.

E1

E1 used the word “support” throughout her narrative to describe the importance and relevance of other women to her recovery. “Support” for her means other women;
although her husband was supportive to her, she relies on her women friends. She shared the value of support by explaining,

“I need a support group because at that time, my perception, what I think it is, if I don’t have these people and I just go off that thought that I have – I want to make the best decision for me. And in order to make that best decision for me, when I really have something going on, especially if it is emotional, I could act off my emotions and that emotion could be the worst decision I’ve made in my life. If I’m emotional and I talk to a couple of my support people, and they say, “Well, that sounds good, what you’re saying, but have you thought of this?” They give me another way of looking at it, um, they can suggest well, maybe, just don’t do nothing with it. Cause when you’re going through something, sometimes you want that urgency, that word process – you all say process, but sometimes when you are going through something you want that sense of urgency of relief, sometimes you don’t need to handle it right then, so you need to have somebody say, maybe you just don’t need to do nothing. But it’s like a guidance, it’s like something that’s giving me some kind of guidance. Cause if a person work off just what they think – oh my goodness, you could find yourself in a world of trouble.”

She believes that many people do not understand the importance of female support for women, because men have a tendency not to “hang out all the time like women do”. She recognizes a bias and prejudice against groups of women as she explained,

“Even though, um, when I went places before, and this is even out of town, a group of us will go out of town, it could be about four or five of us, and you will
see us out of town and you’re wondering why there’s no man there. But yet at home, you don’t know I have a husband. A lot of times they get into the “gayness” of that they want to think that just because you see a group of women, and you may see this group of women together a lot. Some people tend to think they are homosexual and when in reality, every last one of us is heterosexuals…So, um, not understanding that, not really understanding friendship and support is real important to women more than men. You’re not going to see a bunch of men hang out all the time like women do. You may see it once in a while, but we don’t automatically think they’re gay just because they’re hanging out together, but men will go there, people will go there.”

She believes that people use “gayness” as a way to intimidate women or make them feel badly about being together, rather than recognizing the power of friendship.

Additionally, she defines her “sponsorship” in AA as being connected to her support group, seeing them all as her sponsors in many ways. She acknowledged that her entire pathway of recovery was guided and influenced by a network of female support.

K1

K1 used three words repeatedly during her narrative: (a) relationships, (b) experience, and (c) life. She used the word “relationships” nine different times as she emphasized the importance they’ve played in her recovery. For example, she described personal relationships, intimate relationships, trusting relationships, long-term relationships, etc., most of who were with women friends. She places great value on these relationships and their quality, which she attributes to her recovery. Prior to her sobriety, she was unable to “live up to other’s expectations” in relationships and did not
see herself as someone who could add value to a friendship or relationship. Therefore, she now holds these qualities as dear to her and does not want to lose this sense of connection that she has with her family and friends.

She used the word “experience” ten times in her narrative, mostly to describe events in her life in a more general sense. Rather than detailing what happened, she described situations as such: negative experiences, the experience of treatment, experiencing negative consequences, the healing from that experience, etc. She did not detail the specifics; rather they were all “an experience”. Her reluctance to discuss these events in her life may be related to her internal conflict over revealing herself as a recovering person anywhere outside of AA. The word “experience” implied that what she went through was meaningful, but what exactly was meaningful is left to question. She infuses some sense of judgment in her use of the term “experiences”, with events from the past as more negative and those post-recovery as more positive.

The word used most often by K1 is “life”, found over eleven times in her narrative. She referred to “aspects of my life”, “parts of my life”, “your life” and “the life” to describe in general terms the changes she wanted to make or was making in recovery, especially as it related to her experience in early recovery. She discussed how many things in her life had to change from a social standpoint – learning how to communicate, go out with others and have friendships that were not based on drinking. Similar to how she used the word experience, she used “life” as a global term for her self. It can be assumed from her narrative that recovery allowed her to have a sense of a life lived with intention and meaning, and not one lived in confusion and a search for connection. Perhaps this is why she utilized the word so much.
L1 discussed “relationships” numerous times in her narrative, at times focused on her own relationships with others and other times in a more global sense for women. She talked about how she has “an addiction to relationships” which often leads her to an emotional bottom. She met her first husband in AA and described the relationship as very stable and calm for the first couple of years, until her husband began drinking. She believes her disease “sneaks out in really sick ways”, especially inside of her relationships with me. Her situation with her second husband is an example of her disease around relationships. When asked if she has ever had someone in her life that took care of her or nurtured her, she remarked, “I would do patterns of it as an adult, I would um, I guess you could consider it like a sugar daddy relationship, but it was probably more like a prostitution relationship.” She used her first marriage to hide from some of her feelings in early recovery. She remarked how some people get through difficulty of the first year of sobriety by socializing and through “Relationships… I hid from that through getting married the first time, I hid from that wild howl inside of me, until it came up and smacked me in the face – you can only run from it for so long.”

When talking about the issues women in recovery face, she emphasized relationships again by explaining, “I think the relationship piece is huge – that's what takes women out and keeps them out and keeps them sick.” The barriers and challenges that women face when it comes to getting sober are huge to her and definitely a gender issue. She explained her thoughts on why some women do not experience recovery: “I think its easier for women sometimes to just stay drunk and high and in bad relationships than it is to be sober, just because the way that the world is and I
don't know that that's necessarily going to change anytime soon, so there has to be an incredible motivation to want to do it.”

She believes there is a lack of support among women for other women, and that the men in the rooms are continuously preying upon them. She takes issue with some of the sponsorship relationships she has seen, believing that a lot of women are “looking for a mommy” when they get a sponsor and find that person to fulfill that need; this is a situation of which she does not approve.

The second recurring word in her narrative is “failure” which permeates her discussion about her family history and resurfaces when she discusses her evaluation of her self in early recovery. She described her family legacy as “failure, drunkenness, fatherlessness and pain, detailing how,

“There are too many failures in my family. Too many people who just didn't make it, just weren't strong enough, whatever X factor it is...I don't know what it is that makes some people get it and some people not get it, and it frustrates the hell out of me, and that frustration I channel into this sense of “It's not going to take me, it's just not going to”.

She deals with this pressure when she examines her life. She shared how during her third and fourth years of recovery her world exploded and she felt like nothing was going right in her life. She detailed:

“I got a divorce, my uncle who I had been taking care of who had AIDS, he passed - violently, and I couldn't conceive this baby that I wanted so bad, and so I just felt like a fricking failure, so I started getting really into my intellectual life. And I would say, that was the next phase of my sobriety – I went back to school,
started sort of exploring different things that I hadn't thought about in a long time like women's rights, and starting to look at maybe the things that happened to me as a child in a more forgiving light.”

These changes that she made for herself allowed her to reassess her self-appraisal as a “failure” and begin to see herself as someone who was accomplished and capable. Her goal now is to break her tragic family legacy by raising her son in a sober home, free from abuse and violence.

**T1**

The word “mother” is prevalent in T1’s narrative. One goal she had for herself was to be a good mother, which was something she focused on during her addiction, and even more so during her recovery. Her desire to be a good mother to her daughter was one of the reasons she got sober. She has improved her communication with her own mother and has worked to heal that relationship. When asked about women and long-term recovery, she spoke about the positive impact it has on mothers and their children, especially as it relates to a woman’s sense of self-worth and self-esteem. She recognized that recovery is something that allows women to be good mothers, stating, “I think recovery from a disease of alcoholism is such a gift to mothers and to their children because they can be the mom they want to be”. She alluded to recovery as a “gift” to mothers; the word “gift” is something she repeated several times as she discussed what recovery has given her. She discussed the gift of learning how to handle things “softly”, rather than engaging in many battles with herself and others over trivial matters. Sobriety also allowed her to realize that she’d had a positive impact on the lives of others, rather than dwelling on “not being good enough” as a manager, co-worker or friend. The
realization that she was not alone in her recovery, especially when it came to making mistakes, was another gift she received. She characterized these lessons, skills, and tools as “gifts” because they were surprises to her in many ways – things she did not know she would receive through her recovery.

D1 discussed the process of “growth” in recovery in great detail. She used this word to describe the changes in recovery over the 25 years of her sobriety. Growth in early recovery was tremendous, yet painful because of the healing. This type of growth was essential for her, as it facilitated her emotional development. She discussed how growth continued for her along different lines and around different lessons as her recovery progressed into the middle years. She found a group of friends who were also centered on personal growth and being a community for one another, which was central to her development and stability in recovery. She reflected how she is amazed at the growth, wonder and adventure of recovery and how she wants others to see the enjoyable side of this process, rather than dwelling only on the hard work that often characterizes the early years.

Part of her growth was concentrated on a shift in perspective from identifying herself as a “victim” to someone who had power and could make choices. Her ability to understand that she was not a victim included a willingness to let go of that identity and embrace another. She believes that many women are trapped inside of this perspective, as it is a means of survival for many who are in violent relationships. For her, this shift was transformational and was supported by her spiritual growth and the healing of many
traumatic life issues. She voices this issue not only for her self, but for women in recovery as well.

**A1**

A1 used four words repeatedly during her narrative: (a) desperation/desperate, (b) fear, (c) process, and (d) different/differences. The tone of her narrative was considerably more solemn than the other participants, focused mostly on the hardships of recovery, rather than the benefits or gifts as T1 described. Her relationship with recovery and with others in recovery is much more conflicted and more like a business agreement or military assignment than a friendship, as illustrated through her use of these recurring words. She uses desperation to describe her reasons for entering recovery and remaining sober during the early years, describing herself as “in a fog” knowing only that she was “desperate”. The word “fear” is prominent during her narrative, detailing the fear she had over relapsing, the fear she had of alcohol and drugs coming and overtaking her, the fear she had of consequences, and her surrender (as an addict) based on fear and desperation. She feared her life in recovery as well, wondering, “What will it look like? Will it be a horrible thing?” because she had not known life without alcohol and drugs since she was 13 years old. Eventually these fears “morphed into respect”, allowing her to feel more comfortable in her identity as a recovering person around the twelfth year of her sobriety. She now “respects” the power of the alcohol and drugs and the disease, rather than fearing it.

She characterized recovery as a complex process for her, mostly because of the many trauma issues she had to resolve; she did not connect these issues with her addiction at first – the integration of these many problems did not come until about ten
years into her recovery. She emphasized many times how her process was not only complicated, but that it was “different” than most others because she was (and remains) introverted and not someone who enjoyed the group process. She has the impression that recovery is a much easier process for men, and also for many women because their personality fits better with the traditional treatment milieu and the context of the fellowship process in AA. It was important to her to discuss the difficulties and the complexities she has endured during her 22 years of sobriety.

Metaphors and Images

While recurring words allow insight into the communication of messages, words are not always sufficient to describe particular situations. In these instances, individuals utilized images and metaphors to describe their experiences. Metaphors are understood as concepts that are used to describe one thing as another. Metaphors were illustrative and poignant, and described the transformative nature of many of the experiences in the addiction process and the recovery process. Metaphors within the individual narratives seemed to describe three subjects: (a) social environment, (b) early recovery, and (c) later recovery or recovery today.

Images are mental conceptions or verbal pictures used to provide detail about an experience or situation. Images provided by the women fell into three categories: (a) images from their relationships in their addiction stories, (b) images to describe a change in perspective, and (c) images to describe a transformative experience or a spiritual expansion. Images where vivid and painted a picture that seemed to explain moments where words were not enough to describe the experience and therefore served to translate experiences. The use of imagery is one of the tools women in this study used to express
themselves. Images also emerged during the listening process as the women described
their lives. The previous section on *Recurring Words* does have some relationship to the
use of images and metaphors, as there is a clear emotional attachment to certain words
from some of the women; some of these words evoke an image as well. Table 11
provides a list of the metaphors and images used in the narratives. Explanations for each
image and metaphor are provided directly after this table.

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<tr>
<th>Coding</th>
<th>Images</th>
<th>Coding</th>
<th>Metaphors</th>
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</thead>
<tbody>
<tr>
<td>Pseudonym</td>
<td></td>
<td>Pseudonym</td>
<td></td>
</tr>
<tr>
<td>B1</td>
<td>Shattered stained glass window</td>
<td>B1</td>
<td>Butterfly</td>
</tr>
<tr>
<td>B1</td>
<td>Energy field of light</td>
<td>K1</td>
<td>Getting your teeth fixed</td>
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<tr>
<td>K1</td>
<td>Everything falling away</td>
<td>A1</td>
<td>Military</td>
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<tr>
<td>A1</td>
<td>Fear morphs into respect</td>
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<td>Victim mentality</td>
<td>D1</td>
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<tr>
<td>S1</td>
<td>Chaotic and nomadic</td>
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<tr>
<td>S1</td>
<td>Delivered</td>
<td>P1</td>
<td>Alcoholic network</td>
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<tr>
<td>P1</td>
<td>Bolt out of the blue</td>
<td>P1</td>
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<tr>
<td>L1</td>
<td>Brain surgery</td>
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<td>Kriya</td>
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<td>T1</td>
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<td>L1</td>
<td>Community for outcasts</td>
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<td></td>
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<td>E1</td>
<td>Ride through the thunderstorm</td>
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<td></td>
<td></td>
<td>E1</td>
<td>Life on God’s terms</td>
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</tbody>
</table>
Metaphors about Social Environment

Alcoholic network.

P1 provided a metaphor about her social environment, both in her addiction and in her recovery. Her story began with her opening statement about growing up in “an alcoholic network”. She used the metaphor of an alcoholic network to describe the environment and context in which she grew up and lived most of her adult life (i.e. family, church, neighborhood, social institutions, etc.). Listening to her voice as she told her story about this network reveals her role as a member of the network, not looking to escape it, but rather to remain connected to it. She alluded to the belief that becoming an alcoholic may have been inevitable for her considering the environment in which she lived and worked. In her story of recovery, it is someone from the network who helps her get into recovery, as he is in recovery himself. Once she found sobriety, she developed a new “alcoholic network” of friends in the AA program with whom she feels connected and supported. Her role in the network now is as an elder, someone who can sponsor new people, lead meetings and be very involved in the AA community. It bothers her when her role in this network is challenged, specifically when members do not heed her advice on recovery. She seems to recognize that she does not have control over other people's decisions, but it bothers her that they do not recognize the experience of “living life on life's terms” and take notice of the wisdom from the more senior members of the group. Being part of a network seems to be something she values in her life today, just as she valued it in her earlier life, despite the obvious negative consequences she experienced during her addiction.
Community for outcasts.

The metaphor L1 used to describe her perspective on the 12-step fellowship came after she described all the times she received support from her friends in AA. She detailed how, “it's a community for people who have never had one and a community for like outcasts (laughs), so that's kind of neat.” For someone who has felt alone, isolated and without much support in her life, she likes being a part of this “community for outcasts” – people who do not necessarily fit well with “earthlings” (non-addicts). She commented on how AA saved her life because of the “strength in numbers” and the sense of hope it provides to people. At the end of the day, she feels like is a bit of an outcast herself, so she fits within this community.

Life on God’s terms.

E1 shared how she realized after her third year of recovery that she was living as other’s refer to as “life on life’s terms” and then stated, “and I think sometimes it’s living life on God’s terms.” The expression of “life on life’s terms” implies that one is able to face the issues and challenges in life without the use of alcohol and drugs to cope. She changed this expression to provide her metaphor for living a recovered life as “life on God’s terms”. This expression for her is born from her faith and relationship with her Higher Power. She shared the importance of God in her life,

“God is my creator. God is my foundation. My foundation, even if it is built, my foundation is built off the first three steps. My first step is to me that I was born into a world – God created me in my mother’s womb. So my life is not my own, it is of God. Second, I believe there is a God. Third, there is a God and I’m going
to let him work in my life…. More than God, if you don’t have that foundation, the house will fall.”

She shared how her belief in God and how God works in her life is demonstrated through other people. She explained this process,

“…you go through things and as long as, I don’t know, it’s just that you go through things in life and you have people – I believe God created people, God works through people, he puts people in your life for a reason and some will stay and some will go. Some will help you during the time he sent them to help you, and then some of those may stay on and have an everlasting relationship with that person, some may leave. It’s just keeping people in recovery that and some people who aren’t in recovery in your life as support persons. Support people is – you got to have them. And most of all, you’ve got to have a God in your life. And I don’t care what kind of God, if you’re Muslim, Allah, it’s not for me to say, but I know you have got to have something a power that you believe in that’s greater than you that you can talk to throughout the day that you know in your heart what the answer is.”

The last sentence of this explanation is how she lives her life on God’s terms – utilizing her Higher Power and the people placed in her life to help her make it through each day.

**Metaphors about Early Recovery**

**Where you come.**

D1 provided a metaphor for what it felt like to be welcomed into the fellowship of AA. Her first husband handed her a Big Book about two years before she got sober. He told her, “This is where you come when you have no place else to go”, which resonated
with her, although she did not apply it to her own alcohol and drug issues. When she had reached a place where she felt like she needed help, she remembered his description of AA as “where you come”. This phrase described a sense of refuge found in the AA community and within the teachings of the Big Book. She felt welcomed and accepted (without judgment) in AA, and felt like she began to grow up, have trusting friendships and have a life. Other women found AA to be a place of refuge as well (K1, P1, T1) where they were free to express themselves, explore their spiritual journey and be accepted by others who were there to support them. D1 discussed this particular metaphor for AA as something that remained with her since it was spoken because it has held true for her.

**Work.**

T1’s metaphor for early recovery as “work” comes up several times as she discusses her own process of healing. Healing for her is a type of work – there is effort involved as she forces herself to examine and re-examine events in her life, as she trains herself to adopt new behaviors. She explained,

“I believe that deep down I knew all along that I had a problem, and that I was feeding that problem with alcohol. I think that we as human beings can tap into that, if we let ourselves, especially with the disease of alcoholism or addiction, we push that away because we don't want to hear it, we don't want to do the work. It's much easier to take the drink and forget all about it.” While doing this work she is living life again, and in her voicing, once can sense that she enjoys the work. She is not burdened by it – rather it is the kind of work she has been waiting for most of her adult life. She reflected, “It's been a lot of work – I often have that
thought – the good things that have happened in my life since I started this path have been amazing.”

The work has brought forth new opportunities for her as well, as she stated,

“And another thing this recovery has done for me is open my world up completely – I didn't realize how narrow my world was – I thought, well, I traveled, I met people all the time – but now I see things like I want to learn, I want to do the work because I want a new experience. I guess I'm 20 years old again, I feel like I'm ready to take it all on, so its no longer viewed as work anymore, it is viewed as an experience.”

**Ride through the thunderstorm.**

E1 reflected on the process of healing in recovery as “a ride through the thunderstorm”. She explained how,

“Um, I think what happens is when you start going – I think the biggest part about recovery is the pain – that you ran from for so long and once you learn that the pain is not going to kill you, it’s not going to stay, it lessens and it lessens. And I think once you learn that, when painful things come up, and the longer you stay sober, you have a way of coping with it, you have a way of getting through it. It’s just the **ride through the thunderstorm** and that’s the biggest thing, people that don’t have long-term recovery sometimes it’s just the pain, because that’s what we run from, we run from all that.”

When she experienced the desire to use in her eleventh year of sobriety, she reached out to her best friend for support. She recalled the advice of her husband after she realized how close she’d come to using drugs again,
“I just broke down and cried, and I cried that whole day and my husband was like, OK, just take the ride, take the ride. And I learned, I cried for about two days. And I said from that point, it’s like I got to do the things to take care of me and some of that took some foot work that I needed to do to lessen the load…”

When asked explain the “ride through the thunderstorm” and how long it takes to learn this aspect of recovery, she responded with,

“IT depends on what it is. It depends on what you are going through. Is it an emotional thunderstorm? Is it just a decision I have to make? Sometimes… The thunderstorm is basically a situation that comes about. The thunderstorm could be an issue that’s triggered. The thunderstorm is really the pain and the going through the pain; the thunderstorm is the going through the pain…. It depends on what that may be and what I may need to do and it depends on how long it lasts. That what determines how long it lasts – how long does it take me to get it out and when I am getting something new in, I still may be crying. What may have worked for you may not work for me, it’s a process of letting go…”

She has learned how to work through the “thunderstorm” over her 18 years in recovery. She shared,

“So, what I know most about the thunderstorm is, I have to release. The release can come in tears; the release can come in words. For me to take in, I have to let out for me to take in. See what I already let in is what has created this thunderstorm. It takes…something can kick it off or it can be something that happened.”
Military.

A1 describes her experience in making it through the early years of recovery much like a soldier makes it through the long days of battle. Her parallels between the military and recovery are interesting, as she has been a soldier most of her life and has metaphorically “soldiered through” many difficult situations that she did not like. Her experiences in life have been arduous and complex and that were painful like being sexually abused from a toddler to an adult; being in the military for 22 years and hating it and soldiering through the first 12 years of recovery. She compared the daily mantras she used to remain steadfast in both the military and her recovery. Everyday in the military she would tell herself, “I'm not going to do this anymore, this is crazy, I'm going to get out...” and yet she was there for 22 years. In early recovery she told herself, “You can't use today, you can use tomorrow”, which worked for the first five or six years. Both messages are about deprivation, rather than reward, and signal her emotional struggle with both aspects of her life.

Why she is compelled to remain in situations that make her unhappy is one that warrants further investigation, and did not come up as a question during this interview. However, one may interpret this fortitude of hers by examining her emotional lexicon, which is limited and comprised of ten “feeling words” during her entire narrative. These words typically express negative emotions and are discussed further in the sub-section on Emotional Resonance. Her history seems very lonely and painful; she may have felt the military was her only option to get out of her house as a young woman and she may have thought it was her only option for a career. Her drive to remain in recovery was based on her analysis that the use of alcohol and drugs was going to overtake her, and this situation
proved worse to her than what she was facing in recovery – it was the “lesser of two evils”.

**Kriya.**

L1 described her experience during her third year of sobriety as similar to her realization that she needed to stop drinking when she was 23. She detailed “…then I had a death in my family and it seemed like it was another – I would call it a Kriya – you know, like what happened to me in 2003 – like a whole bunch of mountains, a mountain of things built up and it just exploded.” “Kriya”, is a term used in specific types of yoga, typically in reference to physical, mental, emotional and social well being, often coming as a cleansing. Sudarshan Kriya specifically deals with the healing breath that releases stress and brings the mind into the present moment. She used “Kriya” as another word for “bottoms” in her effort to provide detail about the experience. Her interpretation of this word to describe her experience differs slightly from the traditional understandings, but she seems to relate it to the aftermath of hitting a bottom – the cleansing for her that followed the “explosions” in her life. Her “Kriya” came after the bottom and allowed her to re-direct herself and bring a renewed focus to her life.

**Getting your teeth fixed.**

K1 was asked to talk about the kinds of changes she experienced over her years in recovery. She began to talk about the beginning being about “finding a sense of security and stability”, “cleaning things up form the past”, and re-learning social skills without using alcohol. As she continued to talk about the first five years, she used a metaphor from her husband to describe the kinds of changes she and others seem to experience. She shared,
“And then, once, once things have kind of stabilized and you, well for me, you
know I, really immersed myself in the program and started developing
relationships there and people that I could do things with, who you know, I had in
common that we were in recovery and that life was on a different basis now. I
can’t help but think of my husband who always says, “You know, you’re in
recovery for a while and the next thing you know you’re getting your teeth fixed.”
So many people come in, you know they have physical things like that that
they’ve neglected as well as things you can’t see but you know they get their teeth
fixed and go back to school, and its true, once you start taking care of yourself in
those kinds of ways. And so, then there’s sort of this, you sort of stabilize things. I
did go back to school and I did start taking better care of myself physically, and I
did a lot of things, since I was so young - I did a lot of things sober that uh, I
heard a lot of people talk about they had done before they came into the
program.”

**Growing up.**

D1’s metaphor for recovery as a process of “growing up” is shared in the section
that discusses “Stories within Stories”. This metaphor described the emotional changes
that were occurring within her during the early years of recovery; this emotional growth
allowed her to catch up with her chronological age. The growing up that took place in her
first five to eight years of recovery allowed her to face situations in life with an emotional
skill set that was more age-appropriate. She commented, “…at this developmental level
you have what you need to get through the challenges of life, including learning and
growing from them.” She had lived most of her life in fear because she was consistently
surrounded by violence and abuse and described herself as “sweet, passive, codependent and angry as hell”. She worked on understanding how to have feelings and express them in ways that were effective, rather than complete eruptions. She struggled with forming her identity the first 10 years because she “was always who anybody else wanted me to be at that moment”, so finding herself, her values and learning to use her voice was an extensive journey. She is grateful for the opportunity to complete the “growing up” process that she seemingly lost during her adolescence and often wishes that other non-addicted persons could benefit from this aspect of recovery.

**Butterfly.**

B1 chose to describe the experience of recovery with a story. She feels strongly that the events of her life “had to happen” because they were destined to be a part of her journey. This perspective provides her with insight into a story that she stated “…gets told over and over again as a metaphor for addiction and a metaphor for transformation. However, she expands on this story when she works with women in recovery. She explained,

“…the story that I tell them has another part that they’ve never heard before. We talk about being this little caterpillar, this little puffy creature that crawls along the ground. And without knowing what any of this means or why any of this happens, they begin to imprison themselves by spinning a tight thread round and round until this prison has hardened into a place where they are completely isolated and cut off from everyone and without knowing why this has happened or what comes next or if there’s any end to it. And there’s no hope. And then one day they begin to fight their way out of it. Meanwhile, without having any idea that this has
happened (because they are cold and alone in there), while they’re in this place they’ve transformed, they’ve had a whole cascade of hormones and grown these bright beautiful wings. And they are no longer a caterpillar, and they are not yet a butterfly. They are not yet a butterfly because in order for the butterfly to have wings that fly it has to be able to fight itself out of the cocoon. Because it is the fighting, that struggle that empowers the wings to be able to fly. I tell them that if somebody comes along and sees this chrysalis and says, “Oh this poor thing inside there, I’ll help it get out” and opens it for them, the butterfly will never fly. It’s that struggle, it is their attempt to break through to something that empowers them, and so that’s how I see my recovery journey.”

In her life before her addiction, she views herself as that “fuzzy little caterpillar” who without knowing why, imprisons itself for “the 20 years in between” – the years of her addiction. Her ability to fight her way out of her chrysalis crated her strong wings that she has today. Her first year of recovery was symbolic of her emergence as a butterfly with beautiful brilliant wings, and the early years of her journey continued to support her transformation. She values this chapter of her life, as she believes it prepared her for the second half of her journey once she entered recovery.


Riding a Bike.

P1 utilizes this metaphor to describe the process of recovery, especially over the long-term. She reflected on what others need to understand about women in long-term recovery with this statement,
“Lately, I've just been feeling, I feel like one of the hardest things I had to learn how to do was ride a bicycle. I mean, my friends learned, they learned fast, easy, everybody tried to teach me and I just could not do it. I know today it was because I just didn't have good coordination. But, I finally did learn and once I learned it was easy and I was on that bike all the time and I just loved it. And for me that's sort of a metaphor for long-term sobriety. It's second nature for me to go to a Step. It's second nature for me to not feel sorry for myself. It's second nature for me to let go. Even I have to remind myself, especially when I'm working with people who don't have that much experience – the reason it got to be second nature was: practice, practice, practice. You know, it was doing it over and over again.”

This metaphor continues to play out in her life today as she deals with the needs of her husband. She comments that the situation is difficult, and that she had to quit her job and when someone asked her how she was doing with all these changes she told them, “I think I feel peaceful, but I could be numb.” She furthers this statement by saying she does not think it is numbness, but rather that second-nature kicking in that prevents her from going into the negative. Her recovery has followed the bike metaphor – once she decided to ask for help (i.e. ride the bike) she's never gotten off. She's continued to practice for 27 years and apply it to her life.

**Handling things softly.**

T1 described how recovery has taught her to “handle things softly”. “Things” represent her own feelings about herself and her capabilities, her reactions and interpretations to others, and her approach to life in general. This phrase came up often
in her narrative as she discussed the realities of being in recovery. She explained how far-reaching this concept is by stating,

“And I realize too that life happens all the time – it's how I handle it that creates the work involved. And what I've learned going through recovery with the people around me, is how to handle it softly, instead of as a battle. And that's been the biggest gift to me – and that all involved changing the way I look at things, and my part in everything and those things we hear all the time, but it's true.”

She experienced this “softness” early in her recovery when she was working through difficult emotions. Her experience of dealing with these feelings changed, as she detailed,

“That whole turmoil of stuff you go through – that softened for me – the whole experiencing emotions sober for the first time. It is a little traumatic, and you think it's a lot of work to go through but that softened for me in that instance.”

As she discussed the forgiveness she had for herself, the idea of “softness” emerged again. She shared, “It all comes from within. There's that saying that if you can see the girl in the mirror and be happy, that's the last person you're going to see, and I had a hard time with the girl in the mirror, and its gotten a lot easier, or a lot softer.”

This metaphor is significant in terms of voicing because she is speaking mostly about how she handles herself – both in her relationship with her own self and in her relationships with others. This internal transformation seems to be intimately connected with her gratitude for recovery. T1 may have the shortest timeline in recovery, but her perspective matches more with the women who have over 20 years, which may be related to her ability to get to a “softer” place with her emotions. She seemed to embrace
recovery immediately and it seemed to respond accordingly to her, which may have expedited her movement through the more difficult years the other women have described. She recognizes the power of this perspective of “softness” and voices it within her own experience and again when she discusses the lives of other women in recovery.

**Tending a garden.**

P1 talked about the evolution of service work for her and how it became more important to her later in her recovery. She used the metaphor of “tending a garden” to describe how service work impacts her. She shared how being of service to others “keeps her green” and that it is like “tending a garden”. She detailed how service work has grown her out of her self-centeredness and has allowed her to recognize that her being sober has helped others realize that sobriety can be possible for them as well. Being more involved in AA through the service work helped her feel more connected to others and perhaps to her self as well. She stated,

“…it was sort of a dawning consciousness that the journey...well, part of the service in AA...the journey that I had been on, as difficult as it had been, would help other people”.

She recognized that in coming back to her current city and working the Steps again helped her to see and realize this impact, and she sees it play out in other aspects of her life. This evolution for her has only been over the last seven years of her recovery, which she finds refreshing and valuable.

**Third step prayer.**

When P1 is asked to describe what it feels like to wake up with 27 years of sobriety she stated, “…my first response is that I don’t even think about it. When I wake
up the first – and this has always been (even in that in between period), I always say the third step prayer, always”. This prayer reads as follows:

“God, I offer myself to thee – to build with me and do with me as thou wilt.
Relieve me of the bondage of self, that I may better do thy will. Take away my difficulties, that victory over them may bear witness to those I would help of thy power, they love and thy way of life”.

The Third Step prayer is connected to the Third Step of Alcoholics Anonymous, which states: “Made a decision to turn our will and our lives over to the care of God as we understood him”. This step centers on the idea of a life run by self-will alone or self-propulsion will ultimately lead to negative interactions and emotions because of the inherent self-centeredness that exists and the inability to examine the perspective of others. The implication in this Step is that a life that is based on a spiritual foundation will lead to much better outcomes because the self-centeredness will be less powerful or even removed.

She does not elaborate on the specifics of this prayer, rather she detailed,

“I think the difference is I know it’s possible…I don’t wonder anymore if I will drink again…I mean it is possible I could, I’m smart enough to do that…but if I keep doing the things I’m doing I know I won’t.”

Her use of the Third Step prayer as a metaphor for her recovery today is symbolic of her strong spiritual foundation and her “practice, practice, practice” of the recovery tools and principles. The Third Step prayer signifies the values she tries to embody each day. The words in the Third Step prayer seem to validate what she discussed throughout her recovery journey as being important to her: (a) being of service to others, and (b) being
self-differentiated. The prayer is her metaphor for how she lives out her recovery today – it is her approach to life at this stage of her journey.

**Adventures.**

D1 was asked to elaborate on when she knew she was in recovery for the long-term. She discussed how in the beginning of her recovery she had the mentality that “growth sucked”, and now as she is sponsoring people in AA, she tells them, “this is an adventure” and she recognizes how the message does not always translate. She explained the transition from “growth sucked” to “adventure” as,

“...you have the pain and you have the grief and you have the stress, but the payoff is so great – the growth and the wonder and the adventure of it is so awesome. I think that's one of the ways – knowing that's part of my understanding is where I think I know that I'm in this for the long-haul.”

The idea of “adventure” serves as a metaphor for how she views and processes most things in her recovery – adventure implies some excitement, an opportunity to learn, and a willingness to accept the unknown. There is a sense of enjoyment within the metaphor of adventure, as she tries to imply when she is working with newly sober people in AA who are not viewing this part of their life as an adventure, and are instead in the negative place of “growth sucks”. She is passionate about communicating this metaphor to others, as I believe it allowed her experience to shift into a more positive emotional place. She brought this metaphor up again at the end of her story when she talked about the reality of her recovery today as being fun and an adventure. She added,
“Life is fun, life is meant to be enjoyed and I sure as hell wasn't enjoying it before and I wouldn't be enjoying it now. We don't sit around these tables and complain about our lives – that's not how it is and I think people think that's how it is.”

Life after drinking is exponentially better for D1, and full of more excitement, events, and adventure than her life ever was in the past – she wants others to understand this side of recovery.

**Images from Relationships During Addiction**

**Stained glass window.**

B1’s depiction of the collapse of her first marriage as a shattered stained glass window was first discussed in the Life Course Findings sub-section on Autobiographical Reasoning. She detailed,

“I decided in 1979 that this marriage was over and I needed to get a divorce… And our lives were such a shambles that we couldn’t even figure out how to go about this in a reasonable way…where to live, what to do with the children again, everything, it was just like a stained glass window that had shattered on the floor and we were at a loss as to how to pick up the pieces and put our lives back together.”

The use of this image to describe her marital situation at the time of her divorce is vivid, as one can picture the many colored pieces of glass shattering and spreading all over the floor. Adding to the overwhelming nature of their situation was the fact that their relationship had been impacted by war, Post-Traumatic Stress Disorder (PTSD), and addiction. The many colors of the window are symbolic of the many aspects of their complicated life together – the impact of war, the continuous moving, reassignments,
tours of duty, the changes in jobs, the economic ups and downs – they all represent different pieces of glass, arranged to form patterns and pictures. The structure for holding their lives together was not strong enough to withstand the barrage of change and difficulty they faced over the years. Similarly, if the strips of led holding the sections of a stained glass window break, the frame will not withstand much impact. Putting their lives back together seemed as daunting as attempting to piece this kind of window back together, and thus, the marriage ended.

**Chaotic and nomadic.**

S1’s description of her life during her addiction created an image of chaos and upheaval. She does not use the words “chaotic” or “nomadic”, rather she generates the image with her story-telling style. Her life began this rapid roller coaster shorty after she relocated from her home state of Indiana to her husband’s family in Minnesota. Their drug addictions escalated and they began losing jobs, losing housing, and losing their ability to function in society, as they sank deeper into their drug use. They moved to different cities and states but always seemed to link up with his family, with whom drug use was ubiquitous. When this relationship ended, she began living her life in the street, engaging in prostitution to support her drug addiction, until she met her second significant other. This partnership was similar to her first, with the addition of extreme violence. Their situation was less stable than her first marriage, often resulting in shelter stays, police intervention, and in the removal of a child from their custody. After the demise of this relationship, she lived on the streets, residing in “drug houses” until she entered treatment and began her recovery journey. The years of her addiction were full of this chaos, violence, and upheaval. Her living pattern was nomadic, living from place
to place, in city to city, with little to no stabilization. To hear her tell this part of the story was exhausting, as there were so many details to follow, due to the continuous change that was a part of her relationships. Her life today seems stable, but retains its bustling nature, as she has many roles and responsibilities. The image gathered from her life post-recovery is one that is fast-paced, but manageable.

**Images about Changes in Perspective**

**Walking different.**

E1 described how it looks and feels to be in recovery – how one understands that she has changed from an addict to a recovering woman as “walking different”. She began explaining how honesty is the foundation in recovery and shared,

Um, I think recovery – the biggest thing about recovery is being honest – no matter what it is, you have to be honest, you need to be honest – that’s the biggest, you know. That’s really recovery….but that’s what I look like you’re walking different – walking different than when you were using. That’s a big one. That’s a powerful one right there and that’s everything included – you know what you were doing when you were using. So, the majority of those things you shouldn’t be doing now.”

The image of someone “walking differently” than she did before portrays a change in attitude, identity, and even physical posture. The picture of an addict – looking strung out, confused, and suspicious changes to someone who holds her head up high, does not question her actions and acts responsibly. For E1, this change is largely internal, as one remembers what she was doing when she was using versus what she is doing now in her
recovery. Being able to “walk differently” so something that allows a woman to change her thoughts, feelings and actions as she transforms her own self-image in recovery.

**Fear morphs into respect.**

A1 discussed the feelings of fear and desperation at length during her narrative, especially when she described the first 10 years of her recovery. She gave an example about her uncle as an analogy for her recovery; however, the story she tells creates a very striking image as well. Because this image is so clear, this portion of her narrative is discussed in this sub-section, rather than in the sub-section on metaphors. She provided this analogy and image during the early part of her narrative when she was describing the first ten years of sobriety. As she approached the ten-year mark she elaborated,

“...probably around that 10 years mark is where I would say I had a good solid identity and I didn’t fear relapsing anymore, um, you know I came to...one thing I tell clients is you know, I had this uncle who was a police officer and as a little kid I was scared to death of him. You know, he’d come into the room with that big black belt and um, and so it really engendered fear in me, but as I grew into maturity, I came to rather than fear him, respect him, and respect his discipline and his authority. And that’s an analogy sort of for me in terms of alcohol and recovery for those first five, six years especially, even clear up to the tenth year, I had a great deal of fear that somehow alcohol was going to chase me down and wrangle me (light laughter)... and then along about...with some maturity in recovery, I began to have a great deal of respect for the alcohol and drug.”

This image of her uncle looming over her as a child, wearing his uniform and appearing larger-than-life, creates frightening picture. She revealed later in her story the chronic
sexual abuse she experienced for over 17 years by her grandfather and the image of her as a powerless child and teenager in this situation is paralleled with her fear of her uncle. As is sometimes the case in families wrought with abuse, the family is aware of the abuses going on and does nothing to halt the process. Her fear of her uncle later morphing into respect is interesting considering his role in her family. She does not connect these two situations verbally, but they are two vivid images in her story.

She does not come to a place of freedom, adventure, or joy in her recovery journey like the other women in this study – instead she’s at a place of “respect” for the power of the alcohol and drug as an entity that could destroy her. Intrigued by her image of fear morphing into respect, I asked, “So do you think...your first 10 years, you mentioned the fear. Was it a fear of the consequences - you said your license was on the line, things like that, or was it a different kind of fear...I don’t want to assume when you say “fear and desperation” that I know what you mean...”. She elaborated,

“Um, you know it is sort of an unconscious process going on. I think my initial fear was just of the alcohol and drugs themselves that somehow they would come and overtake me and I would not be able to resist. Um, there was also that fear of the consequences of that, but really not as much as just alcohol and drugs themselves, that I would be back in that...you know when you go on a two week binge and you don’t know that you’ve been gone from work, and you end up in places that you don’t know where you’re at...It’s like you have absolutely no control over your life at that point...”.

This image of fear and respect for the alcohol and drug came up again as she reflected on the topic of women and long-term recovery. She provided a cautionary statement, “and I
think that everybody needs to know that no matter how many years in recovery that you have, you are always susceptible to getting back on the addiction path if you choose to pick up…” The police officer still looms over her, reminding her of the power of the disease in her life, despite her longevity in recovery.

**Brain surgery.**

L I opened her narrative with this image:

“I knew I had a problem with drugs and alcohol probably when I was 12 years old. Um, but I felt powerless to stop. Um, I felt like, um, there was something just unalterably wrong with me and that the drugs and the alcohol helped that. And that I was trying to, like, give myself like brain surgery with it. And, um, and that I would know when the right time was to stop using it because the brain surgery would be done.”

The brain surgery with the drugs would not make her pain go away, so she tried other things (in addition to the drugs), until she realized what was ultimately wrong. She explained her sense of urgency and frustration toward the end of her using as,

“It was like losing your mind. I mean, it was for me – I felt like I was going crazy and there was no medication that would fix it, you know. There was no psychologist that could fix it. You know, I was going to the best psychologist in town, I was going to the best medical doctor in town, I had access to this world of medicine that was supposed to fix it and it didn't. Because the hole – this vacuous hole had been there since I was a little girl and it was early childhood trauma – now I can identify it as that. That was what I was trying to perform brain surgery
on – thinking that if I could just take enough drugs I'll forget, just permanently forget, you know.”

Ultimately, it was yoga, relaxation, anxiety medication and recovery tools that performed parts of the “brain surgery” she desired, as she was able to identify and work on her childhood traumas.

Victim mentality.

D1’s image of her “victim mentality” was discussed at length in the sub-section on Stories within Stories. Special attention is paid to use of this concept as an image in her narrative, rather than the story specifics. The image she portrays of her “victim mentality” is one of emotional and mental restriction, as it kept her rooted in a perspective of being taken advantage of in most situations. It prevented her from recognizing her own choices, her own power and her own responsibility, especially within relationships. The image portrays someone holding onto this identity for dear life – as if one’s hands are grasped tightly around this perspective. She explained this shift in perspective as,

“…you know, in the very beginning of recovery, cognitively, your capacity for abstract reasoning is really challenged and um, so I think that as you detox over time and your abstract reasoning starts to grow and come back to engagement and then you can kind of “get it” about things like not being a victim, which was huge for me…It is – it is a huge perception shift and but you know, what comes first? The behaviors? The perceptions? The feelings? The decisions? Yes, and yet, I'm not sure that I could have healed if I had not come to understand my pieces, you know, my power in the whole process which is just huge and I've seen lots and
lots of women over the years who don't get to that place and I feel so sad about that because I think that, I don't know, maybe its fear, maybe its so inter-generationally entrenched, but to be holding onto your sense of identity as a victim for dear life is tragic.”

She added,

“I had no idea, I would have never characterized myself like that. I didn't get it and it was a HUGE revelation.... I mean I didn't have to stay in that relationship and get the shit beat out of me?? How did that work??”

The ability to remove oneself from place of emotional shackles to a place of freedom requires resolution of fear, as D1 indicated that part of the victim mentality came from her experience growing up – it was how she learned how to function and get her needs met. Letting go of this mode of functioning can be very frightening. She concluded by explaining the struggle to let go, “…you know, having some ego strength developed and having some alternatives; and a big part of it is not even seeing alternatives and not have the world open.”

**Images about Transformation and Spiritual Expansion.**

**Bolt out of the blue.**

P1 provides an image of a “bolt out of the blue” to describe the moment when she realized she was an alcoholic and needed to ask for help – both of which are significant. The image of the “bolt” signals the clarity of this realization for her, as she had been questioning whether she was an alcoholic AND questioning whether she needed help from anyone for some time. She kept trying to teach herself to “drink like a nice girl” even going so far as to purchase books on alcoholism so that she could address her
difficulties with managing her drinking. However, the night she awoke in her car with no recollection how she’d gotten from a dinner party to this stopping point, the answer became clear to her. This image creates a scene where one can picture her alone in her car at night, waking up out of a sleep-like state to see a lightening bolt appear in the sky – this phrase is used to depict a complete surprise and is used to describe situations that are a signal of some sort. Her bolt was apparently the final confirmation she needed that her life needed to change – a sign that she followed immediately. The following day she asked for help and began treatment for her addiction.

**Energy field of light.**

The image of being surrounded in an “energy field of light” is how B1 described her first year of recovery. Once could almost feel the warmth of this state as she described her experience with sobriety. B1 detailed how she was living in a “state of grace” feeling the world around her change and herself come to life and reconnect with nature, community, and her own talents. The healing image of the energy field was present as well, as one can imagine her being surrounded and protected by this light as she began her journey. This energy field signaled to B1 that she was on the right path for her self, reconnected to the parts of her past that had been lost during her years of addiction. This image is a beautiful and peaceful one, and remains throughout her recovery narrative as she continues to grow, change, and fulfill her goals.

**Everything falling away.**

K1’s spiritual journey has played an important role in her recovery, and is discussed throughout her narrative. She provided an image of letting go of her fears as,
“…there had to be for me an experience of everything falling away, not being able to feel like I could rely on anything anymore like everything was up for grabs, then sort of being forced to turn to a higher power or a spiritual path, um, and then finding this incredible sense of freedom in that, you know, of, you know, and its not fearlessness, there’s still fear that comes up all the time, it’s sort of this knowing that everything’s going to be OK in spite of the fear. It is OK to explore these things and to look at the truth even when I don’t like the truth, cause it’s gonna be OK. It’s been my experience that it’s gonna be OK, cause I’ve faced all these things that to me were going to be the worst thing ever and then there were all these huge blessings on the other side that I never would have experienced otherwise. It’s like this chance to see for yourself what I felt like I was being asked to accept on faith before, kind of like when I was a kid, I felt like I was being asked to believe these things that I could not believe. But in recovery it’s more like, you can develop, or I can develop my own sense of what that meant based on my own experience..”

The image of “everything falling away” paints a picture of her old perceived supports (i.e. other people, finances, jobs, etc.) that she was using in the place of a higher power all fell away from her and she was left, almost floating, with only one option – to open herself up to a spiritual path. She avoided this connection as long as she could, until she had to grab onto something in order to get through her life. While she was afraid to rely on this spiritual sense at first, it has now become foundational for her.

B1 also used the image of “falling away” when she described her transition from her old life to her new life. She discussed the old life falling away like a vine as she
emerged into her new self – as if she were shedding a cloak or her skin. In essence, her falling away is symbolic of a release – the true self emerges out of the cloak that had been over it. This visual image is not the same as K1’s, as it is used to describe individual experiences with different facets of their lives, however, it is interesting that the same image is translated into both stories as a method for describing a transformative experience.

Delivered.

S1 invoked the image of “being delivered” in terms of her recovery when asked what it is like to transition from “being clean” to “being in recovery”. She responded by stating,

“So, this is my answer to this: I don't know that I think I'm in recovery anymore. I have been delivered. I really believe I've been delivered from all that. I have always been grounded in the word of God and I believe he can remove anything and I strongly believe in the Lord. I can still identify with the recovery process – been there done that; I tell them you can't bullshit a bullshitter - all the stuff you try, I did. But I feel like I've been delivered from it.”

When asked to explain what it feels like to be delivered she remarked,

“I feel like I'm freed from the bondage of that disease, that hell, there's no question about me ever wanting to drink or drug again – there's no question about it. I just feel free, I feel free from it. That's why I say, when God deliver you from something, you're delivered from it.”

This image creates the picture of the disease being taken away from her – removed from her body, mind and spirit. She seems confident in this belief and one can sense that is has
been lifted from her. Now she is living her life without the bondage she described during her addiction and is able to face the challenges and the benefits that come her way. In essence, she has been delivered from a place of suffering to a place of peace.

**Emotional Resonance**

Emotional resonance refers to moments in the narrative that are particularly charged with feelings – they are the moments that evoke a sense of emotion and signal relevance. Emotional resonance is not always conveyed through the direct reading of text of the transcription. Rather, it must be detailed through the analytical process and explained from the perspective of listening and being present with the narrator while she talked. Changes in tone of voice, nonverbal cues like facial expressions and body language, and physical changes such as tears, long pauses and deep breaths signal a place of emotion for the narrator. These seemed to be the parts of each woman’s story that she felt she must share, as they appeared central to her identity today. The subheading for each participant’s examples of emotional resonance will be indicated by the participant’s coding pseudonym.

**B1**

B1 became very emotional at the beginning of her narrative as she began to talk about the onset of the Vietnam War. This time in her life and in history is still painful for her to recall. She located this moment as the disintegration of her life, and appeared to place some sense of blame on the social context of the times. Had her husband not been sent to war, her life would have been different in ways no one can predict; regardless, this time was filled with uncertainty, sadness, and loneliness, which still resonates with her today. This was the only time during the interview where she cried and she stated right
before, “this is the part where I always cry” to confirm the reality of the feelings today. She has other moments of emotional resonance in her narrative, but they are delivered without tears. These other moments are filled with wonder and a sense of gratitude.

She described her process of recovery in great detail, with three components of that process filled with emotion. The first time it surfaced was she described the first year of her recovery with the “novelty and unfolding of so much that had been gone” – one can sense the wonder of the moment through her tone of voice and facial expression in addition to the actual words she used to describe the situation. The second instance of emotional resonance came as she told of her development in recovery – educational, spiritual and professional and summarized her sense of this journey with the statement, “I have become the person I was supposed to be, intended to be, that I would even say that I was destined to be…” This statement serves as a core belief in her identity. This statement has the emotions of satisfaction, understanding and acceptance within it and demonstrates where she is with her own self today. The third moment of emotional resonance is when she shared how she explains the process of recovery to others. She described how one must “keep saying yes…keep saying I’m willing, let’s keep going, you support the benevolence that presents itself over and over, everything you need shows up…” These words were spoken with certainty and fortitude and were meant to provide guidance in addition to explaining her own understanding of her process.

S1

S1’s places of emotional resonance happen to match with the two places where she used contextualization. She is deeply saddened when she discusses the death of her first daughter, especially when she reveals a part of her story that not many others have
heard, and a part that she has still not resolved. She began to cry as she questioned herself over why she did not bury her infant daughter or have a funeral for her and remarked how many people do not know about this situation. The pain in this part of her life is still present, as the grief is unresolved. In this moment of reflection during her narrative, she reverts from her story-telling style into an intra personal dialogue, signaling the profound nature of this relationship between she and her deceased child.

The second place in her narrative where emotional resonance surfaces is her detailed description of her second husband’s diagnosis of throat cancer and subsequent treatment and rehabilitation. She viewed herself as the central person to take care of him during this time, even sending her children to live with other family members in order to give him her full time and attention. His illness took her away from her job for months as she cared for him full-time with the sound belief that she was going to keep him from dying. She remarked how during this incredibly stressful and tiring time, she never thought about using, and perhaps even forgot that she was an addict because she was so consumed with getting him well. She is proud of the care she provided and proud of her belief in her faith to heal her husband, which is something she values within her identity.

P1

P1 was content throughout the telling of her narrative, detailing the progression of her addiction and her life in recovery. She told her moment of realization about her addiction with great reverence – the “bolt out of the blue” that signaled to her she needed to ask for help. The moment is crystallized in her mind and her depiction of it is detailed. She continued on telling the remainder of her story and then began her responses to the other questions in the interview, with a similar demeanor as when she was laying out her
addiction story. It was not until she talked about long-term recovery and what others need to understand and know, that she got emotionally charged. She described her sense of frustration at times with younger members in AA not wanting to take the advice of more senior members whom “have lived life on life’s terms”. She is someone who has demonstrated respect for authority her entire life and struggles to understand when others challenge those who have more life experience. Her dedication to serving others within AA is steadfast, and this divide between novice and elder is her current struggle.

D1

D1 was passionate throughout the telling of her narrative. There are four moments of emotional resonance that stand out from her overall story. Each moment was very powerful in terms of how she views her journey. The first involved her husband handing her a Big Book and telling her “this is where you come when you have no place else to go.” Those words ended up being true to her experience and it is a moment she will never forget. When she discussed how she knew she was in recovery for the long term, she got very tearful as she described a moment when she realized that drugs were no longer an option and that “just ending it was no longer an option” because she wanted to live her life. The pain within that moment centers on her gratitude for her life today and how thankful she is that she did not “just end it” during the painful times of her life, including her early recovery.

She discussed several times the importance of “incredible friendships” that she has cultivated in her recovery – ones that she is certain would never have existed in her addiction. She met a group of women who mentored her and were very close friends early on in her recovery; these women remain her friends today. She has long-term
friendships with people she has met through AA and her professional life and enjoys the ability to have fun and experience “adventures” today. When she answered the question about what others need to know about women in long-term recovery, she answered with a commentary on the need to relinquish anonymity as it perpetuates the stigma that surrounds addiction. She believes that more people would be drawn to recovery, that more people would openly talk about recovery and that more people would benefit from the process if it were not so hidden under the cloak of anonymity. This issue is one of personal and professional advocacy for her, as she works directly in the community to promote treatment and recovery.

A1

Emotions and emotional resonance are interesting features within A1’s narrative. Her speaking style is monotone and quiet and at no point does she divert from this vocal range. She used the last few minutes of her interview to describe herself (and others in recovery) as having an “expression disorder” around feelings. She seemed detached at times and present at others, muted to most emotions, other than fear and desperation. As she spoke, the sense of the difficulty she’s had in her recovery journey was present. Her story was so different from the other participants in many ways; one striking feature is her limited use of “feeling words” or words that depict emotion. She used ten different feeling words, yet they were from a similar branch of the emotional tree. She used: defiant, stress, denial, desperate, sucks, struggled, fear and scared, respect, settled, and “didn’t feel” throughout her story, most being used multiple times. She opened up a bit when answering the some of the clarifying questions about her process. At one point she stated with regard to her struggles in early recovery, “…there was a huge part of me that
just wanted to be normal…but I wasn’t normal is lots of ways…just trying to be
[normal]…” She seems to still struggle with a sense of normalcy in terms of her place in
recovery and her relationships with others, although both of these areas have improved
over the course of her 22 years of sobriety.

K1

There are several places in K1’s story where emotional resonance surfaces. K1
edited herself more than the other participants when she spoke, often hesitating for long
periods and talking to herself saying, “How do I want to put this?” or “I’m not sure how
to explain…” However, there was one place in her narrative where she seemed to allow
herself more freedoms: when she spoke about her sense of fulfillment in her recovery.
Her identity in AA is a place where she really feels connected, supported and is truly her
self. Her sense of joy came through when she talks about recovery, characterizing it as
the best thing in her personal life. She credits recovery as the reason she is able to have
intimate relationships and friendships with trust. She spoke about the sense of
gratification she experiences from being a part of the AA community, especially the
community she has made with her group of friends who offer her continuous support.

She described the quality of some of these relationships in detail. Her AA friends are
“really solid people” who are there for her; they have an “unwritten contract” that allows
them to be “wherever they are” emotionally. This contract creates a place where honesty
is expected and there is a “mutual sense of purpose”. She has learned how to honor her
relationships with others without losing “that center” within her self.

Her spirituality is another place filled with emotion, as the journey has been an
important one and something that continues to evolve for her. When she first entered
AA, the “God thing” was something she disliked, as it made her very uncomfortable. However, she soon learned that she had the freedom to explore and define her own spiritual beliefs, which she appreciated. She described herself as being “all over the map” in terms of her spiritual journey, and feels like the spiritual piece is a big component of recovery for her, as well as for others who “stick with it”. She became uncomfortable and began to edit herself when she first uttered the words “Higher Power” because of the connection to AA and her reluctance to disclose her recovery with anyone outside AA, but she allowed herself to use the term after dialoging about her uneasiness. This relationship with a Higher Power gave her a sense of security allowed her to have a “bigger picture perspective”.

She also had two moments that resonate from a more painful place. The first involved her experience of going through a divorce in her sixth year of recovery. The pain and stress of that experience placed her at risk to begin drinking so she decided to seek addiction treatment and was admitted to a month-long inpatient program. She described treatment as “the second best thing” she ever did for herself. She spoke of this episode of her life with solace and gratitude, as it was a pivotal point in her recovery journey. Aside from this story about treatment, she had a second issue that surfaced twice in her narrative and centered on feelings of unresolved shame and internalized stigma. After 25 years of sobriety, she still feels an incredible shame over her behaviors during her addiction. This issue is a place of contradiction for her, as she is so grateful for recovery, yet so stigmatized by it. The pain she continues to feel over these behaviors from her past is still evident in her dialogue; its impact on her duality in life is perhaps greater than she realizes.
T1 discussed the story of her brain aneurysm and her subsequent survival in great detail. She was amazed at her good fortune to have lived and be virtually unscathed, and was also humbled by the power of her disease, as she continued to drink after the incident. Her framing of this part of her narrative was filled with emotion, as she viewed it as the beginning of her journey toward recovery. Her aneurysm was connected to the moment that begins her sobriety – her arrest and time in jail. Her description of this moment is filled with reverence, as she was rescued from her own thoughts of suicide through compassion for the suffering and pain of another woman in her cell. This moment was when the urge to drink was lifted from her, which she believes is miraculous. She reflected on both of these incidents in a tone of voice that was at times hushed, indicating the power of these times in her life and her recognition of the role they played in her journey.

She discussed one of the gifts of her recovery has been the ability to see “life’s little coincidences”, which were evident to her as she reflected back on her addiction, as well as her perspective on her recovery. She seemed appreciative of what recovery has provided, and discussed pivotal moments to illustrate the gratitude she feels. She summarized, “I think as an active drinker I was wondering if there was more out there, but I couldn't see it and it was all around me. Now, I can see it and I don't want to lose that.” She recalled the first time she experienced sadness and disappointment and how she was able to have those feelings and understand what it was like to experience them, versus drown them in alcohol. Her detailing of the incident spurred her reflection further, as she recognized that in addition to the feelings, this incident was also the first time
she’d experienced a relationship sober – one that ultimately did not work out. Her ability to remain sober through that powerful experience is something that gave her a sense of pride. She also felt great pride when she discussed her daughter and the relationship they have today. She was passionate each time she discussed her daughter, but became very tearful when she reflected on her realization about the quality of their bond today, because of her recovery. Her tears were “tears of joy”, as the one thing she always wanted was to be a good mother and she believes that she is fulfilling that goal.

T1 provided insight on the many changes she has witnessed in herself in her five years of sobriety. Her gratitude and appreciation for these changes was evident as she discusses how her perspective, her internal problem solving, her sense of compassion, her ability to forgive, her critical thinking, and her sense of trust have all improved because of sobriety. She provided illustrations for all of these points and a succinct comparison of how they were either absent or clouded during her addiction and how they have emerged and grown during her recovery. She is very aware that she is still growing and changing and is energized by this prospect.

L1

L1 was passionate and animated throughout the telling of her story, fluctuating between her own acknowledgement of the audacity of certain situations and her frustration with others. Her vocal tone was often elevated to convey emphasis about her feelings. She recalled how early in her recovery she struggled to deal with intense feelings of anger and expressed how difficult it was for her to let her guard down because she was a “bad ass”. Her persona was a manifestation of her intense feelings of being alone and silenced during most of her life. She remembered, “… being very, very angry,
just really, really angry and I had to talk a lot and people had to listen to me, because I hadn't spoken for so long.” Her anger is related to what she experienced as a child and is something she relies on today to keep her sober. She explained how she gets through difficult moments by channeling her anger toward her disease.

“Rage. Just honest-to-God rage. Rage has been my best friend coming in and it keeps me sober when all else fails because I absolutely refuse to give up. I just refuse to. There are too many failures in my family. Too many people who just didn't make it, just weren't strong enough, whatever X factor it is...I don't know what it is that makes some people get it and some people not get it, and it frustrates the hell out of me, and that frustration I channel into this sense of “It's not going to take me, it's just not going to”.

She is an advocate for mental health, especially for recovering women. Her own experience in recovery allowed her to see that she had existing mental health issues that needed to be addressed in order to her to sustain her recovery. This perspective is not always appreciated in some 12-step fellowship groups. She detailed the importance of her mental health with this explanation:

“it was like this, my disease had to get out somehow and it had to manifest somehow, it was still in there, it was - they say in the rooms, it was doing push-ups, and it didn't matter how many meetings I went to, it didn't matter how many steps I worked, I'm the type of person who needs psychiatric help, I need to be on medicine - for the rest of my life I will be on a crazy dose of Klonopin, just to function because I'm just a very severe PTSD case. And, so the rooms aren't
always going to help me. Sometimes it just boils down to do I want to live or not?

And, I know how to not live.”

E1

E1 had a recovery narrative that was detailed with characters, conversations and personal insights. Her tone throughout was animated, yet even. There were three instances where her emotions were stirred. The first involved her recall of a near relapse during her eleventh year of sobriety. The second occurred when she described the difficulties she has experienced with her adult son, and the third centered on the loss of her husband.

When E1 shared her belief on the power of the disease and the ability to make choices to remain sober in recovery, she recalled a day when she began to think about using drugs again. She explained,

“I did experience the opportunity of, one year, I was working, doing an internship, husband was sick, I was sick, sister was in the hospital, sister is getting worse, sister is suffering, going into the hospital everyday, running to class, doing the internship, trying to work, I had too much on my plate. Wasn’t doing the things I needed to do to take care of me, was doing everything else and one day I got out the bed and put my feet on the floor and the thought of using came to me.”

The sentence “I had too much on my plate” was spoken like there was a period after each word, emphasizing her understanding of what had led to her relapse – her experience of being worn out from taking on too much. The enormity of her situation was obvious as she shared the experience and her lessons learned from that day, especially as it related to her understanding of self-care.
She talked about her children throughout her narrative and explained the ongoing issues of parenting her adult children. Her son has given her considerably more stress in the past few years as he struggles with anger and blame toward her, and battles with his own issues, including his addiction. Their relationship has reached tenuous points, including the involvement of the police, and the setting of boundaries. She had to learn how to limit her contact with him for emotional reasons as she detailed,

“this is a part of me that I don’t like: you can push my back us against the wall and the addict will come out. And when that addict comes out, it is about survival and what I think is that you are a person on the street and you’re trying to hurt me. And when that addict comes out, it’s not coming out to play – it’s coming out to destroy. And so, a couple of times, he have triggered that side of me to where I was ready to just shoot him. And, um, my friend has had to talk to me about that and my husband told me years ago, “You don’t need a gun cause if that side of you comes out is a bear and I never saw that side”. That side was coming out more and I was like, “Ooh, I don’t need this in my life.” You know, so, I had came to the decision that you can’t be in my life.”

They have worked through some of their issues and he is again a part of her life – with limitations and boundaries so that she can prevent the addict from coming out.

When she discussed her husband’s death from a few years ago, she became emotional. She recalled his last few days and her reaction to his death today,

“The next day I seen him and I could see it, you could just see the cancer all in him and you could just see it, and my journey began and they didn’t want you to cry in front of him, so I left the room and P is with me and I was like, “Here we
go, the roller coaster has started.” You know, I don’t really cry there. I wait, it comes in spurts, and by the time he had come home and a week later he passed. I looked at it as when he could not go any further and God took him when he could not go any further, and that was a blessing. And that there was not a thunderstorm, it was a process. Because I had to go through it and I still go through it now. If I need to cry, I cry. If I need to say, “Oh, I miss you today, then I say I miss you today.” Sometimes I talk about it and sometimes I don’t. I’m a little teary eyed now.”

They knew each other during their addiction and both found recovery around the same time. They reconnected and later married and began their lives together. It is evident that he was her husband and her friend and that she misses his presence, but remains connected to his spirit.

**Relational Landscape**

The relational landscape of a narrative refers to the description of the narrator and her relationships with her self and others. The relational landscape then allows one to see where an individual locates herself in the world and makes sense of her life. Her social location is revealed through her discussion about herself and others, including her community. The relational landscape of each participant was examined for these features. The subheading for each participant’s relational landscape will be indicated by the participant’s coding pseudonym.

**B1**

B1’s life is very relationally centered; each trajectory and almost every transition discussed in the life course analysis involved a significant relationship, most of which
were with males. She is a true being-in-relationship and uses her voice to share her experience, which is often emotional and painful, even for her today. Her voice was present as she discussed her relationships, although it changes from being a victim of circumstance (feeling out of control and helpless to change anything about the situation) to sounding much more present, grounded and certain of the next leg of the journey, even though she had many surprises.

B1’s relationship with her first husband was one where she positioned herself as seemingly “along for the ride” in his life, where events and decisions were outside of her control. She did not seem able to express herself and sounded powerless over many of the events in her life. Some where legitimately outside of her control (i.e. war, deployments, etc.), but there were other decisions that she could have impacted, but did not indicate her ability to express her wants. Her relational landscape changed once she entered recovery. She met a man who was a world-renowned physician and philosopher on an assignment for her magazine. This relationship moved quickly from an interview into a teacher/student friendship. She describes their relationship as, “It was as though he was the one who was going to help me figure out who I was and who I always had been as a little girl and it was in a number of different ways. He was the teacher that I had always wanted and knew everything I wanted and needed to know and was open to learning about it…” This relationship is one that she was very devoted to and one that felt authentic to her.

Her relationship with her second husband moved her from using “I statements” to using “we” to talk about most of the events and outcomes in her recovery. This relationship is one that she believes was destined where she found her perfect partner,
and they immediately began living a symbiotic existence with mutual personal and professional interests. She detailed how connected they were when she described their dual journey early in their marriage,

“We were changing, we were no longer recognizable to the people who knew us years ago...either one of us, and we were changing individually, we were growing as a couple, and I will say this for me and I will say this for us – we were very true to ourselves and very true to our couple-ship, and that it where our values where at that time. It was not convincing people we were the same old people we used to be – that didn't' matter at this point.”

This relationship is not one where she is not simply along for the ride, but is a true partner, or often times the driving force in the transitions in their life together.

She recognizes her role today as a guide, mentor and counselor, especially for other recovering women. She detailed,

“I am committed to taking care of myself and happy that I can share that with the women that I work with because I think it can give them a sense of empowerment, that there is so much they can do for their health in recovery, that they can have this vibrant, vital life that is well worth living by following practices that I do...”

She believes her life has purpose and she lives that out through her work in recovery, wellness and spiritual development.

A1’s relational landscape was precarious, as she positioned herself as alone, introverted and very private and revealed little about others in her narrative. Details on relationships were absent from her narrative – she mentioned that they existed, but did
not discuss the quality of the relationship or what they meant to her. She discussed how being in a relationship with another recovering person helped her to stay sober, but no other details were provided. She alluded to the importance of professional relationships in her life, oftentimes taking the place of 12-step support, but there was no mention of how these friendships were supportive or whether they were women or men friends, etc. As someone who was sexually abused for her entire childhood and adolescence, and who began drinking at age 13 and was apparently exposed to other forms of family dysfunction, interpersonal relationships do not seem to be something she comes by easily. Being able to trust, open up and connect are still things she struggles with and not something she’s accustomed to discussing in detail.

Part of her relational landscape is a feeling of disconnection from others. She feels different from others because recovery has not been easy for her and the more traditional pieces of recovery (i.e. group meetings, etc.) have not been a fit for her and positions herself as an outsider. She assumes recovery has been easy for most people, assuming they enjoy the group experience and the 12-step fellowship. She seems to have lived in a “man's world” where men have told her what to do and forced her to do things. Her grandfather forced sexual abuse on her for over 19 years; in the military many of her superiors who gave her orders were men; her boss forced her into treatment; and 12-step may have felt like a man's group as well. She believes recovery is easier for men, explaining,

“so it’s a complex piece I think, rather than sometimes, I don’t necessarily
compare it to men in recovery, but a lot of times for men it seems like it is just a thing to overcome for them - they just kind of put on their warrior self and they are just able to kind of trudge through it.”

In her own terms she is a soldier, although she does label her self as such, but she certainly soldiers through much of life by putting on a “warrior self” although she does not see it this way.

**K1**

K1 discussed the importance of friendships in recovery, especially her women friends, as she is able to talk about some of the more difficult and personal aspects of her life. She talks most about these friendships as a group, and provides little information on any friend in particular. She mentioned her second husband and having a good relationship with him, but provided no further details. The most interesting feature of her relational landscape is her relationship with society. Her perception of stigma and sexism prevents her from identifying herself as a recovering person outside of her AA meetings. She is frustrated by what she perceives as a double standard where men are “almost congratulated” for the same behaviors for which she is likely to be criticized.

The main relational contradiction in her story is her struggle to identify herself with the term “women in recovery”. The doubt, discomfort, and mistrust in her own voice, her own experience to share based on this struggle to even identify as a recovering woman (even though she's got 25 years of sobriety) is puzzling. For someone who values her recovery and the female friends she has made in AA, the disconnect from the global term of “women in recovery” either signals the internalized stigma she carries with her or some other dissociation that she did not reveal.
E1’s narrative was filled with relationships, especially those with other women who served as mentors and guides to her during her recovery journey. She recognized that she “got her recovery in the beginning” because of a big network of women. She mentioned at the beginning of her narrative that one of her female friends told her about the behavioral modification program in the prison and encouraged her to get involved; she decided to take the advice of this woman and signed up for the program. On the first day of introduction, she ran into another woman from her past. She recalled,

“And the person that came that day – it was a funny thing, the first time I went to the penitentiary, she was there with me, we were both doing time together, and I was like, “Oh wow, she looks good, wow, she was on my first stint with me, and if this can work for her, this definitely can work for me.”

She recalled the relationship she formed with her counselor in prison as a trusted guide. Her counselor understood her family history of addiction and cautioned her against returning home. Instead, she connected E1 to a treatment program. The program sent another woman to the prison to interview E1, which was a positive experience for her. When she entered the program, she saw familiar faces from women who went through the program in prison with her, which helped her feel less overwhelmed and more comfortable. She expressed gratitude for the staff persons in the treatment center, who later became her professional colleagues. She remarked how “I trusted a lot of people that I worked with because they seemed to always direct me in the right direction”.

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In addition to her relationships with her network of support, she discussed the long-term relationship with her husband. Their journeys in life were similar, as she expressed,

“…the man I was in a relationship – he was my boyfriend in my addiction. I had been with him since like 1980 and in the later part in my using we’d have off and on relationship because I did whatever I’d have to do to get my drugs and alcohol so part of that was like prostitution and being with other men…So, anyway, him and I, close to the end of the using, I had got these cases and he had got cases, but um, when I left and went to the penitentiary, we was on the “off again” relationship and really didn’t have nothing to do with him while I was in the penitentiary, might have wrote a letter here and there, and um, anyway, I had started getting calls from him and he was incarcerated and we said, OK, we’re going to try this relationship again. But, number one, the first thing, no using. That was top priority…”

He helped her raise her daughter and their grandchildren and she stayed with him until he passed, praying for more time until she realized he could “go no further”. This relationship was one that she recalls fondly, despite their tumultuous beginnings.

T1 discussed relationships throughout her narrative and reflected on how those relationships had changed during her recovery. Most notably is her relationship with her mother, her daughter and her self. The perspective she has gained in recovery has allowed her to reconsider some of the negative feelings she harbored towards her mother. She explained how the relationship with her mother has changed since being in recovery,
“Now, I know she's human and she did things the way she knew thought was best to do. That came after sobriety and I realized you know, I may not like the way she was a mom to me, but what she did give me was the knowledge of some things I didn't want to do.”

She reflected on her own desire to be a good mother to her daughter, based on some of the things she appreciated about her mother, as well as the things she did not like about their relationship. As such, her relationship with her daughter is a central part of her life as she explained, “The relationship with my daughter has been the key instrument in my recovery – and the relationship with myself, but that came behind that, as an off-shoot from that.” She added how her daughter “…taught me how to think away from me, how to speak gently to others, and just how to enjoy life just a little bit more”.

The reason both of these woman-to-woman relationships improved is because of her new relationship with herself. She reflected on this new ability, “I guess it's accepting the humaneness of them, and by doing it within myself – it was easier to accept others than it was to accept me, now I can accept others more now that I've accepted my humaneness…” She added, “Yes, all of my relationships have grown in the positive mode, even the ones I had struggled with, which is my mother. And I've found that I want relationships at any level, they don't always have to be up here…” The broad spectrum of relationships from a casual friendship to an intimate partnership is of interest to her now, rather than having just one perfect relationship.

T1 was also aware of the impact on societal messages on her addiction. When her career began to take off, she discussed the normalization of drinking alcohol. “…I guess it was easy because my drug of choice was alcohol… I was having a blast and was
drinking the whole way. I had two DWIs already, but in those days you could get out of
them for $300 fine and a lawyer's fee, which I did.” This vignette spoke to the social
acceptance or blatant disregard for drinking as a problem, especially in her career as a
restaurant manager. She also recognized the pressure placed on women to be perfect,
especially when it relates to raising children. She explained,

“I think as women we suffer a huge self-esteem, self-confidence issue in our
society. We're always battling that…for me that was a major point of impact in
my recovery – giving me back my self-esteem. I think we're born with it and tear
it away slowly as we grow up – or it gets torn away….But that's kind of how I see
growth and I think women, well I know for me, that's where my struggle was.
Women – we think we're supposed to be perfect, we have the task in our society
of raising the child, although fathers are there, it really falls into the mother…That
makes another expectation and another place for a woman to find fault in
ourselves. And as a mother you're wrapped up completely in it…”.

The lessons she learned through recovery allowed her to break free from this cycle of
negativity and constant questioning of herself as good enough. She mentioned several
times that she always had a good life, but could never see it or appreciate it because of
these negative feelings that were exacerbated and amplified by the alcoholism.

S1

S1 has a relational landscape that is focused on her significant others, two of
whom are contributors to her addiction. She attributes her start into her addiction at age
20 with the development of her relationship with her first husband. Her drug use escalates after they are married and they move away to be with his extended family – all of who apparently were drug-addicted. She explained her reluctance to leave her first husband because she wanted to make her marriage work; her second boyfriend was the supplier of her drugs, so her connection to him was out of perceived necessity. Her relationship with him eventually ended when they lost their housing and she began living in shelters and in the streets again. Her husband today is someone she met during her second year of sobriety, through her church.

Most of her narrative centers around these three relationships, other than her discussion about her time in treatment and her first year living on her own with her daughter. It is during this part of her story that she shares more about herself and what she was learning during this early part of her recovery. Her discussion after these first two years focused on the relationship with her husband and his battle with throat cancer and her efforts to keep him well through his treatment episodes. She highlights some information about her children, but most of her focus is on her relationship with her husband.

**P1**

P1’s relational landscape is less about her and one particular person; rather she focuses on family and community. The “alcoholic network” set the stage for her becoming an alcoholic, as if destined. Her relationship to the network is one of complete absorption – her family, her church, her neighborhood, and her career were all wrapped up in this network, even when she relocates to different cities. She spoke about her parents not addressing drinking, the police overlooking drunk driving (because they were
friends of her family), and the nuns and priests drinking regularly – all as a part of her relational landscape. She stated throughout that she was afraid to stop drinking for fear of losing her entire social life, which she believed was intimately connected to drinking with others. She asked herself, “If I quit drinking what will my life be like?” She stated, “I kept it all to myself; I never told anybody” and often wished she could just “learn how to drink like a nice girl”. She did not express wanting to break free from the network or escape. She may still have strong ties to her original network, but has been able to redefine her social life within it through her process of “self-differentiation” that she described. She now has close ties with a “sobriety network” through her AA community. Her participation in meetings has been a central part of her recovery, especially between years 20 through 27. These relationships may have risen in their importance as she relies on her recovery tools even more today because of her husband’s illness and her role as his primary caretaker.

P1 provided some social commentary in her narrative as well. She told the story of leaving the convent in 1968 and entering the “modern world” which was experiencing great change – civil rights, race riots, etc. She was 27 years old and had spent 11 years in a convent left to be a teacher in the inner city. She described this experience as stressful and scary and that drinking at the end of her day helped her calm down and feel less afraid. During the 1970s she was a career woman, moving to new places, taking on new challenges, and doing these things without a husband. Although she did not directly discuss this aspect of her life, the stressors she experienced by being single and career-oriented may have contributed to her anxiety, fears and alcoholism.

D1
D1’s narrative is rich with relationships. When she was 20 years old, she married a man 17 years her senior who was an addict and was violent. She commented jokingly, “No Daddy issues there” to indicate her understanding that she did have issues with her father which likely led to her dating and then marrying someone significantly older than her with similar characteristics as her father. Her family dynamics contributed to the development of her addiction, yet she believes they were also integral to her recovery. She discussed the importance of connection and support for herself and for other women when she shared her experience in treatment. She explained,

“…one of the things that I think is important to know is that I had family members um, who regardless of the abuse, regardless of the dysfunction, regardless of how we all, what our lives had been like, everybody loved each other, you know, so there was that -whatever that meant – there was that at sort of the foundation. So, I had that, um people who showed up at my family week when I went through treatment – came from California, came from Iowa, came from wherever, knowing that they were going to get confronted about hugely horrible stuff – they still showed up. That, I think, is one of the reasons that I'm alive today, and I think a lot of women, or a lot of people, who don't have that kind of support, from my perspective, I think that's one of the of the reasons that people don't get to have recovery because they don't have that kind of foundational support. Even though there was all that crap that went with it.”

Her discussion about her group of women friends is significant in terms of the relational landscape.
“So I had this amazing group of women to have as role models…these women were just extraordinary and there were a couple in particular – one who became my very best friend and one who became like a mother to me and there were a couple who were just really interested in growth and being a community of people who cared about one another and those kinds of things – that was outside of the 12-step community, which is where I had experienced that the most….So, it was really important to have these women as my mentors to guide me in life. And my recovery became the reason I had life, not just my life.”

These women mentored and educated her like sisters and mothers, helping her into a career, teaching her about herself and her voice. She continued on about the importance of these friendships and others that have been wonderful, all because of recovery. She commented on the happiness she experiences in her life today with others in recovery and echoes her philosophy that life should be enjoyed.

“And I have so much fun, I just have a blast. I have great friends who have lots of fun, we laugh, we cut up, we play games, we tease…Life is fun, life is meant to be enjoyed and I sure as hell wasn't enjoying it before and I wouldn't be enjoying it now.”

L1

L1 struggles with relationships more so than the other women in this study. She is a self-described solitary person who is also addicted to relationships – this dichotomy is a factor of her childhood trauma and lack of a sense of safety from her childhood. She has essentially given up on this issue getting any better for her. She detailed,
“…that's been one of my biggest issues, because there wasn't any [trust], there wasn’t any, and that might be something that's never solved for me. I've talked to a lot of people about it and they've said it might be something that's never resolved.”

She recognized that she struggles to build trust with anyone – men or women, but especially with women. She does not have a sponsor, does not like to attend women’s meetings, because she feels like women to do provide positive support to one another, rather they are too competitive. However, she works in a profession that requires her to build trust and rapport with her clients, which she said she is able to do because they are not going to hurt her. She explained this situation:

“I still have a hard time getting along with women. I did a women's meeting for about a year, that I really liked because it was in the dark and you didn't have to see faces and it was great. But I just don't trust them, it goes back to stuff with my mom…It is almost like the thought of seeing a man will get me to a meeting – that's kind of sad to admit, but it's true. And, I'm not interested in them; I'm just interested in the validation. I mean, I've got some time, but I still see myself as this empty thing sometimes – I mean it's really kind of sad.”

She acknowledged that she often runs and hides from issues inside of intimate relationships, which has led to two marriages, one ending in the divorce and her current one is pending. The two relationships where she feels most safe are with her son and her best female friend in AA. Her second marriage triggers many of these issues, which she described as “insane” and more reflective of her addict self rather than her recovering
She described a recent run-in with her son’s father as an “emotional bottom”
detailing,

“And my emotional bottoms – usually, you know, I had one last weekend where
I'm running after him in the snow in my socks, running after my separated
husband as he pulls away in his car and I’m in my socks and I'm running down
the driveway. I mean who does that?! That's insane. But, you know, that's
alcoholic behavior – I want it and I want it now.”

She hopes that her decision-making becomes better in her future, especially as she raises
her son and considers his needs as well as her own. Her relationship with him is the one
she said, “blew all the others away” and the one that she is most focused on today.

**Relational Connections**

Connections to others form the core of relationships. The examination of
relational connections is a salient feature of feminism and therefore, the question about
important connections was posed during the interviews. The term “connections” is not
without confusion, as was realized during the interviews. My definition for connections
was inherently tied to other people, specifically in feeling connected to other people. The
majority of the participants were able to understand the question to be about others,
especially if additional guidance was provided. For example, I might have said, “You
mentioned the importance of your significant other. Were there other connections that
were important to you?” I realized in the course of posing the question that
“connections” may reference figuring something out – i.e. making a connection between
abstinence and powerlessness, or it may mean an opportunity – i.e. she helped connect
me to that job. Therefore, the answer to this question came directly as a response, and by going into the narratives to find moments where connections to others are discussed.

T1 provided insight on relationships and friendships in general in a way that none of the other participants articulated. She described wanting “relationships at any level” from casual friendships to intimate relationships. Her perspective on wanting the whole spectrum of relationships represents an awareness of differentiation and complexity within connections. Many of the women discussed the destructive relationships they experienced in their childhood, adolescence and early adulthood – relationships that were often void of any emotional connection. Most of these relationships were destructive and violent, leaving them from learning about the range of connections that exist for persons. One of the many gifts in the recovery journeys of the women was the realization that they could have a range of relationships that were nurturing and positive.

The participants discussed the connection to women friends, both inside and outside the AA community. These women friends served as peers, sisters, mothers and mentors, assisting the women as they worked on “growing up” and healing. These friendships were important to the participants as they learned to share their experiences and feelings and were beginning to trust others. The relationships with these other women friends existed within the 12-step support meetings and outside those venues as they provided each other individual support. K1 detailed, “…it’s just been so critical for me to have those women in recovery...” to talk about the painful issues and women-specific experiences. E1 commented on the importance of her “support” throughout her narrative, regarding them as one of her most foundational components for her recovery.
Relationships with others provide personal gratification, validation, and a sense of fulfillment. K1 expressed,

“…the relationships that I’ve made with other people in recovery, I think, more than anything, including my husband, and the friendships I’ve made are just invaluable and I just really feel like they, that that’s really what feeds me, I think, you know. Now at this point in my recovery, I go to a meeting once a week and its a small group of people I know fairly well for a long time and it’s just really, um, it’s just so gratifying to be part of that and be able to, cause that is a place where I can show up and say, I’m not done yet - not that any of us are - but I don’t feel like that expectation is there for me to be anything other than what I am that morning.”

A1 discussed the value of having an intimate relationship with another recovering person, especially as it strengthened and sustained her own recovery. She recognized how her “relationship was on the line” if she did not maintain her sobriety and how this factor was motivating for her. L1 expressed a similar sentiment adding how “living with someone in recovery, especially when they are working hard on their programs…is great”. In addition to her partner, A1 values the relationships she has formed with professional colleagues were, as her workplace served as a source of support when she was not affiliated with 12-step support. A1’s work as a professional in the addictions field made it uncomfortable for her to attend 12-step support meetings without seeing her clients, which made the support from her colleagues essential.

T1 discussed the relationship with her daughter as paramount to her recovery. Throughout her narrative, her daughter was discussed as the highlight of her life. She
began to recognize that her ability to be present for her daughter began to deteriorate as
her addiction progressed. When discussing how the relationship with her daughter has
grown in her five years of sobriety, she became overwhelmed with joy. She detailed,

“This Christmas she gave me a framed drawing – it’s a list -she turned 18 – it is
the 18 reasons why she loves me so much and I know that if I was still drinking I
wouldn't have gotten that. I know that by being the type of person I wanted to be
for her, I became the type of person I wanted to be and I know that she sees that
and that's going to be a help to her.”

She is proud of the relationship she has with her daughter and that she can be the mother
she always wanted to be because she is sober. Her desire to be a good mother helped her
on her own journey to develop her own identity as well, outside of her role as a mother.
L1 characterized the relationship with her son as the most important to her right now.
The quality time she gets with him is important to her, as she wanted a child for many
years and struggled to become pregnant. She gave birth to him in her sixth year of
recovery and is building a future with him as a single parent.

E1 detailed the relationships with her children as providing her with many lessons
in her recovery journey. She began raising her daughter again at age 11 and found
herself “bound and determined to be “that mother” to her that I wasn’t to my son” to help
alleviate her past guilt. She and her daughter had an adjustment period at first, and then
settled into life together. Her greatest challenge with her daughter came when Child
Support confronted her; until this moment she had not told her daughter the identity of
her biological father. She believed that both her daughter and her boyfriend thought they
were blood relatives. She was mistaken, as she shared “when I told him he says, “I been
knowing it since I seen her eyes” and I was like, “Wow, OK”…” Fearing the hurt her daughter would experience, she dreaded telling her. She also realized that her daughter’s issue touched on her own painful past. She explained,

“I was hurt because my daughter was hurt, and I was hurt because the same thing happened to me. So, that’s that thing, well, I’m not going to be like my mom, you know, and the same thing happened, so I could really relate with her on that – my daughter. I think that was another reason that was so painful and I really don’t think I had really dealt with that issue either, so one issue had led to another issue – know what I’m saying? At the same time I’m dealing with this one with her, I’m dealing with my own.”

Both she and her daughter were able to resolve their feelings about the situation, recognizing that the men that raised them were really their “fathers” and that their biological parents were not part of their lives.

Her relationship with her children as adults has taught her about setting boundaries and taking ownership for situations. She explained how their tendency to blame her is something that she no longer accepts as her fault. She shared,

“I can’t go for anymore “what you did”, cause now, you’re 26 and you’re 37, how long is “what I did”, now come on. Cause now you’re on your journey. And that’s how I deal with it now – you’re on your journey, you’re grown. You’re not a baby anymore and you need to get you some help. And I’ll direct them to some help.”

She recognizes that some of the opportunities she has missed with her children, she has been able to experience with her grandchildren, for which she is grateful. She has even
taken on raising her two oldest grandsons, who have struggled with behavior and drug use. She has been able to assist them in getting help and turning their lives in a positive direction.

Unlike the other women, S1 interpreted “connections” as opportunities. She responded to this question with,

“I don't know if it was so much the connections, I was tired. I did no longer want that life. I was always brought up in the church, and I was brought up in a really strict and disciplined household. So, when I started using, I was like in my 20s. I already had a foundation, but I was in Rome, so I did as the Romans did, you know, and when that light bulb came on it was like, what in the world are you doing?”

Her connection to her church community in her recovery became an integral part of her sobriety, although she did not directly identify as a connection. Once I presented it as a relational connection, she responded with, “I am connected to my community. I do a lot of work in my church, and I am the connection from the church to the community… I've met a lot of people along the way from the work that I do there, just connections and different jobs that I've had – I've never had a job that I probably couldn't go back to.”

During her addiction, she did not mention a connection to any friends, nor does she mention friends in her recovery. Rather, she was connected to a social service worker through the courts who gets her into treatment. She was intermittently connected with her mother during her addiction, mostly seeking help from her with her son. Once she entered recovery, she re-connected with her mother and other family members and
became very involved with a church and her church family.

**Spiritual connections.**

Spiritual connections were mentioned through the narratives as important to the participants. The topic of spirituality wove its way in and out of all the narratives, signaling its importance to each participant, and its powerful role in recovery for each of these women. Earlier in this chapter, the topic of spirituality has surfaced in the definitions of recovery, the explanations for being in “long-term” recovery, and within other answers to interview questions. The formation of spiritual beliefs and a sense of being connected to something greater than the self, or a higher power, proved significant for the participants and warrants further discussion because of the role it played within each narrative. Some of the women felt as though they had found a renewed connection with their faith beliefs from childhood (B1, P1, S1, E1), others developed this connection during their recovery (T1, A1, K1, D1, L1). The women discussed their spiritual journeys and development of their spiritual lives without identifying or specifically describing faith practices, signaling the importance of the connection rather than the actual rituals or practices. For many of the participants, the freedom to explore and define a spiritual life was essential to their healing and their ability to have hope for their respective futures.

A key for the women was the freedom or permission they had to explore their spiritual lives, which they found in the 12-step fellowship. This freedom seemed to open the door for many of the women to feel safe in this exploration because they were not pressured to ascribe to any particular set of beliefs, doctrines, or rules, which appealed to many of them after feeling oppressed or abused for many years. A1 expressed,
“…another aspect was the spiritual piece - I always had that holy longing and kind of a desire for a relationship with a spirit and of course it was alcohol that kind of took the place of spirit. Um, and so, I had to come to terms with that and a God of my own understanding. And I guess, I think that it’s a very complex thing and not everybody goes through it the same....”

D1 valued the freedom to come to terms with her spiritual life as well. She shared her and her husband’s process as,

“…the spiritual component for us is really important too – we both have had religious upbringing and have experienced tragedy around that as well. We're not religious people, we don't, I don't like religion, and the journey in those first eight years, it was really important to get a handle on a higher power and what that would look like and mean to me, and how that would be so foundational in my recovery as well.”

T1 began a spiritual journey prior to entering recovery because of a near-death experience due to a brain aneurysm. The journey deepened and continued once she entered recovery. She detailed how her relationship with a higher power changed over the years and how connecting with others and their faith practices impacted it. She explained,

“I started the spiritual journey after the aneurysm…all my life I'd struggled with church and religion…those common struggles that I found convenient to keep spirituality out of my life. And, I couldn't argue it anymore, and so I went through – my daughter was and is in the parochial school system...and one of the moms said, “Why don't you come to the Catechism classes with us?” And I did and I
loved it – I loved learning all that stuff and opening myself up to that...um, I just really was surprised that the change I was having looking at it, and that was the beginning of me accepting God in my life...and I don't go to church anymore, but I appreciate and I know that those people gave me the chance to let him back in. I think my recovery has been almost completely dependent upon realizing that there is a Higher Power writing the script and if I accept that, I lose a lot of the battles I carried around inside me.”

Spirituality and recovery are integrated for B1 inside her personal definition of wellness and her journey has allowed her to study various faith traditions and practices over the years. She carries this expertise in spiritual exploration and development into her work as an addictions counselor with women in an effort to help them work through past abuse and to facilitate their exploration. P1 and S1 spoke less about a journey or development of a spiritual life; rather, they both expressed a continual connection to their faith. P1 and S1 are both connected to church as well as a spiritual life and identified as working within their respective churches during their narratives.

L1 was the only woman to still be struggling with her spiritual connection – she has a belief in a higher power but is still healing her “spiritual bottom”. She explained it as lasting “… for years and intermittently comes back (laughs), because maybe it’s my personal opinion, but AA does not fix the spiritual bottom for women. I mean it is just, it is just an ongoing journey.” She utilized yoga and relaxation exercises to “create space for the Divine to enter” which facilitated her spiritual relationship. She wishes there were more books and other writings specifically geared for women in AA to help with this issue.
Connection to the self.

Connection with the self warrants additional discussion in this section. Identity formation is a component of being connected to the self. However, identity is not the sole feature of connection. The ability to be in tune with one’s sense of self from a physical, emotional and spiritual level represents being connected and aware. Some of the women regained this sense of connection to their physical selves as they became sober and began to heal from physical and sexual abuse, from eating disorders and other painful issues. Additionally, as they began to reconnect with the physical body, they turned their attention toward their health and wellness, including the development of a career in wellness and recovery for one of them. This aspect of their recovery journeys was part of the “growing up and becoming a whole person” that was referenced earlier in this chapter. The implication that taking good care of one’s body is an important component of recovery is something that the women in this study recognized as part of their respective foundations.

K1 talked about the period of stabilization that occurs in early recovery, which is often followed by a desire to take better care of one’s self. She quoted her husband as saying, “You know, you’re in recovery for a while and the next thing you know you’re getting your teeth fixed.” She commented that this situation is true because many people in recovery neglected physical health while they were using and they begin taking better care of themselves. The process of healing her physical body was an integral part of B1’s recovery journey. She took long walks in her town, quit smoking, became mindful of her nutrition, and learned about the mind-body connection during her early years of sobriety. She recognized the power of a wellness perspective during her tutorial with her
teacher and in her work with her husband. She commented how wellness and recovery seemed one and the same for her and she built her second career as an addictions counselor on this perspective. Alcohol and drugs serve to numb and disconnect one from the physical body in the cases of many of the women interviewed; thus the reconnection to a physical self is part of the return to “normalcy” of sorts and part of wholeness.

**Significant moments with self and others.**

As the women discussed their recovery journeys, they shared how certain situations, experiences or moments were important to them. This question was also posed to them during the interview to expand upon this idea of moments that were essential along their respective journeys. This question sought to go beyond the milestones of recovery or the more obvious or tangible aspects of being in recovery. Rather, it was important to understand what each of these women labeled as significant in her narrative. Two major categories of significant moments emerged: (a) personal moments, and (b) moments that impact interactions with others.

Personal moments included spiritual journeys, understanding 12-step concepts, and experiencing emotional growth. D1 shared the importance of coming into the 12-step community and being with,

“people who were winning over the illness in a way, and having them love me unconditionally and having open arms and open ears and at least, the perception of open minds – I mean who knew, but that was the behavior – that was huge. I would have never stayed if I was just going to be judged and beaten up some more”. 
The sense of being welcomed and not judged was significant to her because of her past experience of not feeling listened to, feeling afraid all the time and feeling abused by many people in her life; this experience in the 12-step fellowship represented something very different to her in terms of human interactions. L1 echoed a similar sentiment about the fellowship, describing it as a “community for outcasts”. She finds it significant that whenever she has needed support, she has received it. Examples included, “all the times that I have been in pain and picked up the phone and somebody answered”, “when my uncle was dying I had my two best friends sleeping on my couch…and they came to the hospital…and they came to the burial”. When her father died recently she, “had a million serenity cards sent to me and a million different expressions…”

Within this environment, D1 felt free to explore her spiritual life. This issue was one that was full of negativity, and not one she wanted to discuss or feel like she was being persuaded to accept a certain faith practice. She stated, “I guess part of the attraction in the 12-step program and I think the spiritual piece of that – I think the spirituality is a significant piece – coming to understand that I could have that as a journey and it didn't have to be an ideology or out of this particular book here…” P1 commented on the importance of the service work in the 12-step fellowship for her, “I think that its...for me it's...what service has done, is it has grown me out of my self-centeredness. It has...I don't think I was ever a narcissist, but it has grown me out of the narcissism. You know, it has um... my being sober and recovered, I know has helped other people be sober and recover and know that it is possible. I think the other thing about service today – it is very interesting now that I'm thinking about it...in the beginning you do what you do because you have to do it,
and then I had that middle part when I didn't think I had to do it, but today, especially service within the program keeps me very green. It just keeps me...it's like tending the garden in a way.”

When she first began doing service work, she had no idea of how much it would impact her personal journey and how much being of services to others would benefit her.

Understanding the concept of “being powerless” is inherent in the first step of the 12 Steps of Alcoholics Anonymous (and other fellowships that practice the 12 steps). How individuals come to understand and apply this concept is realized on a practical level (i.e. they maintain abstinence), and on a deeper spiritual level as well. D1 recognized her understanding through the breakdown of a false dichotomy of power or powerlessness,

“See, and this is a place where I come back to the first step in the 12 steps, where you admit you are powerless over alcohol and that your life had become unmanageable and for women, that can be really challenging – a challenging paradigm and if you don't understand or you don't get that it is in admitting your powerlessness you can reclaim your power.”

Her “revelation” addressed components of her worldview, her personality and her belief system. She recognized that her identity as a victim had been connected to her life for so long that it had become normal to her; therefore, letting go of this identity was transformational. The ability to understand these deep concepts of the “power in powerlessness” and her identity as a victim came with the ability to perform abstract thinking. She explained, “to thine own self be true, knowing that it doesn't always look
like giving me what I want and a lot of times it doesn't look like giving me what I want but figuring out what's going to be best for me and healthiest and those kinds of things…”

Moments that impacted interactions and relationships with others included: (a) trust and (b) having something meaningful to offer others. D1 recognized that trust was not some “thing” that existed outside of her, but it was something she could activate. She explained,

“I did come to a place where I knew that trust was a decision and people ...I decided for me, I didn't have to just let myself not trust because that's just the way it was – I could make a decision to trust and therefore it was my choice. And so, um, and so, then I could benefit from trusting relationships, otherwise, I simply was just going to be paranoid and hostile.”

The decision to trust others and develop trusting relationships allowed her to connect with others in ways that she had not been able to do previously. T1 recognized the connection with others in AA and the ability to bond and share openly as significant to her journey. She detailed,

“The ability of other people to share their experience, their strength and their hope – that still amazes me daily. Again, that comes to trust – there's this huge world of trust out there, people who trust each other and you want – I want to be that way. I get that feeling and I know others do too, in the room and then out, you want to be that person and that's a good feeling. There's security in that. And I can carry that outside that AA meeting…I want to be like them. I want to trust like they trust, so I do. So, I know that now instead of saying, what if they talk about what I said
outside of the meeting? Instead I know that I'm not going to, so I know they're not going to.”

This awe she expresses over witnessing others openly share their faults and their triumphs lives in stark contrast to the scrutiny she used to judge herself in the past. She shared how she never felt good enough and always focused on the negative during her addiction, which is different from how she views herself today. Her desire to “trust like they trust” comes from a place of wanting to expand, connect and relate, rather than isolate as she did in her past. E1 found that being trusted by others taught her to trust, especially during her time in treatment. This trust from others inspired her to make good decisions and rely on others for support.

P1 recognized how her own recovery was impacting others, which was a very powerful and validating moment for her around year 20 of her recovery. She realized this impact through her service work in AA, after a period of being away from the fellowship. She shared,

“…actually, I think that the importance of the service didn't really click until I came back here, the last seven years I'd say, and what that was, um, some of it I think may have been the way people responded to me when I came back and um, and it was sort of a dawning consciousness that the journey um...well, part of this the service in AA...the journey that I had been on, as difficult as it had been, would help other people. I don't think I knew that until I came back here.”

B1 carried a similar sentiment as she reflected back on her longevity in recovery and how her life has developed over the years. She is able to recognize how her journey has
brought her to a place in her personal and professional lives where she can share her knowledge and experiences with others. She explained,

“I am so grateful that even though I didn’t go to medical school and that I’m not called “doctor”, I have the life satisfaction and daily job satisfaction of doing a part of that that my little girl wanted to do in my practice today of working with women with addiction, in working with healthy living, in working with tobacco treatment, and spirituality, mind-body connection, all of the pieces that I’m so grateful to have the opportunity and the setting to do, so the heart part is there. Not the outer part, but the heart part of what my little girl wanted to do, I’m living out today”.

B1 and P1 realize the purpose they play in the lives of other people, especially other women, which brings them both a sense of satisfaction and at some level, a sense of peace, based on how they describe their lives today. This place in the recovery journey is significant, as they both seem to have transitioned from developing their own identity to a place of comfort where they recognize their role in recovery as teacher or guide to others.

**What Others Need to Know about Women and Long-Term Recovery**

The women in this study have sustained their personal recovery from alcohol and other drugs for the long-term. Their insights on what women need to enter into and sustain recovery create an opportunity to understand what women need in terms of treatment, support, and opportunities. This question was posed to them toward the end of the interviews to engage them in a brief discussion about what they believe others need to know. This question takes their awareness of what worked for them and expands it into what might work for other women. It asks them to be both introspective and global as
they formulated an answer. Their answers were thoughtful and passionate, signaling their desire to want to see other women find and succeed in recovery.

The issue of recognizing the diversity of women in recovery was salient to A1. Tailoring both treatment and the recovery community toward these differences so that more women can feel included is something she believes is lacking as she explained,

“Um, well, in terms of long-term recovery, when I think about it for women especially, one of the things that always kind of goes through my head, in particular sometimes like at meetings I’ll be thinking about um, is sort of the difference, I mean there are big differences in what works for people and sometimes, I think that its based a little bit in your core personality. I think that many women that are more introverted the spirituality is a bigger issue for them. For the women that are more extroverted the social aspect and the support groups of that 12-step process are more important to them. So I think you have to kind of tailor treatment to a woman's personality and you know, what they are most comfortable with, what it is that they long for, for some women that group cohesion of a meeting and that going out to breakfast afterwards, is what keeps them going. For me, that’s not what I’m just not it in for that- I have to have much more alone time to get re-energized, I’m much better on one-on-one relationships as opposed to in groups…I think emotions are a huge piece of addiction recovery.”

This response was one of her most lengthy during the course of the interview and the one in which she had the most emotional resonance. A1’s recovery narrative was lined with stories and messages of her struggles to adopt the recovery lifestyle and feel comfortable
with her “new normal”. She recognizes this desire for inclusiveness and awareness of difference for herself and believes that there are other women out there like her who are struggling with similar issues.

L1 presented the issues she (and other women) face in today’s society and in AA. She explained how women struggle with perfectionism and being preyed upon when they are vulnerable:

“And I think there's a huge perfectionism piece wrapped up in alcoholism for women when they get sober. They think, OK, so now everything's got to be – I've got to have the house with the picket fence and the kids and the dog and all that – and it's probably isn’t in the cards for most of us…probably not...and maybe not ever. I mean I see a lot of very lonely women. I don't see a lot of lonely men. My experience with men in the program or men in sobriety has been….they have no trouble picking up the most diseased girl in the room and targeting. It's like, they can smell it, they can just absolutely smell it.”

She also recognizes a double standard for women once they become mothers. She remarked how,

“it’s interesting when I became a mother and started bringing my son to meetings, they started looking at me different….It was like, OK, now she's not a potential slut-girl. It's like you go from being Magdalene to the Virgin Mary just because you have a child.”

She believes recovering women have to keep their guard up for two things: (a) the disease and (2) men (or women who are “prowling”) because both will result in relapse if one is not careful. She is aware that she has this same issue with which to contest. She is
also acutely aware of the challenges single mothers face in getting to meetings, most of which do not provide childcare. She described how it takes a lot of “motivation” to be a woman in recovery considering all of these barriers. She feels grateful that she has been able to find recovery and remains determined to stay sober.

S1 focused on helping women know that recovery gets better, perhaps easier to face, over time as they become accustomed to approaching life differently than before. She shared,

“I think long-term, well, for the women themselves, they have to hold on and realize it will get better. You know, my first two years, my first two years, I didn't necessarily think about using, but I was frustrated with the progress. It was slow. I was still in that frame of mind I want it and I want it right now, I was still right there….I remember just thinking it taught me a lot of patience and I had always been an impatient person. That taught me some patience.”

In her first two years of long days, new structure, hard work and slow progress, she was able to sustain her recovery and trudge onward. Rather than giving up, she stayed focused on her children and utilized prayer in times of need.

When asked directly about women in long-term recovery D1 spoke very passionately about stigma and anonymity within the recovery community. She views this issue as impacting both men and women negatively, but especially sees how the silence takes away from the experience of women. She explained,

“…. what we don't know about women in recovery is the strength – I'm not sure how – because we talk a lot about we were willing and we were graced, and I believe that, just as I believe people who didn't die from their breast cancer were
graced, with recovery and remission from their breast cancer, what we don't see as much and don't embrace and don't celebrate is the strength of women in recovery and the courage of women in recovery. We do it in treatment centers, we try to do that and try to express that in our own little way, but we aren't celebrating – we don't have a coin for Betty Ford, we don't have a dollar, we don't celebrate heroes, that's kind of part of – there are a lot of women who are heroes.”

Breaking this stigma down is something D1 wants to see happen, as she explained,

“…I think (what) we are not acknowledging right now is the importance of letting go of anonymity, that anonymity is actually perpetuating the stigma. That we give away some of our power by remaining, by being determined that we should remain anonymous.”

Her perspective on anonymity as the perpetuating factor for stigma presents as a paradox to K1’s commitment to her anonymity as a way to avoid the perceived stigma from the world outside of the AA fellowship. D1 recognizes the damage stigma causes to the image of what recovery actually looks and feels like for her. She detailed,

“People seem to have, and I mean people in the broader world, seem to have a perception that people that have to be in recovery that their lives end and there's no fun…And that's a perception of a lot of people who are just in recovery. And I have so much fun, I just have a blast.”

Her gratitude for her quality of life is evident in her narrative and her firm belief is that without her recovery, none of her current joy would be possible. She wants more people to realize that recovery is full of happiness, fun, and excitement.
P1 wants others to understand that in order to sustain recovery, one must work at their recovery by applying the tools in daily life. She recognizes that others may not understand the long-term nature of addiction, as she detailed,

“Well, the first thing that comes into my mind is my mother who says, “Well, after all these years, can't you just have one drink?” I think there's that piece of it. But on the recovery, I think that people sometimes don't understand that we still go through life on life's terms…”

As a more senior member in most of her 12-step fellowships, she expressed what she wants the newer members to understand. She stated, “I'd sum it up by saying that people don't understand that we've lived it and what mostly what we say comes out of experience.” She provided an example where she expressed advice to a newer member, which was not heeded, but was challenged. This opposition flew in the face of appreciating the “experience, strength and hope” of more senior members as people who have already “been there and done that”. P1 listened to the advice of others along her journey, which ultimately helped her to sustain her recovery, and she desires for others to utilize this process of mentoring as a tool for sobriety.

E1 had a similar answer as P1, discussing how others do not understand the long-term nature of meetings and therapy. She gave an example of this misunderstanding with her mother. She shared,

“I’ll be visiting with my mom and I’ll say, I’m going to go over here to a meeting. My mother will say, “You still need to go to them things?” I’ll say, “Yeah, I still need to go.” “Well, if it’s going to keep you doing what you need to do, you go on ahead.” But her not understanding that this is a continuous journey here and
this is a continuous thing and meetings might be a continuous thing that I need. My mother has said that and it’s like “Oh” because her mentality about it is “well you just go a little bit and then you don’t need it anymore”. When in reality I’ll need it the rest of my life. So, she’ll say, “Well if you need it, you go ahead to it.” And sometimes, people don’t realize, even my husband was like that for a while. He would say to me, “I couldn’t go to meetings because it made me leave there wanting to use.” “Well, I’m the opposite. It’s depending on what you’re hearing.” That’s what I would say to him. Sometimes he would say, “Well, why do you need to go to a meeting tonight?” That was one biggie about people that got some time in recovery – why do you still need that? I need that like a one-a-day vitamin. And they don’t understand that – that’s a biggie there that I run into.”

Her involvement with 12-step meetings has been uninterrupted throughout her 18-year journey. Similarly, she believes in maintaining an ongoing relationship with a therapist so that when issues arise, she can seek assistance. She described their situation as one where E1 can call on her anytime to say, “I need to get into see you.”, which is something she values as a part of her recovery.

When this question was posed to B1, she provided a response that resides in the metaphysical – speaking about a sense that is tied into one’s sense of “being” and the ability to engage in one’s own process. She instructed, “Help them to inhabit all of that unnamed, unrealized potential that they have. Help them to embrace the different talents. Help them to find a place where the joy of recovery, the potential is realized.” She offered her perspective on sustaining recovery as,
“If you can keep saying yes to it, and if you can keep saying I’m willing, let’s keep going, let’s keep going, you support the benevolence that presents itself over and over everything that you need shows up. Once you say, “this is how I want it to be” it shuts back down again. Its like a trust walk you just have to keep saying yes and keep releasing the need to try to either understand what’s happening or define it or control it or judge it that’s how to arrive at things. (Her teacher) would say…the place between no longer and not yet.”

The final statement from this part of her narrative is a quote from her long-time teacher who described “the place between no longer and not yet” as the present – where one stands today in the journey to get to where one is potentially going. This place of transition may be uncomfortable for some women, but as B1 suggests, if one can keep going, keep opening up to the “benevolence that presents itself over and over” she should find the strength to sustain her own growth. Her description and guidance about what needs to be understood about women and long-term recovery is not unlike what the other women had to say – the message rings true throughout the narratives: once the major healing work is done, recovery continues to grow, expand, and bring with it gifts and rewards. Holding on and continuing the journey is key.
Chapter 7: Discussion

This study sought to develop a greater understanding of women’s long-term recovery experiences through an examination of personal narratives. Vaillant (1988) writes that we must work toward “…understanding the structure of an addict’s life that facilitates recovery…” (p. 1148). The collection and analysis of women’s personal narratives revealed knowledge and meaning about addiction and recovery, and how they applied these understandings to their sobriety. The structure of their lives was examined to understand how they storied their personal experiences, what events and transitions impacted their life course, and how they shaped themselves and others as they reflected on their addiction and subsequent recovery processes. Studying narrative in recovery is a valuable endeavor as it harnesses the power of personal thoughts and emotions as they organized and verbalized in the form of stories. The tri-layered methodological approach involved a study of story construction and structure, an examination of life course through attention to autobiographical reasoning, transitions and trajectories, and an analysis of voice to understand interpretations from a feminist perspective. This approach was needed to examine these “intangibles” and makes them explicit and detailed.

Analysis of the findings revealed that recovery from addiction is a transformative process that is largely intra and interpersonal; therefore many of the factors that
contribute to sustainability are dynamic, mysterious at times, and seemingly elusive to those who are still struggling. This examination of women’s recovery narratives provides a more comprehensive perspective on the process of gaining and maintaining recovery over the years. This chapter begins with an explanation of the symbol of transformation embodied in the phoenix as it relates to recovery for women. Second, the development of roadmaps is discussed, which provides picture of long-term recovery for women of what life might look and feel like after that first day of sobriety. Discoveries from this study are provided to demonstrate important considerations for understanding the process of addiction and recovery for women. Contributions to the literature are provided in an effort to further develop what is known about this subject. Implications for social work practice including considerations for women’s treatment are discussed, as well as recommendations for future research.

The Phoenix Rising: The Symbol of Transformation

The title of this study combined the use of a metaphor and an image of a phoenix in motion – rising from the ashes. The mythology of the phoenix exists across cultures and religions and often expresses hope, redemption, and rebirth. Stories about the phoenix denote the mysterious nature of this powerful creature, as it builds a pyre for itself and is reborn from its own ashes. The phoenix emerges as another version of its self, with a renewed sense of life. The existence of the phoenix is carried forth in legend, myth and folklore. Recovery shares a similar condition – the belief in its existence is evident for those who have experienced or witnessed it, yet it remains elusive and mysterious for those who struggle and those who are unaware. Ettorre (1992) writes, “we all need symbols of conversion, yet there are no guidelines for rebirth, only meaningful
transformations and the rhythm of becoming” (p.31). Her sense of meaningful transformations and the rhythm of becoming parallel the rise of the phoenix. Bringing the personal narratives of women in long-term recovery into the realm of investigation created an opportunity to document the process into recovery by studying the construction of individual stories. Thus, the elusive nature of a personal process becomes more explicit.

When the ideas for this research were being formulated and refined, an image of a phoenix continued to emerge, therefore it became part of the title prior to conducting any of the interviews. Additionally, the lens of this researcher was attuned to this image as the data were collected and analyzed. The goodness-of-fit of this image and its place in the title became evident after the first interview and continued to be validated as each participant shared her narrative about her addiction and subsequent recovery. Each woman interviewed was a phoenix in her own right in her ability to emerge from her own ashes and ascend into her new life in recovery. Her addiction and its continuing negative complications, pain and misery were part of her old life and seemed to help her build a pyre; however, the fire that ignited was one that allowed her to change, and reemerge, rather than perish. The transformation of the participants and their rising from the ashes are discussed in this chapter to provide insight on women’s long-term recovery.

**Women’s Stories of Recovery: Understanding the Journey**

Personal narratives provided an opportunity to understand the dynamic and complex nature of the process of recovery for women. A comprehensive understanding was facilitated through the integration of feminism and life course in the analysis. As “gendered subjects” women make efforts to understand and face challenges related to
their status; in the case of this research, the women in this study faced the challenges of being women who were alcoholics and addicts and then being women in recovery from addiction. They recognized this status as gendered subjects in several ways, including internalized and externalized stigma stemming from the events and outcomes that occurred during their addictions, and through others’ lack of understanding of what is required to remain in long-term recovery (i.e. the need to attend meetings for many years, or the importance of support from other women). In addition to these “roles”, the women in this study were mothers, wives, daughters, sisters, friends, co-workers, caregivers, etc. and had to balance these multiple facets of themselves within these two time periods of addiction and recovery. Their personal narratives displayed their individual processes, including how they lived out these roles during their addiction and recovery. Thus, as they were progressing through what might be considered “normal” on a developmental level on the outside, they were dealing with several non-normative events and transitions, especially during their addictions. In essence their lives were unfolding along two life courses – one that moved forward with temporal order, and another that seemed to halt many aspects of their emotional and social development. Many of the women tried to maintain some sort of order in this precarious situation of a double life course, until the path laid by the addiction seemed to take over. The impetus to move from addiction into recovery was distinctive for all the women, as it changed the course of their lives, and afforded them again a double life – except these two lives were less in combat with one another. Their recovering life complimented their temporal life course, and eventually melded into one life that was considerably “softer”, “lovely”, and much better.
The women in this study talked about their addiction and recovery in ways that were detailed and introspective, often utilizing images and metaphors to explain their experiences. These images and metaphors seemed to provide the clearest picture of their experiences and the meanings attributed to them. These features of language were prominent in all nine individual narratives, and occurred more than once. These stylistic qualities are similar to how metaphor and narrative are used in Alcoholics Anonymous - full of subtleties to facilitate meaning-making and identity transformation (Davis & Jansen, 1998). The basic order found in the narratives in this study is best described as having a combination of causal coherence, thematic coherence and temporal coherence as described by Bluck and Habermas (2000). All the narratives in this study contained temporal coherence, beginning in the past and moving into the current day. The narratives also demonstrated thematic coherence, as the nature of the interviews was centered the theme of recovery. The most distinctive feature for the structure of the narratives was the reliance on causal coherence as the women attempted to explain and make meaning of the events in their lives. Causal coherence may be a necessary feature in stories of recovery as one works to surmise how she was able to change. Specific examples of these features are provided throughout this chapter.

Each narrator also provided vignettes or stories-within-stories to further explain themselves or their points. The women in this study reflected, remembered and recounted the events and outcomes in their lives through relationships, which is a central feature of women’s development (Jordan, et. al., 1991). In the structural analysis findings, stories-within-stories were grouped under four headings. The first two categories focused mostly on life before recovery and included: (a) stories about
relationships and social environment; and (b) stories of struggle and survival. The first category spoke to the social environments that the women lived in and the significant relationships that influenced the development of their addictions. Some of the stories were about understanding how they became addicts and alcoholics (i.e. “childhood and first marriage”; “I should not have been an alcoholic”), and how the use of substances was normalized (i.e. “alcoholic network”, “drink as much as you want”, “acceptable and normal”, “under the radar”, “when in Rome”). Three of the ten stories in this category spoke about relationships and the social environment after recovery. “Nobody wants to talk about it” spoke to the stigma and resistance L1 faces today when she tries to discuss her addiction and recovery. “My support” is the network of friends E1 has developed in her recovery, while “More time” is about the loss of her husband. Regardless of when the stories occurred in their life course, each one centered on relationships – those that were positive and negative. The third category contained stories of entering recovery, followed by a fourth category for stories of rebirth, growth and rising above. Again, these stories are told within a relational landscape, with many focusing on personal realizations and transformations. These vignettes are examples of causal coherence, as the women explained and connected the events of their lives. Specific features from the various stories-within-stories were highlighted in the explanation of long-term recovery.

Explanations about addiction provided context for understanding and meaning for each of the women in this study, which some even explaining the addiction story as necessary so that their recovery story could be appreciated. They also highlighted the benefits of using alcohol and drugs, which provided further context for understanding their use. For many of them, alcohol and drugs allowed them to cope, to forget, to
escape, and to tolerate the actions and behaviors of others. Again, these reasons are based within a relational context. Their need to discuss the transition from the addiction into the trajectory of recovery is reflected in the literature on women and recovery as a meaningful part of one’s healing process (Covington, 1999; Brown, 2004; Kearney, 1998; & Rush, 2000). As they detailed the “bottom” or “the awakening” or the “bolt out of the blue”, they shared insights into how these particular moments were catalysts for major change in their lives. They were able to differentiate between the beginning of recovery, through the early, middle and later years, revealing how building and maintaining recovery for multiple years required certain transformative changes to occur on the inside (self) and the outside (environment). Changes in the self included the emotional growth, internalization of 12-step concepts, and development of a spiritual life. Working with the 12-step concepts (i.e. Step work, recovery concepts, etc.) facilitated emotional growth for some of the women; for others the application of 12-step concepts, combined with therapy or treatment services facilitated emotional growth. Emotional growth led the way for spiritual growth for some of the women (K1, L1, D1, T1, C1), while for others spiritual growth came simultaneously (B1, S1, E1 and P1). Changes on the outside involved forming friendships primarily with other women (and with some men) in recovery, friendships with persons who were supportive of growth and change, and learning to be social without alcohol and other drugs. The women saw improvements in their physical health as well and began to explore educational and career interests in their recovery. Thus, each woman ultimately began her own transformation, being re-born from the ashes of her past, similar to the phoenix.
This study contributes to the existing literature on women and recovery by taking this mysterious feature of the human condition - the act of recovering from addiction and details a set of tangibles from which to learn, apply and expand upon. Hence, the idea of a recovery roadmap was developed in an attempt to share these discoveries. The synthesis of this information was condensed in the Roadmap Tables (2 through 8) provided in the Introduction to the Findings. Further discussion on the importance of these various segments within a woman’s recovery journey follows, as well as insights on how these findings contribute to the existing literature on this subject.

Women’s Stories of Addiction: Born of Fear, Pain, and a Desire for Normalcy

“OK, um, I think I’d like to start by saying that the life I have today and the life that I had and who I was the first, um, 17-18 years of my life fit together perfectly. And so from looking at where I was as a girl, and as an adolescent going into young womanhood and where my life started to pick back up again on March 23, 1982, um seems seamless to me. Um, the twenty years in between are a whole another story.” (D1)

The freedom to tell one’s story is powerful, and the ways in which that story gets told are meaningful. Gilligan (1982) writes, “the way people talk about their lives is of significance, that the language they use and the connections they make reveal the world they see and in which they act” (p. 2). As the quote from D1 above illustrates, the language used by women to reclaim their experiences through story is deliberate, as it sets a tone and provides a frame for the listener. The narrator is constructing herself for the interpretation of the listener in many ways, as D1 did in her opening statement. She was not unique in this respect. Understanding how woman talk about recovery was the focus of this study and was examined through the tri-layered analysis to understand the structure, and also to examine the content from an in-depth perspective. Many of the women began talking about recovery by reflecting back on their addiction in order to
explain how they ended up as a “recovering woman”. Some of the participants (P1, S1, T1, L1, D1, and B1) followed the pattern of a “lead” in AA. A lead is usually structured chronologically (temporal coherence) with a plot that follows a similar structural pattern: (a) what happened in the past; (b) how I got sober; (c) what life is like today. Thune (1977) described this story pattern as a both familiar and standardized. The majority of the detail lies in the first section about what happened – usually things that are situated in events and are time-oriented. The point of this story structure is to connect with other's experience and to provide a lesson through one's experience, with the hope of inspiring another to either enter or remain abstinent (Humphreys, 2000). Thune (1977) explains how the telling of the addiction and recovery story simultaneously allows one to share her lessons and reevaluate her current circumstances in the terms of her recovery-focused perspective. Most women transition from this style into a more discussion-focused format as we explored various aspects of recovery.

The language they use to tell their stories is largely relational, in that it focuses on people and their interactions. Those “people” include the woman herself and the people with whom she interacts along the way. The women made many connections between their lives today and their lives as children and adolescents – they see their past as connected to their future. For example, L1 recalled knowing she had a problem with alcohol at the age of 12. She explained, “…I felt like, um, there was something just unalterably wrong with me and that the drugs and the alcohol helped that. And that I was trying to, like, give myself like brain surgery with it. And, um, and that I would know when the right time was to stop using it because the brain surgery would be done. You know?” D1 opened her interview by stating, “…I think it is probably relevant that I came
from a home where alcoholism was the central issue…”, explaining the connection between her childhood and her eventual substance use and addiction. A1 also opened with a connection between her past and her present life, explaining,

“ [I should] probably start a little bit about my history of use to sort of lay the framework. Um, so, I started using alcohol when I was 13, um, and then I didn’t use anything else until I was probably 19, so alcohol and then other substances, and primarily when I was drunk and in blackouts, I’d use other substances, I didn’t really have a favorite other than alcohol, but I would use other things, and so thus, sort of a dual addiction in the sense that I always craved something…”

Thus, the majority of the women began their narratives about recovery by sharing details about their addiction to help the listener make sense of their lives. The language used by the women is not without social influence, as many of the women were affiliated with AA and have learned to share their personal stories with other people.

It is not enough to list the events and transitions in the lives of the women in this study; rather, one must go beyond this excavation and explore the effects, especially as they impact the life course. Elder (1985) recommends that one cannot understand the effects of ordinary events unless the following four sets of variables are considered: (a) the nature of the event or transition, its severity, duration and so on; (b) the resources, beliefs, and experiences people bring to the situation; (c) how the situation or event is defined; and (d) resulting lines of adaptation as chosen from the available alternatives. He states that the first three sets of variables influence lines of adaptation, while the fourth set links events and the subsequent life course (Elder, 1985). His framework
speaks to the importance of context when examining the events of women’s lives, especially as it relates to the onset and progression of addiction.

**Nature of the Event, its Duration and Severity**

Several of the women lived in homes where addiction and abuse were present in at least one parent, oftentimes their fathers or both parents. Thus, they were born into homes where problems were already in existence, exposing them to events such as violence and abuse. Banks (2001) provides this vivid picture,

“Imagine a child growing up in a violent home. The extreme fear and stress she experiences may have longstanding effects in her life. Initially, the child develops shock, numbness, anxiety, a sense of powerlessness, shame, irritability, sadness and anger. With continued violence these symptoms may become more severe, debilitating and prolonged” (p. 1).

T1 had an alcoholic father and an alcoholic stepfather, B1’s father was an alcoholic, L1’s mother and father were alcoholics, E1’s father was an alcoholic, and D1’s father was an alcoholic. Only B1 and T1 had fathers who eventually got sober, while the remainder died as a result of their addiction. P1’s description of her “alcoholic network” described alcohol use in her home, community and church as normal and expected. Three women discussed significant violence and abuse, including sexual abuse. For these women, the abuse lasted over several years and occurred during the “formative years” of childhood and adolescence. Thus, this type of continuous event is severe in its emotional, behavioral and psychological impact. The perpetrators of abuse were male family members in all three situations. The impact of childhood sexual abuse can be so profound that it alters the life course.
Resources, Beliefs and Experiences

Substance use at an early age was centered on coping with fear, as detailed by D1, L1, and A1, who lived in homes where abuse was occurring. The desire to fit in with others who were drinking impacted P1, T1, D1, K1 and S1. Thus, substance use began early in the lives of the women in this study and while normalized in their social contexts, this early onset was related to the need to cope with painful life issues, fears and social situations. P1’s alcoholic network was not unique; B1 described her “long preparatory time” for alcoholism because of her childhood and then her social environments in college and as a military wife. T1 described surrounding herself with a “cast of characters” who normalized her alcohol and drug use. Early onset impacts development on many levels; emotionally, it is sidetracked or derailed as one shuts down and shuts off what is real (Brown, 2004). Brown explains, “The result is a smaller, narrower sense of self. You ultimately shut down your deepest experience of self” (p. 19). This denial of self and a dependence on others for validation, definition and direction led many of the women to grow up not knowing who they were. As D1 detailed, “I was anyone you wanted me to be”. Many of the women discussed doing their best to adapt to whomever was in front of them. This chameleon-like interaction was a survival technique, as they learned to quickly morph in order to please the more powerful person in the room, which was often the abusive parent, grandparent or significant other. Many of the women in this story kept their pain private, telling no one and sinking deeper into their addictions.

Someone who experiences continuous trauma (e.g. childhood sexual abuse, adult sexual assault, physical violence) will bring very different beliefs, resources and experiences to any life situation. From the outside looking in, there may appear to be few
resources, many dysfunctional beliefs, and negative experiences for the individual. Drug use becomes a form of coping with the pain, shame and fear and as the drug use progresses into an addiction, the drugs begin to have a relationship-like quality.

Although the use of drugs is an abusive relationship in its own right, it provides some form of connection to the individual. Gregoire (1995) described alcoholism as an attempt to give life meaning, and to pacify painful situations. Thus, as the women attempted to cope, they utilized alcohol, drugs and dysfunctional relationships. Some of them learned to disconnect or dissociate from the discomfort and unhappiness in their lives, using it as a survival strategy (Najavits, 2002). Banks (2001) comments that although these coping strategies or lines of adaptation may feel protective, they “…also make it even more difficult to reach out to others for help or comfort. These patterns keep survivors locked in condemned isolation”. A1 began using alcohol to cope with her abusive home, adding drugs during blackouts. For her, alcohol allowed her to feel “normal” and to disconnect from the painful feelings she was experiencing. She was able to dissociate and soldier through much of her life, utilizing alcohol and drugs to cope along the way. At T1 sunk further into her alcoholism, she transitioned to an at-home career where she could drink during the day, often drinking alone. If her daughter had friends over, she would resort to drinking in the closet, become further isolated from others.

**How the Situation is Defined**

Assuming one is accustomed to trauma and has developed a trauma lens and is addicted to alcohol and other drugs, then the situation of sexual abuse will be defined quite differently than one might expect (Covington, 1999; Jarvis, et al., 1998; Jordan, 1997; & Teusch, 1997). The woman may think the abuse was her fault (as A1 was told
by her mother), that it was par for the course for a lifestyle of drug use (as E1 and S1 believed), or that this situation is a normal part of life. This sense of normalcy may be the most devastating and detrimental part of the abuse. One cannot overlook stigma in the discussion of this variable. Many of the women in this study experienced a significant amount of shame due to the events of their pasts, as detailed by K1, L1, A1, and D1. Jordan (1997) explains the complex nature of shame as a felt sense of unworthiness to be in connection, a deep sense of un-lovability, and a sense that one is defective or flawed in some essential way. Shame can also be immobilizing wherein one does not feel capable of making the situation better (Jordan, 1997).

Resulting Lines of Adaptation as Chosen from Available Alternatives

The women in this study had limited available alternatives for adapting to their difficult home environments. Examining how the women told their addiction stories provided insight into the relational aspects of the addiction process as the women explained their journeys. Hartling (2004) describes women’s substance abuse as a disease of disconnection, explaining how this disease,

“…separates and isolates a woman from essential relationships that can help reduce her risk of developing a substance abuse problem, and separates her from relationships necessary for well-being and growth” (p. 200).

Thus, they grew up with altered views of relationships based on these experiences. The women were also disconnected from themselves, feeling lost and attempting to “just be normal” or fit in with their families or their social networks or their significant other. The environmental toll of being enmeshed in a family with addiction and abuse limits opportunities to form relationships with more positive people.
The events and outcomes in addiction illustrated the chaos and difficulties experienced by many of the women. Many of the women were married prior to age 23, often to other addicts. A1, B1, D1, E1, S1, K1, and L1, all of whom were either partnered with or married to another addict. P1 entered the convent at age 16, where drinking was permitted and pervasive. T1 worked in the restaurant industry where drinking was normalized and overlooked; in many ways she was married to her career, which was akin to a drinking spouse. Relocation and disruption of one’s home life soon followed, with some women moving to different cities (B1, P1, A1, S1, D1, T1 and L1), often finding themselves further steeped in drug use and further isolated from family and friends. Severe disruption affected E1, as she began a criminal career to support her drug use, which involved theft, prostitution and violence. She found herself in and out of jail and prison frequently and came to accept it as normal. For those who were married, they ended up divorced during their addiction (B1, S1, T1, D1). Divorce led the way to other dysfunctional relationships (S1), or to a new sense of freedom (B1, D1).

However, at some point in this ever-tightening spiral of addiction, as Covington (1999) aptly described, the women in this study reached a point where they realized something in their lives needed to change. For eight of the nine women, this “something” was their use of drugs and alcohol, which they realized almost immediately. For E1 it was her tendency to be incarcerated. However, after seven months of abstinence and behavioral modification treatment in prison, E1 connected her drug use to her many problems in life. This shift facilitated the final events and outcomes in most of the addiction stories, which concluded with their introduction to sobriety, recovery and 12-step fellowship. Thus, a different alternative emerged for the women, facilitating a new
line of adaptation. These transitions were significant enough to modify their trajectory, moving them from addiction into recovery. This transformative change is nothing short of amazing, considering the context of the events discussed in this sub-section. Despite very difficult circumstances, they found their respective ways into recovery and all have managed to sustain their sobriety without interruption for many years.

The Recovery Story

“I think my recovery has been almost completely dependent upon realizing that there is a Higher Power writing the script and if I accept that, I lose a lot of the battles I carried around inside me. And I realize too that life happens all the time – it's how I handle it that creates the work involved. And what I've learned going through recovery with the people around me… is how to handle it softly, instead of as a battle. And that's been the biggest gift to me – and that all involved changing the way I look at things, and my part in everything and those things we hear all the time, but it's true. And another thing this recovery has done for me is open my world up completely – I didn't realize how narrow my world was – I thought, well, I traveled, I met people all the time – but now I see things like I want to learn, I want to do the work because I want a new experience. I guess I'm 20 years old again, I feel like I'm ready to take it all on, so its no longer viewed as work anymore, it is viewed as an experience.” (T1)

This study gathered nine individual narratives about recovery, each unique in its own way, yet strikingly similar in their message. Simply put, women’s stories of recovery are about growth, survival, and development; each communicated a sense of stabilization, personal power and intention to change one’s life. Reflections about recovery are introspective and highly contextualized, vacillating between thematic and causal coherence. Humphreys (2000) discusses how storytellers often switch styles when talking, embedding one story type within another, changing the tone of the story, or adapting their style in response to interruption, questions or changes in train of thought. Two of the women established thematic coherence at the onset of their interviews; Bluck and Habermas (2000) explain how “thematic coherence typically appears in introductory
or concluding evaluative statements of life narratives or when commenting on turning points” (p. 132). For example, B1’s opening statement about “the life I have now and the life I had the first 18 years fit together seamlessly” is part of her thematic coherence. P1’s description of the “alcohol network” is the theme that describes her addiction and her entrée into recovery. This theme emerges a few times in the earlier parts of her narrative.

The majority of the narrators relied on causal coherence to establish meaning and continuity by “bridging discontinuities across life events. Life periods are tied together by constructing explanations of one’s own developmental trajectory and particular life changes” (Bluck & Habermas, p. 133). As the women discussed the years of their recovery, how they defined recovery, how they knew they were in recovery for the long-term and what was significant to them and other women, they utilized causal coherence to explain their thoughts. A significant feature of causal coherence is contextualization, which allows one to explain and frame situations. Contextualization statements were the most significant structural element in terms of usage by the women. In places where the women wanted to make a point, contextualization added weight to the statement, or provide a framework for understanding the perspective of the narrator. The use of context cultivated a sense of being-in-relationship with the narrator, as it added depth and dimension to the story so that the listener could attempt to be vicariously present with them in their memory or mind. The predominant use of contextualization statements may be a distinctive feature of women’s speech, as it serves to explain, justify, connect, detangle, and frame situations. Oftentimes the experience of being overlooked, misunderstood, judged or silenced has created the dynamic of wanting the freedom to
express oneself in one’s own terms. Contextualizing one’s experiences may have a healing function as women begin to care for themselves.

Recovery narratives seem to fit Bauer, McAdams and Pals (2008) description of “growth stories” because they integrate various experiences toward a crystallization of desire toward changing one’s life (p. 86). This desire for change in one’s life, combined with new sense of personal power reflects a shift in ways of knowing, described by Belenky et al. (1986). They describe the movement toward subjective knowledge, which is characterized by an inner voice that is centered on a sense of personal truth. This echoes D1’s reflections on recovery when she stated, “to thine own self be true” as a necessary part of self-understanding. Subjective knowledge facilitates a quest for self, including identity and goals for one’s future. As the women settled deeper into their recovery, they seemed to add constructed knowledge to their repertoires, a position in which all knowledge is viewed as contextual and is created by subjective and objective experiences (Belenky, et al., 1986). As one’s ways of knowing increase, one can imagine that growth is inherent in this process. B1’s narrative illustrates a “growth story” almost from the first day she got sober. She explained,

“In my early recovery the only way that I can even describe it today after all these years was that I was living in a state of grace, I was living in an energy field of light. All of my, um, all of my sense of who I really was, was beginning to emerge. Um, everything I picked up in books, meditation books, books I had not read for a very long time, I saw in a completely different way. I had had a profound spiritual awakening. I would not have called it that then, because I didn’t know what that was about, but I feel very humble even describing it in that
way today, but my life changed completely. The old life fell away like a vine that had poisoned me…it was going to go and it was gone.”

As the women reflected back on their years in recovery, they integrated their forms of knowledge, explaining lessons learned and their interpretations of why and how they experienced certain events.

Kearney (1998) depicts the recovery process for women as, “…a gradual progress toward a more honest understanding of themselves and their lives, and a simultaneous effort toward healthful self-care and positive relationships” (p. 501). The findings from this study support this assertion, as the women moved toward an honest understanding of themselves and their lives. They began dissecting their issues and dealing with them in order to heal; they made major changes to their lives, including whom they lived with and how they lived, and they began taking care of themselves including their physical, emotional and spiritual health. They began to form healthy connections with friends in AA and other support people in their lives and began setting boundaries with family members. Gilligan explains the new experience of a healthy connection as “a way of being with others that allows her to also be with herself” (p. 53). K1 and P1 described how they learned to connect with others while simultaneously maintaining a sense of self, which was a new experience for both of them. Rather than losing themselves in relationships with others, all of the women in this study were strengthening their own sense of identity and boundaries.

Meaningful and healthy connections to others were discussed throughout the recovery stories, including connections to oneself and a “higher power” for everyone. For some of the women, the development of their spiritual life was represented by a deepened
connection, as they felt as though they had never lost their faith (P1, E1, and S1). For others, the development of a spiritual life was met with hesitation and some trepidation based on earlier negative experiences with religion, typically in childhood and adolescence. A1, D1, K1, L1, and T1, appreciated the message of freedom to explore and define their beliefs that they experienced within their AA communities; this freedom felt safe and comforting to each of them. L1 was still working on some of her “spiritual bottoms” and has found times when her recovery practices enhance her spiritual practices, but does not believe that AA has all the spiritual answers for her nor for other women. Spirituality is a foundational component for the women in this study and is defined and practiced differently among the group; their central connection lies within their belief in a Higher Power and their connection to something greater than the self.

Sands (2004) details how “narrating provides an opportunity for women to discover and hear their own voices and achieve insight that is a precondition for changing themselves” (p. 49). This situation proved true and was best illustrated during K1’s interview; she was unaccustomed to telling her story outside of an AA meeting and found herself hesitating with her answers at times. Toward the end of her interview, the question of why she participated in the study was posed, to which she responded,

“… I basically just agreed because [B1] asked me and then the more I thought about it I thought, “Gosh, I wonder what I’ll say?” you know, I don’t know, because I really, partly because like I said before, I do usually only talk about it in meetings…so I don’t know, maybe it will be a whole new chapter for me…”

All the women in the study seemed to have developed levels of personal insight and identity through their recovery process and making sense out of their past experiences.
This work seemed to be done inside of relationships either with a higher power (i.e. in meditation or prayer for E1, S1 and P1), in therapy or treatment (for E1, S1, A1, L1, P1, and D1), and with close friends (those in 12-step fellowship and those outside of the fellowship for B1, T1 and L1). Insight, identity and autonomy seemed to be interconnected for the women in this study as they grew in their respective understandings of themselves, which occurred over the course of many years. Thus, a sense of authenticity emerged as they discussed their lives in recovery. Crowell (2010) indicates,

“authenticity defines a condition on self-making: do I succeed in making myself, or will who I am merely be a function of the roles I find myself in? Thus, to be authentic can also be thought as a way of being autonomous.”

The women in this study emerged from roles during their addiction that were not conducive to their growth or their sense of self into a place of unknown as they entered recovery. While the early years were not easy, they were a time when the women began to define and understand their wants, needs and beliefs. Thus, as their authentic self grew, so did their ability to be autonomous in their identities and in relationships with others. Seven of the nine women are adamant about knowing who they are today, feeling solid in their identities. For example, J1 began liking herself and finding a place of self-acceptance. L1 still struggles with a sense of emptiness and a need for validation – she is also the youngest member of the study group by 20 years. K1 is still working to integrate her past into her identity today, without as much stigma and shame. While she has over 25 years of sobriety, she is not open about her identity as a recovering woman outside of her AA circles.
Defining Recovery

“I would say, recovery first is abstinence from any mood altering drug, any narcotic or whatever, or alcohol. You have to have a clear head, OK. You will be making changes in your life from negative changes to positive changes like all your behaviors – the negative behaviors. Some behaviors will stop instantly, like the stealing. Some rules you will um, you try to adhere by all the rules, but sometimes you don’t because you’re a human being – that’s just being honest with it….You know, some rules they just change up, but the thing of it is, recovery is making different decisions – making healthy decisions for yourself or if your family, your children, mainly for you, because those healthy decisions that you make for yourself sometimes fall into your family, cause when you make that decision, your decision may affect your family. So, you’re making healthy decisions. Recovery is when you got something going on, you talk about it….Um, I think recovery – the biggest thing about recovery is being honest – no matter what it is, you have to be honest, you need to be honest – that’s the biggest, you know…but that’s what I look like you’re walking different – walking different than when you were using. That’s a big one. That’s a powerful one right there and that’s everything included – you know what you were doing when you were using. So, the majority of those things you shouldn’t be doing now.” (É1)

One of the many things elucidated during the interviews were individual definitions of recovery. The women in this study were asked to either define or explain recovery. Each woman defined recovery in her own way, most beginning with a practical definition of abstinence. However, each woman expanded upon her definition to speak about her own self and her relationships with others. While addiction was often expressed as a desire for normalcy or for acceptance with significant persons in one’s life, recovery was more about transformation and a sense of connection to one’s self and others. For example, the personal impact of recovery included: “being honest”, “Making different decisions- healthy decisions”, “my recovery is my health”, “making changes in your life”, “changing the way I look at things”, “complex process”, “principles to live by”, and “opens my word up completely” were used to describe internal changes.

Phrases to describe the changes in one’s identity included: “I have become the person I
was supposed to be, intended to be, destined to be”, “I’m not the person that I was”, “growing up and becoming a whole person”, “I appreciate life more today”, “I have more everything” and life as “beautiful” or “lovely”. Changes in one’s interactions with others included, “walking different”, “positive force in other people’s lives”, “I’m not the center of the universe”, and “being responsible and of service to others”.

The collective definition of recovery included directions for the (1) practical or tangible aspects of recovery, (2) the individual identity or personal worldview components of recovery, and (3) the relational aspects of recovery or living a recovered life. I provide the following definition based on the information gathered from the women in this study and my interpretations of their explanations: Recovery from substance dependence is a complex process, characterized by sobriety as a foundational feature, and sustained by growth in one’s identity, wellness, spiritual practices, feelings and actions, with assistance and support from caring others in the community. Recovery is at its core transformational and life changing and has the capacity to be sustained and maintained over the life course.

The experiences of the women indicate that recovery need not be a voluntary process at the beginning. Some of them struggled in early sobriety with daily living and needed guidance, direction and for some, mandates. S1 entered treatment the day before losing her parental rights of her daughter; her court advocate responded to a call for help and drove her directly to a treatment center. A1 and E1 were forced into treatment and began their recovery journeys somewhat by default. A1 received an intervention at work and E1 was incarcerated; neither of them sought refuge from using, rather they were attempting to avoid further negative consequences. E1 reflected how she did not want to
be sober, rather she wanted to learn how to stop going to prison, but continue to use. For her, recovery began seven months into treatment without her realizing what was happening. For A1, the concern over losing her professional license and her ability to control her actions scared her into treatment and sobriety.

While each woman is grateful for her recovery and holds it in positive regard, their early journeys were not without difficulty. D1, A1, and L1 discussed the experience of being physically, sexually and emotionally abused as children and how this abuse impacted their ability to trust, connect with others and feel safe. All three discussed the pervasive fear they felt at all times for the first few years of their recovery and how at times, it kept them sober, while at other times it made them think about using substances again. The fear of “life before” was greater than the fear of life in recovery, fortunately, which sustained their sobriety. The chaos of addiction, especially addiction that began during formative years inside of families that were impacted by parental addiction, “normal life” is a foreign concept. Without a frame of reference for life without drugs, many women struggled with the adoption of the recovery lifestyle, not because they were unwilling; instead they were unfamiliar with the lifestyle and somewhat terrified of what it would look and feel like for them. A1 recalled being worried about what the recovery lifestyle would look and feel like; L1 had a constant sense of “terror” that was ameliorated by drugs; D1 lived in constant fear for the first two years, and P1 worried that if she stopped drinking she would lose her entire social life, which terrified her. In addition to fear, several of the women had thoughts of suicide during this time. However, as time passed the negative feelings and behaviors that they had used for coping slowing began to be replaced by recovery skills and tools. What sustained their sobriety differed
from a fear of dying (A1, T1 and L1), avoidance of further negative consequences (E1), to a desire for change in the quality of one’s life (K1, P1, B1, D1 and S1). Most of the women felt like they were committed to their recovery by the end of the first five years; A1 struggled with “not hating it” until about her twelfth year of sobriety, feeling compelled to remain sober, despite these negative feelings. She described herself as a “straight shot for 22 years”.

The findings from this study build upon definitions for recovery found in the literature, which are still contested and debated, as explained by White (2007), Laudet (2007) and The Betty Ford Consensus Panel (2007). Contemporary discussion seems to agree on a few principles for a definition of recovery. First, recovery from addiction is founded on abstinence or sobriety from substances that are considered mind and mood altering; however, this aspect is not without contention as the debate over medication-assisted recovery and nicotine dependence continues. Going “beyond abstinence” seems to be the second component of a definition for recovery, as most researchers recognize the importance of quality of life for individuals (Brown, 2004; Covington, 2002; Humphreys, 2002; Laudet; 2007; & White, 2007). The interconnected nature between the person and his/her environment is considered in most definitions as well, as the discussion of one’s lifestyle emerges. This definition for recovery from a woman’s experience adds to the understanding of what is required to enter and maintain recovery. It is clear from this study that recovery evolves over the course of many years and that “the beginning” is considerably long, lasting for the first couple of years. Many women felt like they were not past their “early years” until about ten years of sobriety. Thus, the
The timeline for healing is extended beyond what the majority of the literature examines (i.e. six months, one year, etc.).

The Nature of Long-Term Recovery

“It was at that place where I was able to, for some reason, I was able to understand that I wasn't a victim, that I had choice and that I had power and that I had a self, and that the growth being painful was just simply a fact of life but that the payoff was great. In a way, it's kind of like, this may be too warped, but you get drunk, and you drink to excess and you get the hangover and you puke, but it is worth it, right? So, it's kind of like that from the good side. You have the pain and you have the grief and you have the stress, but the payoff is so great – the growth and the wonder and the adventure of it is so awesome. I think that's one of the ways – knowing that's part of my understanding is where I think I know that I'm in this for the long-haul.” (D1)

A goal of this study was to examine the nature of long-term recovery, which is loosely defined in the literature. This study expands on what is known in the literature about the nature of long-term recovery for women, providing insight on the transitions that occur through the years, the lessons and insights gained, and the significant moments and connections that were meaningful. The process of recovery was (and still is) a healing journey for the women in this study and does not have one decided method. As they revealed, one may have a profound experience that becomes the impetus for change such as finding a safe place to exist like D1, finding persons who can provide comfort and care like B1, K1, L1, or T1, or it can begin through other circumstances like being incarcerated or “forced” into treatment like A1, E1 and S1. What is similar among these varied journeys is the series of transitions that impact recovery and facilitate a trajectory for healing.

When asked how they knew they were in recovery for the long-term, the women shared reflections that fit into three general categories: (a) personal realizations, (b) the acknowledgement of benefits from recovery, and (c) recognized environmental changes.
Common to all the women was the conclusion of the “heavy lifting” part of their journey, when they became relaxed and comfortable in their new lives as recovering women. An explanation for the description of long-term recovery from the women in this study is provided in the following sub-sections and is broken down by the four components of the collective understanding.

(1) First, a person knows that she is in recovery for the long term when she realizes for herself that drinking and using are no longer an option at a fundamental level;

(2) Second, she must come to realize that her recovery is not separate from her life; rather it is her life, as she integrates her past and works to resolve painful issues. Her sense of connection to self and others will begin to emerge as she realizes she is part of a community of support;

(3) The application of recovery principles must begin to materialize in ways that are beneficial and meaningful to her. Once she senses that her new life is something she wants more than her old life, she will begin to feel connected to the idea that that she is in recovery for the long-term;

(4) Finally, this transition from feeling like recovery is work or something foreign will shift on emotional, spiritual and cognitive levels to signal a sense of comfort and normalcy. A sense of purpose will emerge from this experience and she will recognize the importance of giving back to others.

**The basics: substance use is no longer an option.**

First, a person knows that she is in recovery for the long term when she realizes for herself that drinking and using are no longer an option at a fundamental
level (meaning there is no questioning about whether or not one can use substances again). The connection of alcohol and drugs to one’s problems is something the women avoided or tried to remain unaware of, almost hoping against hope that the problem wasn’t the substances. Drinking was P1’s “whole life” and not something she wanted to give up; rather, she wanted to learn how to “drink like a nice girl” and not struggle with feeling successful, yet feeling depressed and suicidal. K1 worked hard in therapy to try and fix her other issues, without having to address her alcoholism because she “wasn’t done with the life”, and D1 did not consider herself as an alcoholic but rather someone who was “cursed by other addicts and alcoholics” in her life. B1’s life in the publishing world was accepting of drinking, as was T1’s work in the restaurant industry. A1 and B1 were a part of the military culture where drinking was “normal”, while L1 worked in nightclubs where she was expected to “be wasted”. E1 hoped that she could figure out how to continue using but stop going to prison because she “loved” using drugs; she realized for herself that the two issues were intertwined seven months after she’d gotten sober. Many of the women saw substance use as necessary and something they had to do in order to feel normal. Brown (2004) discusses the various reasons and meanings attached to using for women, including competing with men, feeling like failures in relationships, internal conflicts, as a way of solving problems, as a means to feel and be someone different, self-treatment for anxiety and depression and to turn off the world. These reasons were reflected throughout the narratives of the women, especially as it related to coping with painful feelings and dealing with difficult situations, and connecting with others who were also using substances.
It eventually became clear to all the women that their substance abuse was the source of their problems. Each woman articulated the moment when her life changed and described the moment with great detail, either specific chronological events or by infusing the use of image and metaphor to convey the weight of the experience. D1 was pulled over for a DWI, T1 was arrested for her third DWI, B1 crossed a personal line and was drunk in front of her parents and grandmother, A1 lost track of two weeks of her life while out on a binge, and L1 found herself walking down a four-lane highway barefoot in the morning. P1 described “a bolt out of the blue” that signaled to her a need to get help and make major changes in her life when she awoke in her car. S1 experienced a “spiritual awakening in a drug house” where she began to pray and recite scripture and call for help. Rather than ignoring these realizations, the women in this study decided to ask for help and move forward on their journeys.

The women were shepherded into the recovery community through the connection to a mentor or nurturing individual. The relational aspect of this connection is important to note, as it played an essential part in helping the women move out of their addictions and into their recoveries. P1 reached out to someone in the AA community, B1 began to pray and then called a friend who was in AA, T1 had a “handful” of recovering friends who took her to her first meeting, K1 had a friend who introduced her to a woman’s AA meeting, and D1 had remembered her husband telling her about AA as “the place to go” when she had nowhere else to turn. Each woman accepted the offer for help, which was the foundation for the transition that modified her trajectories into recovery. Zelvin (1999) views relational skills as the main strengths to build upon in a woman’s recovery, citing that “the healthy use of relational strength empowers women for optimal
recovery” (p. 22). Relational strength is centered on the ability to create mutual, growth-enhancing connections with others, which is seen as a key component of women’s development (Jordan, et. al, 1991). Because of the fear of life without substances and “the unknown” coupled with the stigma women face, having someone who is willing to be the bridge into the next part of the journey is valuable.

Connection to a sense of community was important in early recovery, and it didn’t necessarily happen in the first 12-step meeting. K1 recalled being “immediately turned off” by her first AA meeting; P1 “only heard differences” and A1 decided that everyone was a “hypocrite”. However, after going to a few more meetings they began to feel connected. T1 realized that she was not alone and was a part of a “community”. The role of women’s meetings and women friends in recovery was important for D1, J1, T1, and E1, who discussed the importance of safety and support. The experience of the group was important for L1 and P1 who value the interaction. L1 provided a metaphor for AA a “community for outcasts” as she feels like it is the one place where people like she belong and are accepted. She feels like an outsider in the “normal” world sometimes and recognizes her need for fellowship, which she receives through AA. Byington (1997) discusses how women receive less social support than men for recovery and often feel alone in their journeys. A sense of connection and belonging with others seemed to help the women in this study begin living sober and eventually transition into recovery.

Koski-Jannes and Turner (1999) used a factor analysis to determine what influenced the change from active addiction to sobriety, including tiring out, love, 12 Steps, revival, family, social consequences and peer group. The women in this study experienced many of these components as their addictions came to a close, helping them
to recognize the extent of their problem with alcohol and drugs and its connection to other negative issues in their lives. Byington (1997) discusses the importance of ending the relationship with the alcohol and other drugs, which may be difficult, as many women do not have a context for ending relationships in a healthy way. Gregoire (1995) explains how effective recovery occurs when individuals, “learn how to disengage from their relationship with alcohol and give their lives a new sense of meaning” (p. 339).

Letting go of the old life was something B1, K1, E1, and T1 all discussed as necessary, albeit scary. They remarked that those who continue to struggle seem to want to “hang on” to the old life. Acceptance of one’s addiction implies a redefinition and a reorganization of one’s identity on some level. Brown (1985) writes,

“With the acceptance of loss of control and a new identity as an alcoholic, the individual’s worldview unconsciously expands and changes. The same experiences no longer have the same meanings. New attitudes and values dictate new directions and a different way of evaluating oneself and one’s experiences…” (p. 35).

This sentiment was echoed by T1 who expressed how she felt like she was “20 years old again”, wanting to learn and experience things. D1 has a sense of “adventure” for life, and B1 felt like her life picked back up from where it had left off 20 years prior to her addiction. This change in perspective and vivaciousness for life illustrate what Brown is discussing in her explanation of recovery.

When asked to define a timeframe for “the beginning” or early recovery, the women in this study defined a wide time range from the first couple of years through the first 10 years. D1, P1, and A1 all have over 20 years of sobriety, and all saw the
beginning as at least the first six years, if not the first ten. T1, E1, L1, S1 and K1 concentrated on the first two or three years as their beginning, and B1 defined her early recovery as the first year. As the women described the beginning, some utilized images and metaphors to convey their feelings. B1 described the sensation of being surrounded by “an energy field of light” from the first days of her sobriety, indicating to her that she was on the right path. As the days turned into months she could feel “her old life falling away”, symbolizing her rebirth or transformation. She then utilized the next six years to put her “life together again”. L1 provided two metaphors to describe early recovery. The first is a yoga term called “Kriya” which she used to explain her process of recognizing a “mountain of things” that exploded; the Kriya was like hitting a series of bottoms, which created the opportunity for cleansing. She experienced a second Kriya three years into her recovery when many things about her life changed. A1 recalls the first year as “a complete fog” with “little to no recall”, while T1 experienced the beginning like a “pink cloud” where she “loved everyone and everything” about recovery. D1 found the beginning to be excruciating and she was like a “volcano” erupting with anger. While their experiences varied, the women agreed that the beginning is a time of significant growth and change, some pleasant and some unpleasant.

Interestingly, the transition from early recovery into middle recovery coincided with the sense of having a solid identity. For some women, this sense of identity came earlier in others, which may be related to the timing and resolution of painful issues. This assumption is made based on what the women discussed as being difficult for them during those early years. D1 and A1 had numerous co-existing issues to address and the both remarked a transition occurring between the years ten and twelve. Although L1 felt
like the beginning was past her, she admitted to still struggling with several issues, including her identity and need for validation in relationships. She is in year seven of her recovery, and may feel differently about the timeframes she provided if she were asked the same question at year ten or fifteen.

Transitions that occurred during this part of their recovery included: (a) involvement in the 12-step community and involvement with 12-step support, especially during the first year; (b) access to treatment; (c) identifying and working on painful life issues and re-learning how to do basic things in life without substances; and (d) connection to a mentor or nurturing individual who provided guidance and support. These transitions are reflected in a study by Koski-Jannes and Turner (1999), who determined the factors influencing the maintenance of recovery from addiction included self-control, professional treatment, 12-step involvement, spirituality, and social and cognitive coping skills. The women in this study seemed to have some of these factors present at the beginning of their journeys and eventually incorporated all by the middle years.

Several of the women received treatment or therapy during this time to assist them with the emotions they were feeling, memories they were having and issues they were facing. P1, A1, E1 and S1 began treatment at the beginning of their journeys. D1 received treatment during her early years as well, after spending a few months in AA. K1 entered treatment in the sixth year of her sobriety. L1 sought out therapy on her own, but did not formally entered treatment services. B1 did not go to treatment; rather her form of therapy came through her six-year tutorial with her teacher and mentor. T1 did not disclose if she went to therapy, although it is safe to assume that she did based on some
of the things she discussed. While the women were clear that AA was not the same as treatment or therapy, many of them (if not all) found some kind of therapeutic value in the process of connecting to and talking with other women and at times, men. Covington and Surrey (1997) explain how “asking for help, sharing one’s experience, strength and hope, speaking authentically, accepting vulnerability, and being there for others – the typical ingredients of a 12-step meeting – are the basic steps in building connection” (p. 344).

Compounding the acceptance of oneself as an addict and the fear in letting go of substances is the sense of stigma and shame that many women experience. Covington (1999) views stigma as the main psychosocial factor differentiating substance abuse in women versus men, as “women often internalize this stigma and feel guilt, shame despair and fear when they are addicted to alcohol and other drugs” (p. 55). The impact of stigma and shame was most evident in K1’s narrative, which was captured in the vignette. She discussed her reluctance to share with others her status as a woman in recovery outside of her AA fellowship because of the stigma she feels about her past. Even after 25 years of sobriety, she is affected and impacted by her internalized shame and her belief that others will judge her negatively for her past actions. Although this situation has never come to fruition, the fear of it happening is enough to prevent her from reaching out to others and sharing her story or “12-stepping” with them. Toward the end of the interview she began to realize that she still had some work to do on her past in order to work on this lingering sense of shame, which she was able to verbalize and essentially process while she was talking about her experience.
L1 mentioned the stigma that she encounters when she tries to talk about her addiction and her recovery, remarking on how uncomfortable it makes people, especially her family members. She believes the “don’t want to know” because they are not sure how to respond. She remarked how the stigma with addiction is similar to the stigma around HIV and AIDS, as people are not sure how to talk about it and are afraid that if they broach the subject, either they will “catch it” or she will “re-catch it”. D1 was clearly the most passionate about combating stigma, feeling as though she’s on a personal mission of sorts to take addiction and recovery from behind closed doors to out in the open. She believes it is the anonymity that perpetuates stigma, as the essence of being anonymous is to be unknown an unacknowledged. Similar to Betty Friedan’s (1963) recognition of “the problem that has no name” in her work on women and identity, recovering people often remain nameless, faceless, etc. Organized movements such as Faces and Voices of Recovery (facesandvoicesofrecovery.org) are working to build support for the recognition of recovery as a reality, not simply a myth. Providing a face and a voice to addiction recovery validates the power of the process and serves to de-stigmatize perceptions about recovering people.

Recovery is my life.

Second, she must come to realize that her recovery is not separate from her life; rather it is her life, as she integrates her past and works to resolve painful issues. This place of integration is about healing the past and integrating her experiences within her identity as a recovering woman today. The women in this study each reached a point where they recognized that “recovery” was not a separate activity; rather it was a way of being. As D1 and E1 stated, “recovery is my life”. A1 finally became
comfortable in her identity as a recovering woman and her “recovery lifestyle” when she realized how all her issues fit under recovery. The recognition of how painful life issues, like the experience of abuse, the development of eating disorders, low self-esteem, and unresolved grief influenced the development of addiction was part of the healing journey for the women. The issues the women in this study faced are similar to what is known about women in the research literature. For example, Covington and Surrey (1997) found that addicted women had significantly higher rates of physical, sexual and emotional abuse; they were more likely to be abused for a longer period of time by a male perpetrator than their non-addicted counterparts. Straussner (1997) indicates that women’s substance use is “more likely to be a reaction to an unhappy family situation, including exposure to sexual, physical or emotional abuse in childhood, poor self-esteem, and influences by male partners” (p 15).

Looking back at one’s childhood and adolescence and examining the context of the situation allowed many of the women to better understand how and why they became addicts. Many women began their narratives with some kind of background statement that explained that the stage was essentially set for them to become addicts because of their past experiences – not as a way of blaming, but more as a recognition of circumstances. Seeing the interconnectedness of issues is an important part of the healing process. L1 provided an image about her own addiction as wanting to perform “brain surgery” on herself with drugs, hoping to heal the part of her brain that kept remembering her childhood trauma. She later realized that this “brain surgery” was not working. In her recovery she was able to see that her trauma issues were going to need significant work, some of which she accomplished in therapy, and by combining other tools. Yoga
has been a powerful coping skill for her and is perhaps what she is using to perform brain surgery to this day. Doing the healing work and looking “inside” was frightening for some of the women in this study. As D1 stated she was not afraid of what she would find, rather, she was afraid that she would find nothing. L1 called that sense of not knowing oneself as “vacuousness” and B1 recognized that her sense of self had faded away during her addiction. D1 provided an image of her holding on tightly to her victim mentality during her early years of recovery, afraid to let it go. Once she was able to recognize the tight grip she had on it, and it on her, she was able to trust, open up, and further heal some of her painful issues.

Kearney (1998) detailed how women were able to overcome addiction and the deterioration of their self-concepts though a process that “…involved gradual progress toward a more honest understanding of themselves and their lives and a simultaneous effort toward healthful self-care and positive relationships” (p. 501). She named this process “truthful self-nurturing”, which involves three areas of recovery work: (a) abstinence, (b) self, and (c) connection. Kearney (1998) indicates that abstinence work may begin prior to sobriety as one begins to examine the impact of substance use and become aware of the problem at hand. During this time, the woman is building her skills for understanding how to cope with desires to use, followed by understanding the drive to use. Finding new things to do (i.e. meeting new people, going new places, and finding new activities to fill one’s time) is also a major component of abstinence work. The women in this study found that their lives began to change dramatically once they got sober – in ways that they liked and in ways that they did not, as they learned to adjust to a new range of emotions, thoughts and experiences. The need to “be patient” as S1 stated,
and to learn “responsibility” as E1 recalled are all a part of new social skills. D1 recalled needing to learn all the things her family was supposed to teach her in adolescence as a part of the early work of recovery.

Kearney (1998) found that “abstinence work was necessary but not sufficient for lasting recovery” (p. 505). The work of the self was essential for personal growth and sustained recovery. Self-work contains two components: (a) honest self-appraisal and (b) responsible self-nurturing. Honest self-appraisal is an evaluation of ones history of use in an attempt to understand the issues tangled in the years of addiction. It also requires one to understand her limitations and perhaps “how little one knows about her adult self”.

The women in this study faced a myriad of issues that began early in their lives, during the developmental years of childhood and adolescence. The idea of a self without chemicals seemed bizarre to most everyone, other than B1 and S1, as their substance use did not begin until ages 18 and 20, respectively. For the other woman, their use began at age 12 or earlier, and had been a part of their lives for a long time. D1 described how she worked to have her developmental age catch up to her chronological age in her first ten years of recovery so that she could function like a more normal person. Brown (2004) describes a “recovery shock” that women experience in their early stages because, “…many women don’t know that it’s normal to feel a full range of emotions in sobriety, from anxiety to sadness to pleasure. What’s more, they don’t want this kind of “normal”. They want to feel “better. They don’t want to hear that this is what you get when you stop using” (p. 38).

A1 was the most adamant about the difficult process of recovery, and how she believes this side of the experience is overlooked or ignored. She also believes that men have an
easier time because they seem to “put on their warrior self” and march through. She
knew that her healing would be process (on an intellectual level) but certainly did not
want to go through it. The reality is that the beginning of recovery is centered on self-
work, and that self-work is hard.

This kind of emotional, mental and at times physical work is simultaneously
arduous and transformational. Therefore, it is important to incorporate the second
component as learning to take good care of oneself, including understanding one’s needs
and how to meet them. Lange (2007) emphasizes the healing nature “…of self-care, as a
prescription, to relieve the pain and suffering of the processes of addiction and recovery”
(p. 76). P1 described how she began to learn how to get her needs met in ways that were
healthy, which was a part of her process of self-differentiation. B1 and L1 incorporated
nutrition, exercise and other components of wellness into their recovery process for
nurturing and balance. E1 learned how to utilize her support for decision-making, a
listening ear and for assistance when needed. T1 taught her self to be gentler with her
mistakes and to learn from them, rather than beat herself up, as she did in the past. These
types of changes were essential to the women’s growth, healing and happiness. If one can
sustain the pain of growth, then the “payoffs” are great, as articulated by D1.

There were several transitions that occurred during this time for the women
including, adoption of a new lifestyle and an accompanying perception shift, the use of
abstract reasoning, and making decisions that are healthier. E1 provided the image of
“walking different” than one did during addiction to describe the changes that occur
during this stage of recovery. The change in perspective is not only about recovery, but
may also be about addiction. A1 described how she lived in such fear of relapse – scared that alcohol and drugs would come and overtake her and that she would not be able to escape. Eventually her sense of fear “morphed into respect”. The image she provided to describe this change was of her uncle who was a police officer; she feared him as a child but came to respect his authority and discipline as she got older. Her fear changed into a respect for the power of alcohol and drugs after her fifth year of sobriety when she did not have a strong urge to use.

Another transition involved learning to “handle things softly” rather than “everything being a battle”. T1 described this change through the metaphor of “work”. She explained the work involved in early recovery similar to a job – there is a lot to learn and do in order to understand recovery and strengthen one’s sobriety. However, the feeling of it being work eventually passes, especially as one learns to be less critical of oneself and others, or to handle things softly. Learning boundaries and patience were also part of the transitions of this time period as the women were redefining their relationships with others, developing friendships and learning about themselves and their spiritual lives. This process proved much more difficult for A1, who regarded her ability to get through the first five years as similar to how she got through the military – simply by telling herself she had to stick it out today, over and again. Her ability so “soldier” through life allowed her to survive her childhood and sustain her recovery.

Many of the women discussed the importance of their spiritual life in early recovery. Rush (2000) explains the process of a spiritual awakening and development of a spiritual life is multidimensional and gradual and involves a change in perception of oneself and others. Her description encompasses the spiritual journeys of the women in
this study as well. Other than S1, E1 and P1, the women in this study entered recovery feeling spiritually disconnected. Also, they did not want to be forced into any spiritual beliefs, as many of them had negative experiences as children with religion. They remarked how they appreciated the freedom in AA to define and explore one’s spiritual beliefs and practices and how foundational this work was to their recovery journeys. E1 provided a metaphor for the integration of spirituality in her life as living “life on God’s terms” wherein she is guided by her Higher Power in her daily decisions. Spiritual exploration occurred over the course of many years for B1, D1, K1, T1, A1 and L1. L1 still feels like she is working on this issue herself and at times feels like she has not resolved some of her “spiritual bottoms”. As stated earlier, she is in her seventh year of sobriety and may need more time to reach a place of comfort with this aspect of her life. This important feature cannot be overstated, as Rush (2000) explains, “Developing one’s spirituality creates a connection between oneself and others that encourages growth and potential. This dissipates the feelings of isolation that most persons with alcoholism experience” (p. 198).

**The healing trajectory.**

The concept of time is interesting when discussing the trajectories of addiction and recovery. Kenyon, Ruth and Mader (1999) discuss the linear view of time versus internal psychological sense of time with respect to change:

“…our personal meaning of time, as is the case with the rest of our being, is subject to the paradoxical dynamic between our facticity and our sense of possibility. That is, change is always possible in principle, but like stories, our
lives come from somewhere, are something now, and are going somewhere…” (p. 46).

This quote highlights the philosophical concepts of facticity and transcendence, which are referenced in explanations on existentialism (Crowell, 2010). Facticity includes all those properties that third-person investigation can establish about someone, i.e. demographic information, or information about one’s past. Facticity can only serve to classify a person, but cannot describe “kind of being” a person is on the inside (Crowell, 2010). Crowell (2010) explains transcendence as including one’s attitude toward oneself and the world, or as Jordan et. al (1991) would describe as my being-in-relationship with others. Crowell (2010) views existence as a co-constitution between facticity and transience, wherein the self is continually being made in each relational situation. Thus, one’s sense of time and the ability to change seems dependent upon numerous situational factors and an internal clock that may or may not match up against linear time. This concept illustrates the importance of considering the impact of major transitions that modify trajectories, like traumatic events (i.e. sexual abuse, incarceration, health crisis, death) or major opportunities (i.e. a friend who can connect someone to resources, linkage to supportive services, a job or career offering, furthering one’s education).

When reflecting on addiction, some of the women examined the many years that went by them and how their recovery provided them with a new “lease on life”. T1 commented about how she felt like she was 20 years old again; D1 and P1 discussed the growing up that occurred for them. D1 compared her “developmental age” to her chronological age” as being apart from one another when she entered recovery and how she felt much more equipped to deal with life when those two pieces got in sync with one
another. K1 discussed how in many ways she is emotionally like some of the children she works with today on an emotional level – still working to feel safe and make sense of her trauma experiences. B1 was able to fulfill her childhood dreams in her recovery and essentially catch up to where her life was supposed to be headed once she got sober. The “20 years in between” seem like a detour on her personal timeline. The “tremendous growth” and “hard work” that characterized the early years were the impetus for transformation for many of the women in this study.

The gifts of recovery.

Third, the application of recovery principles must begin to materialize in ways that are beneficial and meaningful to the individual. Once she senses that her new life is something she wants more than her old life, she will begin to feel connected to the idea that she is in recovery for the long-term. The middle years of recovery ranged from years five through fifteen for the women in this study. They characterized this time as one of stability, balance, rebuilding and persevering. The women shared how recovery changes from the beginning to the middle – that their processes for applying what they learned evolved during this time. They recognized that their perspective on themselves and others also continued to change, often becoming wider. Their abilities sharpen for recognizing “old behaviors” and the emotional roller coaster of early recovery seems less bumpy and much more even.

They realized several gifts in their recovery journeys, including (a) the gift of relationships, (b) the gift of happiness, and (c) the gift of identity. The gift of relationships was shared throughout the narratives and described as: not feeling alone anymore, being able to trust and share feelings with others, gratitude for the support of
the AA community, having a support system, gratitude for having healthy relationships with caring people, and the ability to be a responsible and loving parent. The gift of happiness manifested in many of the women as a sense of fulfillment, where life is purposeful and beautiful. A sense of peacefulness and serenity is present for some of the women, and their ability to enjoy life rather than focus on the negative is something they value. They all seem to have busy, productive and fairly happy lives where they are involved and connected to many people.

The gift of identity was the one that seemed to present itself toward the ten year mark for many of the women. Identity to many of them was about being authentic to one’s values and expressing one’s wants and needs in healthy ways. Additionally, the women have learned to become gentler with themselves, having a sense of acceptance and love that was not there before, and within that they have developed the ability to forgive themselves and others for not being perfect. The gift of identity seemed to be the hardest to come by as Brown (2004) indicates, “…the real self may be barely known: barely audible, barely visible and woefully underdeveloped” (p. 4). Developing a new sense of self is done by “…learning the language of recovery, by listening and speaking the language of the self, by being in relationships with other people and by continuing to notice and assert yourself” (Brown, 2004, p. 57).

Belenky, Clinchy, Goldberger and Tarule (1986) discuss how one’s sense of self, voice and mind are related to their ways of “knowing”. When women are silenced, they perceive themselves as “mindless, voiceless and subject to the whims of external knowledge”. Many of the women felt silenced during their childhoods, adolescence and in their adulthoods when they were actively addicted. As they developed their sense of
identity, their ways of knowing developed as well. A sense of self and one’s voice
develops through the ability to integrate the inner voice with the voice of reason and the
voices of others in a way that allows one to make decisions that reflect one’s values,
wants and needs. This sense of self was evidence through their ability to share their
perspectives, positions, and beliefs about themselves and other women in recovery.

The sense of self and one’s ability to relate to others is precipitated upon healthy
connections. Kearney’s (1998) third component of truthful self-nurturing is connection
work, which results in a sense of having a safe place within a community and a
meaningful role to play. Connection to mentors and nurturing friends was integral in the
lives of seven of the women. E1 has a network of supportive women friends, stretching
across many cities. B1 had six years of a private tutorial with her mentor during the early
years of her recovery, and was connected to numerous spiritual mentors and guides. T1
has friends in her daughter’s school community and within her social and professional
circles, all of who seem to support her recovery. S1 is connected to her church and leans
on her faith community for support. D1, P1 and K1 have numerous female friends in the
AA community. L1 is connected to her best female friend in AA, describing her as
“amazing”. The ability to emotionally connect to others (especially women friends and
significant others) in very authentic ways is something that the women in this study
value.

Connection work was easier for some of the women than others. Kearney’s
(1998) review indicated that women who experienced violence, instability and abusive
childhoods had a more difficult time coping, identifying their emotions and relating to
others. This situation was illustrated in A1’s experience of recovery as difficult for the
first twelve years. She struggled to relate to people, to relate to herself and to connect to anything other than her job. She also had the longest-standing abuse history, coupled with other levels of family dysfunction. She has defined herself as introverted and someone who prefers alone time, which may also be related to her difficulties with connecting to others. Her final comments in her interview were about needing to understand the different needs of women in recovery, especially those who are more introverted and adverse to the group process. She also commented how she believes recovering people have an “emotional disorder” and are not very good with feelings.

L1 is still struggling with trust issues in her seventh year of recovery. She attributes her difficulty in forming relationships with other women friends to her issues with her mother. She describes herself as a relationship addict in terms of her connection to men and finds herself having “emotional bottoms” because of this situation. She is not always comfortable in meetings and avoids attending women-only meetings because she feels she cannot trust other women. In her life, she feels as though she has not been mentored or nurtured by many women and seems to still be waiting for this individual to show up. However, based on her past difficulties with women, she is likely to not let them in emotionally for some time. Despite these issues in their personal lives, both women work as helping professionals in social services, both have Master’s level educations; L1 recognized the dichotomy in this situation as she works to build rapport and trust with her clients. Basically it comes down to her not feeling safe with many people in her personal life, but she feels safe in her working life. Jordan (1997) relates connection to a sense of safety. She explains, “…the real self does not emerge through
separation, but is co-created through connection, as we deepen in our relationships with others, we deepen our knowledge of ourselves” (p. 142).

Transitions that occurred during this time period (years five to 15) included as sense of security and stability in both personal and professional lives. Many of the women furthered their educations and careers during this time, with some switching gears into different fields – mostly into the treatment field as professionals. A sense of balance both inside the fellowship and outside in “regular life” was felt, as recovery became seamless with other aspects of life. In this sense, recovery behaviors began to feel like second nature, rather than a chore or forced decision. Many of the women continued with some form of therapy to address issues that were unresolved or those that came up. B1, A1 and P1 moved away from their 12-step fellowships as they incorporated other activities into their lives during this time; both A1 and P1 returned after a hiatus, while B1 utilizes her spiritual and wellness practices.

The most unexpected of transitions occurred to seven of the women during this time period – each of them experienced a significant crisis with a loved one. B1’s son died, P1’s husband was diagnosed with Alzheimer’s, S1’s husband was diagnosed with throat cancer, K1 got divorced, L1 got divorced and lost her uncle and her father, E1’s husband died, and D1’s two best friends died. During these stressful and painful times, all seven women relied upon their recovery skills, tools and support system to take care of them. The only woman who mentioned wanting to drink during this time was K1, who checked herself into treatment at six years sober. Everyone else was not compelled to drink or use, even though they were experiencing some of the most frightening and painful feelings of their lives. Perhaps it is the ability to weather these kinds of crises that
is the true testament of the power of their own processes, as each of them took steps toward their recovery, rather than away from it in these times of need (Brown, 2004).

Stories of rebirth, growth and rising above were shared to explain the middle years of recovery, which reflects the tone of this time period. B1’s story of her wellness and spiritual practices integrating with her recovery demonstrated the emergence of her whole self – the aspects of her life that she pursued personally, intellectually and professionally. D1 shared how recovery for her was about “growing up” from a developmental perspective and how part of this growing up process involved her “letting go of her victim identity” which was something she had clung to for a long time. P1 described her growing up process as well as one of “self-differentiation” where she learned how to set boundaries and get her own needs met. L1 had her first child around her sixth year of sobriety and then her father died as a result of his addiction. Their lives felt symbolically connected to her, as her father’s passing represented the ending of an era of pain and her son represented a new era of possibility.

Four of the women used metaphors to explain the processes of growth, rebirth and rising above. K1 gave the most practical metaphor for the changes she (and others) experienced during the middle years. She remarked jovially, how a person gets sober and then after a while they “get their teeth fixed”. “Getting your teeth fixed” was her metaphor for taking care of the self – getting in better shape physically, exploring intellectual pursuits and taking care of other aspects of life that had been neglected. E1 explained the ability to get through emotionally charged things in life as a “ride through the thunderstorm” wherein one works to deal with painful issues by riding it out, versus running from it. The thunderstorm represents the painful issue and as one works through
it, they are engaging in a process of letting go. The duration of the thunderstorm depends on the work involved in working through the issue.

B1 provided the most detailed metaphor for growth and transformation in her use of “the butterfly”. She emphasized the part about being a caterpillar as important for women in recovery to understand. The caterpillar appears unaware of why it places itself in a cocoon and finds itself in a place that is prison-like and isolating for a long time, often without hope, until it begins to fight its way out. The isolation of the caterpillar and the necessary transformation that comes through the fighting is what B1 parallels with addiction and the early part of recovery. She explained how the struggle is necessary and that the caterpillar must be the one to do it because, “It’s that struggle, it is their attempt to break through to something that empowers them, and so that’s how I see my recovery journey.” While the butterfly and the caterpillar are connected, they are different creatures, with different abilities, talents and perspective. Her use of this metaphor echoes Brown’s (2004) description for the growth of a new self, which is a period of intense change.

The new normal.

Finally, this transition from feeling like recovery is work or something foreign will shift on emotional, spiritual and cognitive levels to signal a sense of comfort and normalcy. A sense of fulfillment and meaning seems to come during this time, which began around year 15 for E1, B1, D1, K1, P1, and A1 and S1. T1 and L1 also have experienced this transition from work to normalcy, but not in the same respect as was reflected by the women who were further into their recovery journeys. Brown (2004) describes this aspect of recovery as “The Ongoing Recovery Stage” where it
“feels natural to focus on recovery” (p. 79). She explains, “Ongoing recovery is a coming into your own that is rich; it is an expansion in the depth of your experience, your knowledge, your behavior, and your emotion” (p. 80). There is a deepened sense of connection to one’s self, others and one’s higher power.

Transitions experienced during this time included less anxiety and fear about relapsing and feeling “solid” in one’s identity. Years of practice combined with extensive healing work cultivated the sense of knowing oneself at a very deep and comforting level. A sense of “being the person I wanted to be” emerged for some of the women, as they are living out the values they ascribe to and are proud of themselves today. This life in recovery has become natural to them. P1 described her life in recovery with the metaphor of “riding a bike” to symbolize how easy it is to use her recovery skills and tools now that she has gotten past the awkward stage of learning how to ride. Recovery to her is simply second nature and almost an unconscious process. She values the connection to the AA community and described how service work (i.e. going to meetings, sponsoring others) is keeps her green, similar to “tending a garden”. She feels as though her recovery program stays fresh because of her interactions with others.

This sense of grounding seemed to aid women in not being concerned about relapse – as many of them felt like using no longer fit into any part of their life. To use again simply would not make sense in their cognitive and emotional landscapes. However, all of the women were acutely aware that they would lose the life they had created if they did return to drinking or using. S1 provided the image of being “delivered” by God from the bondage of disease – she firmly believes she is free from the wrath of addiction. E1 emphatically stated, “I wouldn’t give up this life for nothing.”

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The women in this stage of long-term recovery clearly felt connected to themselves, others and their communities. Many of the women experienced fulfilling relationships with significant others after they entered recovery. B1 provided the most detail on her personal experience of love and partnership with her husband. Other women spoke lovingly and with gratitude about their significant others and the role they have played in their lives. Many of the women experienced a transition in their level of connection with others, becoming aware of their ability to “give back” to other recovering people. They recognized that the bulk of their work was done, which afforded them the opportunity to share their experience at a different level with others. An appreciation for their status as persons with something worth giving was evident as they talked about this phase of their recovery. The sense of fulfillment and joy was also clear as they talked about the overall quality of their lives today and their gratitude for all that recovery has provided. B1 told the story of her ministry and movement through several spiritual communities, which she believes she can give back in her work with women in treatment. She, along with E1, A1, L1, D1, and S1, works (or worked) in treatment services for women, which furthers their ability to help others.

The connection work described in Kearney’s (1998) truthful self-nurturing builds relational strength. She recommends presenting the idea of recovery to women as a process of truthful self-nurturing rather than self-denial and discipline in an effort to remove some of their fears about change. D1 echoed this sentiment, wanting to change the perception of recovery as “not fun”. She believes more people would be attracted to recovery if they knew the gifts that existed and the reality of “adventure” and enjoyment that she experiences. The growth aspects of recovery – including self-development,
identity and spiritual practices are the things D1, B1, T1, K1 and P1 shared as meaningful and valuable to their lives. The process of healing is not without risk and without pain, but the concept of being self-nurturing in ways that are promoting of growth rather than destructive, may appear less threatening then the idea of having to deny or discipline oneself.

**Implications for Social Work Practice**

When asked to explain what others seem to not understand about women in long-term recovery, the women responded with various insights. Social workers engaged with women who are either in active addiction or active recovery can benefit from the knowledge gained from this study. Each woman provided her own recommendation, and they are worthy of repeating, as they contain implications for social work practice. First, one must acknowledge the diversity that exists in women and that different approaches are needed based on a woman’s personality (i.e. whether she is more introverted or extroverted). Some women may prefer more individualized settings such as one-on-one therapy, while others benefit from group settings. Preferences for individual and group work may change as recovery evolves and different issues emerge. Second, women face many barriers to getting and remaining sober such as the need for childcare, transportation, safety from violence and drug-using environments and access to women-only meeting and women-centered treatment. The challenges and barriers require much personal motivation and encouragement from others to stay on the recovery journey. Additionally, women struggle with loneliness and a desire for the perfect life, and will need to realize that this fantasy may not become an immediate reality just because they are sober.
Third, women need to be on guard for two things: (a) the disease and (b) being preyed upon by others. The vulnerability of being emotionally numb or emotionally raw, combined with the desire to feel connected makes some women a very easy “target” for those looking to manipulate her. Fourth, women need to know that the progress in the first few years is slow, but that it will get better. During the “slow time” remaining focused and busy seems to help, so long as she is committed to her recovery. Fifth, daily practice of recovery tools and their application to “real life” will help them feel more normal and help a woman adjust to her new life. She should be assisted in understanding that recovery is life-long and ongoing and that she may find that she needs connection to meetings and a network of support like some people “need a one-a-day vitamin” in order to maintain her overall health and wellness. Sixth, she should be encouraged to “keep saying yes” to the process, so that she can “inhabit all of her unnamed, unrealized potential”. Seventh, the strength and courage of women in recovery must be acknowledged and celebrated, along with the joy and happiness that comes from living a life that is not only free from substances, but also free from an artificial existence.

Implications for practice begin with the basics of therapeutic connections in order to assist women with the transitions needed to facilitate a trajectory for healing. Willingness to try different approaches for engagement with a woman will help her either begin her entrée into recovery, or sustain her sobriety if she is already this part of her journey. Gregoire (1995) recommends workers understand that an individual’s denial of their addiction as a method of protecting a source of personal meaning, as the substances have been a part of life and identity for many years. Therefore, it becomes paramount to recognize denial not as resistance, but as identity protection. To transcend this denial, the
worker will need to assist the woman in overcoming the fear of letting her old identity go in order to embrace a new version of her self.

The feminist recommendations for listening and interviewing women are salient for those working in individual or group therapy, as they foster an environment for a woman to feel safe and to utilize her voice, which will allow her to share her struggles and victories and ultimately recognize her strengths. Continuous encouragement to remain motivated may include assistance with challenges and barriers, so that a woman can “keep saying yes to the process”. Because women may be involved in 12-step support, social workers should understand the narrative community that exists inside of the fellowships. As such, women may be comfortable “understanding life to be experienced as a constructed story” and will therefore want to elaborate on answers to questions (Rappaport, 1993, p. 240). Freedom to contextualize ones experience and not be forced to give linear answers allows for the development of order, coherence and meaning making. Gregoire (1995) indicates how workers “who value story telling and the meanings that reside therein will be more effective than those who excel at using clients’ words to reduce understanding of their alcoholism to numerical diagnostic categories” (p. 352-353). These strategies for being present and open to dialogue will foster a therapeutic relationship that feels collaborative and safe.

Not all social workers who interact with women in addiction or recovery will do so in a treatment setting; five of the nine women in this study went to treatment in the beginning of their recovery; one woman attended treatment after six years of sobriety, and the remaining three received some type of therapy to assist them with difficult life issues. Women may seek help through individual therapists, family physicians, an
Employee Assistance Program, or through the criminal justice system. The need to recognize addiction and acknowledge its existence in women is an important first step to offering help and linking a woman to a potential service provider. The women in this study found that addiction impacted many other areas of their lives, and that they had numerous issues to face, including co-morbidity issues of post-traumatic stress, anxiety, depression, and eating disorders. They were not necessarily aware of all these issues and the interconnection with their substance use, but they did eventually identify them and work on them over the course of many years. Thus, the focus on helping and healing for social workers must embrace the life-course perspective and understand that healing may be slow and somewhat disjointed because it will occur over time.

Crucial to their success in maintaining abstinence was a sense of connection to others in the very early weeks and months of sobriety (for eight of the nine women). For some of the women, this connection came in the 12-step fellowship community, especially as they met other women in recovery. For others, the connection was to one or two supportive people who encouraged them to maintain their sobriety. All nine women were involved (even if it was reluctantly) in 12-step, or at least introduced to the idea of 12-step. Additionally, all the women received help when they asked for it. Thus, social workers ought to familiarize themselves with the various social support networks that are available in communities, as well as exploring the kind of support in which a woman is most interested. Davis and Jansen (1998) suggest social workers become familiar with the narrative style of meetings by attending at least one open AA meeting. Social workers have a mandate to intervene on a societal level as well as the individual level. Social work practitioners who interface with women are bound to consider the impact of
the social sphere on the individual lives of their clients and advocate for change. Advocating for and assisting with the development of comprehensive and coordinated care that focuses on a rich understanding of a woman’s experience in addiction and works to address her treatment needs is important and not necessarily available in communities. The women in this study mentioned attending treatment programs that “are not here any more” due to a shrinking availability of services. Thus, women who are seeking recovery today may not have the same opportunities as some of the women in this study.

**Implications for treatment services.**

The women in this study discussed the long-term nature of their recovery and described the many years that encompassed “the beginning”. Social workers providing treatment services should help women understand that “the beginning” of their journeys may last for many years, and that this time is one of “tremendous growth and a lot of work”. Therefore, expectations for perfection and rapid healing may need realignment – in a way that is empowering, reassuring and positive. Women may be able to “handle things softly” including their personal expectations if they understand that the early years may feel like a slow, uphill climb at times. Through their passionate stories, the women in this study described what it is like to be a woman in recovery and how it was essential for them to feel like they were not alone. The connection to others allowed them to let go of their old life and embrace their new life in recovery. Through the practice of the tools they were learning in recovery, many of the women felt like they were “growing up”, “becoming a whole person” and learning to “self-differentiate” – essentially developing relationships with themselves and caring others. They were learning to take care of their emotional, mental, physical and spiritual needs during their early years, while working on
painful life issues. Many of them emphasized the importance of not feeling judged, especially in terms of their spiritual journeys. Much of what they needed in the early years of their recovery included the re-learning of basic social skills as sober women, including feeling comfortable in conversations with others. Some of the women recall the “fog” or numbness of their first year as they struggled to have clarity if their thoughts and regain the use of their abstract thinking. Many of them took comfort in the structure of the first year of 12-step support with regular meeting attendance and work with a sponsor; others found the structure of treatment to be of great help to them for learning to live life again without the use of alcohol or drugs. Social support and regular attendance are recognized as important in terms of personal growth and a changing view of self (Rush, 2000). The beginning of a sense of self seemed to emerge over the course of the first few years, with a solid understanding of identity coming around the tenth year for some of the women. The ability to work on and resolve painful issues expedited this process for some of the women, allowing them to feel settled prior to the tenth years.

The findings from this study are useful for designing treatment programs for women. The overarching theme between and within the narratives was the amount of relational discussion. Stories about addiction and recovery were filled with relationships—either with others or with the self. The need for relationships was evident as the women shared their recovery journeys, both new relationships in terms of friendships, partnerships and family connections. Thus, it would be a significant oversight to make recommendations for women’s’ treatment that did not see relational issues as paramount. Additionally, the quest for identity and a sense of self must be understood as the core of much of the growth work in recovery, as it was a salient, yet ultimately futile component
in the addiction journey (Gregoire, 1995). Fortunately, a substantial body of work has developed and emerged since the 1990s that acknowledges the importance of relationships for women, especially for women with alcohol and drug addictions.

Covington and Surrey (1997) suggest that programs that utilize the relational model as an underlying treatment philosophy will create an environment that is positive, with mutually enhancing connections for both staff persons and clients. Miller (2004) discusses the principles of relational-cultural therapy as revolving around the basic premise that people thrive in growth-fostering relationships in therapy, as they do in life. She details that it is only via deep connections that the client can discover the nature of her particular strategies for disconnection (Miller, 2004). Zelvin (1999) views relational skills as the main strengths to build upon in a woman’s recovery, citing that “the healthy use of relational strength empowers women for optimal recovery” (p. 22). Walker (2004) explains how relational-cultural therapists work from a set of grounding values and foundational concepts that inform their therapeutic decisions. Utilizing this philosophical approach to therapy creates an environment where relational disconnects are minimized (if not eradicated), where one’s relationship with the self, others and society is redefined and one’s life experiences are validated and recognized.

Growth-enhancing relationships in the treatment setting lay the foundation for future healthy connections. Supportive peer relationships are a means for building healthy relationships with others, which can occur in the treatment setting. Zelvin (1999) adds that the support network formed with others may help women engage in treatment and strengthen their recovery. Because of the series of relational disconnections a woman will have experienced in the course of her life, she will need practice with her
relationship skills in all her roles in connection with others, i.e. family, friends, romantic, and parenting (Byington, 1997). As she develops healthy relationships with her self, with her spirit, and with society, she will find sources of connection that are growth-enhancing rather than destructive and violent.

Covington (2001) calls for treatment that is gender-responsive and combines addiction, psychological development and trauma to be effective. Covington’s (1999) *Spirals of Addiction and Recovery* represent the trajectories of addiction and recovery. She proposes that a woman makes the shift from chronic neglect of self (the addiction spiral) to a healthy care of self (recovery spiral) by building healthy relationship with her self and others. Covington (1999, 2002) references the being-in-relationship focus of women’s development as discussed by Jordan, et. al (1991) as an essential component of the recovery spiral. Benda (2004) found enhanced social support and improved relationships with family and friends as a feature of preventing relapse and readmission to treatment. Covington (2002) provides six guiding principles for developing gender-responsive treatment, including: (a) groups that are women-only to foster a sense of safety and connection for discussing painful trauma issues; (b) a recognition of the multiple issues that are present in the lives of women, which will require a comprehensive and integrated approach to care; (c) conscious creation of an environment that fosters safety between clients and staff, mutual exchanges that are respectful and collaborative, and an empowering approach to problem-solving; (d) a diverse repertoire of therapeutic approaches that can address issues on multiple levels; and (e) the ability to individualize treatment plans and services to match the woman’s identified strengths and issues.
Byington’s (1997) and Covington (2001) frame addiction as a disease of disconnection within troubling relationships. Recovering from addiction in this framework represents a re-construction of one’s entire life, based on the ideas of safety, connection and empowerment as central to the process. Recovery goes beyond the alcohol and drug use – it reaches into all the components of the life story so that one can find a new trajectory for life where relational disconnections are minimized, if not completely absent, where one’s relationship with the self, others and society is redefined, and one’s life experiences are validated and recognized. Within this redefinition comes a spiritual journey – something all nine of the women in this study found as foundational to their development and a continuing source of strength. The ability to explore and define one’s spiritual beliefs was important to the women in this study who did not want to be forced to believe any set of practices or principles, as many had experienced in their childhoods.

Treatment approaches will continue to evolve as the knowledge base expands itself, reconsiders its worldviews, perspectives and approaches. Consistently present are the common transitions and trajectories that addicted women experience. If over time these transitions and trajectories persist, we are forced to recognize that society plays a major role in addiction. Details of individual life stories may vary, but the themes are consistent: women’s oppression, experienced violence and invalidated experiences foster a situation that is ripe for addiction. Not all women who experience violence will become addicted to alcohol and drugs; this relationship is fostered through a series of relational disconnections that pave the way for a life trajectory that continues the violence, the progression of the addiction, and the subsequent disconnections. Conceptualizing what
women need in treatment must involve a lens that recognizes the reality of violence in women’s lives. Treatment frameworks that incorporate principles of feminism – especially relational theory – and a life course perspective must be built with an understanding of the barriers that women face in order to address the needs of women in a comprehensive and competent manner. These themes have repeated for generations and signal a societal problem, not an individual one.

Models that contain these elements are available. The challenge that lies ahead involves the integration of these models into treatment settings. The positive changes will only occur once providers of services expand their worldview from “one size fits all” to a perspective that considers the life experiences of women, as presented. One must continue to learn from those who have lived the experience and build upon what they teach. The women involved in addiction and recovery play and integral role in the transformation of treatment and their recovered lives are the true testament to what works. Further research may seek to connect these personal truths with the models presented. Progression in our understanding of this complex story is not linear – it converges in the spaces between all of us involved in treatment and recovery: the women, the workers, and the researchers. Successful integration of such informed recovery models will heal the disease of disconnection that addiction creates and allow a woman to live her life in relationships that are mutually growth-enhancing and meaningful. Perhaps the best implication for treatment that can come from this work is that practitioners can gain a rich understanding of the experience of a woman involved in addiction and recovery and in doing so, they may facilitate the woman’s own understanding of her journey.
Conclusion

This study provided a narrative description of long-term recovery, including explicit detail on the nature of events and transitions that impact the trajectory into recovery and the evolution of this process over time. Specifics on how women narrate their lives was provided to illustrate the construction of stories, which allowed for an examination of voice and life course. The tri-layered analysis produced three distinctive chapters on findings, each of which illustrated important aspects of addiction and recovery for women. These findings are interrelated as well, as they emerged from coherent narratives. The following categories encapsulate the “work” involved in recovery for women and include many transitions. These categories are not necessarily linear and may occur in conjunction.

Category 1.

The first category of work in recovery involves the reclamation of the life as life-story through recognition of experiences in their social context. This experience is achieved through breaking one’s silence and telling one’s story in many forums, including prayer, conversation, therapeutic dialogue, group discussions, and other forms of sharing. As one takes the power of telling and explaining one’s own life, rather than allowing someone else to explain or define, the life as life story is reclaimed. The women in this study were able to share their personal stories during their interview; all of them find opportunities to share their life-story with others. Some do this more publicly than others.
Category 2.

The second category of work involves restoration of the elements of the self, especially the self-in-relation. Examples include: “growing up and becoming whole”, “becoming a whole person”, “growing up”, “self-acceptance”, finding my “authentic self”, and honoring relationships with others without losing the center with myself”. Transitions include the development of a sense of identity that integrates one’s past and present. One can recognize goals, dreams, wants and needs, where perhaps a “vacuous hole” or “void” once existed. Elements of the self include one’s freedom, one’s mind, one’s body, and one’s spirit.

Category 3.

The third category involves the recognition of the impact of life events. The women connected the events of their past with their lives today and continue to understand life through a perspective of recovery. They can connect their experiences in childhood and adolescence with their identity today and are able to integrate and synthesize their experiences. Additionally, they are aware that “life will continue to happen” and as such, they have all experienced stressful life events post-recovery, including: having a spouse diagnosed with a long-term illness (P1 and S1), having a son die in young adulthood (B1), having two best friends pass from illness (D1), a father and uncle dying (L1), a husband die (E1), divorce (K1), and a desire to use again (A1 and E1). Each woman utilized her recovery tools to remain sober and balanced during these painful times, rather than retreating into alcohol and drugs. Thus, during difficult times, they relied on their recovery to sustain them.
Category 4.

The fourth category of work involves recognition of the impact of trauma on the life course. Several of the women received therapy or treatment to address their addiction and/or other issues that were precipitating and perpetuating their addictions. Provision of support and/or therapeutic services attuned to the needs of women is essential and something that many of them sought out. In addition to therapy and treatment, the women in this study relied on friendships and relationships for support throughout their recovery journeys. The women in this study utilized self-awareness as a part of their recovery process; self-awareness allows them to “constantly assess and re-assess” where they are at emotionally as A1 explained. Because trauma was a reality for many of the women in this study, it is reflected as a reality for women in the literature, its importance cannot be overstated.

While the beginning and early years can be difficult, what becomes clear is how “lovely” life becomes once the “heavy lifting” is over. D1 emphasized the importance of communicating the power of recovery and explained,

“...I have so much fun, I just have a blast. I have great friends who have lots of fun, we laugh, we cut up, we play games, we tease, we have a pot luck night every month – whoever is having their birthday that month shares their story – we have it every other month, actually. And on the off month, we've started having game night. You know, just cause we enjoy each other, we have a lot of fun together. It's an adventure. Life is fun, life is meant to be enjoyed and I sure as hell wasn't enjoying it before and I wouldn't be enjoying it now. We don't sit around these
tables and complain about our lives – that's not how it is and I think people think that's how it is.”

B1 hopes that women can “keep saying yes” to the process and have the “gift of willingness” to keep going forward. P1 described her life as peaceful and serene, calling herself “a happy camper”. S1 described recovery as “beautiful”, J1 called it “fulfilling” and E1 credits recovery as the reason she has a life. These sentiments are what the women in this study want to convey to women may be struggling. Their hope is to return the gifts they have received because of their recovery. Their personal narratives are worth sharing and their lessons must be carried forward in the literature. There is considerable room for this type of work to continue, as the perspectives of more women will further enrich this growing understanding of long-term recovery.

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