

RECOVERY FROM ADDICTION AS A JOINT AND GENDERED PROJECT:
AN ACTION THEORETICAL STUDY

by

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Abstract

This qualitative study described the process of addiction recovery as it unfolded within close relationships and delineated the ongoing impact of gender on this process. The sample included five dyads that identified as being in a close-relationship and at least one of whom that self-identified as being in addiction recovery. The guiding research questions underlying the process included, “how do persons in close-relationships form and enact joint goals of addiction recovery?” and, “how are addiction-recovery projects gendered?” Data was collected using the qualitative action project method and participants were asked to describe how they came to view themselves as in recovery, what they were doing together to achieve recovery goals and how they each viewed his or her gender as impacting the ongoing process. Processes were identified and clarified in the form of joint projects and were monitored over approximately three months. Data analysis was based on the processes outlined as part of the qualitative action-project method (Young, Valach, & Domene, 2005) and informed by Stake’s (2005) instrumental case study method. The research findings yielded five detailed action-theoretically informed narrative descriptions of each dyad’s recovery project including the impact of gender on each case. Assertions about the addiction recovery process and the gendered nature of recovery were presented at the end of each case (Stake, 1995). Five overall (key) assertions about addiction recovery, as experienced by these participants, were drawn from a cross case analysis. Findings identified that addiction recovery was an inherently relational process and that when relationship goals and processes were going well these could supercede recovery goals and processes. The findings also identified that addiction recovery was gendered and gender role flexibility was identified as helpful for

addiction recovery. Assertions drawn from the study indicated that addiction recovery would lose its meaning without consideration of its interdependency with close relationship and work-vocational pursuits. Although the research design precludes generalizing from the data, the knowledge generated herein may be helpful to others in the fields of psychology, social work, psychiatric nursing, and related health care disciplines, at the levels of education, training, and practice.

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CHAPTER I: Introduction

Ten percent of adult Canadians report symptoms consistent with alcohol or illicit drug dependence (Statistics Canada, 2003). The research literature has established that many of these persons will make substantial efforts to recover from these problems and whether they use professional interventions or not, their recovery efforts inevitably involve significant others in their lives, suggesting a complex, dynamic, and on-going process. This dissertation, completed as part of a doctoral program in Counselling Psychology, addresses a threefold gap in the addiction recovery literature. First, there is very little qualitative research on addiction recovery that includes a guiding theoretical framework. The guiding framework for this study is contextual action theory (Valach, Young, & Lynam, 2002). It includes a theory of joint intentional action and is integrative by taking account of multiple perspectives of the phenomenon. Second, little is known about the process of recovery over time from a longitudinal and qualitative perspective. The qualitative action-project method (Young, Valach, & Domene, 2005) is a qualitative procedure designed to identify and describe process over time. Third, and importantly, little is known about how recovery shapes and is shaped by various life contexts. Conducting this research from a contextually informed epistemological lens allowed access to how recovery manifests within an already established relational context.

Illness Model

The field of addiction research is experiencing a noticeable shift in emphasis from addiction to recovery. Arguments that the language of addiction unwittingly promotes pathology have become widespread. Recovery has been offered as a more optimistic and solution focused way to conceptualize and promote return to health from problematic

substance misuse. As with addiction before it, the search to develop a clear understanding of recovery has included debate about its definition and processes (Biernacki, 1986; Moos, 2003; White, 2007). The current lack of clarity arguably comes from the inherent complexity of recovery. Recovery research has been hampered by several factors. First, neurobiological research has played a central role in developing the addiction-as-illness paradigm. The illness paradigm tends to diminish recovery potential by conceptualizing its actors as powerless. Second, there has been a lack of importance placed on the social nature and role of social context in recovery processes that, in turn, reduces the complexity of the lived experience of recovery. Finally, it has been acknowledged that the preexisting qualitative research on addiction recovery often fails to go beyond amassing descriptions of subjective experience that does not contribute to meaningful theory. This project represents a theoretically grounded qualitative study of the processes of recovery from addiction as it happens within close relationships.

An enormous body of literature exists and continues to be generated on the neurobiology and epidemiology of alcohol and other drug problems (White, 2004). From the hegemonic position of neurobiological science, addiction is often defined as a brain disorder (e.g., Kavilas, 2004; Robinson & Berridge, 2003; Volkow & Fowler, 2000). Holding steadfastly to this definition promotes the notion that addiction resides solely within the individual. This position manifests in the characterization of the addicted person as sick and powerless and is sometimes held out as a central ideological tenet of the Minnesota Model (Quinn, Bodenhammer-Davis, & Koch, 2004). Within this model, treatment tends to reinforce the stigmatizing label of the addict as a person who is powerless to quit drugs or alcohol. Although initially helpful to counteract the view that

addicted person was morally weak, the label tends to contribute to the marginalization of such persons and arguably diminishes the true complexity of addiction (Graham, 2006; West, 2006). Addiction conceptualized exclusively as a brain disorder has, until recently, kept recovery research focused on the pathological symptoms of substance use disorders (Venner et al., 2006) and on the biological determinants of addictive behaviour (e.g., Volkow & Fowler, 2000). This, arguably, has prevented a move towards more recovery-oriented and complex understanding of the meaningful and relational processes that constitute recovery (Hughes, 2007; White, 2007). More research on the positive nature of recovery is needed in order to delineate its conceptual boundaries, understand its various pathways, and describe variations in recovery relationships (Betty Ford Consensus Panel, 2007; Waldorf, 1983; White, 2002, 2007).

Toward Recovery

Addiction recovery is a conceptually “fuzzy” concept that is often passively defined. It is not uncommon for authors to neglect defining recovery as a construct and to implicitly suggest it is the absence of diagnostic symptoms associated with various drug-use disorders (e.g. Dawson et al., 2005). Formal psychiatric diagnoses allow that recovery can be full or partial (APA, 2000) although the meaning of these distinctions is not often explicated in the literature. A more complex understanding of recovery is called for in light of a current trend toward social perspectives on addiction and toward a positive, agentic understanding of addiction recovery (e.g., Better Ford Consensus Panel, 2007; Neale, Allen, & Coombes, 2005; White, 2007). A recent pronouncement from a group of alcoholism scholars encouraged, “...focus on positive outcomes rather than solely attending to the pathology of substance abuse and dependence” (Venner et al., 2006,

p.1079). The current milieu is moving toward a more thorough examination of how philosophical paradigmatic assumptions influence addiction and recovery research (e.g. Larkin, Wood, & Griffiths, 2006; Orford, 2008; Reinarman, 2005; Rodner, 2005; Truan, 1993).

A multifaceted understanding of recovery will take into consideration how it is best understood within particular contexts (McCrary, 2004; Venner et al., 2006). Persons in recovery from substance use disorders exist within a complex web of social forces, and are not adequately understood from a single epistemological lens (Moos, 2003).

Understanding the effect of contextual factors on addiction and recovery has included many different possible approaches.

Recovery and Relationship

A recent example examined addiction recovery from a dyadic or relational level of analysis. Simmons (2006) and her colleague (Simmons & Singer, 2006) conducted ethnographic research on couple relationships where partners were both addicted. They observed ongoing interpersonal dynamics and the role they played both on recovery and relapse. They concluded that current policy and treatment are insensitive and disregard the richness and meaning of these relationships. These and other authors have highlighted how treatment approaches often lacked sensitivity to relationship dynamics (McCrary, 2004; Orford, Templeton, Yelleman, & Copello, 2005). Movement toward research across various levels of social position such as individual, close-relationship, family systems and recovery oriented groups would represent a more realistic portrayal of how addiction recovery occurs on a daily basis.

Addiction recovery research has focused on concepts of social and recovery capital in an attempt to understand the process of how resources are accessed to aid recovery (e.g. Granfield & Cloud, 2001). The construct of social capital has been attributed, at least in part, to the work of Pierre Bourdieu (e.g., 1986) and has been employed as a lens through which to understand how people access relational resources to aid the recovery process. Granfield and Cloud (e.g., 1999) employed a qualitative framework to identify and describe how individuals accessed forms of capital such as financial, social, and recovery oriented capital, and then utilized this capital to aid in their recovery process (see Granfield & Cloud, 1999). They found that successful recovery from addiction included recognition and strong reliance on preexisting or previously unrecognized social capital.

Recovery and Qualitative Research

Qualitative research on addiction recovery has offered an important source of insight into people's subjective experiences (Larkin & Griffiths, 2002; Neale et al., 2005). Qualitative data serves many ends including facilitating the humanization of those who are still very much defined by brain pathology and pejorative, restrictive labels (Graham, 2006; Larkin et al., 2006). Furthermore, qualitative data can deepen understanding of the experience of treatment and/or various policies around addiction and recovery. Some within the qualitative realm are calling for researchers to go beyond generating descriptions of the experience of addiction and recovery and to contribute to building addiction and recovery theory (e.g., Agar, 2002; Martin & Stenner, 2004).

An example of qualitatively generated theoretical work comes from Margaret Kearney (1998a, 1998b) who developed grounded formal theory of woman's addiction

recovery. Kearney's work focused on preexisting grounded theoretical studies of recovery from addiction. She used Glaser and Strauss's (1967) grounded formal theory approach as a method of building higher-level theory from already existing grounded theory studies. One of Kearney's major findings was that recovery required sustained actions across three significant areas of social-psychological change: abstinence work, self-work, and connection work. Her work provided important guidance on how qualitative researchers need to examine how recovery manifests across time and within context in a way that can generate theory. Kearney also touched on the important and often overlooked dimension of gender differences within addiction and recovery (e.g., Haseltine, 2000; Moos, Moos, & Timko, 2006; Vaillant, 2003).

A review by McCrady (2004) summarized a growing body of evidence suggesting that positive relationships correlated with recovery from alcohol use disorders. Her review disputed a more traditional claim that families are unable to influence a person's recovery process. McCrady went on to question why researchers view the individual as being a passive recipient of the forces of a social network. This view of causality tends to contradict development of self-efficacy and agency (Bandura, 1999) for the individual in recovery. Finally, McCrady suggested that a more suitable way to conceptualize this problem might be a dynamic systems perspective that considers the reciprocal effects of social networks on the problems of alcohol use and subsequent recovery over time.

The gendered nature of relationships and their influence on addiction and recovery have only recently been considered. For many years, sex differences were not considered part of addiction research even though the process of addiction recovery is gendered. Room (1996) made an increasingly accepted distinction that sex differences are

biologically based and that gender can be understood as the sociocultural expressions and understandings of this difference. Over the past 20 years, researchers have acknowledged how an understanding of sex and gender within addiction contributes more fully to our understanding of the complexity of these phenomena and the health implications that result (Johnson, Greaves, & Repta, 2007).

Gender and Women's Experience

Research addressing sex, gender and women's experiences of substance use disorders is underdeveloped in comparison to the much longer history of male-dominated alcohol research (Ashley, Marsden, & Brady, 2003; Greenfield, 2002; Walter et al., 2003). Relatively little is known about the gender differences regarding treatment participation, long-term alcohol-related and life context outcomes, and gender specific predictors of stable remission (Moos et al., 2006). It appears that women become addicted more rapidly than men and are quicker to seek help for alcohol problems. This dynamic occurs despite a higher number of obstacles and a more pronounced stigma for women than men (see Greenfield, 2002). Women differ from men in the antecedents of substance abuse and are often drawn into heavy use by partners or raised in an environment of exposure to such behaviours (Simmons, 2006). Furthermore, women demonstrate unique psychosocial characteristics within substance use disorders such as low self-concepts and higher rates of comorbid psychiatric disorders (Ashley et al., 2003).

This study investigated the gendered nature of addiction recovery and how gender was both constructed within and contributed to the process of addiction recovery.

The current study contributes toward a theoretically based understanding of recovery from substance use disorders. This was accomplished through the use of an established, video-based qualitative method (Young et al., 2005) to examine the ongoing process of recovery within close relationships over a three-month period. One research question for this study was, “How do persons in close relationships form and enact joint goals of addiction recovery in daily life?” A second research question asked, “In what ways are joint addiction-recovery projects gendered?”

There were several important aims or objectives of this project. The first aim of this study was to identify and describe individual and joint goal-directed recovery actions and to offer rich and nuanced descriptions of the everyday processes of addiction recovery. The second aim of this study was to deepen understanding of the impact of gender on the ongoing process of addiction recovery. The third aim of this study was to examine whether contextual action theory and the action-project method can make an additive contribution to conceptualizing addiction recovery.

CHAPTER II: Literature Review

The goals for this chapter are to provide a focused review of the addiction recovery literature and to examine the role of qualitative methods for studying addiction recovery. To begin, the problem of lack of definition for addiction recovery and lack of understanding of addiction recovery processes are addressed and grounded in the literature (see Laudet, 2007, White, 2007). Next, a summary of current thinking about addiction theorizing is presented as it relates to recovery. The important and often neglected or misunderstood role of sex and gender on addiction recovery is then examined. The chapter then shifts to addressing how qualitative research has acted as an important framework for understanding recovery and how its contribution might yet be enhanced. To conclude the chapter Contextual Action Theory (Valach et al., 2002) and its rationale as a guiding framework for this study is explained in detail.

Addiction Recovery

The Canadian Oxford Dictionary (1998) describes recovery as a return to health or consciousness or to a normal state or position. It also explains recovery as the process of overcoming addiction to drugs and/or alcohol. Within the research literature, recovery tends to be an ill-defined construct containing many implied meanings often anchored in an undeclared ideological basis (Granfield & Cloud, 1999). A central proposition in addiction research is that addiction is primarily a brain disorder or disease (Quinn et al., 2004). Addiction recovery, then, becomes the processes by which the course of disease is halted or cured. Addiction recovery is also conceived of as a desired outcome state, such as the remission, to varying degrees, of addictive symptoms (Dawson et al., 2005). Recovery can also tend to refer to specific experiences, processes of change, or to the

development and enactment of certain skills described as relapse prevention (Jacobson & Greenley, 2001; Marlatt & Donovan, 2005; Marlatt & Witkiewitz, 2004; White, Loveland, & Boyle, 2004).

A recent special issue of the *Journal of Substance Abuse Treatment* (2007) highlighted a shift away from addiction toward developing a definition and focus on addiction recovery. A key goal identified for this work was to define recovery in a way that promoted and encouraged health and avoided, “reification, commodification, commercialization and overextension” (White, 2007, p. 229). With this goal in mind, he defined recovery as:

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. (White, 2007, p. 236)

White went on to expound on the key ideas in his proposed definition offering a conceptual model within which to situate recovery. White was part of a larger consensus panel made up of clinicians from the Treatment Research Institute and Betty Ford Center who also arrived at a working definition of recovery. The larger group concluded that, “recovery from substance dependence is a voluntary maintained lifestyle characterized by sobriety, personal health, and citizenship” (Betty Ford Consensus Panel, 2007). What can be seen in the contrast between these two recent and particular definitions is a key defining characteristic as to whether recovery consists of sobriety or non-use of psychoactive substances. Another article in the special issue (Laudet, 2007) investigated definitions of recovery among persons who self-identify as being “in recovery.” The author found that recovery was defined as attempting to achieve total abstinence but also

equally emphasized that recovery included obtaining the, ‘kind of life,’ to which persons aspired and/or wanted to return.

As indicated, the literature on recovery from substance-use disorders is complex and broad ranging, due in part to the lack of a coherent definition and/or guiding framework (see Venner et al., 2006; White, 2007). Understanding the complexity of addiction recovery necessitates an examination of the preexisting themes in the research that included longitudinal research on recovery, addiction and/or recovery (non-vocational) career research, the addiction treatment research, the natural recovery research, the research on gender and addiction and the relapse prevention literature. The following sections examine these domains in order to develop a more complete picture of the multidimensional and complex nature of this construct.

Longitudinal recovery research. Numerous longitudinal studies have examined the course of recovery from substance abuse problems over significant periods of time (e.g., Humphreys, Moos, & Finney, 1995; Hser, Longshore, Brecht, & Anglin, 2005; Moos & Moos, 2006; Vaillant, 2003). These studies have asked different questions and have utilized a variety of approaches and ideological lenses to make sense of the data. As a whole, these and other projects have provided important insight into the long-term course of recovery including the establishment that a proportion of substance dependent persons achieve some kind of recovery without formal treatment.

Vaillant (e.g., 1983, 1995, 2003) studied two cohorts of ‘alcoholic’ men over the period of 60 years. He reported that he could distinguish two pathways of recovery depending on the beginning context for drinking. He found that those persons from lower socioeconomic status who developed early alcohol dependence and came from ‘substance

dependent' classifications developed higher rates of stable abstinence over the long term. This finding was in contrast to those who came from higher socioeconomic status with later onset of alcohol dependence. This group experienced a more persistent compulsion to continue drinking throughout the course of this 60-year study. Vaillant (2003) concluded that it is potentially simplistic to categorize the careers of alcoholics in three mutually exclusive arbitrary outcomes of either abstinence, chronic alcohol abuse or controlled drinking, because it would be possible to meet all three criteria over the long term. He further confirmed the now recognized trend that natural recovery, that is, recovery without treatment, was a common pathway out of alcohol dependence.

Moos and Moos (2003, 2006) in their 16-year study of initially untreated individuals led to a number of interesting findings. Significantly, they found that those who sought treatment sooner after initiating help-seeking improved more quickly and achieved longer term remission rates. Furthermore, they found a strong association between more extended treatment and better substance using outcomes (Moos & Moos, 2003). Finally, these researchers found that extended and ongoing participation in Alcoholics Anonymous® led to better drinking outcomes and to an increased sense of self-efficacy that is, the positive belief in one's ability to maintain abstinence.

Humphreys, Moos, and Finney (1995) conducted a 3-year longitudinal study of alcohol recovery without professional treatment. Almost half of the participants, divided evenly by gender, became either moderate drinkers or stably abstinent. These authors identified two discrete pathways out of alcohol dependence. Those persons who had more significant drinking problems, came from lower socioeconomic status, and believed their drinking to be a very serious problem, became abstinent and made ongoing use of

Alcoholics Anonymous® for support. Those persons who initially had a greater degree of social support and came from a higher socioeconomic status tended to become moderate drinkers who did not have clinically significant symptoms. These authors asserted that future studies of natural recoveries ought to examine the complex web of cultural, social, and psychological influences that impel and sustain individuals on these two discrete pathways.

Waldorf (1983) published a now often cited paper in which he identified five routes out of addiction including drift, retirement, religious or political conversion; changing drugs of choices or becoming mentally ill; and situational change. He identified that, “personal motivations to stop using opiates usually arise out of the lifestyle, police activities and environment of illicit opiate use...out of the ‘changes’ addicts experience while trying to maintain expensive habits” (p. 237). Among other things his work highlighted the variability and complexity of recovery and how it was relationally dependent, influenced by interpretations and emotions,

The preceding studies are offered to highlight that longitudinal studies of recovery provide excellent insight into the influence of a variety of change and maintenance variables. For example these studies examine important variables such levels of social support, influence of socioeconomic status, gender, and various ‘factors’ related to treatment as well as offering a potential cumulative record that allows us to begin to understand the course of addiction and recovery (Vaillant, 1998). These studies allow for the life course of drug using subjects to be plotted or presented graphically and for relationships to be tested between behaviors and temporal variables. In general, longitudinal studies paint a picture of factors like socioeconomic status, severity of

drinking, relationship with support groups, level of social support and even coping style as having important effects on recovery from alcohol use disorders (Moos et al., 2006). Limitations of such studies include the inability to describe and understand the complex behavioural processes that lead to identifiable outcomes (Vaillant, 2003). Consideration of addiction and recovery as careers has improved the addiction research field's understanding of the process of recovery over time.

Addiction and treatment careers. Understanding addiction as a career refers to the trajectory or course of addiction among various other life careers such as family or marriage. An addiction career includes defining stages (Levy & Anderson, 2005), identifiable cycles and/or patterns (Hathaway, 2004), and other observable features that become known as 'characteristic' of addiction (Taylor, et al., 1986). The constructs of addiction career and addiction treatment career (Hser, Anglin, Grella, Longshore, & Prendergast, 1997; Levy & Anderson, 2005) have been used to demonstrate that addiction and recovery are long-term processes occurring within the natural history of a person's life. Addiction recovery is more suitably understood as embedded within social conditions, events and transitional periods that are meaningful to the individual (Hser et al., 1997).

Levy and Anderson (2005) utilized the concept of addiction career in researching a group of 40 older drug users between the ages of 50 and 68. These researchers found that a long-term drug use career was embedded in a broader life style that included illicit activities that reached beyond drug use. The drug use career was also embedded within other careers such as marriage and parenting that eventually became neglected to the

point of abandonment. These authors found that a drug-use career of significant duration did not appear to be a career that would end except for illness or death.

In a ten-year follow up of the alcoholism careers of 99 male participants, Taylor and colleagues (Taylor et al., 1986) reported that patterns of drinking varied enormously. These patterns included those who remain dependent, those who move in and out of abstinence and those who had become and remained abstinent. Interestingly they found that those with the most problematic levels of drug and alcohol dependence initially were more likely to become abstinent while those with low to moderate levels of dependence were less likely to become abstinent. Involvement in alcoholics anonymous was predominantly confined to those individuals with higher dependency.

Studying recovery from the perspective of treatment careers provides a more nuanced understanding of the role of treatment over time in the recovery process (Hser et al., 1997). Research on treatment careers eventually led to the stages of change model (DiClemente, 2003; Prochaska, DiClemente, & Norcross, 1992). This model promoted the idea that attempts at changing addictive patterns inherently include ‘slips’ or ‘setbacks’ and occur within a process that includes continued cycling through weighing pros and cons, making plans, acting and maintaining change. The stages of change have become prominent both as a conceptual framework to understand and explain the process of recovery as well as a diagnostic tool through which to tailor specific interventions (Bunton, Baldwin, Flynn, & Whitelaw, 2000). This model is both widely recognized and controversial (cf. Bunton et al., 2000; West, 2005) for several reasons. Some scholars question whether it actually measures or taps into motivation for change. Others have

begun to investigate whether movement through the stages actually measures clinical or meaningful improvement in clients.

Studying the path of treatment as a career can be considered in terms of treatment seeking, treatment utilization and resistance, treatment entry and reentry, treatment engagement and retention, client-treatment matching and treatment outcome (Hser et al., 1997). Research on treatment careers appears to suggest that multiple treatment episodes lead to better outcomes than short-term interventions (Stout, Rubin, Zwick, Zywiak, & Bellino, 1999). Furthermore, the length of time in treatment more than the amount of treatment has been shown to be related to longer term positive outcomes (Hser et al., 1997; Moos, 2003). The concept of the treatment career serves to caution researcher interpretations of outcome data from studies of counselling interventions on alcohol-use disorders. Treatment careers have sometimes been equated with recovery careers despite the fact that there is a widely recognized cohort of persons in the literature who recover from substance abuse or dependence without treatment.

Treatment research. Treatment outcome research provides the most typical source of data towards understanding recovery from drug or alcohol addiction. One criticism of using this information is that outcome studies examine immediate and short term effects of treatment and fail to track or understand the process of recovery over time (Moos, 2003). Treatment modalities available for research are broad ranging and include variations of cognitive behavioural therapy (e.g. Ellis & Velten, 1992; Horvath & Velten, 2000; Quinn et al., 2004), family therapy (e.g. Liddle et al., 2001), motivational interviewing (Miller & Rollnick, 2002), and personal construct psychotherapy (Klion & Pfenninger, 1997). There is a significant amount of research on the different treatment

modalities with many randomized control trials although consensus on the actual mechanisms and processes of change are lacking.

Project MATCH was one of the largest, longitudinal prospective studies conducted on the role of treatment in addressing alcohol problems. It included a multivariate analysis of outcomes as predicted by a variety of traits in interaction with undergoing one of three types of treatment: Twelve Step Facilitation (TSF), Cognitive-Behavioural Coping Skills Therapy (CBT), and Motivational Enhancement Therapy (MET). Among the 64 tested interactions, only one proved significant: in the outpatient group only, less psychiatrically severe participants had 4 more abstinent days per month on average in TSF than in CBT treatment (Peele, 1998). No categorical statements could be made from this data because it had no untreated control comparison (Project MATCH, 1997). While matching client characteristics to specific intervention strategies may not work, matching along the lines of common factors might prove more suitable. In a critique of this data, Walters (2002) proposed that research on the therapeutic alliance might show how matching clients to interventions based on commonalities in belief system may have a better chance of yielding meaningful results.

A more recent study using MATCH data (Pagano, Friend, Tonigan, & Stout, 2004) that looked at a subset of persons who attended AA meetings found strong evidence that helping other alcoholics along the process of recovery, that is maintaining abstinence, was an important contributor to sustained and positive recovery outcome. This finding was consistently strong across a wide variety of demographic variables (Pagano et al., 2004).

One of the modalities researched in project MATCH was a version of Motivational Interviewing (Miller & Rollnick, 2002). This therapeutic treatment is based on tailoring treatment approaches to the analysis of each client's current stage of change (Burke, Arkowitz, & Menchola, 2003; Prochaska et al., 1992). The treatment approach is considered client-centered (Rogers, 1992) and focuses, in part, on the development of a therapeutic alliance. A main task for the therapist is to direct the focus of the counselling on the client's ambivalence about making change. Clients are treated with respect in that no advice is given and client perspectives are taken seriously and validated. A recent meta-analysis demonstrated that motivational interviewing yielded moderate effects for change compared with no treatment or placebo (Burke et al., 2003). The authors stated that although seemingly effective, little is known about the precise links between its processes and outcomes. The treatment founders (Miller & Rollnick, 2002) speculated about possible therapeutic mechanisms pointing to faith and hope effects, talk about change and counsellor effects, for example the therapeutic alliance.

Treatment for alcohol use and other disorders appears to be an important part of the recovery process. There is a little agreement as to how or why treatment works. This conclusion is similar to that of therapeutic process researchers who maintain that research on the common factors for change in therapy is a more productive line of inquiry (Duncan, Miller, & Sparks, 2004). In this light, a recent review examined the effect of the therapeutic alliance (Bordin, 1983) on the change process across addictions counselling (Meier, Barrowclough, & Donmall, 2005). These authors concluded that the development of a therapeutic alliance plays an important role in engaging and holding clients in treatment and that further research is needed (Meier et al., 2005).

Recovery without treatment. There is now significant research to demonstrate that a large proportion of recovery from alcohol problems takes place without treatment (Blomqvist, 2002; Cunningham, 1999; Sobell, Cunningham, & Sobell, 1996). A large portion of these studies are cross sectional. To assess their value, it has been deemed important to determine the stability of natural recovery over time. The authors of a recent study (Rumpf, Bischof, Hapke, Mayer, & John, 2006) assessed longitudinal data for persons who had reached full remission from an alcohol use disorder as identified by the DSM-IV-TR (APA, 2000). They found that stability in remission held over the long term and strongly conclude that natural recovery from alcohol-use disorders is not a transient phenomenon.

Despite the established and accepted occurrence of natural recovery, little is known about the processes that characterize successful recovery. One recurring theme has been the close relationship between psychosocial resources and substance-related problems working in both positive and negative directions related to recovery (Bischof et al., 2007). Russell and colleagues (Russell, et al., 2001) presented a comprehensive model that hypothesized the pathways to either natural recovery or treatment entry, based on a myriad of factors including comorbidity, severity of alcoholism, psychological vulnerability and other social factors. They found correlates of natural recovery to include; being older in age, married, having lower levels of avoidant coping, higher self-esteem, social networks with people who drank less, and a history of less frequent drug use and lower frequencies of intoxication (Russell et al., 2001).

Koski-Jannes and Turner (1999) conducted a study on persons who had recovered and maintained recovery for three years. Participants' reports led to two sets of variables

that influenced quitting and helped them maintain this new change. After conducting a principal component analysis on the “change” factors they found that simply tiring out, having a supportive family, the experience of love, involvement in a twelve-step group, experiencing social consequences, peer group change, revival, experiencing professional help, and job change were the nine key factors of successful addiction recovery.

Conducting a principal components analysis across drug recovery groups, the authors (Koski-Jannes & Turner, 1999) yielded a four-factor solution for the maintenance of change. These factors were increased self-control, involvement in some form of professional treatment, social and cognitive coping skills and involvement in 12-step groups respectively. The authors described numerous limitations to their study but nonetheless offered it as a step forward in understanding the different pathways out of problematic use of drinking and drugs.

Sex, gender and addiction recovery. Research into the gendered nature of recovery has taken the form of quantitative research that conflated sex and gender. It has also included qualitative research examining women’s experiences of recovery. Recent convergences in the literature regarding gender (Measham, 2002), recovery (White, 2007), qualitative research (Neale et al., 2005), and social theories of addiction (Koski-Jannes, 2002) within the postmodern perspective on addictions (see Ettorre, 2004) have created interesting opportunities for research.

Research addressing sex, gender and women’s experiences of substance use disorders is underdeveloped in comparison to the much longer history of male-dominated alcohol research (Ashley, Marsden, & Brady, 2003; Greenfield, 2002; Walter et al., 2003). Relatively little is known about the gender differences regarding treatment

participation, long-term alcohol-related and life context outcomes, and gender specific predictors of stable remission (Moos et al., 2006). It appears that women become addicted more rapidly than men and are quicker to seek help for alcohol problems. This dynamic occurs despite a higher number of obstacles and a more pronounced stigma for women than men (see Greenfield, 2002). Women differ from men in the antecedents of substance abuse and are often drawn into heavy use by partners or raised in an environment of exposure to such behaviours (Simmons, 2006). Furthermore, women demonstrate unique psychosocial characteristics within substance use disorders such as low self-concepts and higher rates of comorbid psychiatric disorders (Ashley et al., 2003).

Several factors have been found to reflect gender differences and problem drinking within family relationships (Grella & Vandana, 1999). Grella and Vandana reported that, in particular, variables indicative of familial opposition to drug use and support for treatment were associated with a history of drug treatment for men. Men without prior drug treatment were more likely to be referred by a family member than to self-refer. This same study reported that women's recovery processes often include spousal opposition to their drug use. As well, family assistance did not differentiate between women with and without prior drug treatment. Finally, these authors concluded that mothers face significant barriers to treatment, which have a detrimental effect on problematic drug and alcohol use. It is imperative to note that women in recovery face unique issues related to single parenthood, homelessness, and domestic violence.

Room (1996) offered an important reminder that the sex distinction between male and female is biologically based and that gender can be understood as the sociocultural

expressions and understandings of this difference. He highlighted what is known about the interaction of gender roles, drug use and drinking and resulting problems through examining eight specific aspects of gender roles. He concluded that, although it is becoming well established that there are gender differences, it is difficult to know how to interpret them. Room argued that there should be a stronger focus on the process of relationships in studying the interaction of drinking, drug use and aspects of gender (1996). He concluded that gender differences should be understood and framed within the context that they are expressed.

Within the realm of addiction and recovery research, it is rare to find research that conceptualizes the interplay and interactions between gender, drinking, drug-use and recovery. Historically, addiction research has neglected the issue of sex differences, particularly evidenced in the dearth of studies including women (Edwards et al., 1988). The problem of exclusive focus on males has been acknowledged and significant efforts are underway to research the addiction and recovery experiences of women (e.g., Johnson et al., 2007; Moos et al., 2006; Walter et al., 2003). This research signals investigation of gender but more often than not conflates sex and the construct of gender (e.g., Ettorre, 2004; Husler & Plancherel, 2006). More recent qualitative studies have specifically investigated the subjective recovery experiences of women (Kearney, 1998a; Masters & Carlson, 2006). Kearney's work (1998a), in particular, offers important advances towards a richer more nuanced understanding of women's experiences of addiction and recovery while simultaneously addressing the limitations of qualitative research that does not contribute to development of theory. A limitation of these studies is the conceptualization of gender as an individualized masculine or feminine process instead of a psychosocial

process unfolding within relationship (Room, 1996). Recent research has reiterated the importance of a relationship perspective on addiction through examination of the experiences of romantic couples within a shared addiction process (Simmons, 2006; Simmons & Singer, 2006). Among other things, this research validates the necessity of both a gender sensitive (Ettorre, 2004) and relational lens (Schultheiss, Valach, & Young, 2007) coming to bear on research of important health phenomena.

Research coming out of several European countries illustrates a theoretically informed, gendered examination of alcohol and drug use patterns (e.g., Measham, 2002; Rødner-Snitzman, 2007). This research has validated the complexity of gender and recovery as an interactive, contextualized, relational process (Hughes, 2007) where drug use is considered meaningful and positive in some cases (Measham, 2002; Rødner, 2005). A theoretically informed, gender sensitive lens has yet to be trained on the process of addiction recovery.

Paechter (2003, 2006) examined and drew on the work of Lave and Wenger (1991; Wenger, 1998) to begin to theorize about the process of socialization into gendered ways of being. She wrote that masculinities and femininities begin as learned practices taking place at the periphery of the dominant genders and continue much like an apprenticeship. The practices of particular groups, for example, male drug users or male recoverers from addiction, are organized both as a response to local conditions and to wider influences and considerations. As boys and girls learn the various skills and mindsets needed to behave in acceptably gendered ways, there is corresponding development of schemas (Moursund & Erskine, 2003) that act as an internal guiding and interpretive framework to help continually reference and uphold the behaviour of the

group. Full members of dominant gender groups will utilize corrective measures and the appropriate power to either change behaviours that do not act in accordance with group beliefs and norms and/or have ways of changing trajectories so that one might lose his or her membership. Paechter did not minimize the complexity of this view and asserted that it is entirely possible for people to have multiple memberships in different communities of practice.

It is important to acknowledge that gender, gender identity, gender roles and gender relations all are significantly impacted by human societal structures. Gender is clearly institutionalized (Bourdieu, 1986) and gendered ways of being are inscribed through a process of human beings being socialized into various levels of relationship or communities of practice (see Paechter, 2003). From an action perspective, structural influences are inscribed and incorporated in daily individual actions and joint projects.

A gendered understanding of recovery will offer meaningful contributions both to our theoretical understandings and treatment interventions. The project described in this dissertation subscribes to the view that gender should be understood or treated as a social construct that is culturally based and historically specific and therefore is in a dynamic of coherence and change (Johnson, et al., 2007). Gender is learned, negotiated and expressed within social groups or ‘communities of practice’ (Paechter, 2003). The expression of gender often comes through actions that are out of gendered awareness and through the complex intersection of identity, roles and structural influences (Johnson et al., 2007). Another way to view this is that the sex distinction between male and female is biologically based and that gender can be understood as a mutable and relational construct that is manifest socially (Room, 1996). Recovery as an ongoing gendered

process that both produces and recreates gendered ways of being will require research that focuses on sex and gender, psychosocial context and ongoing relational processes (Paechter, 2003, 2006).

Recovery and relapse prevention. Significant work is ongoing on the prevention of relapse into drug and alcohol use and its role in the maintenance of recovery (Marlatt, 1996; Marlatt & Donovan, 2005; Witkiewitz & Marlatt, 2004). A relapse prevention approach is based on a cognitive–behavioral model and can be understood as an intervention or series of interventions designed to equip clients with the ability to prevent and manage recovery through enacting particular strategies and skills. This construct has been described as a “tertiary prevention strategy with two specific aims: (1) preventing an initial lapse and maintaining abstinence or harm reduction treatment goals, and (2) providing lapse management if a lapse occurs, to prevent further relapse. The ultimate goal is to provide the skills to prevent a complete relapse...” (Marlatt & Witkiewitz, 2004, p. 1). This approach is for persons who have received, or are receiving, treatment for addictive behavior problems (Carroll, 1996). Relapse prevention includes learning to assess and avoid high risk situations, learning how to address negative thinking that leads to relapse, and learning how to manage cues, triggers and experience of withdrawal symptoms in productive and healthier ways than using substances. Several studies have evaluated the effectiveness and efficacy of RP approaches for substance use disorders (Carroll, 1996; Irvin, Bowers, Dunn, & Wang, 1999). These studies showed sustained main effects for relapse prevention suggesting that it might provide continued improvement over time.

This section has offered a broad examination of the different facets of research looking at recovery from substance use disorders. Addiction recovery appears to be an intentional process of both the individual and important persons in his or her world. Recovery appears to unfold toward stability over longer periods of time, and to be a process embedded within a social context. It is complex process influenced by many identifiable factors or variables including; family history, psychiatric comorbidity, severity of alcoholism/drug use, psychological vulnerability, pressure to change, acknowledgement of drinking problem, barriers to treatment, gender, socioeconomic status, participation in alcoholics anonymous or other 12 step support programs, social support status, response by family, type of treatment, quality of treatment relationship and time in treatment (Koski-Jannes & Turner, 1999; Russell et al., 2001).

Addiction Theory and Recovery

It is worth repeating that much of the research on addiction and recovery focuses on neurobiology and neuropsychological systems (e.g. Chao & Nestler, 2004; Everitt, Dickinson, & Robbins, 2001; Volkow & Fowler, 2000). This continues to be a burgeoning and exciting research area that includes many important advances in the understanding of the relationship between biology and addictive behaviour. It appears that the main thrust of this research is to locate the internal cause and factors that serve to maintain addiction within one or several identifiable neurobiological systems (Kavilas, 2004). I argue that this research, however productive, is also at the root of many stubbornly resistant truisms informing the public perception of addiction-as-illness (Marlatt, 1996) in which the sufferer becomes identifiable by the label of addict and characterized by an inability to act in his or her own interest (Quinn et al., 2004).

It is beyond the scope of this dissertation to address the massive literature on the biology of addiction. Contextual action theory does not take an explicit position on the biological and neuro-physiological elements of action other than to acknowledge the influence of a person's internal experience and processes on intentional, goal-directed behaviour. This relationship is likely bi-directional with positive or healthy behaviours influencing biological processes as well (e.g., Forde, & Humphreys, 2002; Lewis, Amini, & Lannon, 2000). I assert that neuropsychological research and adequate theorizing on the problems of addiction and recovery will be insufficient without consideration of goals, intentionality, and the organizing role of action processes over time (e.g., Young & Valach, 2004).

Recently, several prominent scholars have detailed a problem that the field of addiction research needs more comprehensive theorizing and research methods in order to adequately address its complexity (e.g. Agar, 2002; Griffiths, 2005; Griffiths & Larkin, 2004; West, 2006). The following paragraphs highlight two prominent researchers' conclusions that addiction (and recovery) research needs systematic development of integrative theory. West (2001) traced the use of four sets or types of theories used to conceptualize addiction, there are those that focus either on conceptualization and general processes, addictive stimuli, individual susceptibility, and environmental factors. He highlighted a fifth category focused on recovery and relapse. Within these categories he details whether the theory has a behavioural, social or biological focus. He helpfully reminded the reader to consider the differences between an addiction theory versus a model. A model is more suitably understood as a coherent representation of key elements of a structure or system. Models are more descriptive than explanatory, while theories are

predictive and should be testable. West (2001) stated that often the dividing line between a model and theory is not kept clear in the literature. He concluded with a plea for more robust theorizing in addiction research including reliance on falsifiability to disprove theories rather than theories being allowed to simply fall out of favor.

More recently, West (2006) has written a comprehensive review of addiction theory in which he retraced addiction theory from the simplest to the significantly convincing and complex. He then turned to highlighting what he considered to be a synthetic theory of motivation consisting of five levels including; plans, responses, impulses and inhibitory forces, motives, and evaluations. He goes on to detail the relationships between these factors and to assert that he sees them operating within the myriad of forces that constitute the social world. West's goals are to shift conceptualization of addiction into the realm of motivation and to offer a broad enough framework that can include substance and non-substance addiction conceptualizations as well as individual and population level manifestations of addiction. He maintains that his theory is preliminary and references it to an insightful critique and promotion of standards of theory development he makes earlier in his work (West, 2006).

Encouragement of integrative theorizing has also come from the world of ethnography. Agar has been a prominent scholar and anthropologist focused on addiction (e.g., Agar, 1973). In a recent keynote speech, he made the case for an integrative theory suggesting that, "[a]t the epistemological level, a grand theory of substance use calls for an alternative approach, one that is less about testing hypotheses and measuring things and more about modeling discovered patterns at multiple levels and showing their interconnections" (Agar, 2002, p. 256). Agar advocated both for continued accessing of

the subjective experiences of participants but also for going beyond this into the perilous world of developing integrative theory. In his more current work, Agar and colleagues (e.g. Agar, 2004; Agar & Schact-Reisenger, 2002) are developing complex theory to explain drug epidemics.

Qualitative Addiction Research

Qualitative research focused on addiction and recovery has taken place for many decades beginning with early ethnographic studies (e.g., Agar, 1973; Dai, 1937). These methods appear to be gaining a more mainstream place of influence in the drug research field after a significant period of being ‘out of favour’ (Agar, 2002; Griffiths & Larkin, 2002; Rhodes & Moore, 2001). Recent examples of the variations of qualitative methods employed to study addiction and recovery have included discourse analysis (e.g., Martin & Stenner, 2004; Rødner, 2005), ethnography (e.g., Agar, 1973), grounded formal theory (e.g., Kearney, 1998a, 1998b), narrative methods (e.g., Hanninen & Koski-Jannes, 1999), and interpretive phenomenological enquiry (e.g., Griffiths & Larkin, 2004).

Qualitative research refers to distinctive methods and conceptual frameworks and arguably serves different purposes than that of quantitative research (Martin & Stenner, 2005). Within the field of addiction and recovery, qualitative approaches have made a significant impact on the decontextualized view of addiction as solely a neurobiological problem and/or disease of the brain (e.g., Everitt, Dickinson, & Robbins, 2001; Volkow, & Fowler, 2000). I am not dismissive of the biological components inherent in addiction. It is important to note that much has been written on the inherent danger in minimizing the plurality of explanations underpinning addiction and recovery (e.g., Quinn et al., 2004; Reinarman, 2005). There has been a failure to merge both the dominant disease

model with the lens that simultaneously accounts for the socially constructed nature of addiction (Truan, 1993).

As a result of an increasing body of knowledge about the ‘lived-experience’ of addiction and recovery, the persons of drug-taker and drinker have become humanized and the basic understanding of the everyday context of drug use and drinking improved. As well, qualitative research has led to the development of socio-cultural perspectives on substance consumption (Neale et al., 2005). Qualitative understanding has served to dispel various assumptions about the dangers, chronicity, and impulsivity regarding the character of those classified with substance use disorders that marginalize the addict on the fringes of society (Graham, 2006; Hammersley & Reid, 2002). These same myths tend to locate addiction problems “within” the person and do not examine contextual influences on the trajectory of problem maintenance (Rødner, 2005; Truan, 1993). Research on the subjective experiences of persons with drug use problems has served to inform both the development of more nuanced and flexible intervention strategies that taken into account the variety of experience characterizing problematic substance use (Rhodes & Moore, 2001). Qualitative research, in general, is more likely to be more self-critical both of methods and of researcher influence on the research process. As such, it offers the principles and practice of reflexivity as a way to address this potential source of bias (Macbeth, 2001).

Recent qualitative contributions. Recently, qualitative researchers have sought to examine addiction recovery from several perspectives. Kearney (1998a, 1998b) examined the process of women’s addiction recovery with the goal of developing a theory of women’s addiction recovery. Her approach was novel in that it attempted to

systematically synthesize ten qualitative research studies using the process of grounded formal theory as conceived by Glaser and Strauss (1967). Kearney's goal was to systematically examine the available theory generating reports on women's addiction recovery and to construct a formal theory that captured the core components of this process. She reported her efforts as a step towards an inductive theory of women's recovery from addiction. Kearney stated that her work is preliminary and is open to criticisms. She requested that future studies of women's addiction recovery compare themselves against her theory in order to develop more robust theory.

Several authors including Granfield and Cloud (e.g., 1999, 2001) as well as Lovell (2002) have addressed the role of contextual factors in recovery. Specially, they have brought Bourdieu's (1986) concept of social capital to bear on recovery research. Granfield and Cloud's work offers a strong case for attending to the role of both accessing and managing capital and its relationship to successful recovery. Social capital itself has come to mean, "The sum of the resources, actual or virtual, that accrue to an individual or group by virtue of possessing a durable network of more or less institutionalized relationships of mutual acquaintance and recognition" (Bourdieu & Wacquant, 1992, p. 119). Addressing recovery from a longitudinal design and from a dyadic level of analysis will serve to enhance understanding of exactly how recovery capital is leveraged, accessed and/or even how relational dynamics hinder the role of various types of recovery capital.

Other recent studies have confirmed the important proposition that the complex issues of self and identity play a central role in recovery from addiction (Larkin & Griffiths, 2002; Rødner, 2005). Recently, Koski-Jannes (2002) explored identity

renegotiation using Rom Harre's (1983) concepts of personal and social identity. With a colleague, she has also reported on how people who have recovered from addiction understand and present their change processes (Hanninen & Koski-Jannes, 1999). Koski-Jannes (2002) reported that the participants she studied appeared to be striving towards achieving a (better) life they didn't have before they became addicted to drugs.

Criticisms of qualitative addiction research. Despite the amassing of experiential knowledge regarding addictions, it has been suggested that the qualitative paradigm has limiting and sometimes neglected assumptions that lessen its contribution to the field.

The purpose of highlighting these limitations is to suggest how action theory might provide a corrective response to some of these limitations. One criticism is the lack of awareness of the assumption that increasing the amount of descriptive accounts of recovery will automatically lead to a better evidence base and more effective-responses to drug use problems (Martin & Stenner, 2005; Wibberly, 2001). This assumption is apparent in a paper that suggests that a key contribution of qualitative recovery narratives is to provide stories for others in recovery to identify with (Hanninen & Koski-Jannes, 1999). The role of most types of qualitative research has not been to contribute to theory development and a default of qualitative research has been to, "tell stories," and to provide interpretation about what the stories mean. Without a conceptual or organizing framework leading to grounded interpretation of results, qualitative researchers limit their potential to contribute and/or develop theories of addiction and recovery (e.g., Kearney 1998a). A "recovery" oriented conceptual framework must be complex enough to account for different pathways (e.g., Biernacki, 1986; Humphreys et al., 1995; Waldorf, 1983), including starting and ending one's involvement with drugs and accounting for

processes that may (or may not) include abstinence (Hanninen & Koski-Jannes, 1999; Hser et al., 1997; Rødner, 2005).

Another criticism of the qualitative paradigm has been its inability to address considerations of generalizability and reproducibility (Neale et al., 2005). That which is gained through in-depth study of the particular and thick understandings of phenomena is often lost or minimized through criticism that data or findings are not generalizable and therefore not directly practical (e.g., Flyvbjerg, 2006). Criticisms about generalizability highlight a naiveté related to the purpose of qualitative research (Kearney, 1998a).

An emerging response to this second criticism of qualitative non-generalizability has been the conception and generation of a qualitative method similar to meta-analyses with which to address the amassing of qualitative data. This has been described and elaborated upon as a systematic analysis process called Qualitative Metasynthesis that leads to large-scale synthesis of qualitative studies in a way that addresses the issue of generalizability (e.g., Finfgeld, 2003).

Action theory and the action-project method (Valach et al., 2002; Young et al., 2005) might offer both a way of reconceptualizing current and future qualitative research on recovery through the consideration of recovery actions over time. Action theory integrates multiple perspectives on action over time and provides a unique epistemological framework from which to study recovery from alcohol dependence. The action-project method provides an established, video-based method to examine recovery-oriented actions. Agar (2002) asserts that, “we are less in need of new data and more in need of new ideas to tackle the great unanswered question of the drug field – why and how does dependency happen among the people that it does...(p. 257)?” He argued that

answering these and other questions will need to include a process of thoughtfully and systematically creating links within an extremely specialized and fragmented field of addictions research. He championed the need for integrative theory and interdisciplinary work as a means to enhance meaning and practical application to what we already know about addiction and recovery. Through its focus on action and shared action within long term action systems, the action-project method appears to provide a strong potential for addressing the calls for research into the contextualized nature of the recovery process over time (Moos, 2003).

Contextual Action Theory, Addiction, and Recovery

The purpose of this section is to outline key features of action theory and to make connections between the theory and its role in researching the process of recovery. The action theoretical framework referred to in this study is grounded in the social-constructionist action theory proposed by von Cranach and colleagues (von Cranach, Kalbermatten, Indermuehler, & Gugler, 1982) and developed through more recent iterations (e.g. Valach et al., 2002; Young, Valach, & Collin, 1996). Action theory functions as an integrative theory that represents a distinctive epistemological and ontological framework (Young et al., 2005).

Knowledge generation in action theory is viewed as a constructive process. When participants enter a study, it is assumed they both embody the phenomenon in question and also participate in constructing something with the researcher. Such constructions must be grounded in collected data (Domene & Young, 2008). The ontology of action theory has been described as a nuanced form of relativism (Domene & Young, 2008). Domene and Young wrote that, “although phenomena are intersubjectively defined and

have multiple valid interpretations, they are still conceived as occurring in an external world that exists independently of the observer” (p. 58). Research findings are constructions that are grounded in external action and data.

Action refers to both observable, intentional behaviour and a key organizing construct in action theory. Action embodies human intentions and agency and the human actor him or herself (Young & Valach, 2004). Young and Valach (2004) have suggested that action theory has a more explicit ontology than most constructivisms. This ontology rests, in part, on the work of Taylor’s (1989) philosophical hermeneutics. It begins with our everyday experiences of ourselves, others, and our world and extends to our ongoing interpretation of these experiences as meaningful (containing intentions or goals). Action theory’s ontology and this epistemology allow for agency, intentionality, and the social, cultural, and historical basis of the construction of knowledge (Young et al., 2005).

Action theory’s emphasis on the goal-directed nature of action focuses on how people form and act on plans that either enhance or limit the quality of their life projects. A main focus centers on how people make sense of their own and others’ behavior, with basic premises founded upon the ways in which goals and attributions contribute to the organization of daily activities. In light of recent developments within the literature, this framework presents significant possibilities for examining how persons engage in constructing, modifying, or discarding future images and plans for drug use in their lives. Socially focused research on addiction and recovery relies on the sometimes nebulous concept of context which, in the research, often adheres to a tacit definition at best. An action theoretical conception of context begins with an understanding of ecological systems theory (see Bronfenbrenner, 1979). A more recent and refined view of context

views it as a field in which action takes place (Valach et al., 2002). The action processes that make up addiction recovery are understandable in relation to other series of actions and interactions within which they are taking place.

Defining action. Action theory defines human action as intentional, goal-directed behaviour. It further maintains that most human behaviour can be understood as joint-actions. Joint action refers to actions or action processes that included some form of shared goals between at least two actors ranging up to larger groups of people (Valach et al., 2002). A critical connection between the description of action and everyday life is apparent in the language people use to describe behaviour. Language ascribes intentionality and purpose to behaviour. It is through language that persons organize, plan and interpret actions and projects across time (Young et al., 2005). When making sense of ongoing behavioural processes, we frequently confine our interpretations to action (Valach et al., 2002). Interpretation of actions and action processes (i.e. ongoing series of actions over time) are understandable within everyday concepts held within shared language communities. These concepts are part of the linguistic encoding of cognitive processes (von Cranach, Maechler, & Steiner, 1985). The term social representation acts as a helpful concept that implies that the language used to describe human actions is shared within communities and is social in origin (e.g. Farr & Moscovici, 1984)

Actions, projects and careers. The concept of action is time-limited and generally refers to a somewhat brief unfolding series of behaviours. An example of an action might be to telephone a friend to ask for a favour. Behaviours include those that are internal although focused on external manifest behaviours. A significant amount of research on addiction and recovery has examined ‘influences’ and/or determining factors that

contributed to successful outcomes. An action theoretical lens on recovery looks at the actions of recovery over time as defined by individual and shared goals, taking into account the internal processes, behaviours and social meaning.

A project is a series of actions occurring over a midrange period of time that coalesce around a goal or goals. Project is a construct that resolves the problem of studying actions over time. An example of a project might be a friendship project or an independence project for an adolescent. Projects carried out for a common purpose by two or more socially related people are considered “joint” (Young et al., 2001).

As projects extend over longer periods of time and the goals that organize them take an even more central place in people’s lives, projects come to be known as careers in the non-vocational sense of the term. Careers are defined as a series of meaningful actions over the lifetime that coalesce around a goal or series of goals that take a central place in a person’s life. Two examples of careers might include a marriage career or a drug-using career.

Perspectives on action. The ways in which individuals act as intentional agents are studied from three perspectives: manifest or observable behavior, internal processes (cognitions and emotions), and social meaning (Figure 1).

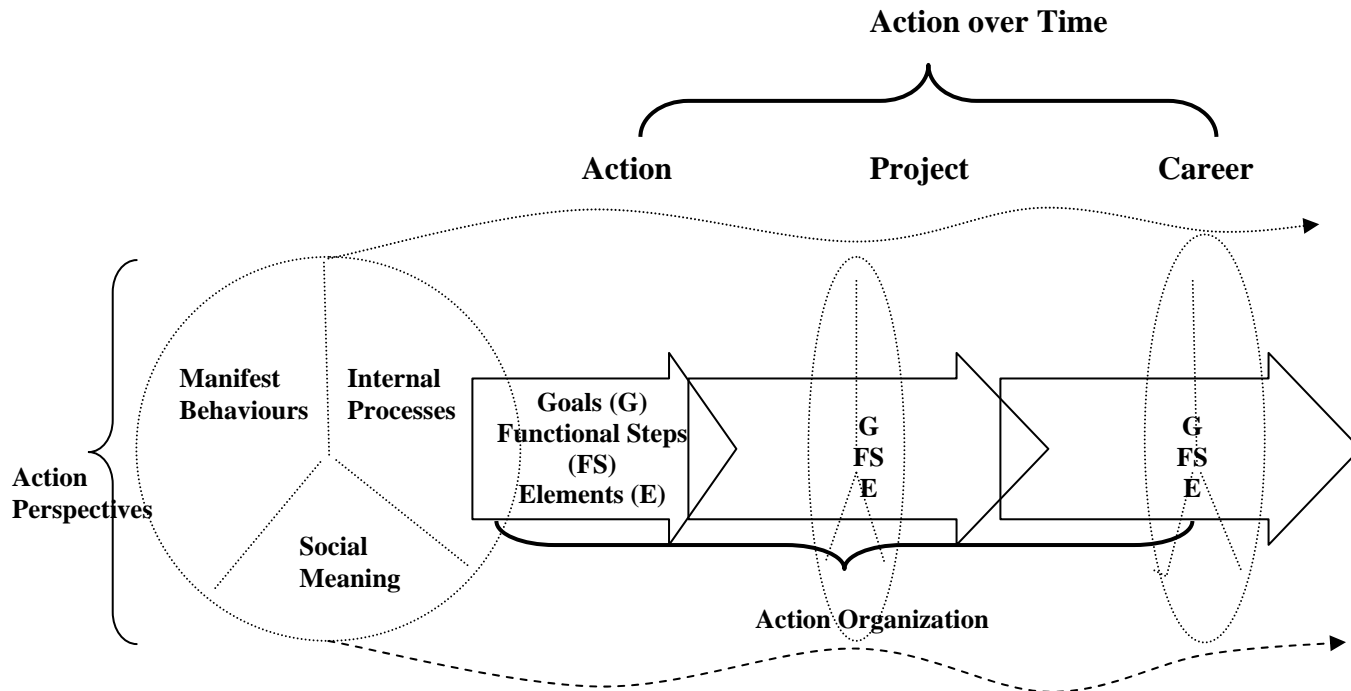


Fig. 1 The Integrative Function of the Action Construct. From, “Spiritual/religion coping as intentional activity: An action theoretical perspective,” by D. W. Klaassen, M. D. Graham, & R. A. Young (2009). In, *Archive for the Psychology of Religion*, 31, 3-33. Copyright 2009 by BRILL. Reprinted with the permission of BRILL.

For the purpose of this study, the action of recovery can be understood from the three perspectives and within a hierarchical goal-structure (outlined in a later section). The perspectives on action are interrelated and hierarchical moving from social meaning at the highest level to internal processes and manifest behaviours at the lowest level (Valach et al., 2002). The following paragraphs offer a more in-depth explanation of three perspectives on action for the purposes of exploring the relationship of each as it relates to a positive conception of recovery.

At the level of social meaning, the researcher might address recovery from a more socially derived conception of the individual and shared actions involved. This is likely reflective of the thought and research history of the discipline (White, 1998) within which the researcher resides. Social meaning also arises as particular actions are queried and

described as a result of the actor's sense-making scheme. Shared understanding of the goals behind the recovery actions would likely take into account the political, cultural and historical discourses that shape the current conception(s) of addiction (Reinarman, 2005; Young & Valach, 2004).

Internal processes refer to the simultaneous cognitions relating to recovery actions. Cognitions are conceived of as steering or guiding action(s). Internal processes also refer to action-related emotions. Emotions and feelings (see Greenberg, 2004) are considered the energizing force behind one's actions (see Young, Paseluikho, & Valach, 1997). Examples of the role that cognitions and emotions might play in the ending of drug use behaviour include the generation of detailed, most often shared, plans on how to carry out certain drug avoiding or recovery behaviours. Cognitions might constitute the rationale or justification for continued engagement in new, more healthy behaviours and as well, for how one might avoid coming into contact with reminders from past alcohol use. These plans might be energized if a person has experienced long enough periods since his or her last drug use that they have gone beyond experiencing withdrawal effects and are anxious and excited to continue redefining a new identity (see West, 2006).

Manifest actions include observable behaviours relating to recovery and include both verbal and non-verbal actions. These particular units of analysis are defined by their plausibility. From the perspective of recovery, this could include behaviours like going to a recovery meeting, enacting certain cognitive behavioural strategies to help in relapse prevention, or telling a friend about increasing desires to misuse alcohol. Manifest action is likely to include the myriad of behaviours occurring within one's current community of

acceptance as well as responses to a community that someone in recovery might be trying to leave.

The goal structure of action. Action theory considers action organization from a hierarchical perspective (e.g., Valach et al, 2002; von Cranach et al, 1982). Depending on the level of analysis, this hierarchical perspective allows actions to be considered as guided by longer term or else more immediate goals, from functional steps and finally the elements of an action. An action element can manifest as a particular string of words or inflection. Elements are observable and provide the structurally defined features of an action. Elements can also be measured systematically and with precision. At a more intermediate level, the consideration of ‘why’ a particular element has occurred leads to analysis of an action or functional steps. Both elements and functional steps contribute to the order or sequence of elements and help in the achievement of some goal. This goal can be either a process or end defined state (Young et al., 2005). Goal or goals represent the meaning component of the action processes (Young & Valach, 2004).

Relationship to addiction and recovery. As mentioned, contextual action theory offers the researcher language, concepts, rules and various prescriptions that assist the researcher in accessing human action (Valach et al, 2002). Action theory is concerned with the social nature and representation of how everyday people employ various concepts, such as addiction recovery, and perspectives in trying to understand and describe human behaviours (Larkin et al., 2006; Valach et al, 2002). The construction of a career (Young & Valach, 2004) through unfolding action and the multiple influences of context might play a significant part in the understanding of the addiction and recovery career specifically.

Allowing multiple perspectives to come to bear on addiction and the addiction career (e.g. Levy & Anderson, 2005) is of conceptual relevance to both the issue of identity formation of the ‘addict’ as well as to the definition of career. A drug user might maintain that s/he participates in possibly an ‘alternative lifestyle’ (Rødner, 2005), others, particularly those stressing the legal issue of this career will consider this drug use to connote ‘consumption of illegal drugs career’ or a criminal career, again others, applying a scientific stance will stress the issue of substance dependence and the various genetic and biological mechanisms that essentially ‘determine’ a drug addiction career (Chao & Nestler, 2004). These perspectives differ and lead to different ‘levels of analysis’ and subsequent interpretations of the behaviour (Valach et al, 2002).

A drug use career could be pursued without being seen as addictive and one could be in the midst of recovery and still be participating in an addiction career (Valach & Young, 2001). Recovery might be seen as the minimization of harms of drug use, the achievement of a certain ‘kind’ or ‘quality’ of life without or irrespective of drug use, or as the achievement and maintenance of abstinence from drug use. Any other combinations of these defining perspectives are possible. Further, although unified at one moment these perspectives could be applied at different time points over the course of a drug-using career. Finally, there has often been considered a certain order of development for the drug use related career. Starting as a personal or social career of drug consumption the user will continue a drug addiction career and with a high probability to take on a deviant identity (Levy & Anderson, 2005). As reported previously, this ‘typical’ view appears on the cusp of changing.

A recovery career is not situated within a particular “recovering” individual; instead it represents a construction that can be considered from different perspectives (see Reinerman, 2005). The recovery career can be understood through that which the participants report, their ongoing actions and projects can be observed, and finally, it can be seen in the context of its social meaning. Again, recovery here is understood through the unifying lens of goal-directed, human action (Valach & Young, 2004). A lack of integrative work exists on the perspectivistic constructions and explanations (see Agar, 2002) of recovery as well as on the relevant methodology for researching these constructions.

A key consideration here is the development of a clear understanding of how recovery actions come together to gain a sense of directionality towards goal(s) over time (Valach & Young, 2001). Recovery goals are at minimum negotiated and held jointly and are influenced by the myriad of dyadic combinations in a person's life (Young et al, 1997). The multi-directional development of addiction recovery goals occurs both directly such as within a key, drug using relationship and indirectly such as through discrimination or mistreatment by ‘conventional’ society that becomes a rationale for continued use. With contextual action theory, systems of action are considered hierarchically and temporally.

An individual recovery-oriented action could be characterized as one episode in which a person chooses to use less alcohol than s/he might typically use on a daily basis. Continuing this example, it is likely that there was some form of communication around intentions and desires, either intra or interpersonally, and therefore a goal that was worked out between the alcohol reducer and either the representation of or an actual

person who is meaningful in this person's life. The goal here might represent the confluence of both individual and joint goals. For example, it could be that the reducer had been experiencing feelings of isolation or sadness or even excitement and joy at the prospect of reducing alcohol use or even of quitting. Through one or several joint actions with another person or persons he or she comes to believe reduction of regular alcohol use is something that can either alleviate feelings of lethargy or depression or enhance one's desire for achieving goals and making life change. Depending on one's experience with reducing alcohol use joint actions can move into a degree of regularity over a medium length of time. Series of joint actions over a medium length of time are considered projects. Projects are organized around a goal or series of goals that guide and direct behaviours.

Joint alcohol-recovery projects can have an extensive breadth and variety. For example, they can include a series of actions and joint actions around identification with a certain group of people whose identity is organized around alcohol abstinence. If we again consider functional steps and elements, joint projects can be centered on managing feelings of desire, changing cognitions or changing desired behaviours around desired substances. Over the long term joint projects can come to be identified as careers. Career, from an action-theoretical perspective, takes a longer term focus and includes a series of projects that are centered on a central goal, maintaining a high degree of importance in one's life (Young & Valach, 2004).

Group action and recovery. An alcohol-related project and career are medium and long-term activities respectively very likely involving several people and/or groups (Valach & Young, 2001). Focusing first on behavioural elements, recovery consists of

joint or group actions taken by different configurations of participants. More specifically, this refers to the goal-directed activities of several people such as an identified recovery relationship or recovery oriented group, that of law enforcement, or that of the persons responsible for selling and creating a market for alcohol. The project and career gain their form from a task structure that is socially defined, from a group structure that is socially organized through communication and execution processes (von Cranach, Ochsenein, & Valach, 1985). Negotiating norms around alcohol use and/or setting out how to obtain alcohol for the day or following day are also socially defined tasks involving relating to the overall goal, suggesting, evaluating, reasoning, arguing, explaining, compromising, and finally binding all participants to the achieved result (Valach & Young, 2001). The desired result of these communication and planning processes is the implementation of the plans, often with some inevitable alteration. The social structure in dealing with this task follows from its definition (Valach et al, 2002).

Conclusion

It is conceivable to assert that the recovery from substance abuse takes place within joint action processes occurring with a social context and corresponding social meanings. Recovery actions are steered through individual cognitions and joint communication processes and finally are energized by emotions. The recovery project is likely interrelated, and at times potentially subsumed into significant identity and relationship projects. Including social meaning in the analysis of recovery includes awareness and attention to contextual hindrances such as lack of self-efficacy perceptions, lack of skills, opportunities and/or resources. Research with the action-project method with persons viewing themselves in close-relationship and “in-recovery”

together will allow us to critique and shape the above hypothesized view of recovery.

Although this method analyzes recovery at the level of action it includes the personal accounts of the recovery process.

CHAPTER III: Method

The purpose of this study was to address two research questions. The first question asked how do persons in close relationships form and enact joint goals of addiction recovery in daily life. The second question focused on how addiction recovery within close relationships was gendered. To answer these questions, the case study approach and the qualitative action-project method of inquiry were used. The procedures for using the case study approach and the action-project method to respond to both the research questions and the research topic of addiction recovery are described in detail.

Rationale for using the Case Study Approach

The case study approach guided the choice of what was to be studied. The in-depth literature review led to the conclusion that addiction and recovery research most often implicitly chose or treated the individual “addict” or “recoverer” as the case or focus of study. As a result, most writing and theorizing tended to treat addiction recovery as an individual process even when the importance of supportive relationships was acknowledged (Velleman, 2006). As seen from the research question, this study chose close relationships to act as cases.

The specific type of case study chosen was the instrumental case study (Stake, 2005). In instrumental case studies the actual cases are treated as inherently important and worthy of study. However, the particular cases are of secondary interest and play a supportive role in facilitating understanding of a specific phenomenon. The specific phenomenon of interest for this study was joint addiction recovery. The specific research questions and choice of cases were also meant to facilitate a deeper understanding of the gendered nature of addiction recovery. These aims were achieved by the systematic

examination and description of the ongoing nuances and particularities of how addiction recovery was decided upon, carried out, and understood by participants within their particular social context.

Rationale for using the Qualitative Action Project Method

The qualitative action project method was utilized as the research method for the following reasons. First, it is designed to access and describe joint action processes across time. The literature review identified that little is known about the ongoing relational processes of addiction recovery. Second, the qualitative action-project method is designed to access the subjective dimension of addiction recovery. This dimension continues to be of interest in addiction and recovery research (e.g. Larkin & Griffiths, 2002; Venner et al., 2006). Finally, the action project method provides an integrative conceptual framework within which to interpret results. Several reviewers have identified the need for theoretical contributions that take into account multiple perspectives and levels of analysis on addiction and recovery (e.g., Agar, 2002; West, 2006).

Researcher Relationship to the Research Topic

It has become a common and accepted practice when researchers act as instruments of data collection, analysis and interpretation to offer some form of discussion about the researcher's relationship to the topic of study. Reflexivity refers to the attending to the influence of investigator-participant interactions on the research process. It also refers to attending to power and trust relationships between participants and researchers that have the potential to increase the validity of the qualitative research findings (Hall & Callery, 2001). Researcher reflexivity for the current study was

considered an ongoing process occurring through purposeful and ongoing dialogue between the doctoral supervisor, researcher, research assistant and the participants.

Personal relationship. This researcher's personal relationship to addiction began at an early age when learning that some members of my extended family were "alcoholics". Descriptions of alcohol-induced angry outburst shaped a fearful association in my mind with alcohol particularly. Another early influence came through the attitudes expressed about alcohol and street drugs within my church upbringing. The specific attitudes expressed were that partaking in alcohol and drugs was either sinful or caused people to sin. A key conclusion to be drawn from these messages was to avoid alcohol and drugs. Fearful associations persisted throughout my youth. As I grew into adulthood I began to include alcohol as part of my social functioning on an infrequent basis. This coincided with the development of more complex and flexible thinking around a myriad of issues, including religion and spirituality.

Professional relationship. After graduating from a master's program in counselling psychology, my first position was as an additions counsellor. During this time, significant learning took place as I observed the negative impacts of addiction language such as *addiction*, *addict*, and *alcoholic*. I felt very drawn to treatment approaches that fostered people's understating of how problematic use patterns began and equipped them with opportunities, skills and resources. A consistently beneficial therapeutic approach of the clinic was to encourage clients to understand themselves from a broader lens than that of addiction.

My experience with more person centered and skill based addiction treatment and my curiosity about recovery have impacted me as a researcher. I felt naturally drawn to

the literature that took an explicitly empowering view of people struggling with substance misuse and to literature that established that a significant portion of people recover from addiction on their own. I am aware of a bias I hold against the illness model of addiction and am striving to recognize the importance and relevance of brain research to helping people reduce the negative impact of problematic substance use.

Recruitment of Participants

Participants were recruited through newspaper advertisements and through advertisements posted at addictions counselling agencies throughout the region (see Appendix A). Recruitment outlined the parameters of the study such as the expected length of involvement and the focus on the role of relationships in recovery. The poster requested that initial contact by phone or email to be made by a person who considered him or herself to be, “in recovery.” Screening of the participants self-identified as being “in recovery” occurred over the phone using a conversational style and assessed to what extent the person met the inclusion criteria (see Appendix B). The potential participant received a description of the study, was asked their intention behind participating in the study, and was given the opportunity to ask any questions that may have arisen as a result of the study description. Part of the description of the study reminded the interested person that the study is looking at how people recover in the context of a close relationship. The potential participant was asked to nominate someone with whom they were in close relationship, who was involved in their recovery process, and who might be interested in participating in the study. Having the nominated person call the researcher served to minimize the potential for coercive involvement.

The second screening interview (see Appendix B) with the nominated person included confirming this person's desire to participate, a discussion of the particulars of the study, providing information about the potential benefits and risks of participating in the study as well as a discussion of the parameters of confidentiality. Once both potential participants had successfully participated in both the screening interviews and had agreed to be involved in the study an appointment was made for the initial research interview.

Participant demographics. Five dyads screened to both view themselves as in “recovery and in a close-relationship” participated in this research project. Two dyads were in a heterosexual marriage relationship, two dyads were in a heterosexual romantic relationship and co-habiting and the fifth dyad consisted of a mother and her adult son. At the time of entering the study, the male partners' mean age was 36.2 years ($SD = 7.8$). The female partners' mean age was 39.8 years ($SD = 11.14$). Each of five male partners identified as being, “in recovery”. Two of five female partners identified as being, “in recovery”. All participants had completed a minimum of grade twelve education. Six out of ten participants had completed between six months of college and three years of university training. One participant had completed an undergraduate arts degree. Three of ten participants had immigrated to Canada between one-and-a-half and fifty years previously. At the time of entry into the study, four of ten participants were not currently working or attending university, college or other education. Over the course of involvement in the study, one of these participants obtained full-time work and another obtained part-time work. Two of ten participants began the study with part-time work and this did not change. Four of ten participants began the study with full-time work. The

status of only one of these persons changed during the study from full-time work to attending part-time college studies.

Data Collection and Analysis

Data collection and analysis occurred in a number of distinct stages, as described below. The doctoral student and two different paid doctoral students collected the data. One student had previously been a paid research assistant that utilized the method and the second student had published a journal article based on the theory and method. Each research consistently conducted interviews with the same participant dyad throughout the study. The purpose of the research procedures and the extent of the dyads' involvement in them are provided in Table 1.

Table 1: Purpose and Duration/Number of Research Procedures

Procedure	Purpose	Duration/number ^a		
		M	SD	n
Introductory interview	Initiate a discussion on salient topics.	60.66	19.02	5
Dyad conversation	Record a conversation.	15.73	1.64	5
FP self-confrontation	Collect data on internal processes accompanying action.	43.72	10.29	5
MP self-confrontation	Collect data on internal processes accompanying action.	54.99	13.39	5
Joint narrative feedback	Negotiate identification of joint addiction recovery project.	30.04	6.78	5
FP monitoring telephone interviews	Monitor projects, actions, and internal processes.	4.6 ^b	0.49	5
MP monitoring telephone interviews	Monitor projects, actions, and internal processes.	4.2 ^b	0.75	5
FP journal entries	Monitor projects, actions, and internal processes.	4.8 ^b	5.92	5
MP journal entries	Monitor projects, actions, and internal processes.	4.2 ^b	0.75	5
Final introductory interview	Evaluate project.	15.38	2.49	5
Dyad conversation	Record final dyad conversation.	13.27	2.62	5
Final FP self-confrontation and debriefing	Collect data on internal processes accompanying action and debrief.	32.18	5.81	5
Final MP self-confrontation and debriefing	Collect data on internal processes accompanying action and debrief.	36.24	7.11	5

^aIn minutes, except as noted. ^bNumber of telephone monitoring forms or journal entries completed. ^cMP= Male partner; FP = Female Partner

At all stages of data analysis, the process was guided by the principles of action theory, with the researchers moving back and forth between the data and this theoretical framework in a hermeneutic fashion. The interview process for the qualitative action

project method included three separate meetings with a monitoring period between the second and third interviews. The interview protocols can be found in Appendix G.

Initial interview. The initial interview included an introduction and three separate parts. The introduction was designed to ensure that the participants were ethically and comfortably oriented to the study. This included a period of introduction of the two interviewers consisting of the doctoral student and another paid investigator who was familiar with the method. Participants were provided again with a brief overview of the study, and were reminded of the limits of confidentiality and of their rights as participants. Upon completion of the demographics form (see Appendix D) and the consent form (see Appendix C), the interview began.

The first part of the interview began with general questions posed to each participant designed to have them introduce themselves, their perspectives and goals for addiction recovery. The participants were questioned in such a way as to elicit the meaning of addiction recovery for each person and the meaning of them participating in recovery together. This portion of the interview lasted between one to two hours.

In the second part of the interview, each dyad was asked to participate in a 12-15 minute videotaped conversation in the absence of the interviewers. The duration of conversation was somewhat arbitrary although chosen by the researcher to balance offering the participants a long enough time to have a significant conversation but not so long so that the third part of the interview would become overly tiring. In several cases the participants asked for more than 15 minutes and in some cases participants were finished the conversation in under 12 minutes. The conversation topic was chosen from what had been discussed in the initial segment of interview and focused on what the

participants had identified as recovery-related themes. If participants were resistant or unsure as to whether they could complete the task, the doctoral student conducting the research helped the process by providing a summary of what the participants had discussed in a way that helped them choose a potential conversation topic. A main purpose for the joint-conversation was to facilitate a free flowing interchange that was explicitly related to the joint action of recovery as understood and experienced by each participant. This goal was achieved in each case in a way that was verified by the participants.

The third and final part of the first conversation included each participant separately engaging in a self-confrontation procedure (Young et al., 2005). The self-confrontation procedure involved each person in the dyad separately watching the preceding conversation with one interviewer, with the opportunity to provide comment on their thoughts and feelings they recalled as they participated in the conversation. It is important to note that the use of video is essential for this method as the definition of action goes beyond language and includes all visible, non-verbal behaviours. The videotape was stopped at least every minute to two minutes and/or each time the participant desired to make a comment or clarification on what they are watching. When appropriate, the interviewer also asked, “What were you trying to accomplish during that section?” The purpose of this question was to provide an opportunity for the participant to think about and comment on goals and overall intentions for the conversation. At the end of each self-confrontation interview, a final debriefing conversation occurred to ensure the participant’s emotional well-being and to answer any questions that might

have arisen (Valach, Michel, Dey, & Young, 2002). Subsequently, all conversations were transcribed.

Analysis of initial conversation. The data analysis for this study employed a method for analyzing participant joint actions that was initially proposed by von Cranach and colleagues (1982) and has been refined over several research studies (e.g., Young, Valach, Dillabough, Dover, & Matthes, 1994; Young, Antal, Bassett, Post, DeVries, & Valach, 1999; Young et al., 2001; Young et al., 2005; Young et al., 2008).

To begin the analysis, all transcribed data was reviewed extensively and considered from an action theoretical perspective. The purpose of the review was to attempt to identify individual and joint goals and functional steps for each joint conversation. These goals were identified through a discussion between the researchers in light of the materials that were reviewed. Next, the two researchers reviewed the joint conversation on a minute-by-minute basis to interpret participants' actions. Specifically, participants' goals and functional steps were identified. Data from the first part of the interview and the self-confrontation portions of the interview provided important contextual information about participants addiction recovery goals.

The transcripts of the joint conversation were then revisited with coding (Appendix I) taking place at the level of behavioural elements that comprised participant interactions on a moment-by-moment basis. The choice of codes was arrived at through researcher discussion and agreement and drew on a list of behavioural codes that had been used in previous action theory studies (Young et al., 2008). Codes represented behavioural elements that best described what each partner was doing in each segment.

After elements were coded, the question, "why might he or she have used these

elements?” was asked to aid the research in understanding the step or functional step for each element. The question, “why did they use that step?” was asked a second time to understand or arrive at each participant’s goal for each minute segment coded. Ideally, the goal arrived at through the coding procedure agreed with goal identified through the initial review and inspection process. If not, a discussion ensued to arrive at the most reasonable explanation for goal or goals for the minute of transcript.

The corresponding segments of self-confrontation interview were copied and pasted into the analysis program and used to ground the decisions made for goals and functional steps in further participant data. Analysis, then, included a broad examination of the data as well as a systematic coding process of the same data that acted as a way to check the accuracy of understanding regarding the dyad’s joint conversational action.

On the basis of this analysis a narrative summary was written for each participant that delineated his or her understanding of, and role in, addiction recovery. The narrative was written in each participant’s linguistic style and framed as goals and actual steps to achieve the goals. Each individual narrative included five paragraphs. The first paragraph described the participant’s current life situation. The second paragraph focused on the participant’s view of recovery and his or her role perceived role in the process. The third paragraph described the elements and functional steps identified in the analysis process and that characterized the participant’s involvement in the joint conversation. The fourth paragraph summarized the participant’s internal processes taken from the self-confrontation interview. The fifth and final paragraph identified the participant’s overall goal for the joint conversation and other subgoals that might have been identified.

A joint narrative was then written for each dyad. This narrative was written from

the perspective of joint goals and functional steps identified through the analysis process described above. The first paragraph described the current life circumstances identified by each dyad. This paragraph also combined each participant's views on addiction recovery and their identified role. The second paragraph described the interaction patterns, joint functional steps and goals relating to the joint conversation. The final part of the joint narrative included a tentative written statement of the addiction recovery project and an explanation for it was developed. The (tentative) project represented the joint addiction recovery goals that emerged in the both the introductory conversation and the joint conversation. The project was worded in a tentative fashion both so participants would feel comfortable in further adding or disagreeing with what had been written. The project was also written in a tentative fashion as the temporal aspect of an action theoretical project meant that further time would need to elapse before a more confident statement about the addiction recovery project could be made.

Narrative feedback and further project identification. The main purpose of the second interview was to identify the joint recovery project. This meeting was designed in part as a member checking step to elicit participant feedback on the narratives. This meeting began with the two individually focused narrative descriptions presented to each participant in the dyad, again each alone with one interviewer. This process invited feedback from the participant regarding their perception about the narrative's accuracy and the correction of any errors. Following this, both dyad members and both interviewers met together to engage in a common discussion. This discussion was designed to allow participants to respond to the joint narrative, to discuss its accuracy,

and to refine their understanding of the definition of the joint-recovery project. This discussion emphasized the tentative nature of projects and that often they shift over time.

Monitoring procedures. A period of regular monitoring began after the second interview. Each participant was given a log book (see Appendix F) in which they were instructed to make entries concerning their engagement in project-related actions over a period of three months. Entries were to be logged as close to when the action happened, with no minimum or maximum number of entries specified. Log entries included a brief description of the action, the participant's internal reactions at the time, and his or her intended goals for the specific action being described. Each member of the dyad was asked to complete his or her own log, and to respect the privacy of the other participant's records. Five of ten participants returned completed log books even though all had agreed to complete them and had been encouraged throughout the monitoring period to consider filling them out.

In addition to the above described source of self-report data, the interviewer attempted to make bi-weekly telephone contact to briefly discuss each participant's thoughts and feelings about their ongoing progress towards the joint project. The interviewer summarized the conversation in his or her own logbooks (Appendix E) and in a case summary template as part of the within case analysis procedure.

Final conversation and interview. Following the monitoring period, a third meeting of the dyad and the two research interviewers took place. The third interview did not need an introductory period and had a shortened initial discussion about the addiction recovery project. Participants were invited to engage in another joint conversation and self-confrontation procedure, related to their project. Participants were initially asked to

evaluate their project and if resistance to this suggestion was encountered participants were then given the opportunity to talk about what they continued to be doing together toward addiction recovery. After the self-confrontations, short, semi-structured individual interviews were conducted with each dyad member, in order to follow up on any pertinent issues that may have emerged over the course of the monitoring period. Data analysis of this meeting was essentially the same process as the first interview and is described in the following section.

Within case data analysis. After the final conversation an analysis of the entire data set for each dyad (including transcripts and recordings) took place. The purpose of the within case analysis was to describe the identified projects for each case over the course of involvement in the study (approximately five months) in action theoretical language. Information from all data collection episodes, the self-report logs, and telephone monitoring reports were examined via a systematic, action-theoretical form of qualitative content analysis (Valach et al., 2002; Young et al., 2005). This process broadly followed the same steps used in the initial analysis described above. Any identified changes in the addiction recovery project as described by either participants or researchers were noted and discussed. The analysis led to the generation of findings which was a narrative description of each dyad's addiction recovery project. Findings, in this study, are defined as identified action patterns and action theoretically informed descriptions about each dyad and across dyads. Findings include the within-case analysis and the summary of action processes presented in the cross case analysis.

The overall process, functional steps and outcomes of the addiction recovery project were identified and discussed. This discussion led to an identification of critical

issues in the addiction recovery project and subsequent identification of other projects related to the transition. This analysis also included examination and description of gender statements made by each participant in answer to ongoing questioning of how one's gender impacted the recovery process. Gender analysis included description of how each participant viewed or understood his or her gender and its impact on addiction recovery. Furthermore, gender analysis examined and described how gender identity was enacted through gendered interactions or roles taking place between participants and as observed during interviews one and three. Gender identity referred to how participants viewed themselves and how it affected their feelings and behaviours. Gender roles in this study referred to behavioural norms applied to males and females in societies, which influenced participant's everyday actions, expectations, and experiences (Johnson et al., 2007).

Throughout the within case analysis process efforts were regularly made to acknowledge that pre-existing knowledge bases and viewpoints of the doctoral student, the research assistant and research supervisor made important contributions to the process. Initial analysis decisions were arrived at through discussion between the doctoral student, supervisor and research assistant. Different perspectives were considered and discussed until a consensus interpretation was reached. As the lengthy analyses wore on, the primary discussions took place between the doctoral student and his supervisor with occasional consultation with the primary research assistant.

Synthesizing a case study approach and qualitative action-project method meant several decisions were made to distinguish the within case and cross case analyses from what had been previously conducted through the sole use of the action project method

(Young et al., 2005). As mentioned, action theoretical descriptions of each dyad's addiction recovery projects, as well as gender analyses were considered findings. From a case study approach, assertions were included at the end of each within case summary as suggested by Stake (1995). Assertions in this study are defined as statements and summarizations about what the doctoral student in agreement with the PhD supervisor had come to see as important about each case.

Cross case analysis. The cross case analysis was designed to examine the similarities and differences of the addiction recovery projects and gendered processes across the cases. The process of cross case analysis began with answers to each research question being systematically compared across each case. Common findings were identified across cases. Further assertions were made as part of the cross case analysis. These assertions were distinguished as key assertions and were made after careful consideration of the action theoretical findings and descriptions from the within case and cross case analyses respectively.

Consideration of Trustworthiness and Rigour

Considerations of validity within qualitative research methods have proven difficult to agree upon and yet extremely important to the discipline (Flyvbjerg, 2006). Guba and Lincoln (2005) warn against conflating rigor of interpretation with that of methods. For the action-project method, rigorous findings include rigor in the application of the method itself and the extent to which the current research project offers defensible reasoning in the interpretations offered (Young et al., 2005). The findings for this study included the incorporation of three different perspectives on the same action through observable behaviours, internal processes and social meaning. Sources of data included

video taped narrative interviews, self-confrontation interviews, participant logs, researcher telephone logs and action theory informed coding of transcripts.

The current study offers a detailed audit trail that allows interested outsiders to review the entire process and follow the process from initial interview to final decisions on themes and constructs (Guba & Lincoln, 2005). This trail was created by recording and retaining descriptions of all potential participants, along with extensive records of the data collection and analysis process.

By design, the procedures were conducted by a minimum of two researchers together at any one time. The use of two researchers acts as an inherent and ongoing check against systematic distortion due to researcher bias. In the first part of the analysis process, two researchers worked together coding elements, functional steps, goals, and intentional frameworks. Any disagreements in classifications were discussed until consensus was reached. To enhance the rigor, a post doctoral researcher very familiar with the method was also involved for a two-hour period in order to observe and provide feedback on the consistency of coding choices. It is important to note that the method is grounded in the empirically supported principles of action theory. This serves to enhance the interpretations of the goals, functional steps and elements comprising participant actions and projects.

Once initial analysis of the first interview data was complete, researcher conclusions were presented to the doctoral supervisor and second researcher for review. Here a discussion ensued where findings were questioned and alternative interpretations discussed. New and clarified thoughts about the initial analysis were incorporated into the presentation of narratives of the joint recovery project to the participants. This

triangulation process was performed at both the within-case, final analysis and cross-case analysis stages to ensure that none of the conclusions became the product of the doctoral student's thoughts or agendas.

The outcome of interpretations were presented back to the participants and discussed on an ongoing basis. As discussed, the product of the first interview and analysis process were narratives that detailed the tentatively identified joint-recovery project. Participants were invited to offer feedback and discuss researcher interpretations before a project is chosen for monitoring. Once telephone monitoring had begun, participants were frequently asked their viewpoint around whether the description of the project continued to represent what was actually happening (see Appendix F).

Finally, the rigour of the results was enhanced both by integrating multiple sources of information and through accessing multiple perspectives on the organizing construct of action. Multiple sources of information included data from interviews, self-report logs, self-confrontation procedure, and general researcher observations, to provide a broad understanding of the phenomenon in question. Convergence of information from these disparate sources might be considered a form of triangulation (Stake, 2005) that provided a check against the possibility of biased interpretation through overreliance on one strategy or way of conceptualizing the data.

CHAPTER IV: Findings

The research study sought to address two primary research questions: “How do people in close relationships form and enact joint addiction recovery goals?” and “How does gender influence the process of addiction recovery?” As the research unfolded, it was decided that, “how is the recovery process gendered?” would be a more apt second question, as recovery actions appeared to be gendered actions. The reader is reminded that a formal assessment for substance use disorders was not undertaken and that participants self-selected (either one or both partners in each dyad) as being, “in-recovery.”

Summary of Key Findings

The action processes identified and described in this study point to close-relationship projects acting as the impetus or as providing momentum for addiction recovery. Addiction recovery was identified as one of several important life projects that were interdependent with close-relationship and work-vocational projects. Addiction recovery projects were woven very closely within specific life contexts. In other words, addiction recovery lost its meaning away from context. These addiction-recovery projects were chosen, guided, and motivated by intentional, goal-directed relationships and impeded by relationship conflict. Insight into the gendered processes exercised in the dyad’s close relationship enhanced relationship (and role) flexibility, which, in turn, positively impacted the addiction recovery project. Furthermore, rigid or unquestioned adherence to gendered roles appeared to impede the recovery project while flexibility within gendered internal processes and manifest behaviours enables both addiction recovery and close-relationship goals and steps toward those goals.

Summary of Analysis Procedures

The focus of the analysis in this study was informed by Stake's (2005) instrumental case study design. Case study is not a methodological choice as much as a lens that guided the choice of what was studied (Stake, 2005). As has been discussed, the method chosen to study each case was the qualitative action-project method (Young, Valach, & Domene, 2005). The first section is entitled *Within Case Analysis*. Analysis treated each dyad as a separate case inherently worthy of study (Stake, 2005). The within case analysis followed the action theoretical guidelines for in depth case analysis (see Young et al., 2005). Each joint project was discussed and clarified within a process of ongoing, team-based discussions about the findings (Valach et al., 2002). Investigators contributing to this research included the doctoral dissertation supervisor, this author, two post-graduate student research assistants and a post-doctoral researcher acting as a reviewer. All persons had extensive experience with contextual action theory and the action-project method.

Each case analysis was broken into several subsections to aid the reader's ability to interact with the case. The subsections are entitled; Background, Perspectives on Addiction Recovery, Joint AR Project and AR Project during Involvement in Research. Each case also included a section entitled, Gender Analysis, that explores and describes the identified explicitly gendered statements and processes related to the second research question. Each case analysis concludes with a section entitled, Project Summary. This summary highlights and summarizes action processes identified from the lens of action theory. This section also includes a subsection entitled, assertions (Stake, 1995), that summarized how each case appeared to answer the studies main research questions.

The second section in this chapter is entitled *Cross Case Analysis*. This section highlighted the similarities and differences across each case. A key purpose of this cross case analysis was to further examine whether the action theoretical construct of project was an adequate and useful way to describe and conceptualize addiction recovery. The cross case analysis identified key assertions relating to the studies research questions. These assertions are examined across cases from a contextual action theory perspective. The reader is reminded that findings are represented in the descriptions of each case that can be understood as detailed action theoretical analyses both within and across cases. From within and across cases we can summarize and draw assertions.

Within Case Analysis

Dyad 1

Background. Dyad 1 consisted of a 38-year-old man and a 37-year-old woman. This couple's nuclear family consisted of themselves and two boys who, at the time of first interview, were both under the age of two. The female partner (FP₁) and the couple's two sons, after a period of living away from the husband, had recently moved with him into an apartment complex. The apartment was located next door to a recovery centre at which the male partner (MP₁) was completing treatment. This living situation was designed by the treatment team as an intervention to facilitate the whole family to be physically and therapeutically integrated into the ongoing process of recovery.

Perspectives on addiction recovery. MP₁ self-identified as being in recovery from polysubstance abuse or in his words, "addiction." He identified heroin as his most problematic or primary drug of abuse. FP₁ presented herself as being involved in her own, non-substance-related, "recovery" process. She described her recovery as identifying and

trying to change her personality characteristics that may have contributed to MP₁'s relapse into addiction or that may hinder MP₁'s ongoing recovery. FP₁ reported that her recovery process was taking place in the context of NarAnon®, an adjunct program to the recovery program Narcotics Anonymous®.

For this dyad, the beginning of the shared recovery process took place when they were already involved in a marital relationship. FP₁ revealed that she was faced with the choice to join her partner in the process of recovery or to take the opportunity to leave the relationship.

FP₁27: When I found out that [MP₁] was an addict...my bank account was gone and everything was upside down. I talked to myself and said, 'okay, you have a choice, FP₁, you can give this a try or you can end it right now.' And when I made that choice that I wanted to have a family, I made the decision not to blame [MP₁] from then on. Right? And so the rest has been really easy...once that choice was made then I was just like, 'okay, let's give this...let's do what we have to do to see if we can give it...give it your all, because you deserve a family and if it doesn't work...then that's okay.

Research Assistant (RA): ...and you made a choice to say, 'okay that's my part' or I choose to accept what this relationship brings...wow?

FP₁28: And then, I'm in control of my own life and nobody's doing this to me. (FP₁ ISC, p. 5)

During the initial interview, this dyad described that addiction recovery had overlapping personal and shared dimensions. FP₁ identified having her own parallel recovery path was necessary to help her remain positively connected to her husband.

FP₁₂₄: I was not part of his addiction and I wasn't part of his recovery. The program in the recovery house gave me a woman's group. And I had somewhere to go once a week and they educated me on what addiction was. And they gave me somewhere to go with my anger and my resentments and my questions separate from [MP₁]. And I had to have my own recovery. Because what was happening was that MP₁ was finding out about himself and he was becoming, um, he was becoming who he is today, and he was getting healthier and better and if I didn't participate in my own recovery program, separate from him, I would have been left behind. I would have been sitting in all of the anger and all the negativity of what addiction brought into my life. But...me doing my program separate from him...we kind of had parallel paths. (IWU, p. 9)

MP₁ reported that addiction recovery began for him once he took the program of Narcotics Anonymous® seriously. Here he made the distinction between abstinence and the more complex task of 'reprogramming' himself.

MP₁₂: Well, it, well I had gone through a number of treatments. And getting out of it, getting back into it, getting out of it. But I had never, fully gotten into the actual program...of Narcotics Anonymous®. Okay, and never got into the full twelve steps. Or actually worked the full twelve steps to completion. And then actually practiced those. And so, I'd never really got myself into actual recovery before. You know, being able to deal with my feelings. Being able to deal with relationships, being open and honest.

Doctoral Student (DS): So, before, just a clarifying question, my sense of recovery for you is, once you sort of understand and put these principles into practice, and the other sort of attempts or grasps or beginnings don't really...that's not necessarily recovery.

MP₁₃: No, um, before (takes a deep breath), all I was actually doing was abstaining from using. I wasn't actually trying to change who I am. Who I had become. I had just taken the drugs out of my body...Okay, I wasn't making, um, a conscious effort to basically, um, you know, change what I had thought, you know, reprogramming myself. (IWU, p. 5)

Joint AR project. Dyad 1 identified that their addiction recovery (AR) project consisted of both personal and shared goals and tasks. Analysis from the initial interview led to the following, tentatively worded, recovery project being presented to them for discussion and verification.

To continue to support each other's individual recovery processes while planning, negotiating and changing how they function together as a couple as the boundaries of their current living situation expand and they transition into a local

community (i.e. neighborhood) and broaden their involvement in the recovery community.

A discussion and period of clarification between the researchers and this dyad led to acceptance of this project as representative of what they were currently doing together toward recovery. Over the course of this dyad's involvement in this research, aspects of this project changed while others remained constant. The couple identified a joint AR project that highlighted the importance of balancing the recovery process with the health of both their family and marriage relationships. FP₁ and MP₁ stated that they viewed their AR project to be guided by the important goal of achieving and maintaining abstinence from all psychoactive substances. MP₁ stated, to the agreement of FP₁, that their individual recovery paths had become increasingly intertwined.

MP₁19: Yeah, you know I mean, for myself I can see it being a little bit before then because we were actually living together so she was doing her part of her recovery and I was doing my part but together, we were working together on our recovery, you know...um, she's giving me the leeway to go to my meetings, and go to my support group and I'm giving her the leeway to do hers. So, we're working together in relationship...

MP₁20: And then, every once in awhile we'll go to meetings together, you know, she'll, especially if there are friends of ours who are taking multiple years clean...taking a cake or something, it's a large celebration...we'll go together. Um, some friends of ours in the program, we'll go over to their houses to have barbeques, our kids will hang out. So, it has all actually started to intertwine and become one... it's made our relationship stronger, um, and, um, we're able to reap the benefits together of it. You know, by being able to be a family together...and by being able to work together through things. (IWU, p. 11)

FP₁'s most often-stated recovery goal related to achieving and maintaining 'balance.' Balance for her appeared to be about sharing energy between attending recovery meetings, caring for their children, and developing their marriage relationship.

FP₁7: It's the day-to-day, and so, yes, we've made the transition, like physically we've moved [to a new home outside away from the recovery centre]. The rest is just, I don't know, I don't have any, like I say, my goal is living day-to-day and MP₁ is clean and we're balancing everything and keeping it on a day-to-day

basis...what works today keeps him clean and it keeps our family together and that is what I need to be okay with the whole process. (FWU, p. 4)

This goal had also been adopted by MP₁ who regularly discussed and worked with his partner to achieve and return to a sense of having a balanced life.

AR project during research involvement. MP₁ stated that he viewed the AR-project as remaining relatively constant throughout the three-month research period. During the monitoring period and the final interview he reiterated that although the couple had accomplished the task of transitioning by moving to a new house, the project continued to be about making efforts to integrate into the neighborhood, find ways to continue involvement in their recovery community, and deepen their marriage relationship. He identified that his definition of recovery was more complex than simply achieving and maintaining abstinence. He clarified that, “recovery is not about keeping from using drugs. It’s all related to the way I’m doing my relationships...relapse happens when you slip into a negative frame (MP₁ CLog #4).” This perspective on recovery appeared to manifest through ongoing efforts at communication with FP₁. MP₁ also highlighted that following the directives of the recovery movement were essential to long-term success. These included practicing the “basics” on a regular basis as well as striving for honesty about one’s daily perceptions and asking others in recovery for help and encouragement for the process.

MP₁5: Right, bringing things back. So you pick it up, and it’s amazing just talking to somebody, talking to one of my friends in my support group and just saying how I feel, ‘hey you know what, I’ve been feeling like this.... And, it’s amazing, within minutes, I feel better. The next day, you look back at the day before and you’re thinking, wow, you kind of laugh at yourself, and that’s when you know you’re in recovery. (IWU, p. 3)

As part of recovery, the couple attended recovery-focused meetings both individually and together. The couple was also encouraged to attend a relationship therapy group to help them work on their marriage relationship that in turn would strengthen addiction recovery. Doing this appeared to positively impact both the recovery and relationship projects. The goal of this group was to foster better communication and a closer relationship.

[I believe that] dating relates to recovery by keeping us together as a couple. We want to continue the relationship together and have it grow. Without doing things just for us this leads to strain and stress and it feeds into negativity. Negativity is not being in recovery...it's not 'working in the solution'. The ultimate goal is to be happy and content. Getting intimacy is not necessarily a healthy sex life...it can mean sitting somewhere just with her. (MP₁Clog, # 3)

Other AR-project strategies Dyad 1 identified included working on reaching out to others 'in-recovery' as a way to give back some of the support that they had received. Within the relationship, each partner made efforts to offer support to the other's more personalized recovery process. Support meant demonstrating flexibility with daily schedules and verbalizing understanding of the other's needs and challenges. The couple continually worked to negotiate schedules to organize childcare, recovery-meeting attendance, and caring for others without compromising their family life. From an action-theoretical perspective, at the project level of analysis, these conversations appeared to act as key functional steps (strategies) in support of both higher order relationship and AR-project goals.

As part of the focused and ongoing daily interactions, both partners reported experiencing disagreements and unspoken frustrations. From an action theoretical perspective, the communication patterns and internal processes that each partner experienced, that is, feelings of frustration, cognitions related to disagreement,

represented potential barriers both to the AR and relationship projects. Both of the following quotes represent the internal cognitions and feelings corresponding to observed disagreements in conversation. The first quotation related to MP₁'s experience of his partner's concern about whether they would be able to find a house to rent. The second quote, in the second joint-conversation, highlighted FP₁'s experience of MP₁'s strong encouragement for her to go back to school.

MP₁5: ...so, but I was just trying to think to myself, 'okay, you know you have to accept what [FP₁] is thinking about it and what is she saying.' Because I know her and I know that yes, she is smart and she really worries a lot, in my mind. And sometimes it bothers me...it bugs me...you know like why can't she just (IA: quit worrying)...Yes! Stop worrying...if it's gonna happen it's going to happen. If you could see, actually the look on my face...I'm like rolling my eyes a little bit and some of my body language was showing that...it's not irritating...it's kind of like, 'okay (deep sigh), this is who [FP₁] is,' and I've gotta accept it...(MP₁ISC, p. 2)

FP₁28: ...and so when these little things come out sometimes I get defensive, I don't like it, yeah, of course I should be looking into it, don't tell me that I have to be... you know, and then what I'll do is, well, how can I do that? I've been working, I've been doing this, this and this. Don't tell me to look into it when that's something that I need to do for myself and I should be doing it. (FP₁FSC, p. 6)

A dynamic of disagreement and frustration with this couple did not impede their ongoing joint action processes. The couple persisted in making minor ongoing adjustments to their internal and conversation processes, social meanings and observable behaviours. For example, MP₁ initially felt resistant and frustrated about FP₁ going to work in the evenings to help the couple address financial difficulties related to MP₁'s work being on strike. He further identified that part of his reluctance related to his conception of how he should be functioning as a man in being the provider for his family.

When FP₁ told me that she was going to work, I felt *less than* [MP₁'s emphasis]. This affected my worth as a person...I let her know that I wished things were different but she disagreed. (MP₁CLog, # 3)

Another example of this flexibility came with FP₁'s realization that she did not want or

need to place such high emphasis on personal recovery. FP₁ identified that too much of the shared recovery process had been focused on others and not what she wanted or truly needed. In FP₁'s journal she stated that, "I realized I NEED [participant emphasis] to take more on that is for me not related to MP₁, the boys or recovery (FP₁CLog, # 3)." FP₁ reported that MP₁ had been quite supportive of this desired change although admitted not interactions were desirable. Here FP₁ described her frustration with feeling lectured by MP₁.

FP₁28: ...and so when these little things come out sometimes I get defensive, I don't like it, yeah, of course I should be looking into it, don't tell me that I have to be... you know, and then what I'll do is, well, how can I do that? I've been working, I've been doing this, this and this. Don't tell me to look into it when that's something that I need to do for myself and I should be doing it.

RA: So, it sounds like in spite of all the stuff you've had on your plate and have on your plate...you don't need to be reminded of that even though, you're not, you have been getting on it, does it sound like that?

FP₁29: Yeah, but I'm not...but actually I'm not really that defensive I just I just at, that's just how we communicate...(FP₁FSC, p. 6)

The most prominent ongoing dynamic in this case were the identifiable functional steps or strategies of negotiating, planning and coordinating recovery. Communication and planning efforts were related to enabling one or both of the partners to either attend recovery-oriented activities or to go to work. Here, MP₁ stated his perspective on the role of enhanced communication.

MP₁15: Well, I'm actually, when we're starting to talk, I'm like, ok well, we know what we need to do. Let's just go ahead and do it and get on with, do something else. You know, talk about more just, let's live our life, you know, ah, plans always change. You have to accommodate for those changes. But, you know, um, one thing we do, I was also thinking there, was that we do need to have a schedule, and that we, we need to sit down and actually work out a pretty good schedule where she's clear on the days when I'm going to go to a meeting and clear on the days when um, you know, when I'll be home at night. (MP₁FSC, p. 3)

FP₁ also reported on her awareness of how important ongoing and productive

communication was for the success of several goals. She identified that the timing of information exchange was also important.

FP₁21: Ahh, what were we talking about, our plan, yes, one thing I noticed going over my journal because you have to write down the time of your conflicts, it was mainly conflicts that I wrote about, right like trying to balance what was all happening at 5:30 at night because he just came in the door and it is a rush and it's stressful for MP₁ and its stressful for me because...and it was happening at 5:30 and so, I noticed this, I guess read through everything last week before we were coming here so we decided ok lets... its Sunday, so find out what you're doing for the week, tell me what meetings you're going to, what meetings you're not going to and then we'll organize the sitters and I'll tell you what I'm doing this week, cause we were waiting until the day...He comes home at 5:30 I have my [recovery meeting] and he has his [recovery meeting] on Monday nights, every Monday night we have to find a sitter and we do it to ourselves I don't know why we do it. (FP₁FSC, p. 4)

From the final interview, this couple indicated they would continue to work at improving communication and planning in a way that supported relationship and recovery goals.

FP₁ 22: We don't have to do all that right now, but...(yeah) I think what's important is what we learned over the last couple of weeks, Sunday, we have our little meeting, and we figure out our plan for the week, we figure out sitters, which days you're going to be in or out, which days you're coming in or out. And we balance it that way. Right? (right) We have to have flexibility, I don't think we can even sit here and say, yeah now ok the days that I'm not this, I'm doing this because...something's going wrong, go to the [recovery centre] (exactly), right. (FJC, p. 7)

Gender Analysis

Gender identity. Dyad 1 did not present their AR-project as explicitly gendered before the initial prompting of the primary interviewer. Over the course of the study they developed an ease and skill with which they considered the impact of gender on recovery.

MP₁ described his gender identity as striving to be a caretaker for his family and balancing this with becoming more emotionally expressive in his relationships. FP₁

described her gender identity as being an emotional support to her husband and family and balancing this with her desire to return to her career.

MP₁ identified that part of addiction recovery had included attempting to understand the negative impacts of masculinity. He indicated that his recovery group offered education and encouragement to think about how men regularly participate in the oppression of women both through addiction and in general everyday talk.

MP₁₂₇: ...being a man in recovery is being taught...to have a greater respect for women...not standing for other people being disrespectful towards women. From my experience...a lot of women have been victimized through their addiction...So, changing how I think...it's not okay to actually stereotype women, or to even try to take advantage of women who are in vulnerable positions...So, as a man in recovery, that, you know I need to, you know, practice these spiritual principles in all of my affairs...(IWU, p. 15)

MP₁ reported that recovery practices had changed his awareness and practice of masculinity. He highlighted that his previous practice and current tendency had been to avoid sharing his thoughts and feelings. Here he described how practicing honesty and sharing feelings were an integral part of addiction recovery.

MP₁₄: And they're still doing the things that I am doing, which are going to meetings, reading the book, talking about my feelings being open and honest. And they're still doing those basics, we call it 'doing the basics', and it's working for them...and it's amazing just talking to somebody, talking to one of my friends in my support group and just saying how I feel, 'hey you know what, I've been feeling like this.... And, it's amazing, within minutes, I feel better. (IWU, p. 3)

He identified his belief that developing the skill of sharing thoughts and feelings, especially with FP₁, would enhance communication within the marriage relationship. He also identified that better expressing himself would prevent hidden resentments and "negativity" that led to relapse. "Recovery is not about keeping from using drugs. It's all related to the way I'm doing my relationships...when slips of self-worth happen you slip

into a negative frame and relapse happens” (MP₁Clog, # 4). MP₁ identified his goals for developing himself within the addiction-recovery process.

MP₁₂: ...I’d never really got myself into actual recovery before. You know, being able to deal with my feelings. Being able to deal with relationships, being open and honest. (IWU, p. 5).

He further described the difficulty of accomplishing this goal.

MP₁₃₁: Whenever I come back from a lot of meetings she’ll say, ‘did you share?’ ...and if I didn’t I’ll say ‘no’ and if I did I’ll say, ‘yes, I talked.’ [And she asks] ‘Well, what did you say?’ and I’ll be like, ‘well, you had to be there’ (laughs to the group). You know I always pull out the anonymity card...because, I get very shy, I get very shy and a lot of times I get emotional too. I don’t know why...it’s just that a lot of emotion will start to come over me...and then I get self-conscious and you know...that’s just, that’s just me. And I’m very shy...and then when FP₁ starts to ask me about it, I get really shy. And when she’s ever at a meeting too and I have to share...ohh...first person I think of is FP₁...I’m like, ‘oh man.’ (Here MP₁ has a nervous laugh – group laughs). When I get up in front of the podium to talk all I’m thinking about is J sitting there. Yeah...because I don’t want to...you know because just, I don’t know I feel...maybe its vulnerability? Or just, maybe that’s my role...relating to that question...being a man in recovery...I have to be the strong one, and everything’s gonna be alright. I need to be positive...I can’t show any weakness. You know... ‘I’m the man (*adds emphasis*).’ (IWU, p. 17)

FP₁ reported going through a period of choosing to be a supportive mother and wife in recovery. Over the course of her involvement in the research study she described how her perspective was shifting to wanting to find work or return to university for more schooling. FP₁ initially identified that her experience in recovery was “programmatically” gendered. She explained that the recovery program strongly suggested that all partners, whether addicted or not, attend all male or all female recovery groups respectively. A central part of recovery for her included examination, in the context of a group of women partners of “addicts,” of her role in MP₁’s addiction

FP₁₂: ...I had never participated in [MP₁’s] drug use. It wasn’t something that I was a part of...I was not part of his addiction and I wasn’t part of his recovery. The program in the recovery house gave me a woman’s group. And I had

somewhere to go once a week and they educated me on what addiction was. And they gave me somewhere to go with my anger and my resentments and my questions separate from [MP₁]. And I had to have my own recovery. Because what was happening was that [MP₁] was finding out about himself...and if I didn't participate in my own recovery program, separate from him, I would have been left behind. (IWU, p. 9)

FP₁ spoke of the uniqueness of this dyad's particular AR process that had included caring for her two children in the context of a men's addiction treatment program. She described both the challenges and conclusions she drew as a result of her unique position.

FP₁10: I think one thing is, because I'm in recovery, but I'm not an addict in recovery and I happen to be a female, I'm very aware of the codependent roles that females play in recovery. If you look, you know, from what I've been taught, um, if there's a partnership and the relationship works, and one person's in recovery, I mean if one person's the addict and the relationship works it's usually the man who's the addict and the female who's the codependent. It doesn't happen too much the other way around...the purpose of the women's group was to teach us about addiction and how to have a healthy relationship with a partner who's an addict without harming ourselves, right? So, like, that was a part of it. And it's also looking at what we do as women...traits that we have as women that hinder or help the relationship...and one thing I had to really look at was...(smiles) I have some control issues. [Issues] that I wasn't quite aware of until I entered recovery (laughing...group laughs in response), and a lot of that comes up because you are in relationship with a person who's in addiction and you have to take control, you have to take control of the finances, or the household, or the child rearing and stuff like that, and how do you bring it back again? (IWU, p. 12)

FP₁ identified being dissuaded from having opposite sex friendships and the impact on recovery of being placed in the role of "addict's wife."

FP₁36: Yeah, and like they do not promote opposite sex friendships and I understand why because these addicts are learning, like they don't have healthy behaviours...I've always had lots of guy friends you know and so that was taken out of my world.

RA: Even though you're around all these guys...

FP₁37: Exactly, and it's very sad. Because I'm an addict's wife with two kids...and so the process of having two kids being immersed in this world of recovery and it defining our...it defines everything, or it had, and now that's changing a little bit umm, yeah, it altered our world a little bit...(FP₁FSC, p. 7)

Gender roles. Dyad 1's gendered processes appeared to relate to expanding (i.e., toward more complex) gender roles within the marriage relationship. Achieving the goal of expanding the roles was linked to the goal and functional steps regarding the couple's ability to adapt to the changing requirements of the AR project. Both partners identified that MP₁ was primarily engaged in addiction recovery and in regaining his status as the primary income earner. They each also identified that FP₁ had taken on the role of managing family finances, daily household functioning and the children. Subtle and overt joint actions appeared to reinforce these gender roles. The following quote was taken from a discussion on how the couple could make use of the basement room in the house they hoped to rent. Both persons agreed that they would like to rent the room to someone, "in recovery." In a subtle way this piece of dialogue suggested how gender roles played out within this couple's interactions.

MP₁₀: Yeah, but I want to be able to fix up that room, so I'll...I've already talked with [friend] and we can actually...re-drywall it and, you know, put a little bit back into it so its...I just don't want to have (interrupted).

FP₁₀: ...some kid in a dungeon.

MP₁₁: Yeah...I want (FP: interrupts) it to be a nice place.

FP₁₁: Yeah I know and that's fair enough.

MP₁₂: I would like to offer...you know...a decent living environment. You know...a nice room. So that's the only concern that I have there...and uh,

FP₁₂: Could you put a bathroom in the laundry room?

MP₁₃: Well, that's, that's, that's...you know...

FP₁₃: Not right away...but that's an idea...

MP₁₄: Yeah, well we need to go take a look...(IJC, p. 2).

From MP₁'s self-confrontation interview he offered his perspective on the gendered nature of this interchange.

MP₈: ...I'm thinking about the actual reconstruction part of it and the way a male would think, uh, because [FP₁] is not thinking about dry walling...but she did mention the basement! But, I'm thinking about the actual construction part of it, the painting, and the actual work that's going to be involved into preparing this room...(MP₁ISC, p. 4)

The following quote represents FP₁'s perspective (i.e., internal processes), for the same piece of dialogue.

FP₁23: Maybe what it is too is that he's talking about redoing the basement. He's going to get [name] to help him. It's all guys, its all guys; it's a guy's world. I guess maybe I don't fit into that? (FP₁ISC, p. 4)

It appeared that as part of this couples' ongoing interpretation of their interactions they conceived of the negotiation process about the basement construction project as gendered in ways that linked with the ongoing gender processes of fulfilling masculine and feminine roles.

As part of her involvement in the study FP₁ reported having the realization that too much of the AR project had been about the needs and goals of others. She reported that not enough of it had included her experience or true perspective. From FP₁'s research telephone call she stated that, "I realized I NEED (FP₁'s emphasis) to take more on that is all for me not related to MP₁, my boys or recovery (FP₁PSRLog, # 14)." FP₁'s realization led to a shift in her personal goals that included returning to her career path. These goals and the subsequent steps taken to carry them out impacted the addiction recovery and close relationship projects. As a couple, significant discussion ensued as to helping FP₁ decide her next steps. This process, captured in the following quotes, appeared to include expansion of the couple's gender roles. FP₁ identified how addiction recovery had "pushed" she and her husband into specific gendered roles.

FP₁34: I think the whole thing is about being a woman though, you know, I'm at home with the kids...and its not a question of who's going back to work...you know...and part of that is [MP₁] not wanting to be at home with his kids, part of it is me being the mother thinking no one can do as good of a job as I can. So, like the whole thing about... like if we didn't have kids I'd be in school, I'd be working, so kind of the whole thing is about...

RA: It pushes you into more specific roles...

FP₁35: Which I never had before I was always independent, and did this and I didn't have a gender specific role and it also happened when [MP₁] went into recovery...(FP₁FSC, p. 8)

Developing her career would include returning to a previous role for FP₁ (i.e., as businesswoman). These changes also would potentially lead to the change of MP₁'s role as primary provider and expand his role into having more responsibility over the domestic side of life.

FP₁23: [MP₁] and I have decided after doing my night thing [current part time job] I need something for myself...and so, friends parents are opening a coffee shop and asked if I want to manage it...but I'm also looking to go back to school, I want to be able to do some social work, so, trying to figure it out but [MP₁] and I were actually talking about it on the way in here and it's just the balance of life that has really nothing to do with recovery at that point...

RA: So, anything about gender? About you being the woman?

FP₁25: Just him being the man, and I think we should do this, its not us, but [MP₁] does have it in him...to take care of his family. He has that and I think he has that because he is a man, you know? And [MP₁] supports me in whatever I do. (FP₁FSC, p. 4).

MP₁ identified that he viewed his role as one of encouraging his partner and aligning with her goal of returning to work.

MP₁27: Yeah, oh for sure. Yeah, and I'm here to support her and you know, it's like anything, it's like anybody, you know, whether it's your kids or your friend. Especially your partner then, you know, I want to make sure that she's happy and that she's doing the right things. And, you know, give her encouragement. And, ah, because, she needs to grow and feel fulfilled, other than, you know, being a mother. (MP₁FSC, p. 6)

Due to the unforeseen circumstance of his work going on strike for several months, the project also became about MP₁ facing his inability to enact the role of the ideal provider and caretaker. Throughout the study, both partners endorsed this role or way of being a man. At the same time he reported that FP₁ was quite persistent in convincing him about the value of her going back to work. The outcome of ongoing

conversations about FP₁ returning to work was that partner's gender identities were challenged and roles were both upheld and expanded (FP₁ & MP₁CLogs).

MP₁ described how his inherent understanding of himself as a man had been challenged through the process of negotiating how best to address the family's financial concerns.

Sometimes I feel very frustrated and perceive that she's not doing her part and it's her part to make sure the house is clean and I find myself thinking that she's not doing enough. I see that as being an old school frame of mind. When I spend time with the kids...it's hard. I go back and forth between the old frame and stance that my father took. Also, when [FP₁] told me that she was going to work, I felt less than. This affected my worth as a person. (MP₁CLog # 3)

MP₁ eventually reported that he had come to terms with the fact that the FP₁ needed to work both to help the family financially and also to give her time away from the kids.

During one phone call he shared that,

Having her [FP₁] go to work to ease the burden was very hard... but now it is comfortable. If I were to go the other way and demand that she didn't [go out and work] it would make things a lot tougher. This really became about my own insecurities that I had to get over. I had to realize that it was good too, as it gets her away from the kids and feeling reenergized. We talked about it a little bit...I let her know that I wished things were different but she disagreed (MP₁Clog, # 4).

Project Summary

From an action theoretical perspective, this AR project began as a series of intentional actions chosen as a way to save or maintain the marriage relationship. This began at the time when MP₁ revealed to his wife that he was struggling with heroin addiction. Each person's individual actions and their ongoing shared actions came to be coordinated under the goals of achieving abstinence, participating in the various practices and relationships included within recovery. The AR project, although identifiable, was difficult to understand outside of the hierarchy of goals linked to the relationship project.

These goals included; striving to live a “balanced life,” to develop and sustain a good marriage, to be good parents, and for both partners to find and maintain meaningful work.

The primary strategies or functional steps in the recovery project were joint steps of mutual support. These joint steps of mutual support were organized primarily around relationship goals that guided how the couple wanted to function as parents, together in the recovery project and in the close relationship. Functional steps also included each partner attending and participating in recovery oriented sub-communities and activities.

Manifest behaviours constituting the AR project were numerous and included sharing opinions, expressing emotions, expressing disagreement, asking questions as well as ongoing actions of stating support for recovery, making constructive suggestions, utilizing supports outside the marriage for the sake of recovery and numerous other behaviours. These behaviours were not exclusive to AR project but also were facilitative of ongoing career development, marriage, parenting and gender projects that were the context within which addiction recovery unfolded.

Assertions. Perceiving important long-term value in the relationship project was a driving factor behind this dyad’s coordinated addiction recovery project. Flexibility within gender identity and gender roles was facilitative of addiction recovery. This flexibility was demonstrated by the coordination of this dyad’s functional steps of mutual support.

Dyad 2

Background. Dyad 2 consisted of a 41-year-old-man and 37-year-old-woman who were currently married. The couple’s family consisted of themselves and their young son who was only a few months old at the time of the first interview. At that time, the

male partner (MP₂) worked both as a kitchen manager and at a business where he bought and sold furniture. He reported that work kept him very busy and that this put strain on his relationship with his partner and at times on his addiction-recovery (AR) process. The female partner (FP₂) reported that she primarily spent her time taking care of the couple's young son. She also described how she was an active member of Al-Anon ® and worked part time at MP₂'s business. Both persons highlighted that an important dimension their relationship was the fact that FP₂ was a first generation Japanese immigrant. They each described how FP₂'s cultural background had strongly influenced her understanding of addiction and subsequently of AR.

Perspectives on addiction recovery. This dyad reported that they had been together as a couple for approximately eight years. MP₂ reported that the relationship had been characterized by periods of mostly separate, although some shared, drug use. He reported that he had currently been clean from alcohol or drugs for 6 years. AR for MP₂ had always taken place in the context of a Twelve-Step Program® and had included the guiding goal of achieving and maintaining abstinence. He described currently attending meetings on an intermittent basis and also helping someone who had just begun the process of recovery. MP₂ stated that recovery began slowly for him and centered on not wanting to lose his romantic partner but also through the process of avoiding prosecution when put in jail during the time of the couple's reconciliation.

MP₂86...And they [authorities] knew my past – that I had recovered before successfully...after I was released I got in touch with this guy that I knew for about 12 years in recovery. And I'd always wanted to ask him to sponsor me. But I didn't because I knew that I couldn't fuck around with this guy. That if any little thing I was doing he would set me straight. But I wanted him to like me. But in order for him to like me he couldn't know me (laughing). So, I went down to him and said, 'Would you be my sponsor?' And he said sure as long as you follow my suggestions. And um and that was the - the turning point...um I think that

changed a lot for me. Um, I went for a walk with him and I'd told him what had happened and he said, 'Well you know what?' He said, 'You should be in fucking jail you asshole.' And he said and no one, I never let anyone talk to me like that before because you know I grew up pretty streetwise, pretty tough and anyone who pissed me off – I'm not saying that I can beat everybody but I would fight anyone that pissed me off or said something I didn't like...And that you know, 'this is your disease. This is your problem. Until you grow up and mature and stop manipulating everything because of the addiction you're never going to get sober...(IWU, p. 19)

FP₂ reported that the couple's eight-year relationship had included several difficult periods related to MP₂'s uncontrolled use of drugs. FP₂ shared that during these times she did not have a reference point to help her understand and interpret what was happening with her husband. She reported that recovery began for her when she chose to start attending Al-Anon.

The romantic relationship for this dyad began during a lengthy period of abstinence. In other words, MP₂ had begun an AR project before entering the relationship with FP₂. He attributed relapse as having been strongly impacted by relationship problems with FP₂.

MP₂33: ...I said to her one time, I said, 'Is because I don't do drugs or alcohol – mostly the drugs is, does this affect our relationship?' And she would always go, 'Hmm, yeah because it's really fun. And if you could do it with me it'd be really fun.' And I used to say, 'Well, I can't.' Simple. So, that's it. End of story. You know but I don't mind if you do it or if you go out to parties or do what you want. I'm cool with that but I just can't do it. And I think over time that eroded me. Like it bothered me to where my disease started telling me, 'Well, [name], maybe you know what? Maybe this 12-step bullshit is bullshit. And you've been sober six years and you can handle it now. And you can go out with this girl because she's not an addict and she isn't doing all this.' And so I never hoped – at the beginning when I first relapsed I got – you know I got deep – a little pissed off at her. Yeah, of course I'm looking for anyone to bite. But the truth is I was not um I was not I guess strong enough in the way and I wasn't going to my support. That's really the - the thing. I was not using any support and I wasn't standing up for myself. (IWU, p. 8)

Each partner reported deciding that addiction recovery would provide the only possibility to save the relationship. The female partner reported that she came to realize that in essence, she had become, “addicted” to MP₂.

FP₂₄: That’s the thing that when addicts hooked on the like their drugs like people – persons who beside that hooked on them...I didn’t know. But I’m just totally hooked on him what he’s doing, what he’s going to do and why he’s like that. Why. If he likes me and he loves me he can quit.

DS: So are you kind of saying that as [name] was maybe hooked on the cocaine you had similar patterns towards your relationship.

FP₂₅: Oh yeah. I didn’t even know at the time. After I went to Al-Anon® I found out this thing. (IWU, p. 12)

In recounting the story of how he came to be in recovery, MP₂ provided an important insight into how recovery had shifted from focusing primarily on maintaining abstinence to daily practice of living the best he could.

MP₂₁₇: Recovery is in simplest terms would be staying sober and away from the drugs. And then and alcohol and then everything else ... it’s just learning how to live with life and patience and everything that I had trouble with through my whole life ... I try to wake up every day and do the best I can. And I don’t pick up any drugs and alcohol. And I think by – if I can do that then you know everything else kind of falls into its path and what it should be. (IWU, p. 5)

Joint AR project. The analysis process based on the first interview led to the following tentatively worded AR project that was presented to this dyad during the second interview:

To address current relationship difficulties. Both partners believed this would include going to marriage counselling and developing more regular quality time together. The goal of working on the relationship would help communication of the needs, thoughts and feelings which would lead to better coordination of recovery for this couple.

Both partners expressed no reservations about accepting the joint project as written. They each reiterated that ‘fixing’ the relationship would give them a sense of hope for the future. Having a relationship that was settled would then lead to significantly less stress

and decreased potential for relapse. One point of discussion came up when FP₂ expressed doubt as to whether AR was truly a joint process.

FP₂75: Its – I don't know that it's recovery together. As long as we go to our meeting. And do own cleaning like our side – my side. And yourself...[clean] your side...And I have to work on my thing that's like my defects and – but I - I - I - I have to do that. I haven't done that yet ... Helps our relationship more. So, it's sort of, um, it's probably my - my thinking of recovery is ah like you said it helps me to - to mature. And - and tried to help to change...like it's so hard to change right? Like if you say it is easy, but it's really, really hard to change what I've been doing for thirty-something years. And if it doesn't work, I have to change the way. It's just so hard, but if - if I don't do it the relationship doesn't work. Or something doesn't work and – but things that program helps me to encourage me to keep. (IWU, p. 26)

The previous quote highlighted FP₂'s answer to the question of how she saw her and MP₂ doing recovery together, a perspective she maintained throughout involvement in the study.

MP₂ identified that the shared/joint dimensions of the recovery project included staying abstinent and growing to maturity both individually and as couple.

MP₂117: ...talking about what recovery is of course it's, you know, staying sober...being mature and going back and - and just looking at stuff and I think you just naturally mature as each day goes by anyway as long as you're not you know putting [bad] stuff into your – into your head. Um and I was just thinking that...our relationship recovery of what we do together, I mean right now that's a big thing for us. Because we're not doing much together as far as like going for a nice walk, going to movies, doing camping trips, doing anything really that is healthy except co-existing in an environment and talking about bills maybe or...that's really a bad place to be right now. (IWU, p. 27)

AR project during research involvement. MP₂'s recovery included involvement with Alcoholics Anonymous® while FP₂ reported that her recovery was primarily guided by involvement with Al-Anon®. Both persons maintained involvement in these respective organizations to be at least somewhat important throughout their entire

research involvement. Throughout much of the monitoring period, FP₂ highlighted how the “twelve-steps” could help her address the AR project.

I have to do ‘step four’: take inventory of myself. Take a look at what my character defects are. I want to change my character but not exactly sure what is holding me back. If I did this step then I would be more confident with MP₂ and I could tell him my needs. I am afraid of the outcome if I named my needs. (FP₂ Clog # 2)

MP₂ identified having doubts with some of the more “rigid” aspects of the Alcoholics Anonymous ® program. He reported that addiction recovery, for him, had become primarily helping a colleague who had newly entered recovery.

MP₂19: ...now I’m helping this guy that started out as a cook in the company. I had to let him go and then I rehired him back and he’s got an addiction problem and I know from being an addict...when I do talk about it I feel that she doesn’t want me helping someone. (MP₂ISC, p. 4)

During the monitoring period he did not identify much in the way of action processes that were specific to AR.

MP₂1: I think that, our relationship got better a little bit. Um, as far as actually doing something to support her recovery or my recovery individually we did our own. But as far as doing something to actually, you know, like going for counselling. She's going. I haven't gone yet. We haven't gone yet together. Um, but as far as, she goes to her meetings and I go to my meetings, not too much has gone on as far as there...(FWU, p. 2)

Both partners continually reasserted that the relationship improvement project was moving very slowly and at times felt as if it had stalled. The stated goals for this couple’s AR project continued to center on relationship repair. FP₂ identified that this goal had remained constant as is demonstrated by the following excerpt taken from the final self-confrontation interview.

FP₂70: ...And also we have to do relationship working. That we need to – we need to get help. (FP₂ISC, p. 8)

When asked what she had tried to accomplish during the final joint conversation, she

shared,

FP₂64: [I wanted to say] Let's do some action towards the problem [of the broken relationship]. I'm slow too, but I...he's, he doesn't do anything towards this right now...like I wanted to get it out, everything that I was thinking. (FP₂FSC, p. 14)

FP₂ stated that she felt responsible for the relationship and articulated that it was a sense of fear that kept her from taking steps towards making personal and relationship change.

I realize that I need to get back into the program and specifically be working on step four (i.e., ...Made a searching and fearless moral inventory of ourselves) then I think I could change in the relationship. I think it's my thing. I have to change myself in order to go with my relationship. (FP₂Clog, # 1)

FP₂ clarified that she needed to work on her own program and to challenge herself to personally oriented sharing during her own Al-Anon® meetings in order for her to develop “courage.” She clarified that “having courage” could help her begin to change her relationship with the MP₂ (FP₂Log, # 4). FP₂'s previous recovery strategies had been to encourage and admonish her partner when he neglected to attend meetings. She described how she had come to deliberately change her approach. Her strategies included continuing to attend personal recovery meetings and to work on her ‘personal defects.’ Near the end of the monitoring period, FP₂ reported feeling more hopeful for relationship change. She identified feeling more courage to risk sharing her feelings with her husband.

[I think that my] own recovery process...the relationship and recovery goes hand-in-hand. I haven't been actually doing it. I think something might shift...I still go to meetings...I couldn't see life last week. So I see a pinhole...(FP₂Clog, # 3)

From the beginning of the AR project monitored in the research context, MP₂ maintained that the project between him and the FP₂ was primarily about repairing their relationship. He regularly reported feeling trapped and corresponding fear and anxiety regarding how to move forward with this relationship.

MP₂ 119: I've been getting so frustrated with myself lately that I sometimes I just want to give up on the whole relationship...and I feel trapped. And I feel – but at the same time I know she's a good person and I love – I love her um and I don't want to give up on something, but I don't know sort of sometimes where to go, so I think it's time we need to get fixed up somehow and if it wasn't for that little bit of stuff that I'm getting from my [recovery] program and she's getting from hers it would have been finished from the beginning. It would never have lasted...(IWU, p. 27)

MP₂ shared that his primary concern related to the question of whether to continue in marriage relationship. He also linked that ongoing difficulty in relationship lead to stress and potential relapse.

MP₂3: ...I've often thought through us going through our hard times right now and stuff like that that um you know I've often thought actually in the last maybe month or so I never ever remembered this until just tonight was that on a couple of occasions I actually had cravings. And um you know I remember laying in bed one night and going, 'Just please God, take this away from me.' And it was only like 10 seconds. And it was gone and I forgot all about it. Because I apparently you know in - in the time that I'm in and I've talked to [friend] about it and stuff. (IJC, p. 1)

MP₂'s primary relationship-improvement strategy had been to encourage his partner to share her feelings with him and to share his needs with her. He highlighted this goal and strategy on a regular basis.

MP₂12: Yeah, yes so I – so I guess my feeling was kind of like [sigh] I have been down this road – we've been going through this for a while and it's a trial in frustration. It's that whatever I said my needs are or whatever, there's still – there's no change. And then I get critical on myself. Am I asking too much? Or you know and am I pain in the ass?...And then later I go, 'well no' I mean...they are...I just kind of – I think they're reasonable needs, right? (MP₂ISC, p. 2)

MP₂30:...frustrated in our relationship over everything about stubbornness, about never seeing eye to eye on anything. It all has to do with the same thing as, how many times for 3 years did I have to say to your face, 'I'm not happy. I have needs. I'm trying to give you 50% and meet you half way. But unless I absolutely give you all what you want before I get what I want, that doesn't work...' And, even, now this is where we're at. And, and I just think that its the same, that's sort of what I feel like what I meant, 'I feel screwed over...' (MP₂FSC, p. 13)

During the course of the project, particularly the monitoring period, he identified that the relationship began to improve.

We're getting along better...the other night we stayed home and watched a movie. Doing normal things together, household things, doctor's appointments, etc. I am feeling more relaxed and trying not to get upset about things that I normally get, 'bent out of shape.' (MP₂Clog, # 4)

Each partner drew somewhat different conclusions regarding the success of the project.

Both agreed that the project was still the same at the end of their research involvement.

Here the MP₂ acknowledged a change in what he perceived as FP₂'s level of 'openness.'

He also identified his feelings of mistrust as to how long FP₂'s 'openness' might last.

Lastly, he drew an interesting parallel between AR and relationship change.

MP₂45: ...if all of a sudden we start getting along good and everything and then...you know, you stop going or...there's no maintenance and your mind goes, your habits go back to the same again. And we're back in the same boat again. It's not much different than my addiction or anything, right? (MP₂FSC, p. 21)

FP₂ presented a more optimistic interpretation about changes that were happening.

DS: So what were you thinking and feeling during that section?

FP₂62: I was feeling like, ah, I feel good to talk about it. It feels like having a meeting to share. That's really ah, that's really good because I don't really talk...like true honest thoughts in front of him...I don't know. It feels kinda...I feel...it's not safe to talk about my feelings. It's safe to talk about in a meeting...But I don't feel safe in front of him, but I...even wanted to talk, like more, honest feeling to him. I gotta work on that...

FP₂63: Mm, That's all I can tell you, feels good. Um, I feel kind of appreciative that he was listening...yeah, it felt good to get it out...what I was thinking so, it felt right. (FP₂FSC, p. 13)

At the close of the final interview, it was revealed that a counselling appointment had been made for FP₂ (MP₂FSC, p. 21) with the goal of MP₂ joining after one or two sessions.

Gender Analysis

Gender identity. As part of involvement in this project, Dyad 2 was asked to regularly consider the gendered dimensions of addiction recovery. Initially, both partners struggled to describe the impact of gender on their addiction recovery (AR) project.

MP₂ described himself as an economic provider for his wife and child. He highlighted that he was an expressive and caring person and felt upset that FP₂ was unwilling to consider responding to his expressed relationship needs. MP₂ identified that he saw himself as a kind and helpful person.

MP₂14: And that's a quality that I don't want anyone to take away from me...I go out of my way to help people. And I don't get anything hugely in return...material or otherwise except I feel good. That I've done something for someone. (MP₂ISC, p. 3)

MP₂ had been encouraged both to express his feelings and his relationship needs on a regular basis. He described balancing roles of being a “provider” as well as someone involved in a compassionate love relationship.

MP₂66: Yeah, we're human beings. I have...needs and emotions and moral compassion and...[we seem to be] two people living together but just as roommates and that's not really a lovable relationship... But, I still feel pretty responsible for her.

RA: Is that because you're a man?

MP₂68: Probably. Yeah. Probably. It's probably my nature of growing up... (MP₂ISC, p. 11)

Initially, FP₂ struggled to talk about how her gender was impacting the AR and close-relationship projects. Over time she identified that her primary sense of gender identity came through her roles of mother and wife. She reported feeling discouraged and afraid to talk about her concerns in the relationship.

Gender roles. As part of his recovery process, MP₂ reported feeling frustrated that his partner was unresponsive to his expressed needs. FP₂ described feeling blamed and

blocked by fear to responding to the husband's needs. During the first joint conversation, FP₂ described feeling fear and her inability to respond to MP₂'s vulnerability.

FP₂12: I have to bring home part of the [solution].

MP₂13: Well, what can I do? Like that's the thing. Of course, you know our programs are set up so we're not co-dependent on our programs. Your program is yours. But still I mean we're human beings. We need to co-exist and work together at something. And that's another thing that that used to bother me was that when I would say my needs or something you would say, "Well, that's your problem." Because you learned to sort of learn about this newcomer toughness in Al-Anon and come on you've got to have a little bit of flexibility sometimes. And so like what - what is it that you need from me?

FP₂13: Hmm.

MP₂14: Sort of – I don't know – in this whole scheme of things? Or is there anything I can help with because I can't get involved in your program too much?

FP₂14: Yeah, I just ah I can't voice my - my thought. I'm afraid of the outcome. (MP₂: Yeah). (IJC, p. 4)

MP₂ described his ongoing internal processes that guided and energized his actions of care taking and how they tended to form a repetitive pattern in romantic relationships.

MP₂53: Well I've always taken care of my family...I'm a caretaker to the extreme ...for some reason I hang in right to the end worrying about the other person and not doing what's good for myself. (MP₂ISC, p. 9)

FP₂ also came to identify her perception that a woman had more burden placed on her to repair the close-relationship. She verbalized her view that this was an unfair expectation.

It feels like women always take more in the relationship...like women always do more to take responsibility in the relationship. I don't think men would ever go to Chapters to get a self-help book. This is not fair...if I ask my sponsor...that works. I feel okay. (FP₂CLog, # 3)

FP₂ identified that MP₂'s mentoring relationship with another person in addiction recovery was making her feel jealous. She reported that she envied the focused time he spent with someone that was not with her. FP₂ further reported that she was confused by

her own reaction, as she simultaneously felt supportive of MP₂'s time spent on active addiction recovery.

FP₂7: Ah, he's helping this guy really and, which is helping him too. I understand ah logically but sometimes I feel like everybody – every like – I don't know people say that that alcoholics helps another alcoholic is helping himself. But I kind of have a jealousy for it because he make time for him – like he really put an effort to help this alcoholic. And, and then we, he didn't have much time for us so I kind of have mixture of feelings. But I shouldn't say it. He's doing his priority is first and yeah that was my thinking that time. (FP₂ISC, p. 2)

Over the course of involvement in the study, MP₂ described a tension between his roles as man, husband and father and how this seems to produce anxiety and fear in him. He identified a key tension that his mind was telling him that the relationship still had chance and yet his emotions were in conflict with this.

MP₂26: Just mostly anxiety, I think. Even right now just thinking about, thinking like, my mind's trying to tell me this [marriage relationship] isn't over. Right, and but, is it going to change? (MP₂FSC, p. 10)

He further described the tension of relationship and how he related this to addiction recovery.

...And, I've been told by many people, even my friends say, 'No, look, my parents stayed together for us. And, my mom became the, you know, depressive [because of this]. Both of them became alcoholic and...and then they ended up divorcing anyway when we were teenagers,' he said. So...sometimes it's, you know, better if they do it early. And it's healthier. You know, it's healthier for the kid and everybody. But, it's, there's no right answer. There's no easy way out of this. (MP₂FSC, p. 11)

During the final joint conversation, FP₂ explained to MP₂ that she realized the negative impact of the loss of sexual intimacy had on the relationship.

DS: What...what's the laugh about?

FP₂18: I don't know, I think it's a...like he, it's sort a...turn roles (mm) Like we gonna talk about later, about sex issues (yeah) coming up, but...He's um...try more to have time right now (yeah) And I...which I was asking for, like (mm) And...I don't know why I laugh, but...(FP₂FSC, p. 4)

Here, she identified the courage required for her to bring up the couple's sexual relationship.

FP₂29: I don't know, from guys...I think guys really easy to talk about sex. Easier for us, I guess probably, a little bit type of culture thing, you know to...I'm pretty open about sex but it's still...it's really hard to ah, hard to have any [discussions] about sex.

DS: So, for you, that was pretty courageous for you to bring it up?...

FP₂30: Ya, I guess so.

DS: ...anything else you were thinking or feeling during that section?

FP₂31: Feeling? A little ashamed to talk about it...(FP₂FSC, p. 7)

Over the course of the project, FP₂ reported that MP₂'s increased willingness to spend time and support her reduced her sense of frustration with him and hopelessness for the relationship. During the final joint conversation, FP₂ stated that she was ready to be more willing to respond to MP₂'s needs. He received this with a tentative level of acceptance. MP₂ also identified an ongoing concern about not knowing his place in the ongoing parenting of his young son.

MP₂9:Like she would, I'm taking care of the baby and things that she does and that's everyday routine, right?...then I kinda went into that I feel guilty...I find that whenever I want, when I try to help, she says, 'no.' She says, 'I can do it, I can do it.' And sometimes I get just, I get mad quickly and I just want to say, 'no. Give me him. I'll do it.' (MP₂FSC, p. 2)

He identified this during the final joint conversation and promptly negotiated with FP₂ to take his young son with him into the self-confrontation interview. This appeared to be an important action that was congruent with whom he saw himself to be as man and father. FP₂ acknowledged this and willingly supported MP₂'s move.

FP₂6: ...I just don't ask...

DS: It's hard to ask for help?

FP₂7: ... I don't even think about it. So, I don't know that it's considered good, but I guess right now, maybe culture thing. I don't know.

DS: Hmm. So, sort of, from your cultural perspective it's a good thing that you...

FP₂8: We don't bother other people...like I'm not stopping [him]. (FP₂FSC, p. 2)

Project Summary

From an action-theoretical perspective the supragoal or ‘intentional framework’ for this AR project was to repair the marriage relationship. A secondary or related goal was to determine whether the relationship was worth salvaging. These goals remained the same throughout the study. Both partners agreed that working toward these goals would help to achieve the goals of the AR project. The joint AR project, although screened for before this dyad entered the study, was not clearly identified in the initial interview. For this dyad, it seemed that the jointness in addiction recovery became about how each person could support and/or encourage the other person to engage in recovery strategies and behaviours. For MP₂ recovery was about maintaining abstinence and also helping others in recovery. For FP₂ recovery was about continuing to address her concerns about co-dependency.

The functional step of attending marriage counselling was identified as a necessary step to help them achieve relationship-project goals agreed upon but not acted on until the end of the monitoring period. Other functional steps for achieving relationship harmony including such as spending quality time together and responding to each other’s needs were identified but did not begin to happen till the final few weeks of the monitoring period.

Finally, this couple engaged in manifest behaviours that appeared to be in service of accomplishing the goal structure of both projects. Examples of these from the joint conversations included: sharing perspectives, asking for information, making suggestions, sharing thoughts and sharing feelings. From the client’s ongoing self-reports these behaviours included initiating and going for walks together, going out for dinner, going

for coffee. Some of these manifest behaviours were guided by FP₂'s stated desire of spending time being together with MP₂ without a specific outcome goal. MP₂ was initially resistant to being responsive to FP₂'s requests and it was identified as a key turning point, by FP₂, when he began to respond to her requests.

Assertions. Repairing the close-relationship project was the central joint project for this couple and subsumed the addiction recovery project. Ongoing relationship conflict, at the level of internal processes and functional steps, appeared to stall the close-relationship project. Investigation into the role of gender on addiction recovery led to FP₂ feeling more comfortable to talk about uncomfortable relationship topics that were a source of relationship conflict.

Dyad 3

Background. The third dyad in this study was a heterosexual couple consisted of a 22-year-old man (MP₃) and 22-year-old woman (FP₃). Upon intake, the couple reported that their romantic relationship had been ongoing for seven months. They also described a long term friendship that predated their romance. Both participants identified themselves as being, "in recovery." FP₃ stated she was in recovery from an eating disorder while MP₃ stated that he was in recovery from an alcohol addiction. This couple resided together and reported that they were actively supporting each other's recovery processes as well as doing recovery together.

Perspectives on addiction recovery. At the time of first interview, MP₃ reported that he was approximately five months into "recovery," described as not having used alcohol or drugs. He clarified that his approach to recovery had been to initially give a significant amount of attention to achieving abstinence. He reported that he then shifted

his primary attention to achieving life tasks of developing his relationship with his partner and completing his chef's training. FP₃ reported that she saw herself as in-recovery from an eating disorder. At time of first interview she was working, supporting her partner and continuing her own recovery. Her career goal was to become a massage therapist and she attended school for this during her involvement with this research.

MP₃ described his view of the process of recovery as "staged." During the first few months of recovery his main goal was to stop using substances and learn helpful strategies to abstain and also manage difficult emotions. These strategies included eating chips, drinking ginger ale, taking vitamins, and attending counselling. He reported that his understanding and approach to recovery had eventually shifted. His daily efforts included striving to focus on daily tasks of living such as nutrition, school, work and relationships. To the extent that recovery was addressed in counselling, it continued to be understood as a process that included self-understanding and the specific functional steps to achieve current goals of living. MP₃ stated his disagreement with current widely accepted ideas of recovery as permanent.

...I guess I define recovery as one stage of my life...that first 60 days of going through physical and mental withdrawal. You know recovery for me is...every day it's something to deal with but it's not the only thing. I have bigger, more important...I think of myself as a 22-year-old kid who's got a bunch of stuff to deal with (laughing). I've got school and yeah exactly there's a – there's a life outside of alcoholism and narcotics abuse. (IWU p. 5, 6)

Both FP₃ and MP₃ described the shared aspects of recovery as including reciprocal support and demonstration of understanding. For example, when either person struggled with cravings or feelings of discomfort in a social situation, each had dedicated to be willing to leave the troublesome situation without asking questions. These partners

work on short-term and long-term goals together helped to focus the development of a shared life.

Recovery began as a pivotal decision point in which MP₃'s goals became the dyad's goals. MP₃ reported that recovery began for him when he realized he could not longer keep using. He described waking up one day on the couch 'hung-over' and that he could not get up. He lay on the couch approximately two days. During this time he concluded that he was physically unable to maintain his current lifestyle.

MP₃11: I'd been drinking a lot of alcohol over a couple of days. I woke up the next day and it's like you know normal addictive moods to drinking and drinking...I just couldn't. It wasn't happening. My body had like my body was going to process it. My body wouldn't just – it wasn't happening. And I had just – didn't move for 24 hours. I didn't move or eat or didn't do anything...And that was the beginning of the end. (IWU, p. 3)

FP₃ reported that she joined the process of recovery because she valued the relationship more than having drinking as a coping mechanism for her eating disorder.

FP₃20: ...I stopped [drinking] because I didn't think it was fair you know like – I knew what it was like trying to like get somebody off like having people around you that are like – because with food it's in your face. You have to eat it's in your face every day. Everybody eats. And so I - I just – I didn't think it was fair... (IWU, p. 8)

Joint AR project. The analysis process after the first interview led to the following tentatively worded recovery project that was presented to this dyad during the second interview:

To support each other's personal recovery efforts and work/school pursuits on a daily basis and to work towards a shared future life that includes relocating, developing their careers and having a family together.

Both persons agreed that the tentative joint project presented to them accurately represented their experience. FP₃ described that the entire process of the first interview had a significant impact on her recovery. She identified making a conscious choice to

change her primary focus away from her own counselling and relapse prevention efforts for both her eating disorder and alcohol use because this focus had become too all consuming and negative. She described a new, more active focus on achieving ‘goals of living’ such as developing closer relationships, working toward better overall health and working hard to do well at school. FP₃ highlighted that she felt fear related to this shift in goals because of how her past led to her expecting that nothing good can ever really last.

FP₃34: Plus I’m used to. So just the thought of a normal life of – I ah like I - I - I can’t – I have a hard time comprehending it – like what it would be like. And I mean I want obviously – I would love [laughs] a total life. I’m tired of this sort of ridiculousness that’s gone on. But it at the same time it does kind of scare me. (FP₃ISC, p. 4)

AR project during research involvement. Throughout the ongoing monitoring period both partners maintained the view that the AR project included ongoing support of each other as they engaged with school, work and the activities of daily living. One important value that both persons held was for each to share honestly when tempted to use alcohol or drugs.

I had a huge breakdown this past Saturday night. MP was at a work event. I was able to tell MP what I was thinking and he reassured me. The only think that kept me sane was thinking about our relationship and our future together...(FP₃Log, # 2)

The following example demonstrated how FP₃’s putting energy and effort toward career appeared to change her internal processes.

I haven’t had such a sense of accomplishment since I was in high school. Even in high school I didn’t do well. In grade 8 my mom died. Then school went downhill. I failed different courses whereas now I’m doing really well. In my two finals I got 93% and 98%. (FP₃Clog, # 5)

MP₃ consistently spoke of how close-relationship goals guided and energized recovery goals.

MP₃7: ...and we start to talk about, we go in to talking about, like, can alcohol and recovery be part of the same project and to me, they can't. As soon as you include alcohol into something, it's no longer recovery...on our relationship and recovery, is that I want to have answers for her, cause I want to keep our relationship on a positive note and be satisfying, you know, her need for information from me. But, you know, in the recovery sense, it's just like, you know, give me some time. (MP₃FSC, p. 3)

In the following quote, MP₃ reiterated his goal of finding a happy balance between recovery and the demands of his life related to his relationship to FP₃ and career path. He described his ongoing battle with the “need” to involve wine in his life because of the demands of his career.

MP₃39: ... Like I said, I want to be doing some more wine tasting and shit, but I want to have a happy balance. Between alcohol and life. So far the best balance has been to not drink. (MP₃FSC, p. 11)

This quote seemed to reflect MP₃'s current questions and concerns about the recovery project.

MP₃44: ... Oh, it's, it's, this is really...for me, and I know we've been talking about this kind of downhill slope and for me the question is like is there a way to like maintain a level, like, before the slope goes down, or is that...I guess, was that very first drink we had New Year's Eve, or whatever, was that the beginning of the downhill slope? So, that's really my biggest conundrum right now. My biggest question is, has, are we already going downhill? Or is this working? (MP₃FSC, p. 13)

For Dyad 3 functional steps for their AR project included sharing thoughts and feelings, listening and in general supportive actions between the partners.

MP₃32: ...I just have to, have to tell her exactly what's going on because...this is the way that I'm going to clear everything up. And it does. You can see. It works, 'cause in that 30 seconds of me going, 'listen, I'm just telling you things because I need to give you something because I think that's what you want to hear.' The air clears a little bit and, it becomes easier to talk to her. The comfort level rises and it's a, it just becomes, like, ok, well now I got that out...but resort to being honest...(MP₃FSC, p. 9).

FP₃18: ...Um, and I realize you're signing up to apprentice with him for three years. But, at the same time, I think he needs to have the respect for you...

FP₃19: Like I think it takes balls to be in your position. You know, and to...to like, take the courage and to...stand up and be like look. This is what I've decided, like...you know, I think it takes a lot of guts...(FJC, p. 6)

During each of the three interviews, this couple demonstrated consistent physical affection for each other that increased when more difficult emotions were demonstrated.

MP₃17: Can I tell you what I don't like? I think we're headed on the right road, you know that? I'm not happy with what goes on with us. ...just coping with day to day...I'm unhappy with what's been going on with us day to day. I never really think about how any of it really affects you.

FP₃16: [whispering] [crying] (unclear)

MP₃18: I feel like you're my coping tool. You make me happy.

MP₃25: I love you too. I just want to be here for you. (IWU, p. 3-4)

Prior to the final interview, MP₃ reported a change in that he now saw the recovery project as a process of finding how alcohol might fit in with the larger context of individual and joint life goals. The project entered a phase of re-evaluating the place of alcohol with other life goals of becoming a chef, helping his partner become a massage therapist, moving to a new city, and starting a family.

During the week prior to the final interview, this pair decided to drink alcohol to celebrate the arrival of the New Year. MP₃ reported in the phone calls (MP₃CLog # 5) that he had two drinks. The FP₃ reported during the final interview that the couple had more to drink than the MP₃ had acknowledged.

FP₃3: But, I think both of us need to set boundaries because...example being the other night. It went from...a glass, a bottle of champagne, to a bottle of wine and cognac...setting that limit because otherwise...(FWU, p. 2)

The final joint-conversation, summing up the couple's recovery project over the approximately seven months, focused on weighing out and negotiating whether they would decide to make alcohol part of their lifestyle on a regular basis. This shift or joint

reanalysis of the project was characterized, at least somewhat, by the following quote from the MP₃ that came in the final self-confrontation.

MP₃46: Well I think it's, like you know, it, the last couple minutes here, are definitely...positive conversation. We're both being honest. We're both being straightforward...And I mean, you go through all this counseling and all this therapy to try and build yourself emotional support cause as you're developing as a teenager, and what a normal person would be developing their emotional supports and their ways to deal with stress, we were using drugs instead. So, we both went through, you know, a year. I didn't go through as intense therapy as he [MP₃'s friend] did. But, you go through this year of therapy and all this mumbo jumbo and you learn to build what a normal person would have built as an emotional crutch. As you're, as a normal person would function. A foundation for stress, a foundation to deal with stress in your day-to-day life, which was alcohol, drugs, what have you before that. Once you've learned to build... it's, you know, once you've learned to build, once you've built those normal crutches, what a normal person has, you'd be functioning, you know, I guess I call a normal person somebody who has a drink on the weekends, who has a beer, who functions in life as a normal person, drinks whatever that normal, I throw that word around a lot, but whatever that normal, that normal idea is. A functioning person who has a good job, good relationship, the alcohol isn't the focus. It's in their life. It's just like, I just, they went through the normal process of building it. So we have this huge process of not building those emotional supports. Now, we've got them built. The question is now that I've got them built and now that I've got those emotions there, can I function as a normal person, with normal emotions, using alcohol at a normal level. Not using it, but consuming alcohol at a normal level. Whether that's, Friday night going out for 2 or 3 beers, that's it. Um, I guess that's normal. I just want to be fucking normal, you know? (MP₃FSC, p. 14)

The final joint conversation appeared to represent the couple's recent and ongoing conversations about recovery.

MP₃30: Well, that's what I'm saying, that's what I think. That worked incredibly. That was...I know you're talking about recovery. That was...I don't think the recovery includes alcohol. When I say the word recovery, it doesn't include alcohol to me. So, this whole thing seems like a bit of a farce. And you say, oh, you gonna go try and find a way to work this...no, bullshit Cause you just don't work things like that into a recovery program. (FJC, p. 10)

The final joint conversation represented a powerful depiction of how the social meaning of addiction recovery intersected with the close-relationship and career projects.

Gender Analysis

Gender identity. As with the first two dyads, the gendered dimensions of addiction recovery could not be considered outside of the relationship project. MP₃ stated that recovery was gendered for him in that he expected himself to be a caretaker to and problem solver for FP₃ in both the relationship and AR project.

To begin the project, MP₃ identified the impact of his sex on the AR project as being compatible with what he defined as a traditional masculinity.

MP₃35: I guess it's kind of – for me what comes up is not only being a male but also the industry that I work in [i.e., being trained as a chef]...it's just that alcohol and drugs are just there...constantly. Um, I don't know why that brings it up for me, it just does...I think specific to my gender...I guess I'm expected to be a little bit more solid. Ah, I also know that people just get a little bit more blunt with me...stereotypes you know um being a guy, 'you should be able to do – you should be able to do this. You're a – you're a – come on you're a guy (emphatically)!'

DS: 'Pull up your bootstraps?'

MP₃36: Yeah. Exactly. Exactly like um I don't – I mean it's –

DS: So how do you wrestle with some of those – you know some of those expectations and those you know, 'you should be so and – or you shouldn't let your guard down.

MP₃37: I mean it all comes back to, 'you shouldn't have a problem in the first place.' There's that. You should be in control and...I guess I'm not really sure that I do deal with those issues... once I entered the recovery process you don't really think that you're looked at as male or female. Um. I think the only time that my gender was ever brought up was when I was asked if I'd prefer a male or female counselor to talk to. (IWU, p. 10)

FP₃ responded that at least some of the gendered aspects of her role in the relationship were confusing and frustrating for her. She stated that she had been raised to be self-reliant and independent and that to be, "cared for" made her feel controlled. She reported struggling to express herself as a woman in light of her past experiences of family.

FP₃31: ...I struggle with [being helped] because I've always been, 'I have to do it myself.' Independent, yeah. And so I mean that was one of the hardest things about just giving up any sort of addiction or any sort of...negative coping

mechanism that I had was in doing that I had to lean on other people. And that was just really, really hard.

RA: Even leaning on [MP₃]?

FP₃₃₂: Yeah...or I - I judge myself for feeling like I'm being a stereotypical girl. Because in my role [that] has always been a bad thing (crying). So I find that hard. But, it's just it's funny that [MP₃] feels that he has to take care of me because I always get my back up and unless I somehow don't.

RA: But there's kind of a part of you that sees it as weak. (FP₃: Yeah.) That female role?

FP₃₃₃: Well it's not a little part.

IB₃₄: It's a big part. (FP₃: Yeah.)

RA: So you're finding?...

FP₃₃₄: I have these conflicts within myself because I want to be caring and being that person. But I grew up that thinking that being in a relationship was weak. Having somebody there was weak and that they were just going to take advantage of you. So...it's hard.

FP₃₃₅: It's been hard but...

RA: How does it make you feel thinking that [MP₃] has this notion that he should take care of you?

FP₃₃₆: Um, I get frustrated at times [sigh] I know it's - I guess I get frustrated because for me I always view it as a control thing. As if the person who is taking care, protecting the other person for whatever...

RA: It's hard to just trust the nurturing.

FP₃₃₇: It's like I mean with him like I know with him it's not about control. It's not about I don't know domination or anything like that. It's just the road. A real part of it is about him caring and a part of it is that it is what he feels he needs to do so.

RA: So part of you is okay with it? (FP₃: Getting there). (IWU, p. 11)

Gender roles. An important part of this dyad's relationship included expressing and receiving caretaking. This process included physical expressions of love. This was interpreted as meaningfully gendered in that receiving caretaking was both desired and appeared to mean compromise for FP₃.

FP₃₂₆: It makes me happy. It's what I look forward to. Do you want to pay me to take care of you? (laughing)

MP₃₂₈: Oh, you know (laughing) Is that your coping tool...taking care of me? I understand. I never thought of you as my coping tool. (IJC, p. 2)

Giving and receiving expressions of caring and caretaking seemed to provide a way for MP₃ to express and/or maintain a particular masculinity.

MP₃43: ...the physical contact means a lot. I mean to get in there, touch her and hold her...no matter how I'm dealing with something it's better to be up close and be close to each other.

MP₃44: I'm sure there is a subconscious reason behind it but I just don't know what it is. So it's just kind of one of those actions that...

DS: ...As you watch yourself move closer to her, what are you thinking and feeling?

MP₃45: ...she wants to fit into the role that I have in vision for her without me asking her about it...she said she really likes taking care of me and she does it well...and I think she does it well...I mean taking care of me like whether it's making dinner or just sitting on the couch. It's that whole being a partner.

(MP₃ISC, p. 6)

Caretaking, for this dyad, was an important part of both the recovery and relationship projects and appeared to relate to gender roles. FP₃ identified that one of the long-term goals she held for herself and MP₃ was for her to take the role of mother being at home with children (IJC). From an action theoretical perspective the close-relationship goal of reciprocal caretaking might be described as a supragoal in that it organized actions within the relationship and AR projects. The following quote highlights how discussion about this goal impacts MP₃'s personal conception of himself as a man.

MP₃18: Yes, well she's - she's told me that she wants a family. She wants different things (IJC)...and I guess specifically to being male um she's told me she's valuing or I don't know if that's the right word - she's giving me information to be the caretaker...that's the word. So really thinking...I, ah, like she definitely has her own career thing going but she's predicting for me as the money and job and that kind of stuff. Um, so her saying, 'I want this and this and this - I want to have a house,' is specific to me being a male. It's definitely given me that kind of, 'yes, I want you to take care of the furnishings,' and just to follow though [with this role] right?

DS: And so what kind of feelings then come up for you around that?

MP₃19: I start to feel stronger, more - more empowered, more - more um I don't know if there's a set of words for it.

DS: Almost [becoming more] committed to that [role]?

MP₃20: Exactly. I'm starting to feel better that, 'yeah...right. So you're willing, you're willing to let me?'

DS: Almost like she's inviting you...almost?

MP₃21: Yeah, exactly...so now it moves towards making her feel better. But you know its...I'm part Puerto Rican but I guess you know it's just hard for our values and we tend to fall back on stereotypical 1950s household. She stays home and I

go to work, which is not a reasonable expectation. I don't expect her to stay home. But I do expect to be the primary breadwinner of our house. Um, so when she tells - tells me things like this it starts to stir masculine feelings within me yeah. 'Yeah, I can, yeah I can - it's going to be all right if I do.' (MP₃ISC, p. 3)

MP₃ spoke clearly about his understanding and experience of being a male in recovery and a male in relationship to FP₃. MP₃ highlighted that the process of completing his school was refining his sense of himself as a man as he held to a, "traditional view," of masculinity yet rejected some problematic elements of this view.

[MP₃] reported that his colleagues at school had been acting like 'stereotypical' males... posturing, competing and fighting with each other. He reported that he found this strange. 'It has been affecting the way I interact with the [FP₃]. I try to avoid acting [that kind of] traditional male.' (MP₃Clog, # 2)

MP₃ further identified that starting to earn a regular paycheck would help him achieve specifically gendered goal of taking better "care" of FP₃.

I just got a paycheck - feeling like I'm meeting some hunter/gatherer needs or desires. [MP₃] articulates that there are certain behaviour patterns that the male species is supposed to exhibit. It's an ever-changing question...it seems more and more that the male/female ideas are melding together. It gets a little harder to say...I find that I'm resisting to the blending of the modern acceptance of masculine and feminine. However, I do resist the machismo or paternalistic, I'm not interested in going there. (MP₃Clog, # 3)

In general, MP₃ was more at ease to both talk about and explore the role of gender in his experience of addiction recovery. Over the course of the monitoring period, FP₃ demonstrated accepting MP₃ taking a role of leadership within the relationship.

We have been spending time together and [MP₃] has been encouraging and supportive. It's nice to share encouragement with each other to hang in there. (FP₃CLog #1)

The following quote from FP₃ seemed to represent the part of her that wanted to become more assertive and independent within the relationship. Her involvement in this conversation represented a significant increase in both time spent talking and in the direct nature in which she spoke.

FP₃₂₂: it's a good time of year because if we can sort it [drinking] out at this time, then the rest of the year should be fine. You know, like, I understand it's Christmas, and holidays and New Year's and all this stuff, but that doesn't mean that everything should just, like all our work over the last 10 months should just like...

MP₃₂₃: Whoa, like don't put words in my mouth now. (FP₃: sorry) Cause that's not what I'm saying at all.

FP₃₂₃: Okay, what are you saying?

MP₃₂₄: I don't know what I'm saying, but I...I...need some time to sort this shit out...there is no definitive answer for you right now. It's like everything is baffling to me and I think I just need some time from you to be able to figure it out myself without talking about it...

FP₃₂₄: And I...this is completely understandable. I don't want a solid decision. Because it is. It's big, it's a big thing. I guess I just want to know like what you're thinking and like...

FP₃₂₅: But I'm not looking for a lifetime answer...I don't want a definite answer. Life is...life is what happens when you make another plan...(FJC, p. 7).

MP₃ reported feeling both frustration and gratitude for FP₃ challenging him in the way that she did.

MP₃₇: I mean she's pushing me for information that I don't really want to give...It doesn't work like that. You need months. You know, and the conversation goes, you'll see, it, this is the exact conversation we had. It's like, you know, I can't make a decision that's going to change my life in say, 5 days, 10 days, 2 minutes. It's not going to happen. Just back off. So, I'm still aggravated, still agitated. Um, I mean, sitting down saying, 'Okay, well, what boundaries can we set?' Well forget boundaries...on our relationship and recovery, it's that I want to have answers for her, cause I want to keep our relationship on a positive note and be satisfying, you know, her need for information from me. But, you know, in the recovery sense, it's just like, you know, 'give me some time.' (MP₃FSC, p. 2)

Project Summary

The intentional framework for this couple's AR project, when considered at the project level of analysis, appeared to remain the same throughout most of their involvement in the research project. The most important goals for the AR project was to focus on the tasks of daily life and try to minimize the amount of time spending thinking about "avoiding" alcohol. For much of this couple's involvement in the research study their AR project was subsumed into the relationship project in that supporting each other

to achieve school goals and move toward future relationship goals were more central than avoiding the use of psychoactive substances. Specific goals and functional steps related to the AR project were primarily foregrounded when one partner was faced with a choice to drink or spend time with friends who were drinking.

The agreed upon functional step for both the relationship and AR project goals was that of offering support and, “taking care,” of each other. This included cooking for each other, going shopping together, kind and encouraging talk, ongoing physical cuddling and verbal acknowledgement of love and support and finally verbally reminding each other of agreed upon short-term and future goals.

Assertions. Addiction recovery began as a pivotal decision point in which MP₃'s goals became the dyad's goals. FP₃ adopted addiction recovery goals because she determined that the close-relationship project was more important than maintaining alcohol use as a coping strategy for difficult moods related to her eating disorder recovery process. Insight into gender identity and roles led to self-reflection and a degree of flexibility.

Dyad 4

Background. The self-identified close relationship for Dyad 4 consisted of a relationship of a mother (FP₄) with her adult (34-year-old) son (MP₄). They lived together with FP₄'s mother (MP₄'s grandmother). FP₄ shared that she volunteered with an organization that supported parents of addicted children. Besides a significant commitment to weight training, MP₄ had also recently obtained paid employment on a construction site. MP₄ identified himself as being, “in recovery” from a heroin addiction.

FP₄ described herself primarily as a support person for MP₄ but also qualified that she had recently recovered from an addiction to sleeping pills.

Perspectives on addiction recovery. At the time of first contact, MP₄ reported that he had not used any psychoactive drugs for four months. He further identified that he saw himself in a process of addiction recovery from cocaine. FP₄ reported that she had recently recovered from an addiction to sleeping pills. She described how addressing this led her to a deeper understanding of addiction and of her son. Both persons described the relationship to be a close one that included sharing life-details and analyzing relationship problems related the larger family system. During the initial interview, MP₄ reported that he was dedicated to an addiction recovery (AR) process that was defined by the goal of developing himself into a man of integrity.

MP₄23: ...me doing what I'm going to be doing and speaking my mind and getting strong and telling people in my family what I think as a man...because in my family it's kind of like if you don't have the money then you don't speak up... And it's shown as disrespect if I was to ever talk back to anybody. Because who am I a lying, stealing, junkie. You know what I mean? It was very...it was very always hard for me because I had these beliefs that the family should be different. But I'm an addict and doing and constructing my life and since nobody's going to take what I have to say as anything, so it's a real big thing for me to be a real man who's clean and sober, who's honest, who has integrity, he's authentic and who also looks like I - I really like well built man because I want to break the cycle in this family...(IWU, p. 13)

MP₄ had recently completed an addiction treatment program, was regularly involved in NA meetings and daily weight training. He shared that his relationship to drugs of abuse began during his teenage years with regular marijuana use. He described how he had eventually progressed to regular use of cocaine throughout a period that stretched through his twenties and into his thirties. MP₄ reported having numerous previous attempts at treatment programs. He stated these times did not lead to successful

recovery because his goal was simply to learn to manage his drug use so he could continue using with little or no harmful side effects.

During the initial interview, MP₄ reported that he saw his most recent attempt at treatment as significantly different. He reported this time was different and his goals had gone beyond developing and implementing the skills to simply manage his use. He stated that this time he hoped to change all aspects of life.

MP₄9: ...and it wasn't about stopping the drugs. But it was about changing everything else. The drugs were just the overlying thing right? So, you know I started using crosswalks. I tried not to spit in public. I started making little amends to people by paying people back and saying I was sorry. And I'm you know things I'd never done before. Even after treatment. And I did the Daytox program and - and you know I started doing what I said I was going to do. I got up every morning and I went to Daytox. Nobody had to wake me up...(IWU, p. 5)

MP₄ articulated his recovery goals as learning to tell the truth in relationships, caring for himself emotionally and building his physical body into something of which he could be proud. Along with these goals, recovery included working out both his relationship with his mother and his current romantic partner.

...I have to take all that in to consideration. And it's kind of like you know...I have my, my things that I need to work with...with you. In a relationship I need to build with you. Being this new man that I want to become, that I'm in this transition of being. I have this relationship with this girl that loves me and I love her. That is so complicated. It's like everything's complicated around me. (IJC, p. 4)

FP₄'s view of the joint AR project was not immediately apparent beyond her stating that she was working hard to support her son's AR-process. She stated that her own successful addiction recovery from sleep pills had taken place once she got the appropriate help and information. As the project unfolded it became clearer that FP₄ was also trying to encourage her son toward deepening his insight into the causes of his addiction.

Joint AR project. MP₄ identified that the AR project with FP₄ was about receiving her support, “fixing” or developing their relationship and finally about them redefining themselves as family against the problematic way the larger family was organized. FP₄ repeated that she was proud of her son’s efforts at recovery and was willing to support him physically (i.e. by cooking) on a daily basis, by learning about addiction and by openness to working to develop a closer relationship.

Sure, and um yeah I’m obviously very proud of [MP₄]...He’s taken some real big strides in his life. But, it didn’t come without pain for me emotionally as a parent...also the fact that he didn’t have a mentor. A male mentor in his life to kind of shift him gracefully from childhood to adulthood because I think that’s very important for - for a boy. So that was number one. I decided to immerse myself in education and educate myself about drugs. Because as I was very... green...(IWU, p. 9).

As the initial joint conversation began MP₄ expressed to his mother that he believed the joint nature of the project to be about more than her emotionally and physically supporting his recovery process.

MP₄2: ...So yeah. Recovery, the process of our recovery. I don’t – I just think that it’s more than just cooking for me and doing this. But I believe that for me to fully be in recovery our relationship would have to mean you would have to become self sufficient, self supporting away from [grandmother].

FP₄3: I would have to break away?...

MP₄3: That would be the only way that that I can – that we can have an authentic relationship (FP₄: Right.) because it can’t be authentic with her there. (**FP₄:** Right. No I understand. Yeah.) She’s just – it’s just not authentic, it’s controlled. Our relationship is controlled to a certain extent. (IJC, p. 1)

MP₄ identified that a barrier to his recovery was the fact that both addiction and recovery were embedded or quite interrelated within the mother’s extended family, even beyond his grandmother. MP₄’s estranged father was identified as an, “alcoholic.” Beyond this, both MP₄ and FP₄ made consistent references to the family’s role or in addiction:

MP₄23: I want to really break the cycle in - in my family of - of all this stuff. Because... if nobody breaks these cycles this – it’s - it’s trickling down already.

It's trickling down to his kids. It's trickling down...having a lot of problems...getting divorced. These core beliefs...being passed down to their generation because they never did the work on themselves to...you know...fix what – to fix what it was that's driving them to work or to drink or to do drugs like all of us have our – addiction is not drugs. Addiction is a form of - you know diversion. Diverting from what really the core issues are that make you kind of feel that funny feeling inside. And so you don't want to feel that or talk about it. (IWU, p. 13)

Analysis from the initial interview led to the following tentatively worded recovery project being presented to Dyad 4.

The joint AR project appeared to be about the mother supporting the son's recovery efforts (to stay clean from drugs, continue with employment and develop his own adult life) by encouraging him, being available for him and cooking for him. The project also included the mother and son working to repair their relationship and develop a closer relationship while dealing with difficult pressures from extended family.

AR project during research involvement. Within the first week of the monitoring period FP₄ identified that the AR project had changed, as she perceived MP₄ had begun to relapse with heroin. This led FP₄ to question whether they should continue with the research and to question her role in MP₄'s recovery.

[MP₄] had a big relapse. That was a surprise and a big disappointment. He's actively using now and I'm wondering if I should still keep participating.

Relapse has made me feel upset and not doing things with the same enthusiasm and trust. I should be more positive, trusting, when I'm doing these things. I know that these activities are necessary and that relapse is part of recovery but it is just upsetting. I have to go through the whole process of protecting my stuff. I've got to keep my boundaries up: not giving him money when he has used. I have to remember I'm talking to the drug...Relapse has led me to thinking through how I am going to reconstruct my boundaries. (All quotes from FP₄Clog, # 1).

Soon into the monitoring period, MP₄ signaled that for him, the emphasis of the AR project had changed. He identified that his grandmother had become seriously ill and that this led to the plan of he and his mother moving on their own to being put on hold.

[MP₄] reported that [FP₄] had backed off the whole, 'living her own thing.' He identified that G-Ma was, 'getting sicker and probably wouldn't live much longer.' He reported that mom and son are just working on doing life together. (MP₄Clog, # 1)

During monitoring call number two, MP₄ noted a shift away from having shared recovery processes with his mother. He attributed this to his work schedule.

Just trying to put together a few paycheques. Thinking about moving out maybe after Christmas. Things go well as long as I'm busy. Working 6 days a week. I get home and crash. Mom and I haven't really done anything together. (MP₄Clog, # 2)

FP₄ reported that she struggled with believing MP₄ was, "in-recovery" and also acknowledged that she and MP₄ were not spending much time together. MP₄ reported his view as to why shared recovery with his mother was not a regular occurrence.

MP₄8: No, there hasn't been that much time because since I started at work, I just... I've got relationship problems too with my girlfriend. So, when I'm not at work, I'm with her trying to sort out those things. And when I'm, and when I'm not...doing that. It's not that I, it's nothing against her, I just...want to be left alone. You know, I want to be...able to come home and put my feet up and just watch football highlights without all the chatter in my head and everything. And, and, then again it's back to me and my own fault because I make the wrong choices. You know, it's like, I can have everything I want, but when it comes to that time to make a choice to invest into what I want, I always make the wrong choice. And then I'm miserable, right and I don't want to do anything with anybody. I don't want to talk about anything or have people around me. And I'm in that vicious cycle where it, it almost seems just as bad as when I was using everyday. It's like it's just a different version. You know, it's a different version of the [addiction-related] chaos. (FWU, p. 4)

The AR project appeared to become quite closely related MP₄'s work life. FP₄ reported that the fact MP₄ was earning money on a regular basis was both an important step in recovery and yet acted as a potential barrier because of the temptation to spend his money on drugs. She reported her frustration in the following quotation taken from the researcher telephone log.

[MP₄] is working and so staying clean during the week. I think he continues to 'use' on the weekends, especially when he gets paid.

'[MP₄] used again...spent his whole cheque (\$1400) in one night...It's a huge blow.' Son told mom that he spent his whole cheque and he didn't have money to pay her back. He expressed that he wanted to go back to treatment again, 'mom, help me get to treatment right away!' [FP₄] saw her role, in part, to act the voice of reason. 'This time I decided to do it differently...This time I did nothing...I didn't go into his room...I was angry! He came to me...told me that he used...initiated discussion.' For [FP₄] this was a big example of, 'letting go' of too much responsibility for recovery. (FP₄Clog, # 4)

MP₄ indicated that he too felt frustration related to work and not being able to handle earning money the way he would have liked.

DS: ...How does that fit into your recovery process?

MP₄: I just, it...it almost subconsciously, there's always like still been a place there just empty just for me to stay right. Like, I don't know. Lately I've been really frustrated because I make, you know, I make 1400 dollars every two weeks. Yet, I can't afford to buy myself a winter jacket. That money doesn't go to drugs. It's a very, I'm in this cycle where I can't, where I see all these things that I wanna do. I wanna get out on my own. I wanna move out on my own. I wanna do this. Yeah, I had a relapse. (FWU, p. 3)

MP₄ also identified that experiencing a similar pattern of "chaos" related to addiction within the context of his ongoing employment.

MP₄13: It's almost like the job became now my...my chaotic life. You know, it's like, I go to work, I go crazy, things are happening. We're behind schedule. It's nuts. It's chaotic. It's eleven hours straight. And I come home and then it's like hangover time.

DS: How are you being able to do that?

MP₄14: It's just the resilience from the...drug abuse and the...being out on the street and the chaos, the rain coming down and you're shivering and winter. But, you try and find that fix. And nothing's stopping you.

DS: So [it's like] you've almost shifted addiction?

MP₄15: Yeah, and it's like nothing [not even] shingles can put me down. I'm at work and I've got shingles all over my body and everything's painful and I can't. But, I can do 11 hours...How long can this go?...Because whenever I've gotten to this point, it's always fallen apart...And so, I'm in that kind of zone right now. (FWU, p. 7)

Both persons in this dyad agreed that a barrier to successful AR project was that MP₄'s recovery was impacted by extended family actions and perceptions. FP₄ described patterns of addiction and other disordered behaviours in her family.

FP₄19:...it made me feel that yes, there is an obsessive compulsiveness and anxiety in the family for sure and with [MP₄] it's manifested into addiction. With my brother it is manifested into workaholic. And, now you know, my sister is back, where she had been gone...for 30 years. Now she just stays away from everybody. And I'm sure she'll probably choose to move away too because she can't deal with it. And with me, I'm more passive...Yeah, so...with [MP₄] obviously he's going to struggle a long time with addiction until he finds a place in his life where it's no longer gonna, there's no longer gonna be an empty place where it can take over [his life]. (FP₄ FSC, p. 8)

MP₄ stated that the primary negative influence on his recovery came through relationship to his grandmother. He described how she had consistently offered him financial support and shelter but continually criticized and shamed him for his failure to fully recover.

MP₄10: It's like...I don't want to hear about recovery, right. Because, it's like if my mom and I go off on our own, [grandmother] thinks we're conspiring against her. If [grandmother's] not involved, she'll ask all the questions and pester and poke and pester and poke. And then it doesn't become something. It becomes, you know, get away from me, right? So, it's that kind of ongoing family dynamics that just doesn't go away, right. And I don't think it will go away until she passes. And then everybody will kind of be able to discover who they are without having, you know...stuff coming down on them all the time. (FWU, p. 5)

By the end of the project FP₄ appeared to shift her understanding of her role in the AR project as helping her son to see his choices and opportunities. She had also continued to look for ways to offer support and encouragement. The following quote from FP₄ represents a question that she asked MP₄ several times in each joint-conversation and appeared to be designed to encourage him to think more deeply about what was driving his addiction and more specifically his recent relapses.

FP₄2: Do you think possibly that the drug using is a manifestation of other

problems that are underneath that, the drug (MP interrupts)...

MP₄18: Yeah...it's all history.

FP₄3: Yeah, so...?

MP₄19: But I'm not, I'm not interested in going back and changing history.

FP₄4: No, you don't change history, but if drug addiction is a manifestation of other issues like false belief systems. Um, how you were put down (MP: right), how you were ashamed. (FWU, p. 10)

From the corresponding self-confrontation interview, we can see an example of the cognitions guiding FP₄ within this conversation.

FP₄2: What I was thinking was how drugs is just a manifestation of false beliefs that he really actually does have about himself. And also drugs are a manifestation of his shame that he's been shamed and put down a lot. And I think also that the drugs is a manifestation of those feelings and that if he gets in touch with those feelings, which he tells me that it didn't matter if he got in touch with them or not that he's still being shamed and he's coming back to living a shameful life. So, that for him isn't going to change. That, the only way things will change is if where we live doesn't exist anymore. And I'm, and then he wouldn't have that choice of coming there. (FP₄FSC, p. 1)

The following section of transcript is from the final joint conversation and appears to illustrate ongoing conversations between MP₄ and FP₄ are shaping the thinking and conceptualizing of the AR project.

MP₄20: And I believe that it all revolves around [grandmother] that once she passes away, you will begin to find yourself. I will begin to find myself and there won't be anybody to shame us... There won't be anybody to even take those cheap shots at us anymore. And that's what I don't like. I don't like the person that's there, that knows my history...all those little cheap remarks that constantly weigh me down...is the hugest part of why I am always shamed.

FP₄5: It's definitely negative, but you take yourself out of that situation. You put yourself in a bachelor suite.

MP₄21: Yeah. That's what makes me so mad is that it's almost, I almost ah, a norm for me. It's become a norm where it's like I can, I can put up with it because that's what has been going on for so long, right.

FP₄6: Because it's a rut now that you are in. So, instead of taking [grandmother] out of the situation, you take yourself out of the situation. Put yourself, you can afford a 600 dollar, 700 dollar apartment.

MP₄22: But then there's that same voice that says, 'Can you though [MP₄]? Can you or are you gonna finally get on your own and that's where nobody's watching you and that's when you're your worst enemy, when you're finally alone and you can deviate without people watching you...'

FP₄7: Once your safety net's completely gone, then you'll feel that you'll be ok.

MP₄23: Right. That I might hit the ground a couple times but there ain't gonna be nobody there to pick me up. (FJC, p. 2).

At the close of the research study, it appeared that the AR project would continue with the modification of FP₄ sharing her perspective on MP₄'s recovery process more regularly and confidently while continuing to offer him support and encouragement.

Gender Analysis

Gender identity. FP₄ identified that she continued to see herself as a mother to MP₄. She identified that supporting her son with cooking and encouragement were important ways for her to help with addiction recovery.

FP₄18: Okay well first I'm still dealing with a lot of guilt too because I should have been there for [MP₄] when he was 16. I think I do believe that I may have been able to influence him in different ways...I'd like to be in the role and process of and help him with his recovery is be there for him because I know he has to eat a lot. (IWU, p. 15)

MP₄ agreed with this and regularly acted in ways that accepted his mother's support. MP₄ highlighted that much of recovery for him was about redefining/developing himself as a man on several different levels. At the beginning of the study, he reported that he was dedicated to a recovery process that included developing himself into a man of integrity. MP₄ identified that he was involved in NA meetings, in power lifting and had begun paid employment. He described that learning to tell the truth in relationships, to care for himself emotionally and to build his physical body into something of which he can be proud were all parts of developing himself as a man. MP₄ alluded to part of becoming a man as needing less parenting from his mother.

MP₄10 [discussing earlier attempts at addiction treatment]: My mom...was usually there to get up first and say, 'come on [MP₄] you've gotta go.' She started to see that she was losing her role because I was finally saying, 'this was it, this is [going to be] for me. I'm going to Daytox every single day.' I think I missed one day in the 28 days that I went...And I was going to go into treatment as - as a

man. I was going to go in as an individual...Um, I want to be this kind of a man who's responsible. Part of the solution and not part of the problem...and that was the first time in my life that I was somebody different...

DS: So, it's a different – kind of a different definition of male.

MP₄12: ...I'm basically trying to define who I want to be...So, I made a conscious decision that okay I want to be a man. I want to be responsible. I want to be a body builder. I want – I want it so badly that I - I want it more than drugs. I'm trying to build a man because I never had a man help me. (IWU, p. 5)

Gender roles. During the first interview process it became apparent that FP₄ wanted to share her perspective on the son's recovery process but felt prevented from doing so (FP₄ISC). During the final interview when it came to the amount of time speaking and the level of risk she took in telling MP₄ what she truly thought about his recovery process. FP₄ identified feeling overpowered by her son and yet determined to discover what he was thinking and experiencing during recovery.

FP₄18: ...well I think he's interrupting me a lot (laughing). So I'm really not getting - getting my words out...and expressing myself. He's so...adamant about... making me understand and see that these that these people have been manipulating me all my life.

DS: So you're thinking that you're being interrupted a lot...So when you were actually sitting there, what do you – do you remember what you were thinking?

FP₄19: I felt like I was being interrupted.

DS: And the feelings that came up for you about then?...

FP₄21: Yes, and now I'm thinking 'Hey you know I should I should um not let him interrupt me.' (laughing)...(FP₄ISC, p. 3)

Interestingly, during the son's self-confrontation interview he immediately acknowledged his efforts to keep his mother off balance and the strategies he had used to try to influence her thinking.

MP₄2: Um, I always say, 'Do you know what I mean?' cause I always try and keep my mom you know on the same – I want her on the same page as me. I do that a lot because I want her to think the way I'm thinking.

RA: So that sort of came back to your mind (MP₄: Yeah. I hate saying that. 'Do you know what I mean?')...when you were talking to her.

MP₄3: Do you know what I mean? I always say it to her. Do you know what I mean? And I keep her going on - on my topics and manipulating things. It's one of the things I've used to um to it's - it's - it's a bad behaviour I've gotten through addiction where I try to control a conversation one day and then control it the next

day because I lead it up in two days to ask for money or to take it my way so I keep putting in, 'do you know what I mean?' I'm very conniving that way. (MP₄ISC, p. 1)

During the monitoring period FP₄ allowed herself to experiment with different gendered perspectives on her role with MP₄. She explored how she might function differently if she were MP₄'s father. She described feeling like MP₄'s girlfriend. FP₄'s level of confidence to assert her perspective with MP₄ noticeably increased from the first to final joint conversation.

DS: ...how does your womanhood play a role? How does this in the sense, the woman that you are?

FP₄9: I just, my maternal instincts, you know, for me as a woman and being his parent and being his mother, um....I don't know, I think if I was a man I would just say, 'come on, you're a man. You know [MP₄], you're 35 years old. You've wasted like 20...15, 20 years of your life in drugs and being in different situations that were not positive. Just, be a man. Be a man!'

DS: ...if you remember, that was something that he kept saying [to himself], 'Be a man [MP₄], it's time to be a man.' So, what you just said there, is that inside you?...

FP₄10: (laughs) It's not inside me. I'm imagining it. Because I think that that's what I would say, a man would say. You know, don't, you know, 'don't be a coward. Be a man. You're supposed to be a lion at the door keeping away the monsters. Why aren't you doing that?' (FP₄FSC, p. 5)

During the final interview, there was a definite change in FP₄'s willingness to share her perspective on the recovery process with her son.

FP₄8: So would you be a stronger person if you chose not to be there because now you can be on your own?

MP₄24: Yeah, but the problem is, just knowing that that room is there empty in the back subconsciously in the back of my head, gives me that option out every time. And that's what I hate.

FP₄9: But if you weighed that and you chose, 'do I wanna live'

MP₄25: Yeah, but you're talking about the addict in me having an internal conversation.

FP₄10: So I hear there's still lots of struggling still going on with addiction and recovery. (FJC, p. 3)

The primary gendered dynamic identified within this dyad dealt with FP₄ changing the breadth of her role as mother to become more assertive with her observations and opinions of MP₄'s recovery. FP₄ identified struggling to become clear of her role in the AR project. The following examples come from the mother's ongoing thinking about her experience of the son's relapses during the monitoring period.

I find that emotionally I am acting as a spouse...making his lunch...we live together...things that he should be doing on his own and wanting to his own. The mother role ...it's also there but it's just like he's thirty five...emotionally he's ten years old...that brings out the mom in me emotionally. Plus checking up on him – even when he was younger I didn't have to check up on him. (FP₄Clog # 1)

At the close of the project, MP₄ identified that although he had accomplished his goal of becoming a more reputable man through achieving trust in his workplace, he still felt like he had not achieved a sense of desired stability.

Project Summary

This project began with the intentional framework of the son achieving long-term abstinence. This stated goal was agreed upon and guided both partners. As a joint AR-project, the son's goals were to become a functional adult, specifically becoming a fully developed man who had the attributes of physical stature and courage to, 'do the right thing,' even when it was difficult. Initially, it appeared that the mother's guiding goals were related to providing emotional and physical support to the son's AR goals. As the project developed, it became apparent that her goals were also to encourage her son to understand the root psychological causes of his addiction so he could make more lasting change. Also at the goal level in this project, the mother and son identified that working on their relationship and on extended-family dynamics was also a key to recovery. This part of the project was somewhat stalled during their time in the project as the

grandmother became very ill.

At the level of functional step, the mother cooked for her son, lent him money, tried to encourage him and offered emotional support to the son's girlfriend when it seemed like the son had gone into relapse. The son appeared to use a construction job as his primary way to achieve his AR project goals. This dyad used spending time together, going for walks and going shopping as a way for them to maintain their relationship and also as a way to support and/or sustain recovery goals. One example included the mother and son going grocery shopping together and the son surprising the mother by paying for groceries. This time deepened their relationship and also acted as a marker of trust that the son was, 'in fact' recovering.

Assertions. Repairing the relationship project was conceived of as an important driver/impetus for the addiction recovery project. Addiction recovery was both hindered and helped by meaningful employment. Ongoing discussion of gender identity and gender roles appeared to enable FP₄ to take risks toward more active sharing of her perspective regarding the process.

Dyad 5

Background. The fifth dyad in this research project was a newly formed romantic couple consisting of a 45-year-old man (MP₅) and 48-year-old woman (FP₅). The couple reported meeting and becoming friends while attending a therapy group addressing grief and loss. Both persons identified themselves as being 'in recovery' as part of the pre-screening process. FP₅ was mother to three children, one older daughter and a younger son and daughter. Her youngest children were currently in the care of the oldest daughter.

MP₅ had recently begun living with FP₅ and stated that he worked full-time selling cars. He reported that he was estranged from his daughter and had lost his son to suicide.

Perspectives on addiction recovery. MP₅ reported that he was in recovery from crack cocaine addiction. FP₅ identified as being in recovery from alcohol addiction. FP₅ shared that she worked part-time as a psychiatric nurse. She proudly reported that her employment as a nurse was one thing she maintained throughout the depths of her alcohol-related problems. Each partner acknowledged taking a different albeit overlapping approach to recovery and the addiction recovery (AR) project. FP₅ stated that she had adopted a “traditional” or “twelve-step” approach. For her, “the 12-step...includes journalling and praying and doing the right thing when nobody’s looking. It also includes accepting the fact that I put myself where I was (IWU, p.11).” FP₅ indicated that she experienced a very difficult childhood that included exposure to addiction in her parents. She stated that problematic alcohol use developed for her after living with an abusive, alcoholic husband. She reported that her recovery process began when she came to realize that without her making a change her children would end up living with her alcoholic family.

FP₅5: My kids were already taken from me. But at least I could co-parent somewhat. To be gone and have them raised by somebody else. I had put too much work and effort into making sure they understood addiction and that they were against alcohol, drugs, and cigarettes. So, I wanted to break the chain. That was my purpose. (IWU, p.1)

FP₅ began the research by identifying that recovery included the personal goal of for breaking generational patterns of substance abuse. From an action theoretical perspective this would be considered one of numerous sub goals that constituted the intentional framework of the AR project.

FP₅25: It's huge! Because, you know, their generation is going to move on and populate this world. So, for me, it's breaking the chain. So I figure, if I just only serve to be abused until I die, okay I can handle that. And I'll do it as long as I get the message across to three kids. So maybe this life wasn't meant for me. So, I kept thinking at thirty that, 'things will be good when I'm forty.' And I keep waiting, well you know what? But yeah, so, maybe the purpose of me being on this earth, and in recovery, is to teach others...to help others. Not joy for myself but is to help others. (IWU, p. 4)

For FP₅, recovery had been a tumultuous process with some significant setbacks. She described an important shift happening as she began to attempt recovery within a group setting.

FP₅17: Yeah. Because I had been going to [agency name] for a year and a half, but I only went to go see my counsellor and then I left. But then I started to go to the groups...and I really connected with the group. (IWU, p. 3)

FP₅ went on to describe that her ongoing process of recovery had been very much about learning to experience life and relationships, to truly feel them, for the first time. She tells that it's like, "...being born. I don't have a past...um, whoever that person was, I have no idea (FP₅SC, p. 1)." This new life happened for her whether it came through spending quality time with her children or experiencing her romantic relationship in ways that weren't mediated by alcohol. The purpose of recovery included attempting to stop the cycle of:

...sexual, emotional, and physical abuse...I will not allow that to happen to my kids. So, it was, 'to live' so as to stop attracting those kind of people in my life. And now it is to show my kids what love is supposed to look like. (IWU, p. 4)

To FP₅, recovery within her romantic relationship included the important dimension of having another 'addict' to truly understand and accept that part of her. Recovery 'together' included doing something for others just so that it might offer help and possibly prevent someone from going down a similar addiction path.

MP₅ reported that his addiction developed, in part, because of the lack of acceptance he experienced early in life. He described how this was the result of him being adopted and experiencing physical abuse as a child. MP₅ described finding acceptance in a group of people outside of his family that invited and facilitated him to a life of criminal activity. Being involved with this group also included the use of drugs. As this group became his ‘second family,’ MP₅ learned that he could continue to be accepted by having the capacity to be strong and fearless in any situation. He noted that a woman who was addicted would not have the same opportunity to “do” addiction the way he did. MP₅ reported taking a harm reduction approach to his recovery. He stated that, “I’m [all about the] wellness wheel...about harm reduction and balance and that’s how it works (IWU, p. 12).” MP₅ also described recovery as “survival” (IWU, p. 5). Survival included dealing with a difficult past and destructive life patterns. He shared that recovery, to him, included working to become a, “functioning, normal, productive human-being (IWU, p. 5).” Recovery worked best for him if undertaken for himself rather than to please others.

Joint AR project. During the initial interview the dyad described several different ways they performed/enacted their addiction-recovery (AR) project in their everyday lives. This couple described that the AR project was framed by the social meaning of what it meant for them to develop a romantic relationship within the context of AR. Both persons identified how they had been engaged in addiction recovery prior to the formation of the romantic relationship. The relationship began despite group pressure from the recovery community against the formation of romantic relationships within “early” recovery.

The following quote highlights how doing recovery together meant trying to help the other keep from relapse. It also highlights a valued dynamic of acceptance within the relationship, which had been defined as the other partner knowing what addiction really meant and therefore having a deep level of acceptance of the struggle to recover.

MP₅24: ‘No relationships in early recovery,’ as they say.

FP₅45: Right. We’re not really on the same program. Um, mine is the 12-step. Which includes journalling and praying and doing the right thing when nobodies looking. And, um, and your actions are the only thing that are ever going to get your respect and trust back from the community. And accepting the fact that I put myself where I was...

FP₅46: ...two days ago was one of the worst days I’ve had in a couple, two years...But I had to get that pain out. And if he wasn’t there, I told him that I would want to take him home, to his house and drink. Which, upsets him every time I say that but I say, ‘look I’m telling you, and if I don’t tell you...that’s when you need to worry.’ When I’m going to just take you home and go get bombed.

DS: So a lot of it is communicating about the recovery process?

FP₅47: And acceptance. And there’s a few times and there will probably be a few more times that I say, ‘I’m going to get a bottle.’ And he doesn’t like it and most of the time he gets me not to. But he still offers acceptance. He’ll get ticked off but he accepts it...(IWU, p. 10)

The analysis process after the first interview led to the following, tentatively worded recovery project that was presented to this dyad during the second interview:

Balancing and blending the many dimensions of their new relationship as this relates to both continued recovery efforts and the development of a longer-term romantic relationship. This project then seems to include each partner supporting the other’s individual recovery efforts, continued development of the friendship and romance, and attending to/ balancing immediate family, extended family and neighborhood concerns.

In discussion between the two research interviewers, after the second interview meeting, it was agreed that both participants did not have an equal understanding or grasp of the research purpose and meaning of the tentatively proposed joint project. The primary interviewer reported that, “my experience was that FP₅ reported that recovery was about doing the romantic relationship well as much as it was about ‘stopping using.’” The

secondary interviewer stated that, “it was my sense that the project was too complicated for MP₅ despite the fact he agreed to it.” The secondary interviewer went on to describe that, “during my first phone call I reiterated the initial joint project verbatim and MP₅ didn’t seem to register. I then simplified it to, ‘balancing his own recovery with supporting FP₅ in her recovery and the relationship.’ MP₅ appeared to understand this reinterpretation and was able to return to it throughout the whole monitoring period.”

AR project during research involvement. Recovery for both persons together included learning to develop and enjoy a romantic relationship that included positive and regular good communication without reliance on psychoactive substances. The goal of developing a close and open relationship was a goal for both the AR project and romantic relationship project.

The dyad further identified how engaging in activities of everyday life today became intertwined with recovery. It appeared that joint recovery could be subsumed by the relationship project when relationship strategies/functional steps were agreed upon and coordinated.

MP₅17: Grocery shopping is an event for us. I used to breeze right through it, get in and get out.

FP₅33: I would be, ‘hurry up grocery shop so I could get the booze fast and have a drink.’

MP₅18: We walk so slow at the grocery store...

FP₅34: We go down every aisle...

MP₅19: And we’ll hold hands and...by the time we get to the cash register she’ll hold up her hand and say, ‘let’s let our hands make love.’

FP₅35: Well because I never, ever...well this is just weird too. I’ve never had sex sober. So, the thought of it was like, ‘no, I can’t do it.’ I mean, I’m almost 50 years old. So, don’t ask me to do that. Lights out, lots of booze or drugs in order to...

DS: ...What I am hearing you say is that, ‘we’re relating.’ We’re sort of relating as new people. We’re kind of rediscovering what it’s like to live life outside of...(interrupted).

FP₅36: It's not...it's not even rediscovering. It might be for him but for me it's the first time. So, we talk about making love with our hands. Well we actually do that. It's not like...it's like, our hands actually touch and we don't need to talk and just the way he touches my hand and I touch his hand...our hands make love. So it's just a weird...

DS: It's like your coming into your own body, for the first...

FP₅37: For the first time.

MP₅20: For me its actually for the first time its actually...two bodies one soul. You know, I've never...you know I had my first love...I owe a lot to [FP₅] for what I am right now. For that acceptance. (IWU, p. 10)

During the course of the monitoring period both partners admitted to relapse and also identified relapse in each other. Relapse appeared to relate to an increase in relationship conflict. The following quote illustrates how both partners appeared to integrate relapse into the ongoing recovery project.

[Identified project] is still essentially the same. Still the same...we've both relapsed and...but the other one has stuck by them and we talked about it after. Somebody who wasn't addicted wouldn't have tolerated what we did. Him taking off, taking money out of my bank-account, lying to me...me, getting so loaded that I said horrible things, and took off my ring...hurtful things. The 'addict' understands the addict, and...you know, yeah at the moment he had my car, bankcard, etc. Rebuilding of the trust is already going on...money has been paid back. (FP₅Clog #3)

This information from the researcher telephone log from MP₅ during the monitoring period pointed toward how ongoing relapse was leading to increased relationship conflict.

[FP₅] has been drinking a lot; I don't like seeing her this way; she becomes a different person. MP₅ reported coping through work...they fight, he goes to work, he comes back and they make up. He stated that he had two minor slips himself; \$20 of cocaine. Seeing [FP₅] drink makes him want to leave; he leaves when she becomes drunk and accusatory; give her space and then she comes back around. The next day he reminds her of what happened the previous day; she becomes a bit defensive. (MP₅Clog #4)

MP₅ reported that for him the project remained the same during the monitoring period. He clarified that he felt frustrated because the couple had lost the essence of what was making addiction recovery go well earlier in the monitoring period. MP₅ reported

that he had chosen not to actively support FP₅'s recovery anymore. He identified that, "all I can do is wait." Prior to the final interview, MP₅ forecast that, "the next few months [as we transition to a new location] will be very stressful, time of testing for the relationships (MP₅CLog, #5)."

During the final warm-up interview, the couple reported, for the first time, that they had recently developed a plan to move together to a new town nearby FP₅'s children. The goals for this move, besides living nearby FP₅'s children were to "re-start" the recovery process and hopefully to restart or return to the more productive ways they acted previously as a couple.

The functional steps or planned strategies for these goals were described differently by each partner. FP₅ stated that she wanted to have her own recovery relationships and group involvement while the MP₅ stated his belief was that the couple should engage primarily in shared recovery group attendance. Disagreement was evidenced in the FP₅'s plan to have at least one recovery meeting to attend without MP₅ and by MP₅'s comments that he wanted to attend all meetings as a couple.

FP₅32: I felt, 'you big baby. Now you're going to think I'm' ...I'm going to be meeting them at meetings that he's not allowed to go to...he won't let me have my own meetings. (FP₅FSC p. 8)

In MP₅'s final self-confrontation interview, he identified feeling upset and suspicious about FP₅'s stated goal of wanting her 'own' recovery meeting to attend.

MP₅43: Can we stop? Cause that's where my emotions are...Cause I want to find a meeting that we can go to and I don't want to find one. And I just like...like meetings. That, in my head I'm just like, 'okay, you've got to find one for you own.' Why is this so important to have a meeting that is your own? And I just, you know, um is there a place that you gotta go and say things that you wouldn't say to me? That's where my...See, I would never go alone. 'You can't come to my meeting? Cause that's where I can lie?' That's the way I look at it...(FMP₅SC, p.11)

During the final self-confrontation interviews each partner stated having disappointments with how their relationship had unfolded. Each partner referenced earlier and better times. Both also highlighted that the entire recovery process had stalled. FP₅ referenced how initially balancing the relationship and attending recovery events together had been helpful but how their circle of friends had significantly decreased and how she had stopped engaging in active recovery because of what had happened in their relationship.

FP₅28: I was really happy back then but he was also attending [recovery meetings]. So he was getting something out of that. He was there a lot for a few years before I was in the program. And we were meeting people. And then...now...we don't see anybody. Nobody calls us. And we don't meet anybody. So it's just him and me...

DS: So loss [of community] that is big. You know, sort of a big hit to recovery?

FP₅29: Well it's huge because I had a thing and it kept me clean...He's affecting my recovery.

DS: So, even at the start of the relationship...you were doing recovery together?

FP₅30: Because we were going to [recovery program]. (FP₅FSC, p. 8)

MP₅ also identified the communication and relationship elements that had decreased or been lost in the relationship and how that impacted recovery from his perspective.

MP₅33: Yeah, because that was great times [i.e., early in the relationship] man. I remember it. It was 'warm fuzzies' all the way around. I was comfortable and loved it. We, nothing else mattered. We just passed the time on the couch laughing. The way it should be. The last couple of days I was saying to her, 'maybe the last couple of days we sort of had that banter in the morning that we used to have, doing a lot more communicating?' [Insinuating that] It's coming around right? It's like...To get refocused on recovery, right? (MP₅FSC, p.9)

FP₅ indicated that relationship conflict led her to focus more on the personal aspects/dimensions of the AR project.

DS: And so, are you saying that that, in looking at this [conflict in final joint conversation], it's kind of helping solidify that for you?

FP₅75: [recovery] is an individual thing. And the way I do the 12 steps is different than someone else. And the way...I do prayer journals is different than

someone else. ...So, living with a person, or in a relationship with a person who does drugs or drinks or is sober...it has really not that much affect on individual recovery because if you want to do it, you're going to do it. (FP₅FSC, p. 18)

Despite frustration expressed and the ongoing barriers of relapse and relationship conflict, both partners in the dyad continued to emphasize their commitment to the relationship and to recovery at least for the immediate future. Near the end of her time in the research project FP₅ identified that overemphasis on the “joint” nature of recovery and the close-relationship project was preventing her from achieving AR project goals of staying sober and transforming her life.

FP₅53: Yeah, because I'm losing my self. Because who I am...partially comes from those around me who are in my life. They give me joy, they make...adult conversations. It's like totally bizarre to have adult conversation now that I'm working. Cause the only person is him. And all it's about is...you know, me and him. And it gets to be too much. Yeah it's like...the friends are the people that make you who you are... If you, you know, if you've got funny friends you pick up some of their traits and...if you have ones that dress nice, you pick up a few of their traits and...if you got happy friends...you pick up some of their traits. You pick up little bits from people. And you become a happier person. And I'm not happy because I don't have all that. And I don't have meetings. And I don't have anything in my life except work. And I love work. And he's jealous of work. And he calls me constantly. He's jealous of work. So how am I going to have a friend...in [place name]. How am I going to have a meeting in [place name]?...(FP₅FSC, p.9)

Gender Analysis

Gender identity. As with other dyads in this study, the relationship project and AR projects were significantly intertwined. Unique to this dyad, both persons felt comfortable and seemed fairly confident in describing the impact of gender on the AR project. MP₅ identified that recovery was harder for women than men and that he found a way of being that gave him a sense of power that he could utilize, to a degree, within the AR process.

MP₅11: ...in my mind, it's a lot harder on women than it is for guys...because I think women get mistreated. You never hear of a guy being called a 'coke whore.' ...I think from what I understand and from what I hear...guys can buy drugs or buy booze...buy women stuff and get them under the influence...get sex, right? You never find women going out there with a bag full of dope or alcohol...getting a guy. You know?

DS: Okay, but how about you? How does it affect your recovery, the fact that you're a man?

MP₅12: Well, it, I don't know. I'm...I was never abusive to women, like, I mean, that's one core issue that my parents always...my mother put into me and I put women on a pedestal. That's one core...and I've never hit a woman and I never will hit a woman...I never was that way. So...but I see it with other guys and I just don't understand it. Why would you...why would you be that way? I mean, I'd yell, scream, maybe verbally abuse them but never physically but that's a lot out of anger and maybe...past issues or stuff like that. To me its being a guy from where I was, I mean, I had power. I mean I had power I'd yell, scream, maybe verbally abuse them. I mean I had power. Like I mean, at one point I could walk into any place and they knew whom I was and people would get up. (IWU, p. 7)

FP₅ provided insight into how her past experience of being a female in addiction informed her understanding of and feelings about different standards for men and women in both addiction and recovery.

DS: do you have a sense of how your gender, your femaleness or femininity impacts recovery?... (Interrupted).

FP₅27: ...the women, if they had two drinks and were a little tipsy on their high heels was labeled, 'she's a drunk. Even if she wasn't...Women are expected to be...the examples for the kids...the examples for the neighborhood. They're supposed to take care of everything...I'm really being judged...I'm not trusted...because I am woman, I'm a caregiver and the kids in the neighborhood, you know they'd keep them away...(IWU, p. 8)

Gender roles. A key gendered process in recovery and relationship was the tension experienced due to FP₅ playing the role of economic provider. FP₅ continued to work as a psychiatric nurse during most of the time she engaged in problematic alcohol use. Through the death of her husband, she had also acquired financial resources. MP₅ reported losing all of his belongings and finances to the police because of involvement in illegal activities. He began the romantic relationship with no material possessions or

financial resources. From the researcher telephone log, FP₅ identified her ongoing thought patterns about financially supporting MP₅'s relapse to help minimize the harm of use.

He's relapsing but not like he normally would. And then two weeks later, a whole night...I've called home and I can tell he's on crack. He said that crack led him to booze – and I could tell, on the phone. When I got home, he wanted me to drive him to the ghetto to get some crack. I went to the bank machine - to pull out the money. I knew that if I went to bed, and said, "no" that would take my car...so I regulated 20 dollars... (FP₅Clog, # 4)

FP₅ stated that she struggled with the role of provider and felt a desire to be taken care of financially. She further described wanting MP₅ be the leader in the relationship. Part of FP₅'s role in the relationship was to provide material resources. This included buying MP₅ clothes and jewelry to paying for his gas and paying for him to use crack cocaine on an infrequent basis.

It's important for me to be able to look up to him. If somebody's not making an effort relate to your womanhood at all? Probably...because husbands generally take care of wives more than...I don't think that the world is quite ready for the inverse of women supporting men. (FP₅Clog, #1)

Over the course of the study, FP₅ stated that her respect for MP₅ had decreased. She highlighted wishing that MP₅ could take care of her and allow her to step back from the role of provider.

DS: And so...how does your womanhood, your...what's a word that fits with you, your sense of femininity or your womanhood? How's that coming in to play here or being affected?

FP₅33: I feel like I have to be the dominant one in the relationship. And I hate it...I hate it.

DS: So dominant in a sense of more apparent or just...you maintain your sense of womanhood but still be the stronger?

FP₅34: I have to be the stronger. I have to be the parent. I have to be...the earner. Um...I have to praise him...

DS: And so what do you,..

FP₅35: I have to validate him all the time.

DS: And what's that like for you, to do that?

FP₅36: He's, he's not a man. He's a boy. And ... it affects me respecting him. And I think probably I'm the best woman he's ever had. And I don't trust him.

DS: And it sounds like it's tied into respect.

FP₅37: Yeah, 'cause I think that if he was in the program...and really did the 12 steps and really understood them, and worked through them ... that he would be....more secure with himself...have more self-esteem and ... it would change the way that he spoke to people. (FP₅FSC, p. 5)

MP₅ highlighted that he felt powerless in the relationship because of the financial situation. He also identified that he felt more invested in the relationship than FP₅. He indicated that he had been a “powerful guy” throughout his addiction and that he was used to resorting to various uses of power to get what he wanted. He further clarified that part of recovery was changing this role.

During the monitoring period, FP₅ stated that she found it easy to blame MP₅ for the fact she had relapsed as part of the ongoing recovery project.

[FP₅] reported, ‘I’ve relapsed a bunch of times and I blame him because he told my daughter where my booze has been.’ Having the power...I don’t like the way things are...I would like to sell this place, actually, and move...I don’t think my mother or father approve of my choice of the [MP₅] ...my friends don’t. I feel bad because I know I won’t have my kids for at least two years...there’s no hurry any more because they’re both on the island. (FP₅Clog # 2)

MP₅ reported feeling discouraged about the decreased trust in the relationship that he experienced over the course of the research project. A little later in this same conversation, MP₅ further expounded on his internal processes of feeling stuck and powerless to fulfill his role of helping prevent relapse of his partner.

MP₅86: Because I feel like nothing's being addressed. The only thing she's addressing is well, ‘I'm an alcoholic. That's what I do.’ Well, you know like, ‘why can't you stop?’ You can't talk to her about...‘why won't you stop? Why won't you?’ You [referring to self] start talking that way and she just gets upset, right? So it's just frustrating.

RA: So there's not...I guess my sense there is that you feel a bit, tell me if I'm wrong here, but you feel powerless to do anything.

MP₅87: Well I am powerless.

RA: You are powerless? (MP₅: I am) And you feel that?

MP₅₈₈: Yeah, and it drives me insane because...I've...I'm a very outgoing sales guy. I'm used to talking to people. 'Let's go. Let's deal with problems.' My job is to alleviate problems. But I can't do that here.

RA: Yeah, there's nothing you can do there.

MP₅₈₉: There's nothing I can do and if I try it just makes it worse. (MP₅FSC, p. 22)

Project Summary

From an action-theoretical perspective, the intentional framework for Dyad 5's AR project was to support and help prevent relapse of oneself and the other. As the project unfolded, this goal expanded to include minimizing the harm of relapse and encouraging continued recovery. The goals for the relationship project included developing an honest and supportive romantic relationship that did not rely on psychoactive substances to help communication processes or mask unspoken pain.

Functional steps for the AR project included attending recovery-oriented meetings as well as cultivating spiritual and relational practices that enhanced recovery. Other identified goals included balancing different recovery ideologies of harm reduction and abstinence in a way that allowed each person to receive expressed and supportive actions from the other. An example of this would be offering praise to each other when they choose not to use alcohol or cocaine and also to encourage shared distraction when the other was experiencing craving. Functional steps for the relationship project included offering reciprocal support and acceptance both in general and also specifically regarding addiction recovery. Relationship goals also included achieving healing and entering a process of self-discovery without alcohol or drug use.

The personal dimensions of recovery goals were discussed more frequently as relationship conflict increased over the course of the monitored project. For both partners, key recovery goals included achieving stability so as to facilitate reconciliation of

estranged family situations. Both partners engaged in harm-reduction behaviours and expressed that gaining support for harm reduction (versus judgment/condemnation) was a central value of the romantic relationship.

Assertions. Formation and enactment of the close-relationship project acted as a key emotional energizer for addiction recovery that initially subsumed addiction recovery project. Relapse led to relationship conflict and a simultaneous stalling of the addiction recovery project. Conflict preceded a renewed focus on the personal tasks of addiction recovery. Lack of awareness and incongruent gender roles impeded progress in AR project.

Cross Case Analysis

Both the instrumental case study approach and the action project method guide researchers to look across cases to identify common and unique themes and make broader assertions. In this study, the cross case analysis led to asserting the hierarchical nature of joint projects, specifically that addiction recovery projects and relationship projects were organized by overlapping goals and by coordinated functional steps/shared strategies to achieve these goals. The cross case analysis process also led to the integration of findings in a way that they could be represented in a figure (Figure 2). This section ends with five key assertions that represent statements to be made about addiction recovery and gender that appear to hold across the cases.

Commonalities

Close Relationship. In all cases addiction recovery projects were significantly influenced by long-term goals for the *close relationship*. Addiction recovery functioned both as an end goal and a means through which to deepen relationship, repair relationship damage, and pursue meaningful work such as a paying job or career. Participants described themselves as pursuing or returning to a desired “balanced” lifestyle and relationship quality that had either been lost or prevented from developing through the formation of a substance-misuse project.

FP₁₉: ...I don't know, so it's just balancing it all the time...it's all a learning experience and we figure it out as we go, and I'm also prepared that when [MP₁] isn't working at the house anymore, he might not come home right after work, he might go to the [recovery centre] for an hour or two and he needs to do that, but it's just *balancing time for me, time for our family, time for recovery, time for our kids, and everyone has it in their lives*, it's just making sure I don't get resentful. And I know what I need to do to not get resentful yeah, so I guess that's what I think of things where I'm at with everything. (FWU, p. 4)

Goals identified for AR projects were broad ranging, dynamic and often depended on context and particular states. All dyads held the goal of *achieving abstinence* from problematic psychoactive substance misuse. The salience of this goal depended on the degree of relationship conflict and/or harmony. It also depended on whether one or both partners had (re)lapsed (see Dyad 4) into drug or alcohol use. In the case of Dyad 5 the goal had shifted the short-term recovery goal to reducing the harms of substance use. This dyad continued to verbalize that they eventually wanted to attain abstinence. (Re)lapse into drug and alcohol use led to increased relationship conflict that highlighted disagreements on the functional steps of addiction recovery.

Vocational pursuits. Each AR project also included the goal of one or both partners creating some form of *meaningful employment in the form of work or vocation*.

Meaningful employment included the sub goals of making enough money, performing work suitable to one's likes/dislikes, and taking steps to follow a chosen career path. In one case the work-vocation project included the male partner finding and maintaining a well-paying job and the joint decision of the female partner to return to higher education. Another dyad worked on addiction recovery while completing academic training goals. In sum, work/career projects were interconnected and reciprocally influenced by relationship and addiction recovery projects.

MP₂₉₉: ... And addict or no addict, it's still – it's still a shock [to lose your career vs. job]...and so I remember I was hauling furniture on the truck [i.e. job] and I was talking on the cell phone and I said, "You know I really appreciate the offer. But I am a chef...(IWU, p. 20)

In Dyad 4, employment had both a positive and a negative impact on the recovery project. The male partner described how employment though offering important benefits, was a venue for him to enact the chaotic nature of his "addictive tendencies."

MP₄₁₄: It's just the resilience from the...drug abuse and the being out on the street and the chaos, the rain coming down and you're shivering and winter...

IA₁₂: So you've almost shifted addiction?

MP₄₁₅: Yeah, and it's like nothing [not even] shingles can put me down...And there's that little voice in the back of my head, like, 'what happens if you fall off when they've allowed you with all this. What do you do? Do you go into the building and take everything and sell it for drugs?' That is such an option in the back of my head. (FWU, p. 7)

Each project included the goal of developing a *closer relationship*. The ongoing sub goal included regularly seeking a better understanding of the other partner's perspectives and expressing one's thoughts and feelings about addiction recovery, work and the close-relationship. This goal varied across time depending on the particular ongoing dynamics and stressors within each dyad. The following quote provided an example of how trust and honesty were valued and linked to successful addiction

recovery.

MP₃31: I'd say it's one of those things that for me it's – if I ever need to talk about it I have somebody to talk to 24/7...she knows exactly what's going on with me. I don't have to worry about anything. I don't have to worry about having judgment passed so it - it she really is – she's like she's my rock. She's have of the battle. Without her it definitely wouldn't have been – I wouldn't have gotten as far...(IWU, p. 9)

Mutual agency. A central step utilized to accomplish relationship and recovery goals was offering and receiving support. Support referred to actions that enabled one or both persons to function and/or to act toward a particular goal. The joint process of offering and utilizing support appeared to be an intentional process of *mutual agency*. Mutual agency included supportive actions, and meaningful communication processes leading to positive feelings of relationship closeness that energized relationship and recovery action processes. The following example illustrates one dyad's perspective of how joint action involved mutual agency.

FP₅32: ...And, to take your time and walk through grocery stores and to laugh and then kiss and then make fun of food or...look at people.

MP₅17: Grocery shopping is an event for us. I used to breeze right through it, get in and get out.

FP₅33: I would be, 'hurry up grocery shop so I could get the booze fast and have a drink.'

MP₅18: We walk so slow at the grocery store...

FP₅34: We go down every aisle...

MP₅19: And we'll hold hands and...by the time we get to the cash register she'll hold up her hand and say, "let's let our hands make love.'

FP₅35: Well because I never, ever...well this is just weird too. I've never had sex sober. So, the thought of it was like, "no, I can't do it." I mean, I'm almost 50 years old. So, don't ask me to do that. Lights out, lots of booze or drugs in order to, "do your thing." (IWU, p. 10)

Role of conflict. *Unresolved conflict* appeared to play a role in preventing action toward addiction recovery. Conflict ranged from relatively brief differences in perspective to persistent and protracted disagreement. For some, the conflict was

interdependent or specifically about addiction recovery functional steps. The following quote highlighted interactions including one partner blaming the other as playing a key role in preventing productive addiction recovery.

FP₅25: But it seems like...see the reason that I don't journal and I don't pray and I am not doing my recovery things...is because I feel from you...that it's stupid. Like I've got that [feeling from you]...

MP₅26: No, I never said that it was stupid.

FP₅26: I'm afraid of Bill W sticker that [friend] gave me. You said that if I put that in my car..

MP₅27: Yeah, cause I...you know what. Recovery to me is something that I do for me. I don't have to announce it across NA and AA and say we do not advertise. You're not allowed to use the name and everything to advertise. And by putting a sticker on your car, saying I'm a friend of Bill W., it is advertising...Because people now will make a judgment. And you're just bringing in judgment. (FJC, p. 1)

This dyad's disagreements were born in the addiction recovery project and expanded into the relationship project over the course of involvement in the study. Sources of conflict ranged from the impact of relapse, disagreements on how to achieve addiction recovery, to long-standing and unresolved relationship issues. Conflict that remained unresolved (see Dyad 2 in particular), led to a moratorium on one or both projects (i.e., recovery and relationship). Unresolved conflict also led to a more personal focus on addiction recovery projects.

Relationship harmony was both a goal and a functional step. The daily process of successfully negotiating AR-project details such as meeting attendance or managing cravings enabled the close-relationship project. The constituent elements of negotiation included sharing opinions, expressing feelings, stating understandings and asking questions, asking for clarification, and stating agreement.

Joint recovery activities. Yet another shared strategy for AR included *participating in recovery activities together*. Activities included going to recovery-

oriented meetings and events as well as helping someone in recovery (see Dyads 1, 2, 3, and 5). Recovery activities also meant engaging in activities that helped develop a closer relationship. Joint-relationship building activities, although not always explicitly about addiction recovery, were intended to reduce relationship stress and therefore the need to use psychoactive substances. The sub goals related to these functional steps included strengthening each person's capacity to engage in meaningful activities from getting groceries to having sexual relations without the use of psychoactive substances.

Specific behaviors under girding various strategies were identified both in the analysis of joint conversations and also during the monitoring period. These action-theoretical elements included; sharing perspectives on recovery and the relationship, asking questions and clarifying, expressing emotions in a non-threatening and/or non-accusatory fashion, verbalizing supportive encouraging phrases, engaging in shared and/or mutually agreed upon recovery activities and/or leisure activities, expressing opinions about parenting actions and roles (three of five dyads), self-reflection about one's impact on the recovery and relationship projects. Elements became functional if communication was well received, interpretations included the assumption that the other was well meaning, and/or if periods of conflict led to further negotiation.

Gender Analysis

Gender identity. Masculinity was conceived in most cases as the male partner acting as *primary leader and/or financial provider* in the relationship. For dyad 5, the female partner, who embodied these attributes, complained about wishing it were reversed. For the mother/son dyad, both participants articulated the view that recovery was about the male partner maturing and becoming a "man."

Female partners tended to endorse the previously identified masculinity at least to some degree. They tentatively identified with more traditional femininities including responsibility for the emotional aspects of the relationship, willingness to follow the male's leadership of the domestic sphere. Two female partners highlighted that they saw themselves as codependent. Co-dependency was defined as, "having control issues" that impacted addiction recovery and more sharply included, "becoming addicted to the addict." One female partner held this belief throughout the study while a second female partner changed her view on this and reduced her focus and participation in recovery.

Gender roles. Another pattern related to the gendered nature of addiction recovery was that *addiction recovery appeared to challenge gender roles*. For males, holding rigidly to the conception of *self as primary leader and/or financial provider* appeared to correspond to problems within the recovery process. One male partner began with this implicit view of himself. As this view was challenged and as he worked to become more expressive, he was able to adapt to the female partner working a night job and to him having increased responsibility at home. This process of adapting led to relationship harmony and significant movement toward recovery goals. Within the dyads where this view was not held to in a rigid fashion there appeared to be more success in addiction recovery project. Another dyad illustrated tension that arose in both partners due to desiring more traditional roles and yet finding themselves in non-traditional gender roles. In this case, the female partner was the primary earner and stated that she did not enjoy holding this position or the feeling of acting as the leader in the relationship. The male partner identified feeling powerless in the relationship and not enjoying his role.

Impact of gender question. Asking participants on a regular basis about how they saw their gender impacting the process of recovery increased their capacity to talk about their own gender. Each of the male participants identified that awareness of how their actions impacted females had increased as part of the addiction recovery process. Further to this it was identified that involvement in the research clarified understanding of the origin of certain gendered attitudes and actions.

The female partners also identified increased capacity to express gendered awareness of addiction recovery process. Female partners increased the amount of time speaking in the final joint conversation versus the initial joint conversation. Three of five female partners spoke about more controversial topics relating to the relationship in the final joint conversation. The subjective experience of degree of risk taken was verified in the corresponding self-confrontation interviews. Here one female partner identified the need to continue to work on the sexual relationship and identified the risk of doing so.

FP₂₈: It's...its a big issue to me, definitely, and I have to talk about it. Otherwise it's just...missing something right now. But it is really hard to bring it up, as a woman Sort of...(pauses)

IA₃₂: Say more about that. (FP₂: umm...) What makes it hard to bring up as woman?

FP₂₉: I don't know, from guys...I think guys really easy to talk about sex...Probably, a little bit...type of culture thing, you know to...I'm pretty open about sex but it's still...it's really hard to...hard to have any [talks] about sex. (FP₂FSC, p. 7)

Impact of gender. As has been identified, the impact of awareness into one's gendered action had a positive impact on recovery actions. It must also be said that it appears that recovery organizations, of which most participants had some relationship, are institutionally gendered. Men are often the primary candidates for addiction treatment while women become socialized into admitted to and attempting to change the co-

dependent role. The action lends and action project method contain an important potential to challenge these roles by identifying and monitoring multiple intersecting projects, the social meaning and internal processes that guide them.

Summary of Action Processes

Addiction recovery, close-relationship, and work-vocational action processes were in constant and dynamic interplay acting in an interdependent fashion. A distinction arose between goal-directed addiction recovery projects and overall recovery processes which appear to integrate several life projects and capture the complexity of the lived experience of addiction recovery. The synthesis of the ongoing identified action processes manifest in this study is proposed in Figure 2 and corresponding text.

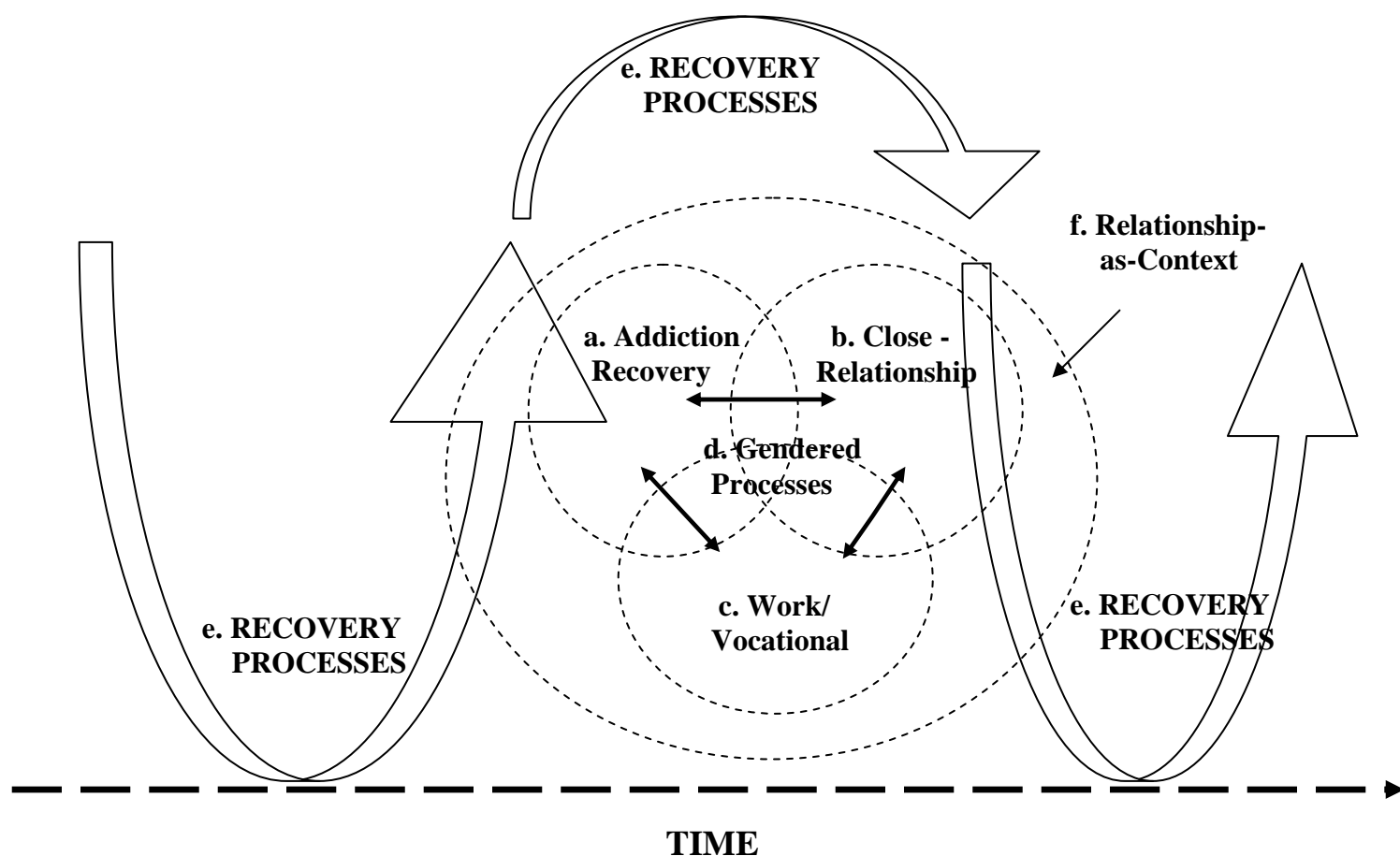


Fig. 2 Action Theoretical Analysis: Relational Process of Recovery over Time

Seven out of ten participants in five dyads involved in this study identified themselves as being, in **a. addiction recovery**, from at least one psychoactive substance (e.g., alcohol, heroin and/or cocaine). All participants identified themselves as being part of ‘shared-recovery’ that included goal-directed recovery-oriented actions with the person with whom they were in close-relationship. All dyads held that developing the identified **b. close-relationship** was a priority in everyday action and over the long-term. Across all dyads, **c. work and/or vocational** pursuits played a central role in both enhancing and limiting (context dependent) overall recovery. Work refers to dyad members attempting to find meaningful and financially adequate employment. Vocation indicates efforts to enter or maintain involvement in a particular profession. Each of the three above identified projects included identifiably **d. gendered processes** that appeared to relate to the ongoing co-construction of gender roles within the relationship. Relationship acted as goal and also as a functional step or resource to help certain goals to be achieved. The ongoing dynamic action processes that included a blend or synthesis of all three joint projects could be identified and described as **e. recovery processes**. In the figure, the lines running through each project are meant to indicate the context dependent blending of all three projects. Finally, **f. relationship-as-context** has been included in the diagram to signal that relationship could simultaneously act as a resource or an end, as well as being utilized to achieve various joint processes.

Conclusion

Five key assertions based on the findings presented thus far follow. My intent in making these assertions is not to reduce the preceding findings to their essence or core

knowledge. However, they represent the best distillation of the complex findings uncovered in this study from my perspective.

Key assertion 1. Participants in the five close relationships began a process of forming and enacting joint-goals of addiction recovery through negotiating and deciding that their relationship project had enough salience and value to energize commitment to an addiction recovery project. This decision-making process ranged from immediate (see Dyads 1 and 3) to a somewhat longer process that included a series of decisions and re-decisions (see Dyads 2,4, and 5). Each of the dyads remained committed to the relationship project throughout involvement in the study.

Key assertion 2. Addiction recovery projects included balancing the underlying goal of abstinence with daily practices of coping with craving (see Dyads 2 -5), maintaining involvement in recovery-oriented groups (formal or informal; all dyads) and undertaking the mutual support of close relationship (all dyads). Abstinence functioned as a dynamic sub-goal that supported or under girded salient goals of developing work-vocation, deepening close-relationship and changing or returning to a desired life-style. Addiction recovery was maintained through functional steps coordinated in the form of mutual support or joint agency.

Key assertion 3. Addiction recovery projects were enacted through identifiably gendered processes that included variations of what might be understood as traditional masculine and feminine roles. Each dyad described the male role as typically stoic and that of economic provider. Each dyad described the female role as that of someone who was primarily responsible or in charge of discussing emotions (Dyad 2 as exception) in

the relationship as well as the domestic sphere. Addiction recovery challenged gender roles.

Key assertion 4. Adherence to rigid gender roles within the close relationship tended to impede successful recovery action. A moderate degree of flexibility within participant described gender identity and/or gender roles corresponded with successful resolution of (re)lapse into drug/alcohol and relationship conflict.

Key assertion 5. Addiction recovery for these dyads was conceptualized and enacted within ongoing life projects. The identified interdependency between relationship, addiction recovery, and work-vocational projects strongly suggests that addiction recovery loses meaning or cannot be understood outside of the context of other important life-projects.

CHAPTER V: Discussion

The goal for this chapter is to clearly demonstrate the implications of the study's findings on several existing lines of research regarding addiction recovery. To begin, the chapter briefly summarizes the problems identified in addiction recovery research and provides a five-part response to these problems by systematically highlighting how the study design, methodology, and findings impact five different domains. The chapter then presents implications of this work for addiction recovery theorizing and clinical practice. It outlines potential implications of this work for future research and ends with a brief conclusion.

Summary of the Problem

The construct of recovery continues to move into the fore as more a solution-focused and empowering alternative to addiction. Two significant problems with the current state of recovery research are the lack of consensus on its definition and the processes by which “recovery” is achieved. As a starting point, several authors have agreed that a clear understanding of the complex, contextually embedded, construct of recovery will provide an important organizing framework to encourage and support health behaviours and the attainment of life-enhancing relational processes (see Betty Ford Consensus Panel, 2007; Venner et al., 2006).

Response to the Problem

The findings and assertions of this study contribute to the following five key aspects of the addiction recovery literature. First, the findings and theoretical backdrop of this study both make a contribution to the definition of addiction recovery. Second, the detailed findings of this study illustrate ongoing processes of addiction recovery in five

different dyads over approximately five months each. Third, along with illustrating these processes, this study provides a framework for understanding the role of relationships in addiction recovery. Fourth, the contributions from this study respond to the qualitative research literature that is both asking for further qualitative research and can contribute to the generation of theories of addiction recovery. Finally, this study provides a way of understanding the ongoing impact gender on the conceptualization and process of addiction recovery.

Definition of addiction recovery. Without an agreed upon comprehensive and functional definition of recovery there will be confusion among interested and affected parties. A clear and agreed upon definition or conceptualization may decrease the potential for competition over owning terms or the “right way” of understanding recovery and therefore reduce unnecessary commodification. As of yet, those agencies attempting to foster or support recovery, researchers attempting to evaluate treatment outcomes, theoreticians developing the construct of recovery, and of course, persons coping with problems of living due to substance misuse are not always responding to or orienting to the same thing (see Laudet, 2007).

The findings of the current study contribute to the process of clarifying a definition of recovery in three key ways. First, case analyses from the current research confirmed previously identified components of the definition of recovery (see Betty Ford Consensus Panel, 2007; Laudet, 2007; White, 2007; Vigilant, 2005). Participants in this study identified having the ongoing goal of abstinence, strongly suggested that recovery was more complex than simply stopping drug or alcohol use, told us that positive or caring relationships aided the recovery process and described that recovery included the

very difficult process of making changes to larger relationship configurations (Hughes, 2007).

The second and arguably the most significant addition this study makes to the understanding of addiction recovery is that *it is a joint project*. Hughes (2007), among others, has observed that approaches attempting to apply a ‘social’ level of analysis (e.g., epidemiological), do not adequately address the social character of drug use (and, by extension, addiction recovery). She stated that, “social pathologies are presented both as causes and explanations of individual drug use, while drug use and ‘addiction’ remain an individual preoccupation” (Hughes, 2007, p. 676). This study provides evidence that addiction recovery is an ongoing relational endeavour that is embedded within relational and structural variables. Contextual action theory clarifies embedded by promoting a theory of context that describes context as, “the field within which action takes place” (Graham et al., 2007, p. 126). This represents a change from the more common view that addiction recovery is strongly influenced by relational and structural variables and factors (see Betty Ford Consensus Panel, 2007) as embedded within them. The results from this study identified process and outcome goals and corresponding steps that help illuminate how goal directed processes are socially constructed. The descriptions and assertions from this study resonate with the conclusion that recovery exists, “within the relationship between persons (bodies–minds), actions (activities–substances), and culture” (Larkin et al., 2006, p. 213).

The third contribution that the findings and assertions from this study offered to the definition of recovery was greater clarity about the variability of the role of abstinence in recovery. Participants identified that the salience or daily importance of the

goal of abstinence shifted over time. This shift related to the degree of stability achieved in both the close relationship and recovery process and at times in work. Several dyads described how abstinence was especially salient in the first few months of recovery. It remained a goal although healthy living, fostering relationship closeness, and ongoing mutual support took a more central role. In three dyads, abstinence returned to function as a supra (salient) goal after the recovery projects were either challenged by relapse and/or increased relationship stress. Abstinence acted as an important goal for each dyad. It was regularly influenced by specific interactions and demands both from work pursuits and also by the goals and strategies of the close-relationship project. To summarize, this study confirmed previously identified dimensions of recovery, tested and now offers a unique integrative framework that addresses key concerns in the addiction and recovery literature and finally, provided detailed descriptions of recovery that possibly account for the variability of the role of abstinence

Processes of addiction recovery. Numerous longitudinal studies have examined the course of recovery from substance abuse problems over significant periods of time (e.g., Humphreys et al., 1995; Hser et al., 2005; Moos & Moos, 2006; Valliant, 2003). The conceptual framework of (non vocational) career has been employed to study the process of recovery in the form of both addiction or drug careers and treatment careers. Career research considers the long-term trajectory of people's experience of particular phenomena such as marriage or addiction (Levy & Anderson, 2005). Longitudinal research on recovery and career has provided important insights into the long-term course of recovery. This has included the establishment that a proportion of substance dependent persons attain some form of recovery without formal treatment. A recurring criticism of

these studies is that they have not yet employed longitudinal qualitative methodologies to increase awareness of the complexity of relational processes that constitute addiction and/or recovery careers.

The examination of human activities from a life course perspective includes the temptation to assume that what is characteristic of one group of people at one historical time holds true for individuals who are like them in other times and places (Levy & Anderson, 2005). Longitudinal research offers examination of recovery at points in time and tends to offer a more general view of ongoing processes. This precludes the ability to examine, describe and deeply theorize the complex behavioural processes that lead to the variety of identified outcomes (see Vaillant, 2003).

The current study represents a necessary and timely response to the limitations of longitudinal research of addiction and recovery (see Velleman, 2006; Venner et al., 2006). The qualitative action-project method was chosen as particularly appropriate for examining relational processes through its design of paying systematic and close attention to relational contexts and the particularities of ongoing, joint action processes. The current study provides the potential to integrate several key streams of research on how close relationships, addiction recovery and work-vocational pursuits interact.

Close relationships. The current findings confirm and extend prior research indicating the value of close relationships to recovery (e.g., Mohr, Averbach, Kenny, & Delboca, 2001; Pagano et al., 2004) and also add to the literature in interesting ways. McCrady (2004, 2006), among others (Pagano et al., 2004; Velleman, 2006), helped to confirm the fact that positive and supportive relationships are important variables associated with successful long-term outcomes in addiction treatment and the recovery

process. It has also been demonstrated that relationship conflict hinders recovery and that relationship therapy for couples can be facilitative of recovery (Drapkin, McCrady, Swingle, & Epstein 2005; McCrady, Epstein, & Hirsch, 1999).

Research on the role of social networks has connected significant knowledge about the important and life enhancing role of relationships in energizing addiction recovery (Hughes, 2007; McCrady, 2004). It is often the case that research on the social nature of addiction and recovery tends to account for relationships as factors or variables but does not adequately address the complexity of the nuances of recovery as a social construction and the interdependency of recovery with other meaningful life projects. The existence of social support, having a meaningful job, having a sense of belonging, and the existence or lack of other important experiences have all been correlated with either being positive or negative recovery outcomes. Research on social networks seems to imply a unidirectional perspective (McCrady, 2004), in which the social network acts on the individual, who, by implication, is a passive recipient of the actions of social networks rather than an active agent within a network of social influences (Hughes, 2007).

The research conducted in this dissertation study was embedded in a conceptual framework that focused primarily on the dyadic level of analysis. The findings of this study highlight how close relationship projects and addiction recovery projects are best understood in relation to each other (see Figure 1, p. 37). The construct of joint project provides a way to understand the interdependent nature of important and intentional life processes that are embedded and worked out within relationships. The action theoretical construct of project can be utilized to understand how intentional, goal directed processes are organized within in larger relational configurations (von Cranach et al., 1986).

Contribution to qualitative research. The role and positive contributions of qualitative research in addiction and recovery research have been well established (e.g., Kearney, 1998a, 1998b; Koski-Jannes, 2002; Rodner, 2005). Criticisms of qualitative research have included its lack of ability to offer findings that can be generalized to larger groups and that qualitative research has not, in past, made theoretical contributions (Martin & Stenner, 2004). The work of Margaret Kearney is one example of theoretical contribution stemming from qualitative research through the use of formal grounded theory (1998a).

The current study addressed several concerns regarding the usefulness of qualitative framework and methods to recovery research. First, the action project method was designed to study relational processes over time and has consistently demonstrated usefulness for studying complex relational processes over longer periods of time (e.g., Young et al, 2008). Previous qualitative research in addiction and recovery has been retrospective often taking place after a person has achieved a pre-determined period of abstinence that would be considered stable. These participants then are asked to reflect back on how they achieved recovery (e.g. Koski-Jannes, 2002). The current study utilized a qualitative, longitudinal method that identified and described addiction recovery as a purposeful, complex and ongoing relational process. These descriptions included analyses of specific and observable behaviours, of each participant's emotions and cognitions and of ongoing communication processes.

Gender. Contextual action theory offers an intriguing view on gender as intentionally enacted and embodied within individual and joint action processes. Gender is embodied and enacted within individual and joint action. The current study represented

a significant difference from many recent studies on addiction recovery that purported to study gender but tend to conflate gender with sex differences (e.g., Haseltine, 2000).

Gendered addiction-recovery actions were constructed through the ongoing synthesis of internal processes, communication processes, manifest behaviours, and social meaning.

The longitudinal design of this study and the utilization of researcher reflexivity provide an interesting examination of how involvement in the research process also served to recreate gendered ways of being.

In the current study, action was inherently gendered. This study did not explicitly analyze the role that structural variables (e.g., socioeconomic status, race) played in the participants' understanding of their gendered experience. However, from an action perspective, it is assumed that structural variables are inscribed into the ongoing daily joint action and projects that participants engaged in. Participants, however, were not initially reflective about the gendered nature of their ongoing actions. Being regularly asked about how they viewed addiction recovery as gendered seemed to serve the critical function for both partners, expanding awareness into thoughts and feelings about the role of their own gender and of gender roles in general when it comes to the recovery process.

The gender-related findings of this study also appear to have the potential to contribute to recent work on masculinities and femininities as communities of practice. Paechter (e.g., 2003, 2006) examined and drew on the work of Lave and Wenger (1991; Wenger, 1998) and has begun to theorize the process of socialization into gendered ways of being. She wrote that, from birth, masculinities and femininities are being learned as "practices." She also articulated how gendered practices are most often being learned and constructed and that this process continues on much like an apprenticeship. As boys and

girls learn the skills and mindsets needed to behave in acceptably gendered ways, there is corresponding development of gender appropriate schemas (Moursund & Erskine, 2003) that act as an internal guiding and interpretive framework to help continually reference and uphold the behaviour of the gendered group.

The practices of particular groups, for example, female drug users or male ‘recoverers’ from addiction, are organized as a response to both local conditions and wider influences and considerations. Legitimately recognized or “full” members of dominant gender groups will utilize corrective measures and the appropriate power to either change behaviours that are not in accordance with group beliefs and norms and/or have ways of changing trajectories so that one might lose his or her membership. Paechter (2006) did not minimize the complexity of this view and asserted that it is entirely possible for people to have memberships in different gendered communities of practice.

Participants in this study identified primarily with traditional femininities and masculinities (McCarthy & Holliday, 2004) as informing both their relationship and AR projects. Participants in the current study identified traditional masculinity as males offering leadership and protection in the relationship while traditional femininity was considered taking responsibility for talking about feelings and responsibility for domestic roles such as cooking, cleaning, and caring for children. The findings in this study indicated that holding rigidly to and/or lacking insight into one’s gender role seemed linked to inflexibility and relationship conflict. In dealing with relationship conflict, three dyads showed flexibility and what could be argued as navigating several gendered communities of practice (Paechter, 2003). Navigating multiple gendered communities of

practice for female partners meant making stronger, leadership statements and actions about the relationship, work-vocational and recovery projects. For the male partners this meant confronting the limits of the provider role and also, importantly, challenging themselves to share their thoughts and feelings about each project to the female partners. Gendered communities of practice played a role in addiction recovery projects both within and outside the close relationship.

Theoretical Implications

The findings from this study contribute towards the development of a Contextual Action Theory of Addiction Recovery (CATAR). CATAR views addiction recovery as being carried out in action processes that are organized around a goal or series of goals. CATAR conceives of addiction recovery as embodied within various configurations of relationships including at the level of close-relationship that was examined in this study and also within work/vocational pursuits. In other words, CATAR is grounded in life-projects. Furthermore, process and outcomes goals can be similar or unique when looking across life projects for addiction recovery, for meaningful implementation of long-term goals through vocation, family, or other pursuits. CATAR posits that addiction recovery cannot be understood outside of its relational contexts and that relationship goes further than bi-directional influencing (Slife, 2004). Addiction recovery is not an individual process. Addiction recovery takes its form and/or can only be understood against relationship project and work/vocational projects (see Figure. 2). The relationally embedded actions of addiction recovery are identifiably gendered. Gendered processes represent the gender identity that is held in internal processes, gender relations, which are observed at the relational level of analysis, and gender roles.

CATAR might be best understood as an explanation. Its purpose is not prediction as much as integrative conceptual descriptions that are broad enough to account for a variety of pathways of recovery and complex enough not to reify a particular understanding of recovery. The theory goes beyond bidirectionality in that instead of looking at how each project influences the other, it also postulates that understanding addiction recovery can only happen when considering relationship projects and work/vocational projects. Participants who self-selected to be enacting the phenomenon in question consistently told the researchers about the related life-projects against which addiction-recovery was being constructed.

CATAR, grounded in an integrative theory of goal-directed behaviour, relates to a number of models and theories of addiction recovery. For example, it captures the three main elements of Kearney's (1998) theory of Women's Addiction Recovery. In examining ten qualitative studies of addiction recovery, she identified the key dimensions of the recovery process as abstinence-work, self-work and connection work. CATAR frames the actions and gendered processes as ongoing and constructed within relationships and provides a theoretical understanding of how self-work, abstinence work and connection work takes place within context. Nonetheless, self-work is very relevant in the ongoing narrative analysis for each dyad that arose through ongoing contact with each dyad member. CATAR interacts with a number of theories of addiction recovery that rest on the premise that recovery is about constructing a "non-addict" identity (e.g., Koski-Jannes, 2002; McIntosh & McKeganey, 2000). A significant difference here from these studies would be that CATAR would not view identity as represented through a bounded self that influences and has influence on others. Rather, identity is understood as

simultaneously embodied in individual and joint action and identity is being continually constructed through life projects.

CATAR holds promise to enhance other pre-existing theories about addiction recovery that include relationships but do not specifically identify theories of relationship and of context. Having a theory of context as well as specific methods to access internal processes, manifest behaviours, and social meaning might, in future, allow CATAR to facilitate dialogue between cognitive, behavioural and social theories of addiction recovery.

Implications for Research and Practice

This study offers a meaningful elaboration of addiction-recovery goal-directed actions from a social perspective. Three implications for research and practice arise from the findings of this study and the contextual action theory framework. The first is that understanding joint recovery from addiction as goal-directed action is a perspective that is close to the experience and understanding of the persons it describes. The second is that theoretical understandings of recovery need to incorporate a more complex relational lens. The third implication is that contextual action theory offers a way to integrate goals and joint action processes that enhance both theoretical and clinical conceptions of addiction recovery.

The first implication of contextual action theory for addiction-recovery is to propose that causally anchored explanations should not be unquestioningly taken as either the only way to understand recovery or the most useful against which to juxtapose the process of recovery (see Miller & Carroll, 2006). The evidence is clear that people proceed through recovery from all sorts of addictions over the life course (see

DiClemente, 2006). We have also seen that goal-directed processes have been identified, from several different paradigms, to play a key role in the complex dynamics of addiction (e.g., Cardinal & Everitt 2004; Cardinal et al. 2002; Dickinson & Balleine, 2000; Rødner 2005). An action theoretical perspective validates the argument that addiction and recovery include necessary and daily planning and foresight with regards to navigating various configurations of relationships.

The second implication builds on and extends the first. This study argues for the need to extend current understandings of addiction and recovery from a social/relational level of analysis (Hughes, 2007; Velleman, 2006). Contextual action theory conceptualizes recovery processes as joint goal-directed actions and projects offering significant potential to enable drug-addicted persons to (re)develop a narrative of their addiction in these terms. It is important from a practice perspective to tie our conceptualizations of recovery as close as possible to the way in which people experience these processes. Not doing so will “obscure the profoundly social character of addiction and, paradoxically, ultimately fail to develop appropriate treatment strategies which must, it is argued here, aim to move beyond the restrictive conceptual level of the individual” (Hughes, 2007, p. 674).

A final implication comes through the potential to integrate goals and joint action processes. Contextual action theory offers a framework for understanding, researching and building relational theories of recovery from a goal-directed lens. Rather than this integrative social understanding of recovery remaining at an abstract level, recovery projects can be identified and interpreted through an ongoing hermeneutic between the everyday joint actions of the persons in focus and the language and concepts of goal-

directed actions. Understanding recovery as joint or relational projects among several other important life projects will help to protect against the life-limiting conceptions of ‘addict’ or ‘alcoholic’ and recognize the importance of marriage, parenting, occupation and other projects and their relationships to addiction recovery. An action theoretical conception of addiction recovery treatment aims not only to address the problematic aspects of a substance-oriented life. It also encourages a self-determined, self-responsible, purposeful, meaningful life within the goal-directed organization of the individual behavior of the addicted person as well as this person’s relationships (Graham et al., 2007).

Limitations of the Study

Although this was a longitudinal study essentially reflecting about five months in the recovery process, it is understood that recovery from addiction is often a much longer process that includes setbacks and ongoing process of defining recovery in context.

A noticeable theme in this study was the use of language that represented organized recovery communities. A recurrent phrase from participants was that, “what I have been told/taught about recovery.” This seemed to indicate varying degrees of adherence to a certain conception of recovery. All participants had been involved in recovery communities that had been organized, at least to a degree, by the Minnesota Treatment Model (Quinn et al., 2004) and Twelve-Step Movement. This serves as a limitation in that it is difficult to determine the influence of organized recovery on how these communities shape the goals of recovery projects, and the impact of recovery communities on the social meaning dimension of recovery projects whether joint projects or community projects.

Another limitation of this study was the lack of diversity in the sample. Although initially designed to include all possible sex combinations in the sample, the study essentially became about researching committed heterosexual romantic relationships and one mother and son case. The study benefited from having couples of differing ages, a mother and son case and a female partner of Asian heritage. Future research would benefit from an increase in diversity including gender, sexual orientation, and ethnicity.

Gender roles and gender identity received focus as part of the gender analysis in this study. These two aspects of gender were focused on to the neglect of gender relations, which is another important lens to describe the ongoing gendered interactions between persons in close relationships. Furthermore, this study did not include an analysis of power. Power manifests within gender relations and a future study could be more explicit about gender relations and include a theory of power in relationships. This study would devise ways to study how power figured into the generation and enactment of joint goals.

Future Research

This study points to the need for another action theoretical study of addiction recovery that includes more cases and a greater degree of diversity. Future research could take place in the form of a program of study that would have the capacity to take on much larger numbers of participants. Amassing more data such as portrayed in this study could eventually lead to a relational model for addiction recovery. Although case study might not be the most practical way to develop theory, contextual action as an epistemological framework (Young & Valach, 2004) can inform the development of an integrative model

of addiction recovery that addresses current deficits within those models that oversimplify relationships as factors and that are not contextually and process informed.

Future research springing from this study could include a more systematic study of how addiction recovery is gendered. This could include the research taking a more explicit preliminary stance on participant identification with multiple gendered communities of practice (Paechter, 2003; 2006) and examination of the skills needed to move between these communities and the resulting impact on addiction recovery. As mentioned, a more explicit lens on gender relations could include an analysis of how power impacted the formation and enactment of relationship and recovery goals.

This study did not address identity in a way that a retrospective examination shows that it could. A second round of analysis from a specific, theoretically grounded identity lens will contribute to the literature that views recovery from addiction as a process of renegotiating one's identity. This study would add to that literature by theorizing and demonstrating how identity is constructed while embedded within multiple meaningful life projects.

A final potential for future research related to this study would address the role of the qualitative action-project method as intervention. The potential for this method as intervention has been explored (Young, et al., 2008). For the participants in this study having their own, preexisting addiction recovery project identified and accepted as having value appeared to be well-received and welcomed. Furthermore, being asked on a regular basis the impact of gender on the project appeared to enhance their ability to understand and create possibility for change. Finally, having regular phone calls inquiring about the developments and internal processes related to ongoing recovery project

seemed to act, in some cases, as both an accountability mechanism and as a precipitant for change related actions. A more formal study of this method as an intervention could lead to its integration into addiction-services as an adjunct treatment and an embedded method through which to develop more comprehensive theories of addiction recovery through the process of treatment.

Conclusion

Several authors in the addiction field have articulated the need for unique research and the development of more comprehensive frameworks, “that can listen to [participants’] visions of recovery and respond in ways that assist them in achieving their recovery goals, rather than programs steeped in ideological inducements to total abstinence or punishment” (Vigilant, 2005, p. 414; see also Agar, 2002; West, 2006). The findings of this study demonstrate how contextual action theory provides an integrative theoretical lens that accounts for internal processes, manifest behaviours, social meaning and communication processes that energize, steer and coordinate ongoing joint action processes of addiction-recovery. Contextual action theory acts as a framework and combined with the qualitative action-project method offers the potential to develop a process theory of addiction-recovery. It is important to note that a theory developed from this lens would be grounded in addiction-recovery actions within the complexity of people’s everyday lives and relationships.

This study addresses another gap in the literature that has been described as a lack of clarity around how sex and gender impact the process of addiction recovery. It provides descriptions of how participants view their gender identity and the gendered nature of addiction recovery interactions as they manifest in what might be called roles.

This study provides data that adds richness to Paechter's (2003) theoretical conceptualizations about gendered communities of practice.

This study augments the existing literature, much of which has been based upon quantitative research (e.g., Dawson et al., 2005; Hser et al., 1997; Vaillant, 1995, 2003), by offering thick, rich descriptions of the lived experiences of persons in close relationship who are involved in addiction-recovery. Most notably, the finding that the action steps of *mutual agency* simultaneously energized the close-relationship and addiction-recovery projects offers an intriguing perspective on the role of mutuality in recovery. This finding offers a way of conceptualizing that goes beyond a unidirectional understanding of support in relationship. Mutual agency accounts for the fact that participants pursued close relationship as an intentional project and simultaneously utilized close relationships as a resource for other projects such as addiction-recovery and work-vocational.

Because they are so deeply related to core human processes and activities (see Miller & Carroll, 2006, p. 6), addiction and recovery will likely remain salient and contentious for generations to come. This study offers a robust framework and methodology through which to understand addiction recovery in a way that resonates with the complexity of human experience as understood by study participants. Contextual action theory honours that human endeavours are meaningful and imbued with intentionality. The ultimate hope for this work is the development of a theory of recovery and way of responding to persons in recovery that incorporate the most useful knowledge about treatment and simultaneously honours preexisting life projects.

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Appendix A: Advertisement for Participants



Volunteers Needed for Research on Addiction Recovery

If you are:

- **19 years old or older**
- Consider yourself in 'recovery' from problem use of alcohol or drugs (licit or illicit)
- Have someone close to you who is part of your recovery process (may be in recovery also) and willing to participate in this study

then we need ***YOUR HELP*** to find out how people enter and navigate the recovery process. Your experience is important to us, and will help us to form a more complete picture of *recovery within relationships*. Involvement includes 3 video-taped interviews and a telephone monitoring period. Involvement amounts to approximately 8 -10 hours over five months. Compensation is offered for time and costs.

To find out more about how you can get involved, please contact Matt Graham at **(604) 788-9445**, leaving your name, phone number, and a message telling us that you are interested in the "Recovery Study."

Conducted by:

Dr Richard Young, Professor
Educational & Counselling Psych.
University of British Columbia

Matt Graham, MA, Graduate Student
Educational & Counselling Psych.
University of British Columbia

Addiction Recovery Study
(604) 788-9445
Matt Graham, MA at UBC

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(604) 788-9445
Matt Graham, MA at UBC

Appendix B: Telephone Screening

1. Template for Screening Person “In-Recovery”:

Date of screening call:

Name/contact info:

Introduce myself & explain that I am returning his or her call re: *study on recovery from drug or alcohol misuse*.

Thank-you for your interest in this study. Can I ask how or where you discovered this study? The purpose of this call is to explain the study to you and to determine whether your experience fits with the purpose of the project. Is it alright to proceed or would another time be more suitable?

1. Do you view yourself as being in recovery from drug (licit or illicit) or alcohol problems?
2. Are you receiving regular support from a friend or family member as part of your recovery?
3. Can you explain how you find this person to be supportive?
4. Do you think he or she would be interested in participating in this study? If so, could you please have him or her call the same number you called so I could have a brief conversation with him or her to explain the study and information about being involved in this research project?

To conclude this intake interview I would like to explain to you what is involved in this study, your rights as a participant, how we compensate participants and the limits of confidentiality to which I must abide. Proceed to summarize the three meetings, monitoring period, compensation, rights to withdraw at any time, indicate that upon confirmation of the second person in the dyad the information will be mailed out to both persons, and the limits of confidentiality.

Are there any final questions you would like to ask?

2. Template for Screening Support Person:

Date of screening call:

Name/contact info:

Introduce myself & explain that you are returning their call re: *study on recovery from drug and/or alcohol misuse*.

Thank-you for your interest in our study. You have been nominated by “X” as a person who is involved in his or her recovery from drug (licit or illicit) and/or alcohol problems. Is that correct? The purpose of this call is to confirm your willingness to participate and to explain the study to you. Is it alright to proceed with a few questions? If yes, then...

Are you in relationship with _____ and working together with him or her regarding recovery?

To conclude this intake interview I would like to explain to you what is involved in this study, your rights as a participant, how we compensate participants and the limits of confidentiality to which I must abide. Proceed to summarize the three meetings, monitoring period, compensation, rights to withdraw at any time, indicate that upon confirmation of the second person in the dyad the information will be mailed out to both persons, and the limits of confidentiality.

Are there any final questions you would like to ask?

Appendix C: Letter of Consent for Participants

Joint Recovery from Addiction: An Action-Project Perspective

Principal Researcher: Dr. Richard Young, Educational and Counselling Psychology and Special Education, University of British Columbia

Co-investigator: Matt Graham, MA, Educational and Counselling Psychology and Special Education, University of British Columbia

Contact info: If you have any questions about the research project itself, you may contact *Matt Graham* by phone at (604) 788-9445 or by email at gmatt@interchange.ubc.ca

If you have any questions about ethical issues involved in this project, you may contact the Research Subject Information Line in the UBC Office of Research Services at 604-822-8598.

Dr. Richard Young: richard.young@ubc.ca or phone 604-822-6380

Dear Participants,

Thank-you for your interest in this study, which is designed to explore how people recover from drug (licit and illicit) and/or alcohol misuse within close relationships.

If you both agree to participate, you will be asked to take part in three interviews over approximately five months. The interviews will be audio- and video-recorded. Interviews are videotaped so that participants can watch and give feedback on their participation in a conversation for the second phase of interviews one and three. These interviews involve several stages, including answering general questions about your future recovery plans both as a pair and individually, reviewing our summaries of what happened in previous interviews, having conversations with each other about this topic, and reflecting on what you were trying to do in that conversation. You will also be asked to keep a written record of the things that you do together to figure out or achieve your career plans for three of the six months.

Time Commitment

In terms of your time commitment, the first and third interview will be approximately 2.0 hours each, the second interview will be approximately 1 hour. During a three month monitoring period, you will receive a phone call every second week designed to last 15 minutes. Also we ask that you fill out an activity log. Over the course of three months, you might spend approximately 15 minutes every two weeks filling out this log. Between the phone calls and logs we estimate approximately 3 hours total over a three month monitoring period. The estimated total time for involvement in this study is between 8 – 10 hours. If you are interested in the results of the study, you will be given the opportunity to leave your contact information so that we can send you a summary, once we have finished with everyone.

Potential Risks

The potential risks of participating in this study are minimal. However, some people may find it embarrassing to be video-taped, or uncomfortable talking about their recovery plans, especially if

there are some disagreements. If you ever feel uncomfortable, you can take a break from the interview, or even decide that you no longer want to continue at all. It is important to remember that some level of disagreement about the process of recovery is normal. However, if problems in the relationship or in the recovery process do develop over the next six months, we will be available to help participants find an appropriate counsellor, depending on their needs.

Aims of the Study

Your participation in this study will help us to find out how people recover from drug (licit or illicit) and/or alcohol use disorders *together* as they attempt to return to past functioning or to develop a different way of living. Most of the previous research on addiction recovery has ignored the fact that many people do not make recovery plans individually, but within relationships. Some people in recovery may also discover that participating will help them to more clearly figure out what they want to do in the future, or motivate them to pursue recovery goals.

Compensation

Your participation in this study is entirely voluntary and you may refuse to participate or withdraw from the study at any time. To compensate you for the time that you spend on this study, and for any travel or other costs that come from participating, you will be given \$30 after the first and second interviews, and \$40 after the third interview.

Confidentiality

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law (note: this refers to the possibility that if you are involved in a court case, it is possible for a judge to subpoena the data from this study to be used as evidence). Specifically, we will store all information and recordings in locked filing cabinets and password protected computer hard-drives; only the investigators and research assistants will have access to the information. Transcripts (with names and other identifying information removed), and coded data will also be securely stored for potential future analysis.

Your signatures below indicates that you have received a copy of this consent form for your own records, and that you consent to participate in this study and that your responses may be put in anonymous form and kept for further use after the completion of this study.

Signature

Date

Name (please print)

Signature

Date

Name (please print)

Appendix D: Demographic Form

First name only: _____

Gender: MALE / FEMALE

Date of Birth: _____

Current education / work situation (check only one option):

- ☐ Full-time work only
- ☐ Full-time education only
- ☐ Part-time work only
- ☐ Part-time education only
- ☐ Part-time work AND part-time education
- ☐ Full-time work AND part-time education
- ☐ Part-time work AND full-time education
- ☐ Full-time work AND full-time education
- ☐ Not currently working OR attending college/university/ other education

If working (full or part time), what work or occupation(s) are you currently in:

Approximate yearly income (check only one option):

- ☐ Less than \$5000
- ☐ \$5,000 to \$14,999
- ☐ \$15,000 to \$29,999
- ☐ \$30,000 to \$44,999
- ☐ \$45,000 to \$59,999
- ☐ \$60,000 to \$74,999
- ☐ \$75,000 to \$99,999
- ☐ \$100,000 to \$249,999
- ☐ \$250,000 or higher

What is the highest completed level of education that you have finished (e.g., welding ticket; grade 10; 2 years of university; PhD)? Do not counting your current year of study:

Were you born in Canada? YES / NO

If NO, what country were you born in: _____

How many years have you lived in Canada: _____

How would you describe your cultural or ethnic background (e.g., Welsh; Taiwanese; French-Canadian; Sikh; Latino):

What language do you usually speak at your home (e.g., English): _____

Appendix E: Telephone Monitoring Form

Contact call #: _____ Date of phone call: _____ Project #:

During the interviews, the project we came up with was <name the project for the participant>. Is that still the focus of what you are doing with your [friend/partner/husband], or has it changed? How can you tell it has stayed the same / changed?

Did you have any project-related activities or conversations since the last time we spoke?
Y / N

Did you have the chance to fill out your diary after you did the activity? *If no, ask participant to fill it out with you right now, over the phone.*

How many activities / conversation did you two participate in together? ____

What kinds of project-related things did you do since the last time we spoke? [for each, elicit details re: (a) alone or who with when doing activity; (b) meaning of that activity for them; (c) how did that activity relate to their project; (d) do any of them relate to experience of disability.]

What does doing/not doing those things mean for you in terms of your relationship with _____?

What goals towards your project, if any, do you think you have achieved since we last spoke?

What barriers to your goals have you come across since we last spoke?

What stands out for you the most in terms of the project since we last spoke? What are the most meaningful project-related events, thoughts, feelings and/or circumstances that have happened?

Has anything else been going on with your project that we haven't talked about yet?

Appendix F: Template for Participant Logbooks

Whenever you have an activity or conversation that is part of your transition project, please fill out these questions. If you need extra space, feel free to write on the back of the form.

Date: _____ Time of day that you did the activity: _____

Approximately how long did it last: _____

What were you doing when the activity/conversation happened?

What was the main thing you talked about (or if it was an activity, describe what you did)?

What were you thinking during the activity / conversation?

What were your feelings?

What were you trying to do/ what were your goals in this activity/conversation?

What, if anything, prevented you from reaching your goals?

How did this activity relate to reaching your recovery project (e.g. how did it help you make progress in the project; how did it interfere with the progress; or did it relate in some other way)?

Appendix G: Interview Guidelines

The method for this study is the Qualitative Action Project Method (Young, Valach, & Domene, 2005). This method includes three interviews with a monitoring period between interviews two and three. The following section describes the process of data collection through the three interviews and use of researcher telephone logs and participant logs during the monitoring period.

INTERVIEW ONE GUIDELINES

All three interviews include two interviewers (PhD student and hired second interviewer familiar with the method). Interview one begins with two interviewers and both dyad participants sitting together in a central interview room.

Preliminary Introduction

After introductions and thanking participants for coming to the study an explanation follows as to what will occur in all three parts of today's first interview. This explanation includes the fact that there will be two locations used for the interview (i.e. this room and the room next door). This will be a reminder for participants to minimize any potential discomfort around moving rooms halfway through the interview process. The self-confrontation portion of the interview process requires each dyad member to watch video tape with an interviewer in a separate room.

Once this is explained, one interviewer sets up the equipment: both audio-recorders and video cameras. Second interviewer explains consent & gets signatures from both people first. Next, each participant receives a demographic questionnaire before video taped conversation begins.

Warm-up Period

“As mentioned in the consent forms, we will be video- and audio-taping everything, to make sure we have accurate records of what is going on. I’ll just turn on the equipment now” (remember to turn on BOTH video-cameras, and the audio-tape).

Rapport-building. Ease into the process with questions / comments related to weather, where did find out about the study, positive comments about the home, etc. Ask about the school / work / daily life things that they said they were doing in demographics: what it is like, permanent or for now, what thinking about in future etc. Priming for topic (*remember to do this in conversational style, don’t just follow the script*):

"So our study is about the recovery process from alcohol and/or drug problems. We are interested in learning about the decisions and activities that people make and do together towards recovery (e.g. attend AA meetings, make plans about alcohol and/or drugs in the house, providing support and encouragement, etc).

[To person in recovery] Can you talk about how you came to see yourself as ‘in recovery’ from alcohol and/or drug problems? Further, can you talk about how you see [name] as playing an important role in your recovery? Finally, can you talk about how the fact that you are a man/woman plays a role in the recovery process as you see it?

[To support person]. Can you talk about how you came to play a role in his or her recovery and what you believe that role to be? Can you talk about how the fact that you are a man/woman plays a role in this process?

From your perspective [To person in recovery], what kinds of issues might come up, in thinking through or planning recovery from alcohol and/or drugs misuse? [To

support person] and, what about from your perspective? How about for the two of you specifically, are those the kinds of things that you are still in the middle of discussing and deciding upon?

[If no] Then what things ARE you talking about, in terms of planning or acting/carrying out recovery?

[If yes] So, if you had to pick only one or two things that you believe will be the most urgent to deal with in the next few months, what would they be [get BOTH people's opinions]? * follow-up with questions / comments about the issues they raise*

When the dyad appears ready to engage with each other, or if they spontaneously start react to each other's comments: So, do you think the two of you are up to having a conversation about this stuff without us (the researchers)?

OR

So, it looks likes the two of you are up to having a conversation with just each other about this stuff; are you? [If no] What part is confusing? What needs to happen first?

OK, well we will leave the room now, so that you can do that. Take the next 20 or so minutes or so to have your conversation, and come and get us when you are done.

Joint Conversation

The researcher must remember to insert a new tape and start recording. At this time it is important for the researchers to finalize any preparations for the self-confrontation interview that follows the joint conversation. [If the dyad is still discussing after ½ hour, go in and ask them how it is going, and if they are about ready to wrap up]

Self-Confrontation Interview

During this interview, each participant sits separately with one researcher to watch and comment on the previously held joint conversation. The joint conversation is designed to access each person's internal processes (thoughts and feelings) about the joint conversation. Note to the researcher is to remember to insert a new tape & start recording.

"So now we are going to review the conversation that you just had, to help me get a better understanding of your perspective- what you were thinking and what you were feeling in each segment of the conversation. Whenever something important comes up, I want you to stop the recording and tell me about it. I'll do the same if I notice something that seems important, or if it looks like there is a shift in the focus of what you are talking about. Do you understand what we will be doing? Are you ready to begin?"

[section by section, playing tape]

Questions for participant each time the tape stops: What were you thinking and feeling in that section? What was your goal (trying to do) in that part of the conversation? What do you think [partner's name] was trying to do in that part of the conversation? Make sure you get their EMOTIONAL reaction, not just their cognitions. At end of tape (i.e., watching the entire conversation): "So overall, what were your thoughts about the conversation you just had?" "Typical vs. not typical?" "What are the feelings you have about this conversation?" "Overall, what were your goals; what were you trying to accomplish in this conversation?" "Is there anything else that I should know, about that conversation?" Let's see if ____ and ____ are done.

INTERVIEW 2 GUIDELINES

Introduction

Begin with hellos and general welcoming. Next, remind the participants of the fact this interview will be taped again.

“Today’s interview will be much shorter than last time, and mainly to confirm our understanding of what was going on in the first interview. There will be some individual time, and some time with everybody together.”

Initial Feedback

This part of the interview occurs separately with each person in the dyad sitting with one researcher in a different room.

“So, in the last few weeks, had a look at the conversation and self-confrontation that you guys did last time, and wrote up a summary of it. What we want to do today is to check with you to make sure we were on the right track... does what we say make sense from your own perspective.

I’m going to read out the narrative that we came up with to you, and I want you to stop me at any time if you have questions, or we got something wrong, I want you to tell me what it should say instead. Read narrative, slowly, pausing at each paragraph and asking some variation of “does that fit with you?” “Is there anything important that we missed?”

In the next part, we are going to share this with [name]. Knowing that, is there anything that you would like me to change or omit, before we do that? Are you comfortable with sharing this with him/her?” [If no – there will be a marker present to black out anything of concern to the participant]

Identification of Project

Have each participant share their narrative with their partner, to read. Then the researchers question each partner to elicit reactions to the other person's narrative. For example asking, "are there any surprises or things you didn't know?" The conversation then moves to focusing on identifying the joint recovery project.

"As you probably remember, the point of this study is to figure out how people recover in close relationships. For the next three months, we are going to ask you to keep track what you are doing. But, first, we need to figure out what recovery-related goals, or decisions, or tasks you want to be focusing on, in the next few months. We call these things "projects"

Remembering that we define "recovery" very broadly... not just staying clean per se, but anything you might be doing towards what recovery means to you. Anyway, the recovery project(s) that we came up with, from our last interview with you include [read the summary of the project or projects]. Are any of these off the mark, or already finished? Are there any other things that the two of you need to be focusing on in the next few months? [explore more fully what that means]

So among these different projects, what are the priorities for the two of you in the next 3 months; what would you like to focus on in the next stage of the study?
[come to an agreement about the project to focus on]

Explanation of the Monitoring Period:

OK. So in the next few months, one of the things that the two of you will be working on, in terms of your recovery plans, is [describe project]. What we would like you to do is to keep track of the things that you do together to work on that... your joint

actions and activities. For example, if you have a conversation at home about [project], or [insert some relevant examples]. Specifically, we would like you to keep a written log, jotting down what you did, what you were hoping to accomplish, and how it turned out. This is something that is important for each of you to do individually, because we want to be able to get at, and compare, each of your different perspectives. There are two ways for us to do this. The easiest one (for us), is to send you the template electronically, and for you to type up the activities, and e-mail the logs back every 2 weeks. The other option is to use these log-books [demo]; you will write up the activities as they happen. Every 2 weeks, we'll give you a phone call, so you can update us. [get their preference for how to do the monitoring] Do you have any questions about the monitoring period, or what we are asking you to do?

At this point we will give hard-copy logs, if needed. Also, this is the time for each interviewer to get contact info- phone AND e-mail and to give the corresponding dyad member their personal contact info: e-mail and phone. Goodbyes. I guess we'll touch base in two weeks.

INTERVIEW 3 GUIDELINES

Introduction

Begin again with general hellos and a time of conversation designed to regain a sense of comfort and rapport for the group based setting (i.e. two interviewers and two dyad members). Explanation of today's study: "This interview will proceed very much like the first interview. The main difference is that today will be focused more on how the project went. So what we will do is have you talk with each other first, and then review the tape individually, with an interviewer. After we are done, we'll do a 'debrief', which

is basically a chance for you to ask questions about the study.” At this point, the main interviewer (M.G.) will remind the dyad what the project was about (i.e. read the description to them).

“We were hoping that you could discuss with each other how things have been going, in terms of working on that project. Possibly discuss things like: “From your own perspective, was the project a success, or is it something that you are still working one, or what? Why do you think it was successful nor not? What was/is the outcome of the project: what decisions / plans / changes have come about? What is still left to be done? What did you actually do together to work on the project, and were those things effective or not, and why? In other words, we would like you to have a conversation with each other, about (a) the project, (b) and how it went over the past 3 months, and (c) what’s going to happen next. Do you have any questions about what we would like you to do? So, do you think the two of you are up to having a conversation with just each other about this stuff?

OK, well we will leave the room now, so that you can do that. Most people find that this conversation is a lot shorter than the first one, but take your time and come and get us when you are done.

Joint Conversation

Refer to interview one guidelines. Remember that if participants are still discussing after ½ hour, go in and ask them how it is going, and if they are about ready to wrap up.

Self-Confrontation

“So now we are going to review the conversation that you just had, to help me get a better understanding of your perspective- what you were thinking and what you were feeling in each segment of the discussion. Just like in the 1st interview, when something important comes up, I want you to stop the recording and tell me about it. I’ll do the same if I notice something that seems important, or if it looks like there is a shift in the focus of what you are talking about. Do you understand what we will be doing? Are you ready to begin?”

[Section by section, playing tape]. “What were you thinking and feeling in that section? What was your goal (trying to do) in that part of the conversation? What do you think [partner’s name] was trying to do in that part of the conversation?”

At end of tape: “So overall, what were your thoughts about the conversation you just had? Typical vs. not typical. Do you have any particular feelings about this conversation? Also, was there anything important about the project, and what you have been doing together for the past 3 months, that you didn’t get a chance to talk about with [partner]?”

Follow-up questions to get a sense of what else was going on. Now let’s see if ____ and ____ are done.

Debrief

Give remaining incentive and thank them “Before we leave, do either of you have any questions for us about our study, or the things that we asked you to do?” [If necessary, give summary of purpose of study]. “We hope to have everybody interview,

and all the information analyzed by the end of the year. Would you be interested in getting a summary of our overall conclusions?”

[If yes, ask for contact info for that time.] Plus you can always e-mail Matt at gmatt@interchange.ubc.ca if you don't hear from us soon enough.

“Thanks again for being willing to share this part of your life with us.”

Appendix H: List of Codes from Analysis Process

Acknowledges	Disagrees	Expresses surprise
Advises	Disapprove	Expresses uncertainty
Agrees	Dismissive or	Expresses understanding
Ambiguous response	diminishing statement	Female Partner
Answers question	Elaborates	Incomplete statement
Apologizes	Encourages	Interrupts
Approves	Evaluative or judging	Invites or elicits a response
Asks for clarification	statement	Laughs
Asks for confirmation	Expresses anger	Paraphrasing
Asks for information	Expresses belief or	Partial agreement
Asks for justification or	disbelief	Pause
reasons	Expresses desire	Praises
Asks for opinion or belief	Expresses disgust	Provides information
Asks for speculation or	Expresses	Reflects affect
hypothetical scenario	dissatisfaction	Reflects cognition
Clarifies	Expresses doubt	Requests
Complains	Expresses fear	States a plan
Confirms	Expresses gratitude	Suggests
Continues others statement	Expresses humor	Unintelligible response
Demands	Expresses joy	
Describes future	Expresses love	
Describes other	Expresses opinion or	
Describes past	perception	
Describes possibility or	Expresses realization	
hypothetical situation	Expresses sadness	
Describes self		
Describes situation or event		

Appendix I: Ethics Certificate



The University of British Columbia
Office of Research Services
Behavioural Research Ethics Board
Suite 102, 6190 Agronomy Road,
Vancouver, B.C. V6T 1Z3

CERTIFICATE OF APPROVAL- MINIMAL RISK RENEWAL

PRINCIPAL INVESTIGATOR: Richard A. Young	DEPARTMENT: UBC/Education/Educational & Counselling Psychology, and Special Education	UBC BREB NUMBER: H07-00436
INSTITUTION(S) WHERE RESEARCH WILL BE CARRIED OUT:		
Institution		Site
N/A		N/A
Other locations where the research will be conducted: N/A		
CO-INVESTIGATOR(S): Matthew D. Graham Richard A. Young		
SPONSORING AGENCIES: N/A		
PROJECT TITLE: Recovery from Alcohol Dependence: An Action Theoretical Study		

EXPIRY DATE OF THIS APPROVAL: February 26, 2009

APPROVAL DATE: February 26, 2008

The Annual Renewal for Study have been reviewed and the procedures were found to be acceptable on ethical grounds for research involving human subjects.

Approval is issued on behalf of the Behavioural Research Ethics Board

Dr. M. Judith Lynam, Chair
Dr. Ken Craig, Chair
Dr. Jim Rupert, Associate Chair
Dr. Laurie Ford, Associate Chair
Dr. Daniel Salhani, Associate Chair
Dr. Anita Ho, Associate Chair