OVERCOMING THE PROBLEM OF SUBSTANCE MISUSE: ADOLESCENT EXPERIENCE IN A NARRATIVE RE-AUTHORING PROGRAM

by

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We accept this thesis as conforming to the required standard

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ABSTRACT

Current bodies of knowledge in the field of counselling people struggling with substance misuse problems are dominated by the biomedical model and the disease metaphor. This perspective locates the etiology of substance misuse within the person's biochemistry, in contrast to a narrative perspective proposing that problems with substance use be viewed within a political and sociocultural context. The purpose of this study was to explore the experience of young persons who participated in a non-traditional residential program for substance misuse problems based on a narrative re-authoring approach, and have successfully overcome their problems with substance misuse. A descriptive exploratory case study design was employed to identify commonalities in the experiences of three adolescent co-researchers. Unstructured in-depth interviews were conducted to elicit their experiences. Interviews were audiotaped, transcribed and fashioned into narrative accounts which were then analyzed for thematic commonalities. The study lent support for a re-authoring therapeutic approach to assist persons struggling with the effects of substance misuse problems. The results suggest the importance of encouraging dissident discourses and divergent perspectives in the drug and alcohol field. The study also provides documentation of the solution knowledges and wisdom of young persons which can inform practice and further research, serve as a worthy criticism of current dominant discourses, and enrich their own experiences of personal authorship of their victory stories over substances. This study can be of benefit to drug and alcohol counsellors in encouraging a more deconstructive approach to dominant therapeutic discourses, and in drawing awareness to key program components as they were experienced by successful participants.
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CHAPTER 1
INTRODUCTION

Introduction to the Problem

The use of drugs in one form or another has been a feature of human life throughout all ages of history. Although cultures from many parts of the world have used specific plants or substances ritually and recreationally to achieve transformations in consciousness for thousands of years, attitudes about drugs in contemporary western countries have been constructed independent of the particular features of the substances themselves. Influenced by political and economic interests, distinctions have been constructed between ‘good’ (legal) and ‘bad’ (illegal) drugs, and psychoactive substances such as nicotine and alcohol which are treated as non-drugs (Epstein, 1996; Hartmann and Millea, 1996). Drugs and drug use have become complex and highly political issues: over the past 100 years the rise of a widespread ‘drug problem’ has provided the justification for extreme measures to protect society from drugs which are not any more medically dangerous than legal drugs, and have in fact been responsible for far fewer deaths or costs to society than alcohol and nicotine (Alexander, 1990).

Arguments against the use of illegal substances rely heavily upon medical discourse and metaphors defining addiction as a disease arising from physical and/or psychological dependence. Medical discourse separates problems out from their social context and describes them in terms of etiology, prevention, and treatment: issues related to economic status, race, class, gender and differing abilities are largely excluded from this discourse. The dominance of medical metaphors in the drug and alcohol field serves to label individual
behaviours as problematic and pathological and encourage a language of personal deficits.

Members of Alcoholics Anonymous (AA), a moral and spiritual program of recovery started in 1935, popularized the disease metaphor of alcoholism through the promotion and expansion of their movement. Currently, an overwhelming majority of specialized addiction treatment programs utilize the Anonymous philosophy and the disease concept as a foundation for treatment. Hartmann and Millea (1996) argue that not only have treatment programs largely become a method of introducing and integrating individuals into the Anonymous community, but also because primary treatment goals have focused on abstinence and conformity to specific conduct, therapy might well be perceived as constituting a form of social control.

Critics argue that meanings associated with drugs and drug use cannot be divorced from a political and socio/cultural context and call for alternative metaphors that might lead to different kinds of knowledge, descriptive possibilities and more humane responses to the problem (Hartmann & Millea, 1996; Sanders, 1998; Winslade & Smith, 1997). These writers argue that the languaging of drug-related problems as a disease of addiction contributes to and has profound social, legal and personal implications for persons diagnosed as ‘alcoholics’ or ‘addicts’. From this perspective persons so defined are separated out from the rest of humanity as a group suffering from an incurable illness who are incapable of making decisions on their own behalf and must therefore be coerced or forced into substance abuse treatment, and implies that persons do not have the right or the personal knowledge to make informed choices about their own use of drugs and must defer to the wisdom of so-called ‘experts’.
A number of theoreticians and practitioners share in the belief that there is a need to move beyond the narrow conceptions of the disease model dominant in the field of addiction research and practice, and broaden the number of theories and ideas to expand the range of possibilities for thinking about the problem (Gergen & Gergen, 1996; Hartmann & Millea, 1996; Sanders, 1997). These writers are informed by postmodern thinking evolving out of social construction, feminist, narrative and social justice ideas and call for a language describing substance use that avoids separating the behaviour and the user from social, historical, political and cultural contexts. They argue for a language that respects the experience and personal choices of persons and reflects a belief in their capabilities, strengths and knowledges, in contrast to a language promoting personal psychological deficits. Privileging the person who seeks help as the expert on their own experience challenges professional knowledge claims and therapeutic practices that can be encouraging of disempowering relations (Epston & White, 1995).

Social scientists working in the interpretive tradition have proposed the idea that we structure and make sense of our lived experience through narrative, and that our experiences are shaped by the very knowledge and stories we use to give meaning to our experiences (Ricoeur, 1983; Bruner, 1986). Therapy can thus be reconsidered in narrative terms as a linguistic activity based upon a series of conversations between therapist and client in which change is defined as changing story and meaning (Goolishian & Anderson, 1992). White (1989) and White and Epston (1990) propose that persons can be assisted in finding solutions to problems by separating their lives from stories that are impoverishing and re-authoring their lives according to preferred ways of being. Re-authoring work as described by White
and Epston refers to a collaborative practice focused on exploring alternative ways of understanding person’s problematic relations with problems within the context of their lives, and privileges the person’s competency, success, ability and strengths in finding ways of altering these relations.

Peak House is an eight week residential re-authoring program for youth experiencing problems with drugs including alcohol that began a decade ago as a traditional chemical dependence treatment program, and since that time has evolved in a narratively informed direction (Holcomb, 1994; Sanders and Thompson, 1994; Sanders, 1998). The introduction of a narrative text analogy into therapeutic work with persons struggling with the effects of substance misuse represents a radical break with traditional addiction discourses and practices (Sanders, 1995, 1997). Locating problems associated with drug use outside of persons and recognizing that persons are under the influence of a variety of problem discourses and pathologizing practices situates a person’s lived experience within a political and social/cultural context.

Tamasese & Waldegrave (1994) and White (1991) argue that the culture of therapy does not exist outside of the culture at large and hence does not constitute a neutral activity exempt from the structure and ideologies of the dominant culture. Therapeutic work from within a narrative perspective calls for an acknowledgment of the existence of relational politics and the building in of practices making the work accountable to persons who seek help. Sanders (1994, 1995, 1997, 1998) has written of the ongoing attempts at Peak House to co-create counter practices to traditional drug and alcohol interventions with young persons and their families. These therapeutic practices encourage persons to separate themselves
from the problem of substance misuse by engaging in conversations challenging of pathologizing and blaming language and promoting of a sense of personal agency. Waldegrave & Tamasese (1993) call for liberating therapeutic conversations that help persons place responsibility for the problem where it more appropriately belongs and gain courage through the celebration of their strengths and abilities to survive. Liberation in this sense encompasses the notion of "directing therapeutic conversation toward the eradication and elimination of oppressive restraints" (Sanders, 1998, p.155).

A review of the literature reveals that approaches to research and practice in the drug and alcohol field remain largely embedded in the biomedical model. Although there is a body of knowledge gathering on alternative approaches to assist persons suffering with problems related to substance use, our understanding of narrative ideas as they apply to practice in this field suffers from a lack of empirically grounded research. To date, writers have relied on accumulated information derived from personal casework experience, which contribute to our understanding of the phenomenon, but do not constitute controlled studies of rigorous design (Sanders, 1997, 1998; Smith & Winslade, 1996; 1997). There is a need for studies demonstrating scientific validity that will extend and deepen our understanding of narrative ideas and re-authoring therapy from the perspective of persons who have utilized these practices to overcome problems related to drug use.

The Peak House program provides an unique opportunity to explore a narratively informed approach to therapeutic work with young persons suffering from drug and alcohol related problems. The purpose of this study was to explore this phenomenon from the perspective of young persons who have successfully utilized narrative ideas and practices to
overcome the problem of substance misuse. The objectives of this research were to expand understanding of the narrative approach in the drug and alcohol field, and to bring forth the solution knowledges and wisdom of young persons in relation to overcoming drug related problems. The focus of the study was on the young persons’ experiences in the re-authoring program, however an attempt was made to broaden the context by including an account of their lived experiences related to the problem of substance misuse before entering Peak House and after completion of the program.

Definitions

**Narrative metaphor or story analogy.** This analogy suggests that we organize and make sense of our lived experiences within the dominant frame of a story or narrative, and rests on assumptions that our experiences are shaped by the knowledge and stories we use to give meaning to our experiences. Stories enable us to gain an understanding of our lives changing and unfolding through a sense of past, present and future and make experience comprehensible by allowing us to construct our own meanings (White & Epston, 1990).

**Re-authoring.** The process of persons entering into stories with their experience and their imagination, and the process of taking these stories over and making them their own.

**Therapeutic re-authoring.** A collaborative practice focused on exploring alternative ways of understanding persons’ problematic relationships with problems, and ways of altering these relationships, in contrast to the discourse of individual pathology which situates the problem within the person.
Research Question

The central question that organized this study was: **What was the lived experience of young persons who participated in a re-authoring program for drug and alcohol related problems and who were successful in overcoming substance misuse?**

The rationale for this question follows from a review of the research literature where the application of narratively informed ideas and practices in the drug and alcohol field have not been adequately explored. This question was answered by attempting to discover and describe commonalities in themes of meaning emerging from the co-researchers' narrative accounts of their experiences in a re-authoring program for problems related to substance misuse.

Research Design

The present study employed a qualitative multiple case study design. Case study designs are particularly well-suited when the situation to be studied is complex, when little is known about it, the focus is on a contemporary phenomenon within some real-life context, and 'how' or 'why' questions are being posed (Miles & Huberman, 1984; Yin, 1989). This study is exploratory in nature, seeking to expand and broaden an understanding of narratively informed ideas and practices in the drug and alcohol field from the perspective of young persons. An attempt was not made to generalize to other populations, but rather to provide a rich and descriptive understanding of the phenomenon.
CHAPTER 2

REVIEW OF THE LITERATURE

Overview

The purpose of this literature review is to describe and examine current frameworks of addiction and provide a description of two radically different approaches to assisting persons with problems related to substance use. In reviewing the literature it becomes clear that researchers fail to agree on a comprehensive, empirically validated definition of the construct of addiction and that the field is rife with controversy about etiology, treatment, and relapse prevention. This chapter will first review historical and current definitions of addiction followed by a description of three perspectives on addiction that inform most theories. Then the traditional treatment approach informed by the disease metaphor, Alcoholic Anonymous and the Minnesota Method will be described, followed by a summary of pertinent issues related to research. Next, narrative theory and the story metaphor will be outlined and its reconfiguration as a re-authoring therapy will be explained. Finally, re-authoring therapy as it is practiced in the Peak House program will be described.

Definitions of Addiction

Historical Antecedents

The modern use of the word addiction can be traced to the temperance movement of the early 19th century which condemned persons who had formerly only been known as strong drinkers as sinners lacking moral turpitude (Levine, 1978, 1984). Levine (1978) states that the popular assumption was that the source of addiction was in the alcohol itself - 'demon rum' was viewed as an inherently addicting substance, in the same way that a drug...
such as heroin is today (p. 143-44). These views were popularized by Benjamin Rush, the Physician General of the Revolutionary Army and a guiding light in the temperance movement, who proclaimed that liquor was physically toxic, morally destructive and addictive (Levine, 1978). By 1920 the resurgence of organized religion in the form of revivalism, combined with the temperance movement, culminated in the total prohibition of the import, manufacture and use of alcohol in the United States. Canada instituted prohibition as early as 1917.

Cultural notions of drug addiction as a medical or physiological phenomenon did not develop until the late 19th century, after the invention of the hypodermic syringe made prescribed injectable opiates (morphia) available to doctors’ patients. Historically opiate use in the community had not been considered either a problem or an organic disease, and in fact opium use was openly supported in Britain in order to maintain its lucrative opiate trade in India (Keene, 1997). Thousands of North Americans also found comfort in painkillers and potions containing opium or in the use of morphine, and in fact the ‘pick me up’ in the original formula for Coca-Cola was cocaine. By the end of the century, Harding (1988) notes the emergence of a theory of addiction emphasizing physiological (and therefore medical) components as well as beliefs about a “concept of a moral faculty of the soul that could be pathologized” (p. 37). Government regulations to control the distribution and use of opium products and cocaine soon followed.

Levine (1978) argues that the definition of addiction as a disease was not the result of a medical discovery or scientific research, but “a transformation in social thought grounded in fundamental changes in social life” (p. 165-6). A hundred years later the disease theory of
addiction may have become less credible in scientific and academic circles (Heather & Robertson, 1986; Hartmann & Millea, 1996; Peele, 1985) however the predominant cultural discourse with respect to drinking, drug use and many other social problems continues to be played out through the popularization of an addiction mythology promoting notions of individual and family pathology.

Current Concepts of Addiction

The World Health Organization recently abandoned all mention of the word addiction and disease in the 10th revision of the International Classification of Diseases definition of the Dependence Syndrome:

... a cluster of physiological, behavioural and cognitive phenomena in which the use of a drug or class of drugs takes on a much higher priority for a given individual than other behaviours that once had higher value. A central descriptive characteristic of the dependence syndrome is the desire (often strong, sometimes overpowering) to take drugs... (WHO, 1989).

This definition represents drug use as a *continuum of dependence*.

As research has progressed a large number of terms have come to be used to describe various ways or patterns of using drugs. Keene (1997) argues that much of the confusion in the field of addiction is the result of researchers and practitioners presupposing the phenomenon can be easily defined and isolated, and experimental comparisons made. The author contends that data inaccessible to this approach such as variables concerning individual differences, subjective interpretations and the treatment process itself are often considered superfluous. Keene argues that an internationally agreed upon set of clearly
defined terms would help challenge misleading presuppositions in scientific and contemporary language about drugs and the way people use drugs that result in persons who use so-called ‘addictive drugs’ like heroin being labelled as addicts rather than being described as heroin users (p. 177).

Alexander (1990) points out that all psychoactive drugs are used in many ways of which addiction is only one. He notes that researchers in a range of related fields are using the set of terms introduced by Jerome Jaffe (1985), former research director of the American National Institute on Drug Abuse. These terms arrange patterns of using drugs along a continuum of involvement, ranging from none to “overwhelming involvement”.

Involvement in this sense encompasses both the frequency of use and the way a person thinks about their use. Patterns of use include both dependence, defined as “diminished flexibility” in behaviour towards a particular drug- which could include nicotine and caffeine as well as illicit drugs - and addiction, defined as “a behavioural pattern of drug use characterized by overwhelming involvement with the use of a drug.” (Jaffe, 1985, p. 533). Alexander (1990) notes that the phrase “overwhelming involvement” marks the distinguishing difference between dependence and addiction.

For the purposes of this study the terms addiction and dependence will be used when referring to a way of using drugs that is informed by the biomedical model, and phrases such as problems related to drug use and substance misuse problems will be used to describe the phenomenon as it is viewed from other perspectives. The use of these terms does not imply any conclusions by me about why or how this pattern is caused. Also note that the description of the basic perspectives informing addiction work should be considered with the
following proviso: most of the literature on addiction and treatment is derived from research in the field of alcohol and has subsequently been generalized to all other drugs, the assumption being that they share similar characteristics. When considering issues of drug addiction, dependence and treatment it may be problematic to generalize about all drugs on the basis of alcohol.

Models of Addiction

The Physiological Perspective

The physiological perspective, or medical model, focuses on the physical aspect of dependence and is concerned with increasing tolerance to a drug, withdrawals and craving. There is a large body of rigorous scientific research on the physiological effects of drugs which has led to the popular belief that some drugs cause physical dependence or physical addiction. After decades of medical research, however, no substantial scientific basis for this belief has been found (Jaffe, 1985; Keene, 1997; Peele, 1990). It is now generally accepted by the scientific community that any licit or illicit substance can be used in moderation.

Until recently attention was also focused on the unpleasantness of withdrawal symptoms and a drug user’s unwillingness to face withdrawal as an explanation of a growing dependence on drugs. Research initially focused on depressants including alcohol, in which withdrawal symptoms are easily measured (Gossop, 1992; Lindstrom, 1992) however in the face of clinical evidence of high relapse rates, the development of tolerance to aversive but not to positive effects of drugs, and a growing dependence on drugs with no obvious withdrawal syndrome (such as cocaine) researchers turned to a consideration of the pleasant or hedonist function of drugs (Marlatt, 1985). A positive incentive account of drug use posits
that compulsive drug use is maintained by appetitive motivational processes. Researchers found that both opiates and stimulants act similarly on brain areas thought to mediate appetitive approach behaviors (mesolimbic dopamine pathways). For a recent overview of studies on the physiology of dependence see the special issue of *Addiction*, ‘Comparing Drugs of Dependence’ (November, 1994), particularly the summary of biological processes (Grunberg) and of the withdrawal effects of different drugs (Gossop).

Doctors and medical personnel can be expected to concentrate on physical symptoms when treating persons with drug problems, although it would be highly unlikely for a clinician to exclude a consideration of psychological and social issues. One of the most hotly debated and controversial issues in the field of addictions is the controlled prescribing of a person’s drug of choice or of substitute drugs to facilitate withdrawal and/or for the purposes of harm minimization. Medical treatment pertaining to the effects of drug misuse is monitored and stringently controlled by government regulations, and when a substitute drug is prescribed (such as methadone as a replacement for heroin) by a physician or clinic it is most often in conjunction with a requirement for psychotherapeutic counselling and/or attendance at self-help groups.

There have been many critiques arguing that current governmental regulations are intrusive and antithetical to good medical practice as well as counter-productive from a therapeutic, individual and social perspective (Alexander, 1990; Hartmann & Millea, 1996; Peele, 1990). Alexander, McInnes and Beyerstein (1987) refer to a significant number of published studies suggesting compulsory psychological counselling to treat drug addiction does not work and that methadone maintenance treatment can reduce addicts’ involvement
with crime, prison, and contaminated injectable drugs. Critics charge that the medical model dooms the drug user to a life of frustration and failure. Individuals are taught that they have no control over the chemical substance and that total abstinence or reliance on another drug is the only solution. Peele (1989) contends that the principle failure of addiction research and treatment from a medical perspective is the preoccupation with the nature of substance involvement rather than with the person’s relationship to self, others, and the world and argues that, “the characteristics of addictive involvements are not solely, or even largely, determined by their pharmacological properties alone” (Peele, p. 226).

The Cognitive/Behavioural Perspective

Cognitive and behavioural change methods derive from social learning theory (Bandura, 1977) and cognitive psychology (Ellis, 1987; Beck, 1989). Social learning theory applied to the field of dependency disorders posits that people who exhibit unhealthy patterns of drinking and drug use differ from healthy users in their ability to cope with the demands of everyday life and in their beliefs about substances (Abrams & Niaura, 1987) and about dependence (Davies, 1993; Eiser, 1982). Theorists view drug misuse as a general coping mechanism invoked in situations where other more appropriate coping responses are unavailable. Social learning theory also assumes that behaviour can be either positively or negatively reinforced and that the sooner the reinforcement occurs, the more effective it will be. The development of behavioural habits is thought to be strongly influenced by modelling and other social factors, as well as by the way people define or interpret their experience.

Outcome studies on clients with diverse characteristics provide evidence for the effectiveness of behavioural and cognitive techniques applied to drug dependency treatment
(Hodgson, 1994; Lindstrom, 1992). The application of these techniques rests on assumptions that dependent drinkers are capable of self-control and can control their drinking and that persons can take responsibility for much of their own treatment.

The Relapse Model. The relapse model proposed by Marlatt and Gordon (1985) has proved to be one of the most clinically useful of the treatment approaches based on social learning formulations. According to this model, the explanation of relapse begins by examining a drug dependent person's responses to high-risk situations. In high risk situations cognitive factors are thought to primarily determine the probability of relapse. If an effective, non-drug-related coping response is not immediately available to the person, this is likely to result in a decrease in their subjective judgment that the situation can be handled successfully. Once the person uses drugs to navigate the situation, other cognitive processes influence the transition from the substance use being an isolated occurrence (lapse) to the reinstatement of a previous, harmful level of use (relapse).

A person who has a lapse is thought to experience dissonance between the perception of oneself as an abstainer and the act of using, and because dissonance is aversive, may be motivated to reduce it by more consumption of the substance and/or by changing their self-perceptions to that of a not successful abstainer. To the extent that attributions for the failure are believed to be the result of personal causes, perceptions of efficacy at handling this or similar situations in the future will decrease and drug use will continue (Marlatt & Gordon, 1985). The relapse model has influenced the content, techniques and goals of a range of treatment programs.
Relapse Prevention. Marlatt (1985) adapted the behavioural theory of relapse prevention to fit with the disease concept of treatment, allowing for the use of these techniques to reinforce abstinence or controlled drinking strategies. According to studies of post-treatment relapse (Marlatt and Gordon, 1980; Marlatt, 1985) the main precursors of relapse are negative emotional states, interpersonal conflict and social pressure. Behavioural techniques developed to help prevent relapse include assessment methods to highlight the relative risk of particular moods and situations, education about the immediate and delayed effects of substances, and rehearsal of possible future relapses. Self-monitoring and self-control are basic behavioural techniques taught to assist the client in identifying the antecedents and consequences of problem behaviour and learn to alter their behaviour by changing either or both. The client learns to identify those situations and cues that are likely to stimulate drug-misusing behaviour and to respond by avoiding the situation, refusing drugs and/or using alternative coping strategies. In addition to teaching clients to be self-aware and able to assess risks, relapse prevention techniques also offer such coping strategies as relaxation training and stress management.

Cognitive Interventions. Most treatment programs also include a cognitive element: the way persons define or interpret their experience is presumed to have a strong influence on their behaviour (Ellis, 1962; Beck, 1989). Attribution theory applied to the field of addictions suggests that a person's beliefs influences their drug use behaviour (Eiser & Gossop, 1979; Eiser, 1982; Davies, 1993). Marlatt's (1985) review of cognitive findings provides evidence that the influence of expectation and social cues can be significant in loss of control and relapse. Cognitive interventions are concerned first with the examining of
beliefs, thinking processes and patterns of behaviour which lead to and maintain drug use, followed by the identification of maladaptive beliefs and inconsistencies in personal belief and value systems. Information about the effects of withdrawal and tolerance can be helpful in changing clients' subjective understandings of their continued misuse of drugs. The positive and negative impact of drug dependence on the client's short and long term goals are also evaluated, and discrepancies highlighted between desired goals and present state. Clients are taught new skills and coping strategies, such as using a decision matrix, reminder cards and self-talk.

Adaptive Coping. Life stress has been identified as a significant risk factor for adolescent substance use and has been construed as promoting substance use through increasing emotional distress or undermining perceptions of control (Newcomb & Harlow, 1986; Wills, 1990). Adaptive coping is predicted to decrease the likelihood of continued or escalating drug use in that it would result in resolution of problems and help build normative competencies (Marlatt & Gordon, 1985). Nonadaptive coping mechanisms, such as dealing with problem situations through anger, avoidance, or helplessness are predicted to increase the likelihood of escalation of misuse in an adolescent population because they do not contribute to resolution of problems and may alienate potential supporters (Wills et al., 1996).

Adaptive coping involves a behavioural approach (engaging in problem solving and direct action to resolve a problem) and a cognitive approach (using internal strategies to minimize emotional distress through reinterpreting problematic situations). The value of skills training such as anger management and assertiveness training that stress acquisition of
more adaptive ways of coping with negative emotions is also supported in research findings on post-treatment relapse (Marlatt and Gordon, 1985). The teaching of general and specific coping skills, and to a lesser extent the modification of beliefs about the effects of substances (expectancies) are integral components of most treatment approaches.

The Social Perspective

The social perspective holds that drug and alcohol dependency results from environmental, cultural, social, peer, or family influences (Brower, Blow & Beresford, 1989). This perspective places an emphasis on interpersonal functioning, social supports, identification of environmental stressors, and cultural factors such as the socialization of women as critical elements in treatment. Therapeutic goals focus on changing the client’s social environment and/or their coping responses to environmental stresses. Treatment strategies include family therapy, attendance at support groups, social skills and assertiveness training, and stress management.

Improved social functioning is generally regarded as an important measure of successful treatment outcome (Marlatt, 1985). Moos, Finney and Cronkite (1990) illustrated the influence of social functioning and social environment in both the outcome of alcohol treatment and the maintenance of change. Holder, Longabaugh, Miller and Rubonis (1991), Lindstrom (1992), and Hodgson (1994) identify social factors and improved social functioning as the most useful aspects of treatment. Holder et al. concluded in their major review of different approaches used in treatment that interventions directed towards improving social and marital relationships, social skills training, and community reinforcement were most effective.
Lindstrom (1992) notes that positive effects have been demonstrated on the outcome of social skills training at one year follow-up by Erikson, Bjorns and Gotestam (1986), however he suggests that social skills needed by moderate drinkers and excessive drinkers will differ, the implication being that this would also hold true for drug users. Many persons who misuse drugs suffer a severe lack of contact with everyday social networks, as a consequence of which they may be unaccustomed to social intercourse and lack necessary social skills in non-drug-using society.

Work in the area of community reinforcement, although limited, suggests that the modification of the client’s social environment through the enhancement of social resources and informal social supports indicates that long-term treatment gains can be maintained (Azrin, Godley, Meyers and Sisson, 1982; Keene, 1997). There is evidence that self-help groups, networking and skills training help minimize relapse (Nurco, Makofsky, Shaffer, Stephenson & Wegner, 1983; Hawkins and Catalano, 1985). Hawkins and Catalano identified the absence of strong prosocial interpersonal networks, isolation, and lack of productive work or school roles as significant factors connected with relapse and suggest the need for social network development in the community. Stanton Peele (1990) argues that community programs based on enhancement of work and family options both of individuals and communities are so much more effective than medically oriented treatment that nothing of value would be lost in eliminating medical treatment in favor of such community programs (p. 644). To date research on the importance of social factors in follow-up studies has been somewhat unreliable, partly because of the difficulty in controlling for social and relationship variables, and to generalize.
The Disease Perspective

The disease metaphor applied to alcoholism and other chemical dependencies is currently dominant among specialized treatment providers in North America. This perspective gained popularity after Alcoholics Anonymous made the cornerstone of their program the belief that alcoholism is a physical and spiritual disease. Since the beginning of AA in 1935 the disease concept of addiction has attained a widespread ideological, fiscal and political constituency. Most treatment programs, although incorporating biopsychosocial components, have built their philosophies around the tenets of the Anonymous Fellowship and promote the Twelve Step principles for those ‘in recovery’.

The modern conception of the alcoholic’s inbred biological vulnerability to alcoholism was central to AA from its inception. Although AA philosophy borrowed heavily from the moral and spiritual directives of the 19th century temperance movement, in that earlier era, alcoholism was viewed as a danger inherent in the consumption of alcohol and could befall any habitual imbiber through a ‘loss of control’ (Levine, 1978; Edwards, 1989). The AA definition of alcoholism claims that the alcoholic is a person who from birth is destined to be unable to control his or her drinking due to an inbred ‘allergy’ to alcohol, and from taking the first drink will be set on an inevitable path of intoxication leading to an eventual diseased state. Thus, the belief that the compulsion to drink is biologically preprogrammed transferred the source of addiction from the substance (alcohol) to the consumer (alcoholic).

According to AA as set forth in Alcoholics Anonymous (Anonymous, 1976) the cure for the disease of alcoholism can only be achieved through a combined moral transformation
and spiritual awakening in the context of total abstinence. Without complete abstinence, the disease is regarded as progressive and often fatal. This concept was later enlarged and expanded to include all chemical dependencies and is now encapsulated in the philosophy and methods of Narcotics Anonymous (NA) and a half dozen other groups belonging to the Anonymous Fellowship.

E.M. Jellinek and Alcoholics Anonymous

Critical to the increase in status of AA was researcher E. M. Jellinek's classic book, *The Disease Concept of Alcoholism* (1960) which described the natural history of alcoholism as a disease and categorized it into distinct types. His description of the 'gamma' alcoholic represents the prototypical disease type identified by the presence of physical dependence and loss of personal control with respect to drinking alcohol. Reinforced by a selective representation of Jellinek's work, three basic premises were promoted by AA as central to the disease concept: loss of control; progression; and predisposition. Following the acceptance of these scientific 'facts' it is posited by the Anonymous Fellowship that complete abstinence is the only acceptable treatment goal.

Jellinek's research has not been substantiated by the scientific community. Levine (1984) points out that Jellinek did his study using AA members and then translated their experience into medical terminology. His analysis was then incorporated into the AA perspective as providing scientific evidence for the disease model although Jellinek did not make any specific claims about the genetic nature of alcoholism and also stressed that not all forms of alcohol problems were diseases - in other words it was not a unitary disease (Alexander, 1990; Levine, 1984; Peele, 1985). Room (1983) reported that many
investigations failed to confirm either the stages or types of alcoholism that Jellinek proposed and a variety of laboratory studies have found that chronic alcoholics do not exhibit loss of control in regulating the amount they drink even when intoxicated (Heather & Robertson, 1986).

Even the strongest supporters of the genetic-predisposition hypothesis admit that no generally accepted biological marker for a vulnerability to alcoholism has yet been identified (Goodwin, 1985; Schuckit, 1987; Vaillant, 1983). Peele (1990) argues that although there is no uniform support for any genetic proposition for addiction, including evidence linking alcoholism to a specific gene, and many studies that substantially undermine genetic hypotheses, the public and most of the people who manage America’s alcohol treatment programs continue to make the assumption that alcoholism is an inherited disease (Peele, p. 57).

The Anonymous Fellowship

In the recovery movement an addict/alcoholic is presumed not to be like normal people, instead being a person who suffers from an illness of the whole person. The addict/alcoholic is believed to have an ‘addictive personality’ (described as immature and self-centred) as well as a spiritual sickness. Anonymous members are encouraged to develop an identification as a recovering alcoholic/addict who is powerless over substances. Addicts and alcoholics are expected to change from using to not using, from sick to healthy, and from unrecovered to recovering. Members of the Anonymous Fellowship are recommended to attend regular AA/NA meetings, to read its approved literature and to work the Twelve Steps for recovery. The disease model of addiction is also applied to family members who
have their own self-help groups, such as Alanon (for families of alcoholics); Families Anonymous (for families of drug addicts); ACOA (for adult children of alcoholics); Alateen/Adateen (for teenage children of alcoholics/addicts).

The Minnesota Method. The disease metaphor as understood by the Anonymous Fellowship developed into what is known as the Minnesota Method of therapy, or the Minnesota Model, widely in use in North America in government funded agencies and private treatment facilities. This method is usually applied in residential settings and bases its recovery program on the AA/NA Twelve Steps in conjunction with daily attendance at Fellowship meetings. The basic assumptions are that addiction or chemical dependency is a disease and that all addicts should receive treatment within the same basic program framework. The disease concept of addiction is considered relevant to gambling, risk taking, relationships and emotions. The addict is not held personally responsible for having the disease but is held responsible for their own recovery. Denial of oneself as being addicted and in need of recovery is seen as symptomatic of the illness.

The philosophy of the Anonymous Fellowship as it is embodied by the Minnesota Method emphasizes the contribution that non-professional recovering addicts make to the recovery of others in treatment programs; however there has been considerable criticism about the working relationship between professionals and non-professionals and between non-professionals and clients in residential treatment (Heather & Robertson, 1985; Lindstrom, 1992; Peele, 1985). Other studies (Kostyk, Fuchs, Jacyk & Tabisz, 1993) have found evidence that non-professional recovering addicts can be effective co-leaders in therapeutic groups and provide useful role models by offering hope and optimism to those
undergoing treatment.

The twelve steps. Following is a brief description of the Twelve Steps as it is utilized by therapeutic treatment programs based on the Minnesota Method and summarized by Keene (1997). Quotes are taken from Twelve Steps and Twelve Traditions (Anonymous, 1953) and from various Anonymous booklets published by Hazelden, City Centre, Minnesota. Hazelden, founded in 1949, was the first treatment centre to combine the Twelve Step program with other therapeutic ideas in what came to be known as the Minnesota Method.

Step one: Powerlessness

“We admitted we were powerless over (choose a substance) - that our lives had become unmanageable”. Step one is the most significant part of the process of persons accepting that they are an alcoholic/addict and that they are powerless over their lives as a result. Until clients accept this interpretation of their experience, they are considered to be in denial and the treatment process cannot proceed. The emphasis on acceptance of personal powerlessness is an integral part of the notion of addiction as a disease and an essential starting point for the program. The notion of personal responsibility for one’s own recovery can only happen once the client admits they are afflicted with a disease and becomes involved in an ongoing recovery program.

Step Two: Hope

“Came to believe that a power greater than ourselves could restore us to sanity.” This step involves recognizing that with the help of “a higher power” or “power outside of oneself” one has the ability to change. The notion of a higher power does not have to involve
a specific religious belief and can refer to the Anonymous Fellowship itself.

*Step Three: Commitment to change*

"Made a decision to turn our will and our lives over to the care of God as we understood Him". This stage in recovery involves making an effort to stop "controlling or manipulating others", and "handing yourself over to others in the program, that is, learning to trust others". Dependence on others is seen as a means to independence and clients are expected to submit to the expertise of treatment personnel and members of the Anonymous Fellowship.

*Step Four: The moral inventory*

"Made a searching and fearless moral inventory of ourselves". This step involves the client writing a list of their previous character or personality "defects" prior to treatment. This stage is considered to mark the beginning of a necessary lifetime practice for those in recovery.

*Step Five: Confession*

"Admitted to God, to ourselves, and to another human being the exact nature of our wrongs". This involves sharing the "moral inventory" of Step Four with one of the staff in the program or an Anonymous member. The benefits felt by clients are often described in terms very similar to those of the confessional.

The final steps (6-12) do not usually form part of the treatment program, but they are part of the continued experience of those who complete the program successfully. They take place in Anonymous self-help groups after treatment and are concerned with maintaining the change or conversion:
Step Six: “Were entirely ready to have God remove all these defects of character”.

Step Seven: “Humbly asked Him to remove our shortcomings”.

Step Eight: “Made a list of all persons we had harmed, and became willing to make amends to them all”.

Step Nine: “Made direct amends to such people wherever possible, except when to do so would injure them or others”.

Step Ten: “Continued to take personal inventory and when we were wrong promptly admitted it”.

Step Eleven: “Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out”.

Step Twelve: “Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics/addicts and to practice these principles in all our affairs”.

The final step is considered of extreme importance as it demands helping others, consistently reminding oneself of how sick/bad one was, and reminding oneself of the principles of the program by teaching them to other addicts. “Twelfth Stepping” means helping other suffering alcoholics/addicts by becoming a sponsor for newcomers into the program, and is thought to give members a purpose, an identity and self-respect.

Research Findings. The success of the Minnesota Method and AA/NA self-help groups have not been shown to be greater than any other treatment approach (Alexander, 1990; Cook, 1988; Heather and & Robertson, 1986; Miller & Hester, 1986). Alexander (1990) argues that although some professionals, treatment programs and former addicts insist
that treatment is effective based on personal experience and observations (Holden, 1988), they cannot provide any carefully controlled empirical data to support their claims. He further contends that, "by depicting addiction in such a way that professional treatment seems necessary, the disease/criminal model produces a cruel paradox. Addicted people are pushed into seeking treatment that is unlikely to work...this is a formula for increasing helplessness" (Alexander, p. 271). Miller, Crag and Sovereign (1995) are in agreement that there does not appear to be any single superior treatment approach, but rather a growing menu of different approaches with promising evidence from outcome studies. Most researchers contend that the intrinsic complexity of any therapeutic method makes it difficult to evaluate scientifically, and the anonymous nature of self-help groups makes rigorous follow-up studies difficult (Keene and Raynor, 1993).

The Minnesota Method combines components which have been found to be useful with those that have not. For example, in one study Hall, Havassey and Wasserman (1990) found evidence in a 12 week follow up after treatment for alcohol, opiates and nicotine, that dependence subjects’ commitment to abstinence was related to lower risk and a longer time until relapse. The Minnesota Method does deal specifically with factors known to be correlated with relapse: negative emotions, interpersonal conflict and social pressure (Marlatt, 1985), and takes into account the importance of family and social support systems to long term maintenance of change (Prochaska and DiClemente, 1994).

Many individuals respond positively to the diagnosis of a disease: it provides a reason for their problems and a guaranteed "fix" in terms of recovery: the alcoholic/addict suffering with an illness requires a treatment intervention: the intervention begins with abstinence. The
approach also simplifies and organizes therapy from the point of view of practitioners and
the treatment program - everyone has a disease and everyone follows the same program to
recovery. The disease model allows for attempts at abstinence including slips back to drug
use: the explanation is that a person who has experienced a slip has suffered from a relapse.
The process of slipping, and subsequently returning to the program, is thought to reinforce
the relapsed person's sense of their moral/spiritual defectiveness, thereby helping them to
remain humble - a hallmark of those in successful recovery.

On the other hand, there is evidence that the ideology of the Anonymous Fellowship
has been unacceptable to many of those who have sought help: Keene and Raynor (1993)
found a 50% drop-out rate could be attributed to this source. In particular, many young
persons vehemently oppose attending AA or NA meetings, which they find depressing and
without relevance to their lives (Sanders, 1997; Selekman, 1995). Hartmann and Millea
(1996) argue that the lack of challenge to the dominance of the disease model through the
consideration of dissenting viewpoints and research investigations and has led to abusive,
coercive and psychologically harmful treatment techniques. “These techniques have included
pressuring clients into labeling themselves, harsh confrontation, and encouraging family and
friends to threaten clients with estrangement rather than facilitating a dialogue among the
individuals involved” (p. 45).

Alexander (1990) is in agreement, stating that “the system that has emerged from the
logic of the disease model is professionalized, expensive, coercive, and ineffective” (p. 59).
He points out that the disease model promotes ideas that persons are powerless because of an
incurable disease, victims of forces beyond their control and in need of external regulation -
and argues that drug dependent persons are not powerless, rather they are making active choices in finding substitute adaptations to sustain themselves. Alexander further contends that it is the condition of society that needs 'fixing' and not its individual members, and suggests that the most useful therapy would be directed at helping people attain psychosocial integration while directing efforts toward the transformation of social and cultural institutions to make them more inclusive, welcoming, participatory and humane.

**Summary of Research Issues**

A review of the literature indicates that research in the drug and alcohol field is firmly embedded in the biomedical model. The literature indicates that a range of treatment models are relatively successful in reducing severity of addiction or dependence but that these changes are often not maintained at follow-up. Researchers have not succeeded in distinguishing between the efficacy of different treatment perspectives, in identifying the effective components of successful short-term treatment or in explaining the reasons for relapse (loss of treatment gains) following treatment. There is a dearth of longitudinal research examining the relationship between pretreatment, during-treatment and post-treatment factors which has resulted in a lack of knowledge about the treatment process as a whole.

Findings by Marlatt and Gordon (1985) and Wilson (1992) indicate that the main precursors of relapse are negative emotional states, interpersonal conflict and social pressure, which raises the possibility that maintenance of treatment gains may be correlated with psychological and social factors rather than treatment variables themselves (Moos, Finney and Cronkite, 1990; Lindstrom, 1992). Lindstrom (1992) points out that in the main
studies of treatment with positive results are those with little treatment follow-up, and that maintenance of treatment gains appears to be short term. Negative outcomes of treatment studies and the absence of conclusive outcomes in comparative studies have led to much controversy about the relevance of using treatment outcome as a measure at all (Edwards, 1989).

Several studies provide evidence that some aspects of within-treatment change are more important than others in terms of long-term maintenance of change, particularly social factors and improved social functioning (Lindstrom, 1992; Hodgson, 1994). It follows that short-term benefits of treatment might be maintained over the long term with support from families and peers, self-help groups or through community reinforcement programs (Fishbein and Ajzen, 1985).

At present research is limited by difficulties in distinguishing between the effects of different models and the need to identify influential treatment components in each. Keene (1997) suggests adopting a methodology focused on identifying clinically useful therapeutic components, social factors within treatment, and post-treatment recovery processes rather than on treatment outcomes. She further contends “it is possible that while scientific data are useful to researchers, in the area of clinical practice itself the quantitative outcome data of the sciences are less useful than the qualitative material derived from individual case studies” (p. 215).

There is an acknowledged poor fit between research and practice in the addictions field. Clinicians develop their own understandings of addiction based on experience, and even proponents of a specific model will integrate or combine the most relevant elements
from different perspectives in a flexible manner to optimize treatment. Most clinical knowledge in the drug and alcohol field is built on accumulated information of casework experience dependent on qualitative data concerning process and interpretation rather than scientific procedures.

The Narrative Re-authoring Perspective

**Text or Story Analogy**

A narrative re-authoring perspective rests on assumptions that a person's experiences are shaped by the knowledge and stories they use to give meaning to their experiences: they can therefore be aided in finding solutions to problems by separating their lives from stories that are impoverishing, and re-authoring their lives according to preferred ways of being (White, 1989). White (1988) and Epston, White and Murray (1992) credit the work of social scientists working in the interpretive tradition in the domains of psychology, anthropology and history for introducing the text analogy with its idea of story or narrative as a dominant frame for the patterning and organization of lived experience. As Epston et. al. describe the analogy:

... a story can be defined as a unit of meaning that provides a frame for lived experience. It is through these stories that lived experience is interpreted. We enter into stories; we are entered into stories by others; and we live our lives through these stories (p. 97).

Ricoeur (1983) notes that narrative is the only mechanism we have to structure our experience in such a way that we can link aspects of our experience through the dimension of time. Stories enable us to gain an understanding of our lives changing and unfolding
through a sense of 'past' 'present' and 'future' with constructed beginnings and endings, and hence are critical in providing a frame for lived experience.

According to Bruner (1986) there are two essential modes of cognitive functioning which result in distinctive ways of constructing reality. The logico-scientific mode is based upon analysis, empirical truth, facts and causal determination. The narrative mode, in contrast, is based upon story, specifically the construction of a 'landscape of action' and a 'landscape of consciousness'. As explained by White (1989) the landscape of action is constituted of a) events that are linked together in b) particular sequences through the c) temporal dimension - through past, present and future - and according to d) specific plots. The landscape of consciousness is constituted of the interpretations of the character in the story and those of the reader and explicates human wants, needs and goals.

The narrative mode makes experience comprehensible through a subjunctivity that allows the individual to construct his or her own meanings. In hearing or reading a story, we are introduced to a world of possibilities rather than one absolute certainty. All stories are ultimately ambiguous, full of contradictions and uncertainties: ultimately we create our own text to make sense of the stories we receive. This reconstruction involves the use of interpretation and imagination as we draw upon our own repertoire of personal experiences and derive meaning through the storying of our experience, in turn creating new meanings as we live our new stories. Turner (1986) and Bruner (1986) propose that life is a performance of text and it is the performance of personal narratives that is transformative of persons' lives: our lives and relationships evolve as we perform new stories. Thus our lives are shaped through the storying of experience and through the performance of these stories: with every
performance we re-author our lives and our relationships.

**Social Construction**

Postmodern writers (Derrida, 1981; Foucault, 1976; Gergen, 1991) suggest that what we have come to accept as reality is socially constructed: an objective description of the world is not possible. What we know of the world we know only through our experience of it and any ‘truths’ can only be known through a process by which people collaboratively attach meanings to their experiences: multiple realities and multiple truths are co-constructed and co-exist. Social constructionists focus on the influence of social realities on the meaning of persons’ lives.

Derrida (1981) argues that the primary vehicle for constituting the self is through language, and because we learn to interpret the world through language, language is our world. Hoffman (1990) emphasizes the intersubjective influence of language and culture: given that our beliefs about the world are social inventions, as we move through life, we make meaning and sense of the world through social interactions, and meaning is created primarily through social interaction in the context of language. As described by Anderson and Goolishian (1988) humans may be defined as “language-generating, meaning generating systems engaged in an activity that is intersubjective and recursive” (p. 377). Sharing our experiences can be viewed as recursive because it involves a storyteller/listener interaction: meaning, therefore, arises from a flow of constantly changing narratives.

**Re-authoring Therapy**

Anderson and Goolishian (1988) and Goolishian and Anderson (1992) construe therapy reconsidered in narrative terms as a linguistic activity based upon a series of
conversations between therapist and client wherein story becomes the central metaphor and change is defined as changing narrative, story, and meaning. White and Epston (1990) describe re-authoring as the process of persons entering into stories with their experience and their imagination, and taking these stories over and making them their own. Therapeutic re-authoring is a collaborative practice focused on exploring alternative ways of understanding persons’ problematic relationships with problems, and ways of altering these relationships, in contrast to the discourse of individual pathology which situates the problem within the person. Metaphors of pathology and addiction privilege deficits, disability and incompetency, in contrast to the narrative metaphor which privileges competency, success, ability and strengths when considering problems within the context of peoples’ lives.

Epston et al. (1992) write about ways in which a re-authoring therapy assists persons to resolve problems by a) helping them to separate their lives and relationships from dominating stories that are impoverishing, b) helping them challenge subjugating practices of themselves and their relationships, and c) encouraging them to re-author their lives according to their own alternative knowledges and preferred stories (p. 108). The writers further contend that the emphasis in re-authoring therapy is on the freedom of the person to construct his or her own life. A narrative re-authoring therapy can help persons to identify aspects of their experience which do not sufficiently represent their lived experience, and to remember significant aspects of their lived experience that contradict dominant narratives of their lives.
Bruner (1986) suggests that it is not possible for narratives to encompass the fullness of a person’s lived experience:

...life experience is richer than discourse. Narrative structures organize and give meaning to experience, but there are always feelings and lived experience not fully encompassed by the dominant story (p. 143).

White (1995) reminds us that our lives are multi-storied and no single story of life can be free of ambiguity and contradiction: “no sole personal story or self-narrative can handle all of the contingencies of life” (p. 8). White (1987) argues that the exception to the dominant story, or ‘unique outcome’, provides the point-of-entry to the territories of alternative knowledges. These unique outcomes can be storied according to alternative and preferred stories, and named as counter-plots to the previously dominant plot.

**Problem Externalization.** White (1989) writes about the therapeutic practice of assisting persons to *externalize* their problems. He describes this process as, “an approach to therapy that encourages persons to objectify, and at times, to personify, the problems that they experience as oppressive. In this process, the problem becomes a separate entity and thus external to the person who was, or the relationship that was, ascribed the problem” (p. 5). A useful aphorism for problem externalization is *the person is not the problem, the problem is the problem.* In other words, the process involves talking about problems as problems rather than people as problems. Externalizing conversations can assist persons to remember facts about their lives and relationships that contradict the totalizing effects of problem-dominated accounts, and these remembered facts can provide the genesis of new stories (White, 1989).
Engaging in externalizing conversations about their problems can assist persons to resist disputes over who is ‘to blame’ and open up the possibilities of persons working together against the problem and its influence on their lives and relationships. According to White (1989) counter-practices associated with an externalizing conversation (rather than an internalizing conversation) about what has become problematic challenge the totalization of persons’ lives and enable them to challenge various practices and structures of power, including those that relate to a) the subjugation of self through the discipline of bodies, souls, thoughts, and conduct according to specified ways of being, and b) the subjugation of others through techniques such as isolation, surveillance, evaluation and comparison. Put more simply, clients can be helped to identify the ways that they have been recruited into the policing of their own lives, as well as the nature of their participation in the policing of the lives of others.

The Peak House Program

Peak House is an eight-week, residential re-authoring program for British Columbia youth experiencing problems with drugs, including alcohol. Peak House, located in Vancouver, operates as a non-profit, government funded program and is the only voluntary, residential co-ed program for young persons struggling with substance misuse in the province. Peak House began in 1988 as a traditional chemical dependence treatment program and since that time has evolved in a narratively informed direction (Holcomb, 1994). Colin Sanders, Clinical Supervisor, credits the thinking, writing, and therapeutic practices associated with the work of Michael White and David Epston (1990) and their colleagues working in the domains of family therapy, sociology, anthropology and literary criticism with
this ongoing evolution (Sanders, 1995).

Introducing a narrative text analogy into therapeutic work with persons suffering from the effects of substance misuse represents a radical break with traditional chemical dependence approaches (Hartmann & Millea, 1996; Sanders, 1997; Smith & Winslade, 1997; White, 1997). This perspective posits that a drug problem cannot be isolated from the rest of a person’s life and ‘treated’ in a discrete fashion as a particular personal deficit, given that persons with drug problems are under the influence of a variety of problem discourses and pathologizing practices (Sanders, 1997; White & Epston, 1990; White, 1991). Sanders (1997) writing from his experience working with youth at Peak House argues,

For many young persons, substance misuse is not the problem; the problem has much to do with socially constructed contexts related to experiences surrounding their gender, race, class, culture, sexuality, and so on...I propose that serious, chronic substance misuse arises as an effect of socioeconomic, sociocultural politics of experience, often compounded by existentialist dilemmas contributing to impoverished lives. As such, the suffering associated with substance misuse does not arise, or continue to exist, within a vacuum; it is founded upon lived experiences and relations with others (p. 407).

Locating problems outside of persons challenges the dominant mental health story which pathologizes persons via placing their problems inside of them. For example, terminology in the addictions field privileges personal deficit and deficit-focused interpretations of persons’ problems: clients are considered to be in a state of ‘denial’ until such time as they accept the label of addict or alcoholic and agree to the description of being
‘out of control’. Problem identities are thus constructed and reinforced by the cultural belief in bio/medical/moral discourses and by professionals who continue to hold beliefs in diagnostic categories.

Adolescence

In popular and professional usage adolescence has recently been described as a disease - a high-risk developmental stage requiring therapeutic treatment (Foster, 1993). Ventura (1993) argues that adolescence is a cruel word with diagnostic implications that can invite dismissal of a young person’s feelings and a minimizing of their troubles. From a social constructionist perspective, this view of adolescence has been created by a complex sociocultural discourse that is pathologizing of young persons and oppressive to them and their families. Recent writing (Dickerson, Zimmerman and Berndt, 1994; Sanders 1997) cites the work of Erik Erikson (1963, 1968) as popularizing notions of adolescence as a distinct developmental stage in psychological discourse, in which the completion of specific tasks is the criteria for the attainment of success. These authors argue for adolescence as primarily a cultural phenomenon rooted in a white Western technologically advanced culture that has been subsumed in traditional individualistic psychological thinking, and further contend that this discourse can have significant negative effects in the lives of young persons. As Dickerson et. al. contend,

A discourse about adolescence as a necessary stage in development, along with the notion of a “task” of separation and identity formation, informs people’s ideas not only about what should be happening to young people at a certain age, but also about how young people and their parents ought to think and behave (p. 4).
At Peak House efforts are made to unravel the grand narrative of adolescence by questioning the real effects of this cultural discourse in person’s lives and relationships, and assisting in the development of a more preferred story for young persons and their families. Youth who are struggling with the effects of substance misuse are encouraged to separate themselves from deficit identities by engaging in conversations that challenge pathologizing and blaming language and promote a sense of personal agency and competence (Sanders, 1997). The development of a self-description outside a language of pathology and biological determinism can liberate young persons and their families from oppressive sociocultural expectations and problem-laden assumptions.

**Collaborative Practices**

**Social Justice.** White (1995) and White & Epston (1990) argue that the culture of therapy does not have a privileged location outside the culture at large, and therefore is not exempt from the structures and ideologies of the dominant culture, including the politics of gender, race, class, age, ethnicity, sexual preference and differing abilities. Social science theories, models and practices were formulated in the general cultural context of Western European and white North America, and hence do not represent a “neutral gathering of information” (Tamasese & Waldegrave, 1993, p. 56). Not to address the real effects of these discourses within the lives of clients and their families encourages the pathologizing and silencing of persons who suffer from unjust social policies, and colludes with those systems in society that oppress, deprive and dehumanize families.

Over the years Peak House staff have become more sensitive to the injustice experienced by women and cultural groups different from the dominant one (Sanders, 1998).
Waldegrave (1990) and Tamasese and Waldegrave (1993) have written about a “Just Therapy” approach that addresses issues of cultural and gender accountability within therapeutic organizations, a therapy that challenges the belief that persons are to blame for their problems and failures, and privileges the notion that problems are the result of unjust structures such as unfair economic planning, sexism, and racism. They call for liberating therapeutic conversations that help persons place responsibility for the problem where it more appropriately belongs, and to gain courage through the celebration of their strength and abilities to survive (Waldegrave & Tamasese, 1993).

The Peak House program is continually being revised to incorporate more accountable practices to counter gender, race and cultural biases; for example, as it is a co-ed program separate gender groups meet once a week. As well, women therapists are deemed to be more appropriate to address many of the problems young women bring to therapy. Peak House has had First Nations counsellors on staff and encourages the participation of practicum students from First Nations and different cultures. This is a particular concern as over a third of all Peak House residents are of First Nations heritage.

Friedman (1993) and Gergen (1994) have written about the importance of assuming a collaborative stance in the therapeutic conversation as a counterpractice that can work towards the privileging of all voices and stories. At Peak House the staff take a stand against conceptions of therapy as a one-way process: the therapeutic emphasis is on something you do with others, and not on something you do to someone. While it is not possible for any treatment program to be entirely egalitarian, staff strive to create more equality by holding to certain therapeutic principles:
1) clients are respected as unique individuals, acknowledged as the experts on their experience, and as being knowledgeable about what is most helpful in assisting them to separate from problem lifestyles

2) family therapists and counsellors are not viewed as possessing expert knowledge or of having an objective, neutral perspective; rather, staff are considered to be an integral part of the context of change

3) client strengths and competencies are honoured rather than focusing on weaknesses and problems

4) there is an acceptance of the co-existence of multiple truths and multiple realities,

5) the therapeutic process is interactive with clients and staff collaborating to create new meanings and more hopeful stories.

In addition, Sanders and Thomson (1994) refer to a “spirit of transparency” that calls for assumptions, perspectives and practices informing therapeutic work to be shared with clients.

In keeping with this spirit of transparency, we think that the ideas informing our understanding of the work we are doing are ideas that should always be shared with clients. These concepts and strategies, and these ways of seeing and comprehending the world of experience, are not, in any sense, trade secrets of the counselling profession. To share this thinking with clients, and to be informed by clients as to their beliefs and world views, is to be respectful and to honour those with whom we work (p. 4).

Therapeutic practice at Peak House involves the ongoing interviewing of clients and
their families about their experience of therapy and about their interpretations of therapeutic motives and conduct. Clients are informed that therapist participation is dependent upon critical feedback from clients about which ideas and developments arising in therapy are preferred, which are not as helpful, and which are not helpful at all. Clients and their families are acknowledged for providing inspiration as staff participate in and witness their changes and for having real effects on extending therapeutic thinking and practice. Clients and their families play an important part in joining with other residents and staff in unravelling the real effects of discourses that mask socially created contexts influencing drug misuse, and in creating counter-practices to traditional drug and alcohol interventions. Many aspects of the program have been changed or modified over time as a result of serious consideration of client participation and feedback (Sanders & Thomson, 1994; Sanders, 1997).

**Youth Knowledge and Solutions.** Attempts are made to assist young persons participating in the Peak House program to challenge internalizing and self-blaming discourses that encage their lives and reclaim or generate their own ‘local knowledges’ to defeat the totalizing story of addiction (Sanders, 1997). Michael White (1990), following the French intellectual/historian Michel Foucault, refers to “local or popular knowledge” (p. 26). White describes local knowledge as knowing often hidden from view or lacking sufficient credibility to be either voiced or heard: existing on the margins of society and having a low status with respect to the power of the dominant discourse.

Young persons facing substance misuse problems are often under the influence of problem-saturated stories and pathologizing labels that have been oppressive and
exploitative of their lives, and invalidating of their lived experience. Both as youth and as ‘addict/alcoholics’ the meaning they make of their experiences has been judged by society as lacking in import and credibility, and not held to constitute knowledge that would be useful in challenging the problem of substance misuse. Therapeutic work at Peak House involves co-researching these unique youth knowledges and having conversations that open up multiple realities and possibilities of new stories. The performance of new understandings and meanings within a trusting environment can be a powerful affirmative experience and can build on the young person’s sense of their own wisdom.

Residents also have the opportunity to benefit from the ‘expert knowledges’ and stories of other young persons who have successfully won out against the problem of substance misuse through the Peak House “Fight The Power” support group. Former residents who have commenced from the program and who have successfully reclaimed their lives from the problem of substance misuse are invited to attend meetings held at Peak House with the current residents. The significant difference between this group and AA/NA self-help groups is that former residents attend the meetings to offer support to residents who are still struggling with the effects of substance misuse, and not to get support for their own problems.

Clients as Consultants. Epston and White (1995) refer to a practice of “consulting your consultants” which serves to shift the status of a person from client to consultant, a person who due to experience, has special knowledges to make available to others struggling with similar issues. Sanders and Thomson (1994) have spoken about the importance of privileging youth wisdom that is brought forth by this form of co-research, “to share these
victory stories amongst others” (International Narrative Ideas and Therapeutic Practice Conference, Vancouver, B.C., 1994). Sanders (1997) writes about the Peak House practice of inviting residents and former residents to co-present at international and local conferences and workshops, and the ensuing astonishment of participating professionals: first, at the very notion of asking youth what works for them and what is useful and not useful in a therapeutic context, and second at the amazing knowledge and teachings these young persons have to impart to the ‘experts’.

Following recent discussions about the enhancement of personal agency (Cochran & Laub, 1994; Freedman & Combs, 1996; Tomm, 1989) it follows that when young persons are established as consultants, or co-researchers, to themselves and others they can experience themselves as an authority on their own lives, their problems, and the solution to these problems. When young persons are publicly acknowledged as the experts on their own lives, an opportunity is created for the telling of stories that have previously been disqualified, discounted or dishonoured, and previously subjugated knowledges can be brought forth.

Summary

This chapter reviewed conceptions of addiction and some perspectives informing theory and practice in the drug and alcohol field. The disease metaphor, the Anonymous Fellowship and the Minnesota Method were described in some detail as they constitute the dominant paradigm currently influencing most North American treatment approaches. Issues pertaining to research based on these perspectives were discussed. Then narrative theory, the text analogy and its reconfiguration as a re-authoring therapy were reviewed. Finally, the application of narrative and re-authoring concepts to drug and alcohol work was explained.
through a description of the Peak House program.

A re-authoring therapeutic approach to problems with substance misuse rests on the assumption that problems occur within the matrix of a political and sociocultural context from which a person’s experience cannot be divorced. The Peak House program represents a collaborative therapeutic practice informed by social justice, social construction, feminist, and narrative ideas and stands in strong contradiction to traditional chemical dependence approaches. This is a non-traditional approach that has not been adequately explored. Case study accounts from young persons who have completed a re-authoring program for problems with substance use can provide information to expand the range of possibilities with respect to alternative perspectives. The documenting of their descriptions, meanings and narratives provides an opportunity to privilege young persons’ solution knowledges, abilities and competencies, and broaden our understanding of their experiences in overcoming problems related to substance use in their lives and relationships.
CHAPTER 3

METHODOLOGY

Research Design

The purpose of this study was to obtain personal accounts of young persons who have participated in a narrative re-authoring program for problems related to substance use and to describe and analyze their experiences. To investigate this phenomenon a qualitative research methodology was used and the data were presented narratively in the form of rich verbal descriptions. Schumacher and McMillan (1993) describe qualitative research as being based on a naturalistic-phenomenological philosophy that views reality as multilayered, interactive and a shared social experience interpreted by individuals. According to Miles and Huberman (1984) qualitative research is indicated when the situation to be studied is complex, when little is known about it, and when the perspective of the individual is desired. Qualitative research seeks to establish relationships and is concerned with understanding social phenomenon from the co-researchers’ perspectives. A qualitative researcher uses an emergent design and makes decisions about data collection strategies during the study in contrast to quantitative researchers who choose methods as part of a preestablished design before data collection.

The present study employed a multiple case study design defined by Yin (1984) as an empirical enquiry that “investigates a contemporary phenomenon within its real-life context; when the boundaries between phenomenon and context are not clearly evident; and in which multiple sources of evidence are used” (p. 23). Case study designs are particularly well-suited when how or why questions are being asked and when the focus is on a contemporary
phenomenon within some real-life context. Yin also calls for the utilization of case study when an opportunity exists to observe and analyse a phenomenon previously inaccessible to scientific inquiry. Rosenwald (1988) argues that the multiple case approach is valuable, not because it yields lasting truths in a defined population by drawing inferences from a sample, but because such an approach indicates what may be the case. Thus, the case study provides clear examples and emphasizes connections rather than causes, functions, or class attributes. The purpose of this study was not to generalize the findings but rather to provide a rich and descriptive understanding of phenomenon: to understand the multi-faceted complexities of the co-researchers’ experiences by providing detailed descriptions and analysis of themes voiced by the co-researchers.

This study is descriptive and exploratory in nature, seeking to provide valuable data in an area that is being investigated for the first time, and to provide the basis for asking additional questions in future research. The intent was to identify commonalities in the co-researchers’ experiences in the re-authoring program and expand and broaden understanding of the meanings of those experiences. A descriptive study asks what is and reports things the way they are, being concerned primarily with the present.

The study incorporated a narrative framework, which according to Cochran (1990) consists of two components: narrative construction (developing a well-founded story that is faithful to life) and narrative criticism (drawing out the meaning, plot, or explanation embedded in a series of stories). A narrative framework captures more appropriately than quantitative methods the complexity and richness of a person’s storied experiences. Cochran (1990) suggested that “case study is probably the preferred approach to narrative
construction largely because an investigator can gather divergent sources of evidence and rich, compelling detail to support convergence into a narrative description” (p. 79). In the present study in-depth narrative interviews lent themselves particularly well to the pursuit of meaning and to the development of trustworthy narrative accounts, which further illuminated the experience and meaning of the three co-researcher’s experiences.

The hermeneutic interpretive tradition which emphasizes the description and interpretation of lived experience also guided the research process. The hermeneutic circle as an image suggests that complex human phenomena may be understood through consideration of the whole and its respective parts. The focus of hermeneutics on the examination and interpretation of text requires that the textual critic (researcher) seek to be aware of her own point of view from which she critiques and perceives (Packer & Addison, 1989). The research process, which includes a reading of the text and the evaluation of interpretive accounts, must be considered within the context of a shared culture that emerges through the dialogical relationship of the researcher and co-researchers. In this study the interviews evolved through the spirit of a collaborative inquiry guided and informed by the co-researcher’s story, and the narrative accounts were returned to the co-researchers for approval and validation.

Construct Validity. In order to increase methodological soundness, a case study must demonstrate credibility by addressing issues of validity and reliability. In exploratory case studies construct validity and reliability become central concerns. Yin (1984) has proposed that these concerns may be addressed through the use of multiple sources of evidence, creating a case study data base, and maintaining a chain of evidence.
The present research utilized narrative interviews as the primary source of evidence and to enhance construct validity multiple interviews were conducted with each co-researcher in order to expand the pool of data. Yin (1984) suggests that internal validity is strengthened where key informants are encouraged to review the case study report. In this study two interviews were conducted with each co-researcher. In the first interview, the co-researchers’ reflections on their experiences before, during, and after the treatment program were collected. In the second interview the co-researchers read the narrative accounts of their transcribed interviews to determine whether they were accurate reflections of their stories. During this interview co-researchers were provided with the opportunity to dispute, confirm and elaborate on the narrative renderings. Following the second interview, several conversations took place by telephone with each co-researcher to discuss and clarify their accounts. These procedures served to increase the degree to which the interpretations and concepts had mutual meanings between myself as researcher and the co-researchers.

**Reliability.** Lincoln and Guba (1989) refer to the criterion of reliability as dependability, and state that through documenting the process and method decisions of the study, outside reviewers of a study must be able to “judge the decisions that were made, and understand what salient factors in the context led the evaluator to the decisions and interpretations made” (p. 242). For this study, the research supervisor acted as an external observer, reading all phases of the research for coherence and credibility. As well, the description of the Peak House program was read and corroborated as a faithful rendering by the clinical supervisor of the program.

Yin (1984) also points out that the reliability of case studies is improved where a
chain of evidence is maintained. "The principle is to allow an external observer...to follow
the derivation of any evidence from initial research questions to ultimate case study
conclusion" (p. 102). Within this study, an effort was made to provide details which
substantiate this chain of evidence. Beginning with the research questions, the evidence
included extensive details extracted from audiotaped interviews (data base), narrative case
study accounts which were returned to co-researchers for validation, and comparative
analysis. The relationship between all phases of the research was explicitly stated, allowing
other researchers to follow and replicate the study.

Yin (1984) states that the greatest concern with case study research is a lack of rigor
which can result in biased views influencing the direction and conclusions of the findings.
Mischler (1986) argues that to demonstrate reliability narrative analysis must take into
account interactional context, further emphasizing that a crucial component of comparative
analysis is an examination of the researcher, in order to demonstrate that the meanings
constructed were not inappropriately influenced by the interaction with co-researchers.
Schumacher and McMillan state that a researcher who is a participant or already has status
within the social group being observed limits reliability (1993). Establishing reliability for
the quality of research demands that if a later investigator were to follow exactly the same
procedures as described by an earlier investigator and conducted the same case study all over
again, the later investigator would arrive at the same findings and conclusions.

All case study research creates a complex interface involving a convergence of
unique factors at a given time, therefore a limitation of the present research is that attempts
at replication will necessarily involve the creation of new interfaces. This is not to say that
replication of the research results is not possible, however to address this concern the interface needs to be clearly articulated. Because my ‘insider’ status as a part-time therapist at Peak House could limit reliability of the study, concerns about my influence on the results were identified and my role as researcher clearly documented.

**External Validity.** External validity in quantitative studies refers to the extent to which a study’s finding can be generalized beyond the immediate case study. According to Yin (1984) case studies rely upon analytical rather than statistical generalization, and must not follow a probability sampling logic. The aim is not a generalization of results but the extension of understandings. Detailed descriptions can enable others to understand similar situations and extend those understandings in subsequent research. Schumacher and McMillan (1993) argue that knowledge is produced by the preponderance of evidence found in separate case studies over time, and not by replication.

Within the present study, each individual case was viewed initially as a whole case study. After themes were identified from each individual account, a comparative analysis was conducted across all three cases. The results were then fashioned into a descriptive theoretical framework. An attempt was made to adequately describe the research design, theoretical framework and research strategies to improve comparability and translatability, and increase the relevance of the study for future inquiry.

**Researcher as Instrument.** In a qualitative research design the researcher functions as a research instrument through an active involvement in the study, and therefore has to demonstrate trustworthiness. Miles and Huberman (1984) cite four criteria for assessing the trustworthiness of the researcher as instrument including: some familiarity with the
phenomenon and the setting under study; strong conceptual interests; a multidisciplinary approach; and good investigative skills.

Having an insider perspective on the Peak House program proved to be invaluable in its portrayal although my position there as a part-time family therapist presented certain concerns with respect to the reliability of this study. My familiarity with the Peak House culture, including the program philosophy and language, program components and staff was critical to all parts of the research process. My knowledge of the way things work in the culture sensitized me to meanings in the co-researchers’ stories which might otherwise not have been accorded much import, not been understood, or even entirely overlooked. As well, having had some contact with, or being known to most young persons who have been in the program over the past three years it was easier for me to gain the trust of the co-researchers, which benefited the study by creating a warm and relaxed context for the interview.

Yin (1984) argues that while the insider position provides certain unusual opportunities for collecting case study data, it can also involve major problems including those relating to potential biases. An insider’s perspective can obscure the researcher’s ability to take note of or raise questions from different perspectives, and present a problem in that the researcher knows too much about the phenomenon under study rather than too little. In addition, according to Krefting (1990) “a major threat to the truth value of a qualitative study lies in the closeness of the relationship between the investigator and the informant” (p. 218).

Reflexivity has been proposed as a useful strategy to challenge preconceptions and biases arising from personal connections with the phenomenon. Throughout this study I
attempted to demonstrate my trustworthiness as a researcher by acknowledging the critical role I played and maintaining a self-reflexive stance during all parts of the collection and analysis of the data. I entered into the study with a collaborative and respectful attitude toward the co-researchers which came out of my regard for them as the experts on their own experience. The co-researchers at no time gave me any indication that they felt intimidated by my role and status at Peak House or inclined to tell their stories in ways that might be intended to please me. In contrast, I believe that they were more open and honest with me because they regarded me as an insider with certain understandings and knowledges about the problems associated with substance misuse and the re-authoring program that would enable me to be more understanding of their experiences. All the co-researchers were well-informed on the specific intentions and purposes of the study and brought to the interviews their own enthusiasm for the subject, making comments such as “I’m happy to give something back by telling my story” and “maybe it will make a difference for other counsellors working with kids in treatment”.

All the co-researchers had participated in the program since I began in the position of part-time family therapist, and due to the nature of the collaborative practice at Peak House I had had some contact of a therapeutic nature with each of them while they were there. By maintaining an inner dialogue questioning my assumptions and reactions, making notes in a field journal, and articulating concerns and insights to my research supervisor, I continually attempted to make explicit any potential biases and monitor personal bias. At no time did I experience my own involvement at Peak House and past relationship with the co-researchers as a threat to the trustworthiness of the study. To the contrary, familiarity proved to be a
critical factor in this study.

My interest in this research topic has been informed by my association over many years with the drug and alcohol field, both as a consumer and provider of services. I have extensive practical knowledge of the various frameworks that have historically been utilized to explain and treat the phenomenon of addictions/substance abuse/misuse, as well as an undergraduate honours degree in Psychology, a discipline which until recently largely dominated the field of addiction research and practices.

My introduction to narrative ideas brought a logic and coherence into my work as a family therapist with persons struggling with the effects of substance misuse problems. Currently I work from a narrative and social justice perspective and have found over several years that this approach is more respectful and honouring of the person and their experience than are other ideas and practices positioning the therapist as expert and reinforcing deficit descriptions of persons and their lives. I do, however, have respect for other approaches to the problem of substance misuse in so far as they are helpful to some people.

One of my strengths as a researcher is my interviewing expertise. For the past decade I have worked as a drug and alcohol counsellor, family therapist, and for the Ministry of Children and Families. As well, my training in Counselling Psychology and current supervision have extended my interviewing and listening skills. Throughout the study I positioned myself in a collaborative role, much like that described by Anderson and Goolishian (1988) as “in there as a learner, cooperating with, attempting to understand, and working within the (client’s) meaning system.” As a researcher, therefore, I brought personal experience with the narrative approach as it is practiced at Peak House, extensive
multidisciplinary knowledge, a strong conceptual interest and well-honed interviewing skills to the study.

**Procedure**

The steps followed in this study included:

1. Identification of co-researchers.

2. Co-researcher screening interviews.

3. Audiotaped narrative interviews to bring forth experiences of co-researchers.

4. Recording of my reflections, comments, and reactions after each interview in a journal.

5. Transcription of interview audiotapes, making notes in the journal about salient points as well as my own reflections.

6. Analysis of each transcript for a sense of the flow and interrelationship of beginning, middle and end of the story.

7. Transformation of each transcription into a narrative account.

8. Examination by the research supervisor of the narrative renderings for coherence, credibility and possible interviewer bias.

9. Presentation of narrative account to each co-researcher, inviting comments on any omissions or commissions on my part.

10. Comparative analysis across the three narrative accounts.

**Co-researchers**

In theoretical sampling, co-researchers are selected because they can effectively illuminate the phenomenon being studied. Rosenwald (1988) states that in multiple case
studies sample selection should be “guided by the quest for good examples - cases which reveal the inner structure of a social phenomenon” (p. 259). He contends that participants should be chosen on the basis of their ability to be candid, fluent and reflective as well as being different from each other. Through my association with Peak House and a network of contacts eight potential co-researchers were identified. From these, three young women were chosen for the study, based on the following criteria: completion of the Peak House re-authoring program not longer than three years ago and not more recently than the past six months; ability to clearly articulate their experiences; and having overcome the problem of substance misuse in their lives.

The co-researchers were 16, 18, and 19 years of age at the time they were interviewed and had been out of the program for a period of ten months, eight months, and a year and a half respectively. Co-researchers had to have completed the program within the last three years to improve the likelihood that they would be able to recollect their experiences at Peak House in more descriptive detail than would persons whose memories may have faded over a longer time period. Co-researchers were also selected on the basis of having been out of the program for a minimum of six months to ensure that they had had an opportunity to maintain a significant period of freedom from substance misuse problems after program completion and to gain some perspective with which to reflect back on their experiences in the program.

As this was an exploratory study, co-researchers were selected to represent a range of experiences. Diversity included race, cultural background, age, education, class, family background and drug of choice. It was not the intent of the study to restrict participation to young women, however neither of the two young men who were identified as potential
participants met the selection criteria; one because he had been at Peak House four years ago, and the other because he wasn’t able to articulate his experiences in a rich descriptive fashion. Although the literature on gender indicates the likelihood of differences in the lived experiences of young women and young men (Brown & Gilligan, 1992; Gilligan, 1982; Pipher, 1994) it was not the purpose of the present study to examine this variable.

Research Interviews

The interviewing process consisted of the screening interview, the lived experience interview, and the validation interview.

Screening interview. The purpose of the screening interview was to determine that the prospective co-researchers met the criteria for inclusion in the study. Potential co-researchers had received a letter which was given to them by one of my contacts. The letter outlined the focus of the study and the role and responsibilities of the co-researcher (see Appendix A).

Screening interviews were conducted by telephone once I had been contacted by potential co-researchers, and any questions were answered about the study. Once it was verified that the young person was appropriate for the study, a time and place for the first interview was arranged. Two of the co-researchers chose to be interviewed in an office space, and one was interviewed in her own home.

Lived experience interview. The purpose of the first interview was to capture a description of the co-researcher’s experience with the problem of substance misuse before they entered Peak House, during the two month re-authoring program, and after program completion up to the present time. Prior to commencing the interview, the nature of
confidentiality within the study was explained, and each co-researcher was asked to choose a pseudonym to be used throughout the study. The co-researchers read and signed two copies of the consent form (see Appendix B), each receiving a copy of the form for her records. Signatures of their parent/guardian were also obtained from the two co-researchers under the age of 19.

All interviews were audiotaped in order to facilitate transcription and analysis, and took 2.5, 3, and 2 hours respectively to complete. The co-researchers all appeared relaxed and thoughtful during the interview, and apart from an incoming telephone call in the case of one of the co-researchers, and a smoke break for another, there were no interruptions. The interviews began with informal conversation and then I provided an outline of the study as well as my personal reasons for exploring this subject. The co-researchers were encouraged to think of the time they spent at Peak House as the main focus of the interview. This interaction was relatively brief and preparatory, intended to ensure that both the co-researcher and myself were at ease. I then turned on the tape recorder and the interview commenced with the following focusing question:

As you think back about the problem of substance misuse in your life I’m wondering how you arrived at a place where your life is better now and is not controlled by substances. What I would like you to do is to think back to the time before you entered Peak House and tell me briefly what was going on in your life, and then talk in more detail about your experience being in the program. After that I’d like you to tell me, again briefly, about what’s been going on since you’ve completed the program.
The interviews were conducted using an unstructured interviewing format which is consistent with the framework that Hammersley and Atkinson (1995) suggested for exploratory studies. Approaching the interview without a set of predetermined questions maximized the opportunity for co-researchers to talk about what was important to them about their experiences without the constraints imposed by my assumptions about what was of importance. Hammersley and Atkinson (1995) argue for the importance of reflexive questioning in minimizing the influence of the researcher and creating a context for the interview that is shaped by and sensitive to the lead provided by the co-researcher’s telling of their unique experiences.

The interviews resembled conversations in which the co-researcher controlled the flow and direction of the discussion. I posed questions only when it was necessary to clarify what had previously been said or to assist the co-researcher to elaborate on their experience such as, *what happened next?* and *Can you tell me more about that?* During the interview I used basic counselling skills such as paraphrasing, requesting clarification or elaboration, and empathic responses. Periods of silence provided space for the co-researchers to engage in a personal reflecting process described by Anderson (1993) as “shifting between inner and outer dialogues with an interested Other present who does not disturb but only hears and sees and lets the person be affirmed” (p. 311). In a general sense I tried to be fully present to the co-researchers’ descriptions of their experiences.

Due to the wide scope of the research question, at the end of the interview I asked the co-researchers about some aspects of the program that they had not mentioned which are fairly central to the program. These questions were not asked until after the co-researchers
had indicated that they had nothing further to add and had reached the end of their stories. For example, Cecilia had spoken in considerable detail about her experiences in gender groups, however she had not referred to any other re-authoring groups. She responded positively when I cued her to this omission, and went on to tell a story highlighting the significance of her experience in listening/reflecting groups. Summer appreciated being reminded of the commencement ceremony which she described as “one of the highlights of my life” and said she would have been upset not to have talked about it. Sarah actually asked me if there was anything I could think of in terms of the program that she might have forgotten and might want to talk about, however together we decided that she had already related the experiences that were most memorable to her.

All three co-researchers had kept journals during and after their time in the program which two of them read in preparation for their interviews. The journals proved to be invaluable as a source of remembered experience that was mined during the interviews as the co-researchers sifted through and reflected on their memories. It was during my first interview with Summer, when I observed how remarkable her memory was, that I became aware of the significance of her having recently read her journal. In the interviews that followed with Sarah and Cecilia they both talked about the experience of keeping a journal during the program. I realized at that time the enormous benefit of the journals to the study in terms of the co-researchers’ ability to remember and recount their experiences in such rich descriptive detail.

It was anticipated that there would be benefits to co-researchers participating in the study, such as having the opportunity to revisit and reflect on their lived experience, having
their stories of success over the problem of substance misuse witnessed and documented, and continuing the re-authoring of their stories through the re-telling of their experience. At the completion of the interviews all three co-researchers were in a quiet, reflective space and confirmed the benefits of having participated, specifically mentioning the sense of having their accomplishments authenticated. In Cecilia's words, "It makes all the work I did and all the changes seem important and real again". Sarah mentioned some sadness in having revisited memories of her past, but also felt reaffirmed in her own strength and personal power.

Immediately after each interview I spent time reflecting on my experience, and made notes in a journal noting moments when I had been particularly moved or inspired by the co-researcher's story. While I was transcribing the interviews and again while I was writing up the narrative accounts I kept track of any reactions I was having to the material. My thesis advisor and I discussed the emotional content of the interviews, specifically their impact on me given my own experience as a therapist at Peak House. These conversations were helpful in keeping me on track so that I did not get swept up in the emotionality of the stories and was able to maintain my focus within the limitations created by the structure of the research.

**Validation Interview.** The purpose of the validation interview was to provide an opportunity for the co-researcher to read and comment on my narrative rendering of our transcribed interview. These interviews were not audiotaped, however I took notes during and after each meeting. The interviews took approximately one hour each to complete. At the beginning of the interview I presented the narrative account of their story which each co-researcher read. I then asked whether the account accurately portrayed her experience and
whether anything of significance had been left out. Summer and Cecilia made a few minor corrections to their stories. At the end of the follow-up interview I asked the co-researchers if they had any questions or further feedback on their participation in the study, including what was helpful and what was not helpful. All the co-researchers indicated that the interview had provided an important opportunity to reflect on their present situations, and that the experience had influenced them to re-think some of the choices they were making. Sarah also commented that she had become motivated to revisit some commitments to herself and her relationships with others that she had let go of over the past year. Over the next few months there were a few telephone conversations with the co-researchers which were usually initiated by the young women. The co-researchers continued to reflect on the interview and wanted to let me know about the on-going changes in their lives.

Case Study Accounts

After transcribing each of the interviews, the data were rewritten into narrative accounts following the structure of a story with a beginning, middle and end. Each account was intended to present a narrative rendering of the co-researchers' lived experience before they entered Peak House, during the re-authoring program, and since leaving the program, with particular attention paid to the experiences that made up the re-authoring program. These accounts were written and revised until both my research advisor and myself were confident that they were a faithful reflection of the co-researchers' experiences. The accounts were then returned to each of the co-researchers' for validation.

The criteria suggested by Addison (1989) to judge case study portraits guided the narrative renderings: comprehensiveness, comprehensibility, intelligibility, credibility,
meaningfulness, significance, and fruitfulness for opening up new possibilities. As much as possible the co-researcher's own words and phrases were used, although they were altered from the first to the third person. Remaining faithful to the voices of the co-researchers was complicated by the fact that they made liberal use of profanity to express themselves, which I judged could easily have confused the account for readers who were unfamiliar with contemporary slang, especially as it pertains to drug culture; however an attempt was made to reveal the co-researchers' meanings in the narrative accounts. In addition, I used direct quotations from the data to illustrate co-researchers' meanings in each of the thematic categories in an effort to include some of the vitality and richness that enlivened the interviews.

Comparative Analysis

A systematic analysis was made of each narrative account to identify meaningful themes emerging from the data. Data segments and chunks of meaning were extracted and categorized within a holistic perspective. Thematic categorization of the data involved a complex process in which meanings were repeatedly clustered, sorted, amalgamated and adjusted. Each reading brought new perspectives out of which categories were altered to sharpen and refine meanings, collapsing some and adjusting others.

Every aspect of the process was discussed with and subjected to the review of my research advisor which served to verify that the themes collected from the narrative accounts legitimately emerged from the data, and that the categories offered a precise and trustworthy description of commonalities across the three cases. As a result of our discussions the 12 categories I had originally identified changed significantly and resulted in the emergence of a
larger comprehensive portrayal of 17 themes organized under four main headings.

There were several idiosyncratic themes identified in the individual narrative accounts, beginning with Summer's description of her two experiences at Peak House. Sarah experienced a sense of loss and disconnection during the program related to being cut off from her biological family, although she had the support of her 'adopted' mother. She also began the process of dealing with the effects of childhood abuse. Running through Summer's account was the strong theme of falling in love with a young man who she met in the program, and having her first romantic relationship. While not common across all three cases, idiosyncratic themes lent diversity and a richness of description to the research.
CHAPTER 4

RESULTS

Overview

The results of this study are presented in two sections. The first section presents third person narrative accounts of the three co-researchers’ interviews. The second section puts forth the data collected in response to the question: *What were the lived experiences of young persons who participated in a re-authoring program for problems with substance use and have successfully overcome the problem?*

SUMMER'S STORY

Summer is 16 years old and grew up in an affluent Vancouver home where she lived as the sole child of her mother and father until last year. She has a step-sister by her father who is 14 years older who lives in a town just outside Vancouver. Until Summer was 13 she appeared to have a charmed life, blessed with a happy home and an abundance of personal talents and abilities. She earned many awards for her successes in sports and academics. Among other things, she was presented with a special award for her creative writing which was named in her honour and continues to be awarded each year at her school. Summer was also a star volleyball player for 5 years, going to Provincial championships several times. She had friends and seemed to be a happy, healthy and well-adjusted girl with no real problems and every indication of having a bright future.

By the time Summer was 13 she could hardly keep up with her own life. She felt torn apart inside and big changes were going on at home. Her father took an early retirement and was suddenly at home all day while her mother still worked full time. He started drinking
heavily and taking prescribed tranquillizers. Her father became very controlling and over-involved in Summer’s life, quickly becoming enraged if her behaviour didn’t meet his expectations or she didn’t comply with his Victorian-era child-rearing policies. He often exploded for no apparent reason, becoming physically threatening, yelling and throwing things around. Summer’s mother was a bystander to this violence, and defended her silence by making excuses for his behaviour and explaining to Summer that because she loved him she couldn’t leave. Summer felt unprotected from his rage and from his attempts to control her and erase her as a person. Feeling invalidated and silenced by his authority, she tried to resist his demands of her in the only way she knew how. The anxiety and depression became so overwhelming the only way she could see to escape the pain was to kill herself. She began stealing sleeping pills from her father and suffered overdoses on several occasions. Her behaviour really frightened her parents and served as a justification for her father tightening his control over her life.

Everything Summer cared about fell apart very quickly. For a time she used volleyball to forget about her problems, however she was soon unable to leave the effects of the abuse and the suicide attempts off the court and she began to lose confidence. In the last game she played she had a “total breakdown” and had to leave. Depression and anxiety also followed Summer to school and affected her school work and friendships. She didn’t feel safe enough and didn’t have the words to talk to anyone about what was going on in her life, having been raised under patriarchal rules dictating loyalty, obedience and the demand for privacy concerning family affairs. She was introduced to pot and began skipping school to spend the day smoking with friends.
Summer was eventually admitted to a psychiatric ward after suffering an overdose on her father’s tranquillizers. Although she told everyone, including a social worker and her parents, that she would try to kill herself again if she was forced to return home, the decision was made to release her into her parents’ care. Rather than endure further misery at home Summer went to stay with a girlfriend, however that situation didn’t work out - they took acid every night and things went downhill very quickly. Summer then moved out to Richmond to stay with her sister. She had been released from the hospital with the proviso that she attend counselling and at that time she started seeing a drug and alcohol counsellor who recommended Peak House. Summer thought treatment sounded like a good option for the future if she was in need of a roof over her head for two months, and she also liked the fact that the program was voluntary so she could decide not to go if she didn’t feel like it when her intake date came up.

Over the next 5 months Summer’s life spiralled rapidly out of control. She began hanging out on the streets and getting to know street people and dealers in the downtown and was introduced to coke, crystal meth, and heroin. She was recruited into prostitution. Her behaviour inevitably led to numerous arguments and ongoing conflict with her sister. Finally one night Summer met some people who wanted her to party with them and she phoned her sister to say she wouldn’t be home that night. Her sister told her to make a choice, that if she didn’t come home she would have nowhere to live. Summer hit the streets.

For the next few months Summer lived on the streets, hanging out with her “street family”. She found a certain kind of freedom in that lifestyle, in that nobody was depending on her to be anywhere or to do anything. You could get up and walk away anytime. No rules.
If you got sick of being with your street family you could just walk away and go sleep in a doorway someplace. At times they stayed in a hotel and she started doing crack cocaine with a prostitute who lived a couple of floors up. They went on a five day crack run together at a time when Summer hadn’t eaten anything for two weeks. She got really sick, was unable to keep any food down and was literally starving to death. Eventually she couldn’t take it anymore and one day just got on the bus back to her sister’s. Her sister had packed up all her belongings and sent them back to her parents, and she did the same with Summer.

Summer lived at home for the next 2 months, the worst 2 months at home that she can remember. Her father was getting drunk and taking tranquillizers daily, dominating the household with his angry and violent behaviour, and then acting like nothing happened the next day. Summer was still doing lots of drugs and also started using alcohol and getting drunk every night. Suicidal thoughts continued to dictate to her: the only thing that made life bearable for her was the possibility of suicide. She reached a point where she couldn’t communicate with anybody, hated life, hated everybody, and hated everything. Except drugs. When her intake day came to enter Peak House the only reason she agreed to go was to get way from her father.

The Peak House Experience

Summer hated Peak House when she first arrived. She felt like she was being locked up and having her freedom taken away and that it wasn’t really much of a “choice”. One of the residents was present during her intake to go over the program guidelines and Summer’s father asked her a few questions to which she replied that she liked being “clean” and not being on drugs. Summer thought this response was weird and knew right away that she was
very different from the other kids who actually wanted to be off drugs. She was thinking that she would just stick it out for 2 months, get healthy, and then go out and do it all over again. During the 2 months her social worker would either get her somewhere to stay, or she would go back to the streets.

For the first few weeks Summer found everyone at Peak House too nice, and too perfect. She was used to life on the streets and didn’t feel like she belonged in a place where everyone talked about the importance of respect and safety. She found it ridiculous that if a resident called somebody a “bitch” at Peak House they were immediately challenged, and had to sit down and take part in some form of mediation. She wasn’t into respecting people and felt really different from other residents who all seemed to her to be changing their old stories about drugs and the drug lifestyle. Summer also didn’t make any connections with the counsellors or with her therapist, and although she knew everyone wanted to help her change, she was determined not to get sucked in or let any of their words affect her.

One night she took off from Peak House with some of the other residents, returning to the house a few hours later. One of the residents that Summer had sort of connected with was asked to leave the program as a result of this escapade, which she thought was an unfair decision. Now the one person she had sort of become attached to had been kicked out of the program there really wasn’t anything to stay for. Over the next week Summer was overcome by depression, withdrew into herself and refused to talk to the staff or other residents about what was going on for her. She spent her self-time engaged in intense thinking and writing in her journal and came very close to running back to the streets.

Summer was starting to feel uncomfortable because she was actually beginning to
like the way things were at Peak House and it didn’t fit with her story about herself. She knew that she had to make a decision either to start participating in the program or leave. Even the rules didn’t bother her as much anymore and she could appreciate the safety they brought to the house. But it was all really confusing and many times she just felt despair. One day the residents went canoeing, and a counsellor told Summer to take the weekend off from thinking about staying or leaving, and just have some fun. It meant something to Summer that an adult would acknowledge the seriousness of her struggle, and suggest that she give herself permission to relax. By the end of the weekend Summer had started to bond with the other residents and staff and was lighthearted and laughing, participating in water fights, playing games and just generally being a kid for the first time in years. She even played volleyball for fun and didn’t care if her side won or lost.

At this time a new male resident came into the program and Summer really connected with him - within a week they knew that they liked each other and wanted to be together. They also knew that they couldn’t start going out while they were at Peak House which presented a huge dilemma since they still had a month and a half left together in the program. Summer thought it was cool to have someone she cared about in the program with her, but also found it frustrating because they weren’t into sneaking around. She was experiencing respect from adults for the first time and didn’t want to be disrespectful to the staff or to the program. She knew that some other young persons had started relationships at Peak House so they could have sex, but that’s not how she and Bryan were as a couple. Holding on to the secret of their budding relationship became really stressful but she did not want to talk to staff about it. According to Peak House guidelines one of the two would have
to leave the program until the other person had completed the program.

The residents were taken on a camping trip and right at the end of the week they snuck out one night and got caught by staff. When Summer was told that she would probably be asked to leave the program the reality of her situation hit her, and on the way back to Peak House she gave it some serious thought. She concluded that she didn’t want to get kicked out and it had been a big mistake, but this time the staff made the decision that she had to leave. Summer was distraught at having to leave so suddenly with no options in place other than returning home or to the streets. She made the difficult choice to return home.

Summer got drunk her first night home. It was a great relief to be drunk again and at the time she felt no remorse, however her father was outraged that she didn’t meet her curfew and kicked her out of the house. She went to stay with a friend for a few days, returned home and stole 20 tranquillizers from her father, 5 of which she immediately took. Getting totally wasted didn’t feel as good this time though and she started to think that getting high wasn’t really worth the consequences. Her social worker had arranged a placement for her in a Plea home and Summer had planned on taking the rest of the pills with her so that she could be wasted for the first week, however she realized that she might get kicked out and that if she continued to use substances Bryan would not want to have anything to do with her. She didn’t want to go down the tubes again now that she had a safe place to live, or risk losing the opportunity to experience a different kind of relationship with a guy, a relationship built on trust and respect. She flushed the pills down the toilet.

This episode marked a significant turning point for Summer in that it was the first time she challenged her old story about drugs being the only solution to her problems. She
experienced a sense of personal empowerment and hope that things could be different in the future by protesting against the role of drugs in her life and making a decision on behalf of herself as a person. The next day she went to her Plea home and managed to stay “clean” for the next 6 weeks until she could come back to Peak House.

Summer stayed in close contact with the program during her time out, returning each Wednesday evening for dinner. It was a way for her and Bryan to support each other and for Summer to become more connected with the staff and meet other young persons who were trying to change their stories. She dropped her “harsh druggy friends” and only saw friends who were willing to spend drug-free time together. It was a very creative and contemplative time for her and her days were filled with her art, writing and music. She knew she had to be busy every day so that she wouldn’t get tricked by boredom into using again. She continued to see her A&D counsellor. Summer was also very comfortable in her Plea home and got along well with the couple who run it because they were laid back and respectful. This made it easier for her to open up to them about some of her difficulties and accept their help and advice.

When Bryan completed the program Summer returned to Peak House. She found the transition more difficult than she had imagined it would be, and went through a few weeks feeling detached from everything and in limbo. In the past she had always enjoyed this state in terms of her creative process: being disconnected from others and just watching everything go by was the best place to be in to write poetry. The other side of this creative space was that it was leading her into isolation, a prison where dark thoughts and depression were starting to work on her. Conversations with staff helped her to understand the real
effects of detachment on herself and others, and it scared her to realize that during this time she had started to not care again about where her life went, or even about her relationship with Bryan.

Summer gradually started opening up and talking about herself, which was a hard thing to do because there was still a big part of her that did not want to change even though she did not want to go back to the life she had before. She was afraid that too much change would mean she would lose her creativity and her uniqueness as a person. Telling staff about herself meant that she would be challenged to start authoring a new story of her life and let go of everything familiar. Slowly Summer started to engage in the process and actually began to like and respect staff who challenged her old story and didn’t let her get away with justifying unhelpful ways of thinking and acting that were contributing to the diminishment of herself as a person. She trusted the adults in the program, partly because they didn’t think they had all the answers and were willing to be flexible about the guidelines as they applied to each situation. She didn’t feel forced to talk, but their questions made her think about things in a different way.

Summer had never really been invested in sharing herself a lot with people, even friends, but she found her relationships changed after she started opening up. She became the person that other residents went to for support and advice about how to handle their problems, and was often positioned in the role of conciliator and advocate when there were conflicts between residents or between residents and staff. Other young persons felt they could trust her because she would not engage in negative gossip about them, and staff valued her diplomacy and level-headedness and would listen to her and take what she had to say
into account in making decisions. This was a new experience for Summer, in the first place to even be having drug-free relationships with her peers, and then to actually be respected by others and to be using her voice to make a difference. While it felt good to be acknowledged for her abilities, Summer soon found that she had taken on a role of peer counsellor and she was becoming overwhelmed with the problems of others and being distracted from her own work.

One of the groups that was helpful in this regard was re-authoring group. Summer liked re-authoring groups because of the focus on issues relating to the future stories of young persons rather than on the past, and because young persons were asked questions about their experience and not told by staff what their experience was. The idea of being able to author her own story gave her the feeling of having control over her own life. She found “listening” groups especially helpful because the conversation just got wider and bigger and so many ideas were brought into it by everyone. A conversation that she remembers particularly well focused on the differences between taking care of people versus caring for people and the cultural expectation that “good” women take responsibility for others, often at the expense of getting their own needs met. Having this conversation in re-authoring group helped her feel safe enough to speak out about the real effects that listening to other residents’ problems was having on her. Summer was able to tell the group what she needed and set up appropriate boundaries with them. As she continued to work on what it meant to be more of a person for Summer and less of a person for others, she was amazed that she didn’t lose friendships but was actually respected more for having clarity and self-respect.

Another re-authoring group Summer found interesting involved the residents taking
on the persona of different drugs and being interviewed by other group members. Summer decided to give some feedback to the staff about this group: she thought it was an excellent experience showing how much power drugs had, but found the effects of bringing "drugs" into Peak House somewhat overwhelming, causing residents to run upstairs to the kitchen to stuff their cravings by eating. Summer thought it would be more helpful in the future not to give drugs so much power in the interviews, and to immediately afterwards ask residents to talk back to drugs by detailing ways in which they had exerted power over drugs in their lives. She was pleased that staff agreed with her and decided to re-think that particular group. Summer's participation in this group as "heroin", and her subsequent observations and suggestions to the staff, marked a significant separation from drugs and growing sense of connection to herself and a non-drug using lifestyle.

Summer had many reasons for feeling hatred toward men: she had been oppressed and abused by her father, and subsequently exploited and sexually abused by men who put her into prostitution and men who paid her for sex. She thought that men were the cause of all women's troubles and they should all be lined up and shot. Bryan was the first young man of her age to challenge her belief that it was not possible to have a respectful relationship with a guy. In the beginning of their relationship if Summer was verbally accosted or stared at in a disgusting way by a drunk, she would get angry and immediately say that she hated all men. Bryan challenged this statement by asking her if she hated him, as he was after all a man, and then let her know that it hurt him to hear her speak that way. Summer had to reflect on her beliefs and attitudes. She was also able to develop some trust for the male staff at Peak House. She found it amazing that they actually challenged the female residents when
they put themselves down by calling themselves “stupid” or “bitches”. She was able to question the staff on their ideas and attitudes and found them really supportive, especially in the way they stood up to sexist language and behaviours.

Although it was extremely painful and difficult, Summer wrote a letter to the man who had recruited her into prostitution in which she talked about her lived experience of being abused and the ongoing negative effects the relationship with him and with prostitution was having on her. She described her new understanding of herself and other young women as not being responsible for what is really a pervasive social problem. Summer did not intend to send this letter, however she wanted to perform a ritual demonstrating her freedom from the influence of these oppressive memories and their effects in her life, and to have her action witnessed in a safe place by the other young women in the program.

A special women’s group was set up for Summer to read the letter, and afterwards the group joined her while she burned the letter and threw it into the trash. The whole experience made Summer feel powerful and in control of her own story about what happened to her. This event also made it clear to the staff that separate women’s groups were a necessary part of the program, and the schedule was adjusted to make room for weekly gender groups. It felt really good for Summer to have something she initiated make such a difference, and to know that all young women coming to Peak House in the future would benefit from these groups.

Summer found it much easier to talk in an all-girl group, especially about issues to do with sex. She had a lot to deal with that had to do with sex and these conversations were just
too hard to talk about in front of young men. Summer needed a safe place to talk about the huge effects of prostitution in her life, and it made it easier when she found out that some of the other young women in the group had had similar experiences. She found the gender group a way to connect with other girls, something she had not been able to do in the past. She had always found guys less judgemental and easier to talk to. The gender group provided a forum for Summer to experience a closeness brought about by the young women taking risks together to share personal stories about the real effects of their experiences on their sense of self, and realize that this was not happening in isolation. It was also a meaningful way for Summer to challenge the dominant cultural story that women can’t trust each other.

Summer gradually developed a close relationship with her therapist Jane, and began to have really valuable individual sessions in which she worked on reclaiming parts of herself that had been invalidated and degraded, and focused on re-authoring a future narrative that highlighted her strengths, abilities and knowledge. Once Summer decided to give Jane a chance she realized that they were on the same wavelength about a lot of things and shared many common interests. Summer’s feelings of respect for Jane increased greatly during family sessions with her father and mother. Initially these meetings also included a male therapist which worked really well because her parents respected both therapists, her mother felt supported in expressing her point of view, and her father was able to engage in difficult conversations without feeling attacked and being overtaken by anger.

One family session was particularly meaningful for Summer: her father was not being accountable for his past behaviour and its effects on the family, and as a result was insistent that he would not be dictated to by his daughter by abstaining from alcohol if Summer came
home for family visits. The male therapist was not present for this meeting, however Jane repeatedly challenged her father on his position and ideas, and when he started to get angry and confrontative she did not back down but kept the focus on him. Eventually he stopped arguing and started listening. This was the first time in her life Summer had witnessed her father being challenged by a woman, and she couldn’t believe that he would let Jane talk to him like that. It was an huge experience of empowerment for her as a young woman and she thought it was wonderful. The relationship Jane developed with her father was critical in opening his eyes to his part in creating family problems and in offering Summer some hope that her father had the ability to change and things might be better between them in the future. He did eventually agree not to drink while Summer was at home on visits and held to his commitment while she was at Peak House.

Summer still struggled occasionally with feelings of depression. She knew her father was making some progress but she couldn’t trust that if she moved home things would be safe. She was proud of herself for being able to live with the uncertainty about her future even though only a few months past she would have thought that getting wasted was the only way to deal with her feelings. She kept up her journal, wrote poetry and made art about her experiences which helped her reflect on her life and the decisions she was making.

Summer’s relationship with Bryan became much closer and he continued to attend the Fight the Power meetings and visit her on weekends. His constancy and commitment to keeping his own life on track without alcohol or drugs after he left Peak House was a huge support for Summer while she was in the program. She also found it encouraging at Fight the Power meetings to hear how former residents were facing difficulties and problems and
continuing to successfully re-author their lives without substances. In contrast, her experience of the AA/NA meetings the residents attended made her feel discouraged and depressed because of their focus on peoples' old “war stories” with substances, and lives that didn’t sound any better without substances. She also didn’t agree with their “disease” philosophy or like being labelled an addict because it made it sound like she could never change or have control in her life. What Summer appreciated about the Fight the Power meetings was that the young person’s stories invited hope for a drug-free future that could still be fun and productive.

Summer’s commencement ceremony was one of the greatest times of her life. Her mother, father and sister were there to witness stories of her success and all the work she had done. She knew that she had put her sister through hell for five months and really hurt her, and did not expect her sister to ever speak to her again, let alone be understanding and forgiving. During the ceremony, her therapist read a very moving and hard-hitting poem Summer had written about her experiences on the street, depression, and the difficult process of reclaiming her life. After the reading there was a profound silence and not a dry eye in the room. Summer was amazed to see her father break down and cry, as stories were told around the circle about her many changes and the inspiration and support she had been for others. It was the first time she had ever seen him cry, even when his own mother died he hadn’t shown his grief. When it was her father’s turn to speak he looked right at her and told her how proud he was of what she had accomplished and that he had no idea she had made such an impact on so many lives. His voice was choked when he said his biggest hope was that she would someday move home again because he missed her and life felt empty without her.
Summer was stunned by his emotion. She felt a real sense of connection to her own life and was proud and empowered. Saying goodbye to Peak House was bittersweet: Summer was grateful for the help in re-authoring her story and for all the close relationships she had made, especially with other young persons struggling with the same problems, however she knew it was time to go out and start living her \textit{real} life.

\textbf{Life After Peak House}

When Summer left Peak House she returned to her Plea home where she continues to live under an agreement with the Ministry. She has maintained a drug and alcohol free lifestyle in the eight months since she completed the Peak House program, suicide has not made any comeback attempts, and prostitution is just a bad memory. She is playing in a college-level volleyball league and re-entered school. Summer is still going out with Bryan and continues to go home on weekend visits, although she has no plans to live with her family in the near future. Her life has been full of challenges, some of which have been more difficult than others, however she has resisted invitations to return to any part of her old lifestyle and continues in the re-authoring of her new story.

Summer is not sure about the future of her relationship with Bryan: they went through a stage recently and were going to break up. This followed a very difficult conversation in which they attempted to speak 100\% honestly about all the problems they were having in the relationship, without being silenced by the fear of hurting each other's feelings. The talk was very hard for Summer, because she realized that they had both been thinking of breaking up with each other. It was also extraordinary in that Bryan took a big step and really let her in to his world for the first time, actually breaking down and crying. She knew this had to be the
toughest thing for him to do in front of her and made her think about how much trust he must have in her.

By the time they went their separate ways for the evening things were still not resolved between them. Summer was “going off the deep end” and just wanted to go and get wasted but she stopped herself by thinking about the consequences: she did not want to go back to where she was before she stopped using, and she did not want to give up all that she had accomplished. If they did decide to get back together getting wasted would not be helpful but would bring on a whole other set of problems. Summer thought about how much Bryan had helped her and that in the beginning she basically stayed “clean” for the relationship, however that night she realized that things had changed, and she was now staying “clean” for herself. She knew that even if they did break up she could keep moving ahead in the right direction and not go back to her old lifestyle. She phoned Bryan and they made an agreement not to get high, and over the next few days they decided to stay together and work out their problems. She was really proud of her strength in not letting her problems take her back to using.

Summer has brought volleyball back into her life. She called her old coach and told him about the changes she had made, and based on his recommendation a coach he knew in her area let her on his team. Since she’s been off for a long time she’s practising with several teams and getting lots of court time. The game is fun for her again and she feels good watching herself steadily improve her play. It has been affirming for her to realize that she can still play for a top team and enjoy the competition rather than being crushed by self-evaluation and the expectations of others.
Unfortunately Summer did not find it easy to integrate into the regular school system. In her experience there are just too many rules and not enough flexibility or respect for individual differences. Finishing high school is important to her as she is aware that she is getting older and wants to prepare for the future when she will have to support herself, however she continually ran afoul of the rules and got suspensions which she felt were unjust and would therefore not serve. The biggest problem she had was with the "no smoking" rule within a 15 minute radius of school grounds. Considering that she has been smoking for five years and has recently quit using drugs not being able to have regular smoke breaks meant nicotine cravings, additional stress, and the possible triggering of a drug relapse. After a few rule infractions and consequent detentions, Summer realized that she was behaving in ways reminiscent of her old story and that this did not fit with new ideas she had of herself as a responsible, respectful person. She decided that based on the many difficulties she was experiencing at school and the negative effects this was beginning to have on her, it was better to quit and try to get a transfer to an alternate program. Summer felt good that she didn't continue to react in ways that were ultimately hurtful to herself. She was able to leave the school with her self-respect and dignity intact.

Family visits on weekends have continued, and Summer is getting along much better with her father although she feels that he has regressed over the past few months in some ways. He has resumed drinking when she is at home, however this is not really a concern for Summer anymore as he seems to be in better control of his anger. The biggest change she notices in her relationship with her father is that he seems to respect her more, and she finds that she has a lot more patience now unless he's being totally unreasonable. She understands
that he misses her and is having a hard time accepting the fact that she has not returned home to live, and she has some empathy for what he is going through. The only real source of conflict between them is the ongoing argument about Summer moving home, and in an effort to get him to understand her position she finally wrote her parents a letter explaining that she can not live in an environment where there is anger and drinking and maintain her substance-free and depression-free life. She did not blame either of her parents for her problems, but pointed out that certain problems continued to have real effects on each of them in terms of being together as a family.

Summer knows that she has changed a lot since she went to Peak House, and she acknowledges that there are still many things she continues to work through. Her experience of the male staff at Peak House, and knowing Bryan, proved to her that there are actually decent men in the world who care about having something other than sex in a relationship but she admits that she still has a long way to go in dealing with her feelings about men and about sex. In many ways she has put her old life behind her where it belongs, and is able to handle the occasional chance meeting with someone from the past without letting flashbacks and negative memories set her back.

Summer has a reserved and introverted personality which makes it uncomfortable for her to meet people and make new friends now that she doesn’t have drugs and alcohol acting as social lubricants, however she has a small circle of like-minded persons she feels close to and hangs out with. Her writing, art and time for personal reflection continue to be central in her life. Summer looks back to life on the street and smiles sadly at what she used to consider freedom. Now that she isn’t controlled by drugs anymore she considers freedom to
be about making her own choices, and when she was on the street she didn’t have choice, only decisions to make each day about surviving and getting high. Summer is confident that it is possible for her to live without drugs, to live life without being under a cloud, and to have control over the way she feels and thinks.
SARAH'S STORY

Sarah is 19 and comes from a First Nations band in the interior of northern British Columbia. Her mother is native and her biological father is Asian, however although he lived nearby and she knew who he was, he never recognized her as his daughter. She has a large extended native family and as she was growing up moved frequently between the reserve and three different northern cities. Sarah has two younger siblings who are in care with the Ministry. She has been separated from her family and living in Vancouver since she was seventeen.

When Sarah was 3 her mother married an older white man who had a 30 year old son. Sarah's memories of the sexual abuse that went on for 8 years start when she was 5 and her mother went into a treatment centre for a month leaving her alone with her step-father: he would stop the car by the side of the road on the way to visit her mother. Sarah kept the secret of the ongoing abuse until she was 13. By then she was also being sexually abused by her step-father's son. When Sarah was finally able to tell what was happening to her, her mother did not believe her, but she continued to speak out and finally people started to listen. Before the case got to court her step-father shot himself in the head and died. After a lengthy and traumatizing trial his son received a 2 year sentence, of which he served 8 months.

Sarah's mother fell into a black hole of depression, alcohol and drugs. She often became enraged with Sarah, blaming her for the death of her husband and for bringing shame onto herself and the family. Counselling was offered through Victim Services but Sarah remembers being completely numb and not wanting to talk to anyone, so it never
happened. Eventually the situation at home was so unsafe that one of her mother’s sisters
came and took Sarah to live with them in another city. Around the same time her younger
siblings were taken into care.

Sarah had difficulty adjusting to her new life with her aunt’s family. She starting
drinking and using mushrooms, pot and acid, often going to school completely stoned, most
often not going at all. Her grades were poor and within six months she was expelled. She was
depressed, disconnected from everyone and did not feel ‘belonged’ anywhere. Although her
aunt’s family was kind she couldn’t talk to them or anyone else about what was wrong or
how she was feeling. Sarah missed her mother and thought things would be better if she
moved back home. By now there was a constant ongoing party happening in the house, with
people of all ages coming and going day and night. She desperately wanted things to work
out and to have the family back together again, but the only way she could get along with her
mother was to drink and do drugs with her. Sarah stayed up all night and spent most of her
days sleeping. She stopped attending school. Four months after she moved home her mother
was badly beaten by her boyfriend and had to be hospitalized, so Sarah’s aunt came and
collected her again.

Over the next year Sarah found a crowd to hang out with who were outsiders like
herself. They spent their time together drinking and doing drugs, fighting and planning petty
crimes. After much effort on their part, her aunt and uncle had to ask her to leave because
her behaviour was unacceptable, she wouldn’t accept their help and it was causing too many
problems in the family. At the same time her mother decided to go down to Vancouver to a
recovery house serving First Nations women, so Sarah went with her. She was 15.
Living in the recovery house opened up a whole new world for Sarah. She had no idea that there was a different way to live other than a lifestyle of alcohol, drugs, violence and abuse. Growing up in that environment, she thought that was all there was to life. She never thought it was just something to do with native culture: her experience in the north was that this was the way most people lived regardless of race or ethnicity. At the recovery house most of the women looked out for each other and were serious about wanting to make changes. Unfortunately her mother had come down to Vancouver at the insistence of family and social services, and was not ready to quit using. She used to take Sarah out for walks during the day so they could smoke pot.

After a month her mother suddenly left and went back up north without a word, leaving Sarah behind. The residents and staff at the recovery house quickly moved into “mothering” roles and slowly she started to feel a sense of safety and stability. She stopped using drugs and started going to AA/NA meetings where she met her first love, a young man who was also living in a recovery house. She wasn’t in school, so over the next four months Sarah hung out a lot with Ray. They had a very innocent, playful, and non-sexual relationship. She couldn’t believe how much better life “in recovery” was and she practiced the Twelve Steps and attended meetings religiously for fear of losing it all. Then one day a staff member came to her room and told her that Ray had been killed in a car accident, crashed into by a drunk driver. Sarah never got to thank him for what he brought into her life, or say goodbye: she was so overcome with grief and in such distress that she was kept from going to the funeral.

Sarah had been at the recovery house for a year, and the staff realized that it was
neither their mandate nor appropriate for Sarah to continue living there. A great deal of
effort went into trying to make some alternative arrangements through the Ministry. By this
time Sarah had become very close to a staff member, Mary, who helped her in her grief over
Ryan, and she wanted desperately to stay in Vancouver to be close to her. In the end
however, she had to go back up north because she was still in her mother’s care and
officially the responsibility of another social services jurisdiction.

The next year was miserable and depressing for Sarah. She moved around between
relatives, attended school sporadically, and got involved in a very abusive relationship.
Drugs and alcohol also made a comeback, although they did not have as strong a hold over
her as before. She felt like she would never be happy or accomplish anything, and that the
only reason people wanted her around at all was because of her looks. Sarah had always been
told that she had a very unique and exotic beauty, and finally she gave in to her grandfather’s
wishes that she go into modelling, although she was hurt that all he thought she was capable
of doing in the world was have her picture taken. At the same time, she wanted to get the
attention of her family and prove to them she had *some* worth, and although she was not
proud of the work, she did very well and did get lots of acknowledgement. However, very
quickly Sarah found that she couldn’t stand the lifestyle which she found phony, superficial
and made her feel cheap. The additional stress of dealing with the constant demands to keep
her weight down and her smile bright brought her to a place of anxiety and despair, and one
day she just couldn’t force herself to go to work, and she never went back again.

Sarah tried to go back to school but she couldn’t concentrate or stay focused. She just
stayed in bed all day, crying much of the time. At this point her family had written her off as
a total, hopeless “fuck-up”. She started fantasizing about her biological father, thinking that if she could meet him life would be different, and one day she just presented herself at his door. Sarah introduced herself to his wife and asked to see him. She waited at the door for twenty minutes and when he finally came outside, he took one look at her and yelled at her to “get the fuck away” from him, that she was disrupting his life, and never to come there or approach him or his family in the future. In all her hopeful imaginings about this day, she never imagined this. She felt totally shamed.

Sarah had never forgotten about her dream of returning to Vancouver and had stayed in touch with Mary. One day she hitched a ride, arriving in Vancouver with a suitcase and a few dollars. Mary helped her get on income assistance, and shortly afterwards she moved in with Mary and her boyfriend, the terms of the agreement being that she not use alcohol or drugs and either go to school or work. She got into a government sponsored employment program, where she learned to use a computer, write resumes and train for job interviews. Her life was very structured, with school during the afternoon, marital arts after dinner, and an AA meeting at night. Sarah also started going to alcohol and drug counselling through Family Services where she heard about Peak House. She was still having a difficult time not using and decided that she needed more help than she could get at AA meetings and weekly counselling. Although there was a 6 month wait list, Sarah was very lucky and got in within 2 months. She was 17.

The Peak House Experience

The first week at Peak House felt very crazy for Sarah: she was uncomfortable living in a new place with people she didn’t know, most of whom were white. She had a hard time
getting used to the structure, especially having to get up at 7:30 and always being with the
group. She kept mostly to herself, observing others and how they interacted. She found all
the adults and residents pretty interesting and sensed that she had something in common with
most people, but that there were many other things from her personal history that others had
no experience with. Although the guidelines restricted her personal freedom they also gave
her a sense of safety right from the beginning, knowing that no one would get away with
picking a fight or being racist. She appreciated having the privacy and personal space of her
own room that no one else could go into, including staff.

Sarah started to feel like she was really part of the program at her welcoming
ceremony when other residents talked about who they were, and put their hopes for her into
her stone. She realized that for all their differences she had one big thing in common with all
the other kids - having to fight problems related to substance misuse.

Sarah decided with her therapist that she would not speak about her story of abuse in
the group but would limit the context of that conversation to individual sessions. This was
the first time she could remember being encouraged to set a boundary that felt respectful to
herself around this issue. In the past family and friends would change the subject out of their
own feelings of discomfort, or alternately she would feel completely violated by being
interrogated by persons she considered virtual strangers, which is what happened during the
time of the court proceedings.

Sarah considered the other residents to be much heavier users than she was, and some
of them had been involved with heroin use which she had no experience with. She also had
two months “clean” when she came into Peak, while a few residents had used up to the day
before they came in and still had the drug in them - Sarah thought that the drugs were still doing their thinking and talking for them. Sarah knew that “war stories” glorifying drugs and alcohol were discouraged at Peak House but she wanted to be accepted so she didn’t challenge anyone initially even though it did bother her and make her think about using.

During Sarah’s stay at Peak House there was another native girl in the program, and a few native former residents who came to Fight the Power support meetings. Sarah found it reassuring that aboriginal people had a big presence in the program in overall numbers and that staff had some knowledge of First Nations issues. She felt a connection with the other native girl in that they shared similar experiences growing up in the north and both had problems with alcohol. There was a lot that was just understood between them without having to be spoken and Sarah found her ways comforting. There was also a First Nations practicum student at Peak House for part of her program, and she brought with her the smudge and other spiritual healings. Also Sarah was found it helpful that there was a person of colour on staff: it helped to make it safe for her to be there which she might not have if everyone had been white.

The emphasis at Peak House on having respect for others and for yourself was a new and important experience for Sarah. Being treated with respect and having her opinions valued by adults was something she had limited experience with outside of her relationship with Mary, and at first she couldn’t figure out if staff were just being phony or really meant the things they were saying. Gradually she got used to being challenged when she slipped into disrespect by calling herself a “bitch” or “stupid”, and then found herself actually challenging other residents if she heard them calling themselves or someone else down.
Sarah knew that if she experienced racism in any way from residents or staff she could get support from staff to challenge it. It was a liberating experience for her to be encouraged to talk about the real effects of racism in her life, just as others talked about the effects of poverty and class. One of the groups which focused specifically on racism started off with a movie about a First Nations girl and her mother who are threatened and disrespected by a group of white teenage boys. After the movie one of the residents admit that they had been prejudiced in the past and wanted to change that. She had never heard anyone admit to racism before, and that willingness to be honest about it enabled her to talk about her own experiences of being oppressed and discriminated against, which included not being accepted in her own family because of her Asian blood, and not being accepted by whites because of her native blood.

Sarah took a huge risk by speaking openly of such personal and sensitive issues in front of white persons and afterwards felt that somehow she had crossed a boundary and betrayed her own people. This was an issue she continued to struggle with at Peak House: she was proud and felt strong whenever she spoke her truth about something, however once the words were out she couldn’t trust how they were being interpreted by others. This was the first time she had talked about the complexities of race and her own experiences, and these conversations felt a bit scary, but ultimately they led her to a curiosity and interest about the ways of her own culture.

Sarah had had few positive experiences with men in her life and had no reason to trust them or feel comfortable around them. As she got to know the staff at Peak House she realized that there are men in the world who truly care about women and are trying to have
more equal relationships. She was particularly struck by a few of the men who were pro-feminist and actually talked to her about issues of power and oppression. These were conversations she would previously not have believed were possible. Before Sarah got to Peak House she thought that all men were pigs, and that they all talked in a crude and perverse manner about women so they could oppress them. Spending so much time with men who were different was a very positive experience for her because it proved to her that there are men who are not obscene, even though some may be. She decided it was worthwhile giving men the chance to show her what kind of persons they were and not just write them all off.

The concept of being able to re-author her life story really appealed to Sarah but she found it difficult to believe it would work for her. It was hard to get used to the idea of a new story focused on the present and future, and to shift her attention from a focus on the past. There was a powerful story about her as the "fuck-up", at fault for everything that had happened to her and the breakup of her family. She wanted to become the author of her own story and not allow the past to define her present experience, and she heard herself saying all the right things, but inside she still felt like a prisoner of negativity and guilt. Sometimes she felt like others had an easier time moving ahead because they didn’t have as much to deal with from the past.

Rather than talking about the details of her abuse in individual sessions, Sarah and her therapist focused on discovering how it was that she was able to survive for so many years, and what special qualities she had that made it possible for her to endure so much. She started to remember ways that she had resisted and protested against the abuse, and to
celebrate her courage and determination in breaking the silence and continuing on through the court case even after her step-father shot himself. Re-thinking the past in terms of her strengths and competencies enabled her to create a powerful counter-story about herself, one that she could imagine building on into the future. She stopped comparing herself to others who had had the benefit of a stable home environment and consistent schooling and realized she could access many of the qualities she had developed over the years to help her deal with problems and set goals for the future. She appreciated being encouraged to work on what was important to her and not be told what to focus on at Peak House by people who could never really understand her experience.

Sarah realized that healing from the abuse was a process and not something that was going to happen over night no matter how much work she did, however she realized one day that she really did believe that *she was not the problem*, but that things not in her control had made it hard for her and created problems in her life. She was beginning to get to know herself as a whole new person and it was exciting to think for about who she wanted to be in her life, what she believed in and what her hopes and desires were. Although she often still felt uncomfortable and awkward with people in new situations, Sarah realized that this was okay and she could handle the discomfort and uncertainty of those moments. She started to experience herself as a person who *belonged*.

Mary and her partner had separated and she came alone to Peak House for weekly family sessions. She had moved into the role of mother and roommate to Sarah fairly quickly and they needed to work out their personal boundaries and set up some guidelines for the relationship. Both found the sessions helpful in establishing some different communication
around stressful issues, and Sarah found it a safe place to talk to Mary about her fears that the relationship would “go away” in the future. While she was at Peak House Sarah realized that Mary’s commitment to their relationship was real, and knowing this helped her to take more risks and open up. Mary also attended the parent support group where she got support from others and became more familiar with narrative language which helped them communicate in a more positive way.

Re-authoring groups were a valuable time for Sarah to speak her new story about herself and to learn from listening to others talk about their experiences. She got a lot of positive feedback from staff and residents about how articulate and clear-minded she was. It was in these groups that she started to think about the effects of social expectations about weight and beauty and how that had set up a sense of competition between herself and other girls. She had never really trusted other girls and she realized this was a negative effect of competition stories on personal relationships. Sarah had struggled with not-eating problems especially when she was modelling and the pressure was on for her to be thin. While she was at Peak House she decided she just didn’t want to play the beauty game anymore, always evaluating herself and others, and she put more emphasis on being healthy and strong.

An experience that meant a lot to Sarah was going into the community with the other residents to speak at a school about drugs and the real effects of drug use. She didn’t want to go at first and thought she’d be too shy to talk, but when they got to the school she realized what an opportunity it might be to actually change the way the kids thought about drugs and that it could make a difference in someone’s life. She was amazed at the positive response they got and all the questions the kids asked. Later the residents received letters from the
students and one girl specifically thanked Sarah for inspiring her to go and get help. That meant a lot to her because she realized that girl would probably not have listened to an adult.

Writing in a daily journal during the program created a space for Sarah to consider and reflect on everything she was learning about herself and her relationships. She found it helpful to write her feelings out on paper and to express herself in her poetry and artwork. She had a lot to think about and sometimes felt discouraged and overwhelmed, but she was able to hold onto her successes and not let her problems take her out of the program.

About 2 weeks before she commenced from the program, Sarah had some hard news from home about her brother and sister and her mother's condition. She began to have horrendous nightmares about the past and was afraid to go to sleep. Being exhausted made it really difficult for her to participate in the program, however she talked to the staff about what was going on, and did not let the depression take her over. She kept focusing on her strengths and tried to think that what she was going through was an opportunity for healing and growth. It was hard work, but she felt really supported by everyone and knew that they believed she could get through it. In the end the experience made her stronger.

Sarah's commencement was very emotional. She felt like she had accomplished something meaningful for the first time in her life. Mary brought her own mother, and several former residents from the Fight the Power group were also part of the circle: Sarah suddenly realized how many people cared about her and how much support she had out in the community. Knowing that she had connections in the youth group gave her hope. Before her commencement she had been anxious about leaving the safety of Peak House and was afraid that she would be isolated and not have friends. She had allowed herself to be very
vulnerable and naive around the other residents because she knew she wasn’t alone and that they were working really hard at making changes too. It was pretty amazing to hear others talk about how she had inspired them and taught them so much. There was no way that Sarah could have imagined herself being an inspiration to anyone in her old story. She had a real sense of belonging to herself and in the world. Even though it was difficult at times to hear so many positives about herself, it was very special. The sadness in the day was that no one from her biological family was there to celebrate with her. She still dreamed about being able to re-connect with her mother, to have her brother and sister out of care, and to be acknowledged by her whole family as a worthwhile, intelligent and successful person.

Life After Peak House

Sarah found it strange at first to be living alone with Mary after being around so many people for two months, and was excited that within a few weeks she was invited to co-present with Peak House staff and a few former residents at a provincial workshop for child and youth care workers. She couldn’t believe that a room full of professionals were interested in knowing her ideas and hearing about her experience with drugs and alcohol. Many came up to her later and remarked on how articulate she was, and she could tell by their questions that they were really listening to her. She was so happy to be in the position of actually teaching adults something about young persons that she would have done it for free, but felt that her contribution was truly valued when she received an honorarium from Peak House.

Mary and Sarah moved into a new apartment, and Sarah got her orphan’s benefit, which was more money than she had ever had before. In the past she would likely have
blown it, lost it, or bought something ridiculous for herself or someone else. Mary helped her
budget and although it was difficult, she saved, and the money lasted for a year. It was a
really great learning experience for her to have to make decisions about her own money and
take into consideration things she really needed, like furniture and clothes. Mary has been a
constant and very valuable teacher for Sarah and their relationship has continued to grow
through some very difficult times.

Sarah continued to have nightmares after she left Peak House, and found it
increasingly difficult to get up in the morning and be active. She went to school and to the
gym for awhile, but after a few months she had to switch to night school and no longer had
the energy to work out. Initially Sarah spent a lot of time with former residents and also got
support from Mary and from Peak House staff, however she realized that depression was
starting to take over her life and although it was difficult she attended a support group for
survivors of sexual abuse. The group was helpful but she was in a crisis and needed more
intensive individual work.

Sarah applied for her Victim’s Benefits to pay for individual sessions with a sexual
abuse counsellor. Her time at Peak House had provided the safety and given her the time for
reflection that was necessary for her to start the process of healing, however she knew she
needed to do some specific work around issues related to personal boundaries and sexuality
that were coming up. Sarah very much wanted to fall in love but had a lot of trust issues with
men that were getting in the way of her dating. The counselling was really useful in helping
her learn to set appropriate limits and boundaries that are comfortable for her. Sarah is now
much more often able to trust her own wisdom in situations. Recently she has become
involved with a young man romantically, and is working through issues that arise in this new relationship in a way that is honouring of herself and her personal history. Her nightmares are infrequent and manageable, and she feels stable and in balance most of the time.

Sarah recently completed a 6 month aboriginal training program on watershed stewardship with an all-native group of young persons. She has always been interested in the environment and wanted to learn about water and fish habitat, but more importantly, it was a personal journey for her in reclaiming her cultural heritage. Spirituality and her connection with nature is a central part of her life, and she made some decisions about letting go of things that weren’t important to her anymore.

One of the things she continues to work on is standing up to the pressure to be thin and gorgeous all the time. She realizes that as an aboriginal woman she’s genetically programmed to be a certain size and it makes her angry to think that there’s an expectation for women to all measure up to an unrealistic standard just because it’s currently popular. Starving herself was unhealthy, lowered her self-esteem, and made her feel miserable. When she was at Peak House she started thinking about how controlled she was by cultural specifications for being “beautiful”, and during the environmental program it suddenly just seemed ridiculous to worry about her hair and makeup when she was out working in the streams. She feels a great sense of relief to be natural in the world.

Sarah goes to the occasional AA meeting with Mary who is a member of the fellowship, but she has strong differences with their approach. She thinks it is ridiculous to say that because someone has a sip of wine after 6 months of sobriety that they have “relapsed” and have to start back at the beginning, counting days. Sarah particularly hates
being labelled as an alcoholic or addict because it implies that a person can never change, and that persons who have a problem with substances are sick and in need of being cured. This is a topic she does not discuss with Mary because she respects her, and she knows that AA works for many people. When Sarah took her one year cake, Peak House staff, former residents and friends organized a private house party. It was a joyous occasion, and once again her commencement rock was passed around the circle and she was acknowledged for the work she has done in challenging her old story, and for being such an inspiration to others. She has not had much experience with celebrations in her honour and found the experience almost overwhelming at the time, but when writing in her journal later she was encouraged that so many persons supported her and were actually aware of how difficult it had been for her to make so many changes.

Sarah continues to yearn for a sense of belonging within her biological family. In the past year she went up north for a family funeral with the hope that the trip would provide an opportunity to reconnect with her mother, siblings and extended family. In contrast to a loving reunion, she was met with disrespect, alcohol and drug problems, and a decided lack of interest in or acknowledgement for the difference she had made in her life. Her mother walked right past her without a glance. Rather than revert to old familiar ways of bonding with her family, Sarah took care of herself by calling Mary for support, spending time alone reflecting on what was happening, and finally deciding to cut her trip short. When she returned to Vancouver she felt very solid in her commitment to herself and her new life, although sad that she would not be able to be part of her family as long as they were caught up in a cycle of abuse. She feels very fortunate to have found a new family with Mary and
her relations, and realized that she was more frequently referring to Mary as "Mom".

Sarah has reconnected with her younger brother and sister through letters and phone calls. She wants to be able to help them out of their situation and some day have them live with her, but she is also realistic about the complexities of the situation. For the past few years Sarah felt that they were really angry at her for having abandoned them, but she has persisted and can see that even though she is so far away the changes she has made in her life provide hope for them that life can be different. Her immediate goal is to persist in her schooling even though she finds it difficult, and to get her GED so that she can move on to a college education. Sarah can say now that life is good, and that even though it will probably always be a struggle in some way she has the courage and determination to continue making positive changes.
CECILIA’S STORY

Cecilia grew up in a small town outside of Vancouver with her mother, step-father and older sister. She is now 18 and completed the Peak House program 8 months ago. Until she was 7 years old Cecilia’s mother and blood father were addicted to heroin, alcohol and a variety of prescription drugs. Although she thinks there must have been some happy times, her childhood is scarred by memories of arguing and violence, being terrified, and often feeling lonely and sad. Her parents went into treatment and stayed together for a short time afterward, however her father returned to heroin and the relationship ended. Her mother became a born-again Christian.

Cecilia and her sister soon had a Christian step-father who did not use alcohol or drugs and provided a solid, consistent presence in the family, however he imposed strict rules in the household which they thought were unfair, and had high expectations they found difficult to live up to. The girls were often in conflict with their step-father and their mother was caught between: she had to make a choice either to stand up for her children and run the very real risk of losing her relationship, or be loyal to her husband even when she disagreed with him and risk a rift with her own children. In most situations she supported him, which Cecilia understood to mean that her mother did not really care about her or love her. She never really felt she belonged in this new family, and spent many lonely hours engaged in fantasies in which her blood father quit using drugs and took her away to live with him, happy ever after.

Cecilia started to drink with her sister when she was 12, and by the time she was 15
she was getting drunk every weekend. She was also feeling depressed most of the time. She felt out of control in every area of her life except at school where she excelled and in turn received approval and monetary rewards from her step-father. Cecilia had always been an honours student and no one seemed to notice that she was miserable as long as she got excellent grades and didn’t get into any trouble. Half way through her Grade 12 year, Cecilia’s parents moved to a new town, leaving her to live alone in their condo. They also loaned her money to buy a car so she would have transportation. What initially seemed like every teenager’s dream soon became a nightmare. She wasn’t used to being alone and missed her family terribly, filling in her empty hours by drinking every night with friends in the bar and dragging through every day at school in a fog. A few times she came home from the bar so drunk and feeling so desperate that she took huge quantities of tylenol, hoping to end her misery. She always woke up with nothing more than a huge hangover, full of tears, remorse and new commitments to stop drinking.

One night Cecilia had a serious accident while driving drunk which she walked away from with minor injuries, although her car was a total write-off. She managed to escape being charged for drunk driving and within hours had picked up a prescription for narcotic painkillers. Since she no longer had a car, she stopped going to the bar and started having late night parties in the condo. After one rather loud party police were called and her parents subsequently informed. Cecilia’s step-father was furious and decided that she was irresponsible and could not be trusted and would therefore have to find her own place to live without his financial support. She was devastated by his willingness to just wash his hands of her, and also felt abandoned by her mother who continued to stand by her husband and his
decisions. By this time Cecilia's sister was living with friends and had changed her own lifestyle considerably, so they didn't spend much time together anymore. Cecilia was hurt and angry and felt like she had been cut out of the family, however she was afraid to talk to them about her troubles for fear of further judgements and rejection.

Cecilia managed to stay with a few different friends for the last few months of school. She continued to drink and take painkillers every day, renewing her prescription several times. Through all of this, Cecilia completed her final year with honours, telling herself that if she could still be successful academically then things weren't really that bad and her parents were mainly to blame for the situation she was in. Over the summer months she bounced around between friends' homes and worked at a restaurant. Her use of alcohol and painkillers got progressively worse until even Cecilia's party friends tried to get her to stop drinking, and eventually stopped hanging out with her. The mother of one of her friends took her to a few AA meetings, but right after the meetings she would borrow money, and then go off to the bar by herself. These evenings always ended in tears and self-recrimination.

Cecilia had been one of the first of her friends to register for college, always having known that she wanted to be a social worker, but the alcohol and painkillers rapidly eroded her confidence until she was convinced that she wasn't capable of going to school and withdrew her application. She became increasingly isolated, spending her time alone in bars, convinced that none of her friends or family members cared about her or what she was going through. She felt empty and without hope: although she tried to stop, no one understood that she didn't know how not to drink. One night she left the bar drunk and in complete despair, took ninety-two pain killers and slashed herself across the wrists. Just before she passed out
she phoned a friend for help - this time she ended up in the hospital, spending four days in the psychiatric ward.

One of the conditions for Cecilia’s release was that she agree to attend an alcohol and drug (A&D) day program. She began the program with high hopes for a quick “recovery” but within a few days she was showing up to the program drunk, lying and making excuses for her erratic behaviour. She knew she wasn’t ready to quit, however a counsellor in the program told her about Peak House and Cecilia decided to make a referral, knowing she would have about six months until her intake date.

Over the next few months she was hospitalized 6 times in serious condition from drug and alcohol overdoses. The last time Cecilia was admitted she knew she had had enough. Only one friend continued to support her, her mother was so angry she did not even phone the hospital, and her sister wrote her a letter saying that although she loved Cecilia she wanted no further contact unless she stopped drinking and made the decision that she wanted to live. Cecilia spent the week in hospital seriously contemplating her future: on the one hand she didn’t want to give up drinking because it seemed like the only thing that could take away her sadness and anxiety and she was afraid to face life without it; on the other hand, alcohol was causing problems that were life-threatening. She realized she didn’t want to die, she just wanted the pain to go away.

In desperation, Cecilia asked one of her uncles if she could move up to the Okanagan and live with his family to give herself a new start. He agreed, the conditions being that she not drink and that she attend an A&D day program. This time Cecilia was serious about wanting to make changes and did really well in the program, which included group work and
individual sessions. She “slipped” a few times over the six weeks with her new boyfriend who was in the program, but she was honest about it and used those experiences to learn more about herself and how to handle situations differently in the future. She still suffered from the effects of anxiety and depression, however she was coping without daily self-medication.

When her Peak House intake date came up, Cecilia was filled with anxiety about going to a place where she didn’t know anyone and treatment was “24/7” for two months. Her fear convinced her that she didn’t need treatment and that night she went out drinking to celebrate her decision. Cecilia ended up at a late night party with people she didn’t know and as she was leaving was jumped and badly beaten up by two young women. The next day her uncle told her that if she wasn’t serious about quitting she would have to move out. Cecilia realized that with alcohol her choices were limited: she was either going to die or continue on with a miserable life. She was also frightened because she had used cocaine the last few times she was drinking which was a signal to her that she could slide into taking any drug if she was drunk enough. Even though she had recently only been drinking occasionally the effects continued to be devastating, and Cecilia realized she needed an intensive program in a supportive environment to really make meaningful changes.

The Peak House Experience

Cecilia was nervous and excited her first week at Peak House. She became aware quite quickly that she was further along in her process than were many of the other residents, having had the benefit of just completing the A&D day program and being quite skilled and comfortable in group work. She completed her orientation package within three days, a task
which usually takes residents about a week, and felt confident that she would be able to handle anything required of her. During her welcoming ceremony when she chose a special stone she realized that coming to Peak House was a life-changing event for her. The ceremony marked her new beginning and helped her feel a sense of belonging to the group.

Cecilia felt comfortable and safe fairly quickly at Peak House, in part because the guidelines set up to ensure respectful and nonviolent relationships between members of the community were taken very seriously. She knew if there was any threatening language or behaviour it would be challenged and could result in someone being asked to leave the program. She was not a fighter, however she knew that some of the other residents had engaged in violent behaviour in the past - therefore the zero tolerance policy was essential to her sense of physical and emotional safety.

Cecilia had been concerned that the psychiatric reports from the hospital would affect how staff related to her at Peak House, possibly looking down on her for being crazy or weak: to her relief she discovered that they were most interested in hearing her tell her own story and actually seemed to have an aversion to labels of any kind. The staff were genuinely interested in her ideas about the problems she faced and treated her as an equal in conversations right from the beginning. This was the first time she had felt respected by adults (especially professionals) as a person with knowledge about her own life, and throughout the program these experiences continued to have a huge impact on her feelings of competence and self-respect.

Within the first few weeks Cecilia started to have some problems with a male resident who was being disrespectful to the female residents by referring to himself as a
sexual “stallion” and to women as “ho’s” and “bitches” rather than by name. Not wanting to talk to staff about what was going on at the risk being seen as a “rat” by the other residents, Cecilia and another female resident sent him a crude anonymous letter insulting his manhood in various terms. When staff became aware of the situation, Cecilia denied being involved because she realized it was being taken very seriously, and could result in her being asked to leave the program. However, when she heard that the young man was so embarrassed and upset he was going to leave, she made the decision to come forward and take responsibility. Being accountable for her actions was a new experience and it was a difficult situation to go through, however she felt a great relief to be free of guilty feelings and she realized that her courage had earned her the respect of others.

What Cecilia learned from this incident continued to exert a strong influence on her during the program, helping her maintain a focus on her purposes and commitments and not let distractions pull her off track. She realized that she wanted to be an honourable person and that having a conscience was a valuable quality to assist her to this end. She could also see that responding to disrespect with disrespect was not helpful and made the situation unsafe, sowing seeds of distrust which made working together as a team impossible. Even though she found it scary at first, she started to challenge male residents on the spot when she found their behaviour unacceptable, and found this new behaviour much more respectful of herself and others.

Cecilia came to Peak House convinced that her problems were the result of low self-esteem. She thought that if her self-esteem was higher she wouldn’t have to drink to feel comfortable talking with people, or to go dancing, or do just about anything. While in the
program she decided low self-esteem was not a particularly helpful self-description and that what she wanted to focus on was better described as being *self-full*, which she explained as being respectful to herself. She began to make a distinction between low self-esteem, which sounded like her own personal problem, and feelings of low self-worth which had more to do with trying to live up to social standards and certain expectations that were not really about what she would prefer her life to be like and were more about wanting to fit in.

Cecilia particularly found the weekly gender group helpful because it provided a space for her to talk about things she would not have been comfortable talking about in front of the male residents, such as sexual experiences and the effects of sexism on her life. As well, her experience in the past had been that she had to worry about men getting defensive if she brought up anything that could be seen as criticism, and there were some changes that she thought the males at Peak House needed to make for things to be more equal. In particular she was frustrated at the expectation that she do her chores and then help out male residents who weren’t as competent in the kitchen and laundry room, and who didn’t appear to be in a hurry to learn these household skills. She also noticed that although staff talked a lot about gender equality, female staff took on most of the responsibility for keeping the house clean and did the shopping for food and supplies. Her gender group decided to voice these concerns to the men at Peak House, who agreed that things were not equal, and responded by saying that the women could support them in becoming more responsible by walking away from extra chores and resisting the impulse to help them out when they really didn’t need it. Cecilia was amazed and pleased to see the male staff taking these concerns seriously and then following through with changes. She felt this was truly collaboration and
it made her feel that they were all part of the same team trying to keep things fair.

Cecilia appreciated the gender group for providing a safe space to talk without fear of being judged as a “slut” for behaviour far less promiscuous than what male “studs” get away with. She realized that when girls talk down other girls by using names like “slut” and “bitch” it has huge negative effects on all women, and keeps women at odds with each other, locked in a competition for men. She had a lot of respect for the girls at Peak House who talked about their struggles with intimacy and sex, and was relieved to hear that her experiences weren’t at all unusual. Cecilia had never trusted girls before because she thought she was the only one experimenting in sexual territory who felt confused and ashamed. It was a new experience for her to risk opening up to other girls, but she felt she could trust them because they related to one another’s stories and experienced a lot of the same pressures.

Cecilia thought quite a bit about the position of women and men in the world in relation to power. Once she was introduced to certain notions, she spent a long time reflecting on her understanding and considering what it meant in terms of her own life. She came to believe that because men are more powerful than women physically and do have more social power, they have to be accountable to women for how they use that power. She began to have conversations about these ideas with some of the male staff at Peak House and was pleased to discover that they were really knowledgeable on these topics, and were willing to help her by talking about strategies she could use against problems she experienced in relationships with men.

Cecilia’s mother came a distance of several hundred miles to attend sessions. Her
mother has hepatitis C and Cecilia's biggest fear was that she would get really sick and die before they could ever have a close relationship. Her mother is not a demonstrative person when it comes to showing affection: she never hugged or kissed Cecilia, never cried in front of her, and never said, “I love you”. The message Cecilia got in the past was that she was not loved as many of her friends were. She had also felt abandoned by her mother when she didn’t show up at the hospital after the last overdose episode, and thought it was another example of her step-father’s control. In an effort to find a way to communicate with her daughters about her own experience Cecilia’s mother had recently become an avid writer and jourmaller and had begun writing about parts of her life in a journal which she then sent to Cecilia and her sister. Each of her daughters would in turn write back their reflections to her. When Cecilia explained the concept of re-authoring to her, her mother enthusiastically remarked that they had already begun to re-write the story of their relationship.

Cecilia started writing in two journals, one meant just for her mother. Together they focused on discovering ways to create a more respectful, adult and “shoulder-to-shoulder” relationship. Cecilia realized that her unmet expectations and judgements about her mother had gotten in the way of being able to appreciate her as a person who is compassionate and caring and deeply loves her children. She also realized that for her parents to respect her as an adult she had to take on the responsibility for her own growing up and not keep expecting them to step in and ‘fix’ things for her. Cecilia decided that re-authoring her relationship with her step-father was going to be too stressful to take on while she was at Peak House, and since she wouldn’t be living with her parents, something that could be revisited in the future.
After much agonizing Cecilia wrote to her sister explaining what she was doing in her life and the changes she was making, apologizing for the pain and distress she had caused in the past, and asking if it was possible to start seeing each other again. In the letter she got back, her sister invited Cecilia to be her maid-of-honour at her upcoming wedding, and expressed her own past experiences of fear and anger that she was going to lose Cecilia to alcohol and suicide. Hearing her sister’s story and gaining back her acceptance and trust had a huge impact on Cecilia: for the first time she felt a real sense of belonging in her family.

She took another big step and wrote letters to persons to whom she owed money and had been avoiding, explained her situation without making excuses, and asked if they would agree to a schedule of repayment. In return she heard from friends for the first time in many months, some of whom were so relieved to know that she was making changes that they were more than happy to forgive the debts.

Midway through the program Cecilia went home to her uncle’s on a week pass that is scheduled as part of the program. She noticed that she felt more mature in her relationships with her younger cousins and was thinking and acting more like a young adult than as a child, taking on more responsibilities around the house, organizing a chore list and doing some of the grocery shopping. In response her uncle began to treat her with new respect and was even willing to lend her his car. While she was home she sent in an application for a program in early childhood education and felt really good that she had the confidence to make plans to go back to school.

One night she went out with friends to a bar, the agreement being that she would be
the designated driver for the group. Once they got to the bar Cecilia felt like she didn’t fit in and immediately started feeling lonely and awkward. She didn’t think she could leave because she was the driver, however after a few hours of standing around laughing at jokes she didn’t find funny, she found herself becoming really frustrated and angry with her friends. Finally she just announced that she was leaving, and left her friends with a contribution toward taxi fare. The next morning guilt had taken over and she was full of self-recrimination for bailing out on her friends. She felt terrible, but she was proud of herself for not being hung over. She decided if they were truly her friends they would understand and want to support her in doing whatever it took not to drink.

When Cecilia returned to Peak House she was amazed at how significant others thought her actions had been. As she re-told the story about being in the bar she began to realize that it had taken a great deal of courage for her to leave her friends, and that rather than letting guilty feelings take over, she could focus on acknowledging her strength and sense of responsibility to her intentions and commitments. This was a turning point for Cecilia, the first time she was able to challenge the ideas of herself as a doormat in a way that had real meaning for her outside of Peak House.

Cecilia was unclear about some of her beliefs and values, however she came to accept that her confusion was a good thing and she didn’t have to have everything figured out. She was thinking more clearly and was just not going to believe everything she had been taught without working it through for herself. She was really impressed by one young man in the program who firmly announced his Christian faith even though it wasn’t a very “cool” thing and he ran the risk of being excluded by the other residents. Cecilia respected him for
knowing what he believed in and standing up for it in public, and wanted to be able to stand up for her ideas without worrying about being ridiculed. More importantly than fitting in with others, she wanted a relationship of belonging to herself.

At the end of the 2 months, Cecilia had more confidence and self-respect, and was proud of the work she had accomplished. She thought of herself as a leader, a person capable of inspiring others. Cecilia began treating herself with care and respect at Peak House: she didn’t wake up every day and say, “I love myself” or write out a hundred affirmations as she had in the past, but continued to reflect on the many different things that contributed to her feeling more positive about herself. She stopped putting herself down for not being “perfect”, and focused more attention on her strengths and competencies.

Cecilia’s commencement was one of the highlights of her life. Having her mother and sister and her best friend in the room to celebrate this moment with her was unbelievably powerful. Passing the stone from her welcoming ceremony around the room and hearing persons who had lived with her for the past two months speak about their experience of her as a strong, capable, compassionate and inspiring person was thrilling, and a dream come true for Cecilia. She had never really believed that she would be able to pull herself out of the dark hole. For her commencement she created a collage in the image of a huge sun to represent her new experience of herself in the world, which she proudly tacked with pride to the ceiling.

By the time the stone passed around the circle to her mother many tears had been shed, but none so deeply felt. Her mother held onto the stone for several minutes without speaking, her head down. When she finally looked at Cecilia her face was wet with tears and
her voice was choked with emotion. She spoke haltingly about her difficulty in expressing her emotions and talking about feelings, and her sorrow that Cecilia had not known of her mother's profound love. She also talked about the hope that they would continue to re-write their story together and grow in closeness, offering support and understanding to each other as women. This was the first time Cecilia had ever seen her mother cry or heard her speak about love, and her mother’s vulnerability before a roomful of virtual strangers was proof for a lifetime of her love and commitment. Cecilia had such an overwhelming experience flood through her body that she could only describe it as transcendent: time stopped and she felt she was in an altered state.

Life After Peak House

Making the transition back to her uncle’s house was difficult for Cecilia. She is happy living with his family and is only an hour away from her mother, however she missed the constant support and interaction of Peak House. The first month was a lonely time but the trust her uncle and mother have in her helped her stay on track. She spent a lot of time alone, writing in her journal, hanging out in her room, playing sports and taking the dog for long walks. Cecilia had a few coffee dates with her old boyfriend from the A&D day program, however he was still binge drinking on weekends and didn’t have anything to say beyond bar-talk. Cecilia realized she had moved on in her life and wanted more in a relationship so she broke up with him. This was the first time in a relationship that Cecilia had found the courage to be respectful to herself and the other person by telling the truth about her feelings and not letting it drag on by making excuses. Cecilia felt really good about herself for being honest and they continue to see each other once in awhile.
After the first few weeks Cecilia started to settle into a routine. She went back to the A&D day program and offered to help them get an aftercare support group going for young persons. She has been working on a volunteer basis, getting in touch with former clients of the program and inviting them to the group. For the first few weeks she was often the only young person at the group, however others gradually came by to see what it was like and now they can usually count on about eight participants. This group has been a tremendous support for Cecilia in bolstering her own strength and commitment, and in knowing that she is helping others by passing on her knowledge and experience. She met one girl in the group who is in a similar place as she is in terms of her age and commitments and they have started hanging out. She also has a strong sense of connection to the staff in the program and their conversations have helped her get through some difficult times.

Cecilia went to a few AA meetings when she got home even though she doesn't like the philosophy because she had gone to some meetings with Peak House where she met other young persons and thought it would be a good place to make new friends. Unfortunately she couldn't find a meeting with other young persons in her city and got really annoyed with AA thinking. Cecilia thinks its ridiculous to make a person who has a year sober start all over again counting days just because they have a “slip”. She also doesn't mind if people get upset at the meetings, however she can’t stand the focus on the past, the telling of “war stories” and hearing people call themselves weak and put themselves down. She found that she was leaving the meetings feeling depressed.

Cecilia and her mother have a date to meet for coffee once a week: they have continued to share their journal entries with each other. Cecilia feels honoured that her
mother is telling her stories from the past about hard times that she has never told anyone before. She is proud of their relationship which seems more like a friendship, based on new respect between them and the fact that they do not let old problems from the past come between them and take over the conversation. Cecilia and her step-father continue to have a cautious relationship. Now that she has demonstrated that her life is back on track he has approached her with offers of financial assistance, however Cecilia still resents the fact that he withdrew all support at a time in her life when she most needed it, and has decided not to take any of his money. She wants to show her step-father that she can make it on her own even though it means a lot of hard work and sacrificing, and show him if he wants a relationship with her in the future it has to be more equal.

Her sister's wedding was a wonderful opportunity for Cecilia to celebrate with her extended family, many of whom hadn't seen her healthy and happy for years. She was proud to be standing beside her sister as she took her vows, and was struck by the knowledge that this moment would not have been possible in her old story. The wedding was “dry” and Cecilia never even thought about needing to have a drink, however afterwards most of the young persons were going off to a local bar and invited her to join them. She struggled with the desire to be part of the party but finally decided she did not want to put herself at risk and stayed behind.

Cecilia has found it difficult to meet people because she has just moved in the past year and is not in high school anymore, so she doesn't have those ways of connecting. She has had a few opportunities to go out to the bar with new friends and it has been difficult for her to say no. Cecilia makes plans to meet people during the day for coffee, to go hiking, to a
movie or shopping, but she still feels like she is missing out by not being able to go to parties, and she spends most evenings at home.

Cecilia is on the waiting list for the Early Childhood Education program and in preparation is working full-time, paying off her debts and saving money for the first time. She is determined to become financially stable, take care of her own business and not rely on family to bail her out. She believes that the most important difference in her new story is a commitment to honesty and accountability. Cecilia continues to write in her journal on a daily basis, and finds it affirming to be able to look back and reflect on how much she’s struggled through and overcome. Reviewing her journal keeps her from getting distracted and caught up in the moment and helps her maintain a focus on her future. Finding ways to belong without having to fit in is an ongoing challenge that Cecilia doesn’t expect will go away, but she has a sense of connection to herself now that she wouldn’t trade, and she knows how to handle the lonely times.
Commonalities in Narrative Accounts

The Story Before Peak House

The co-researchers' experiences were fashioned into narrative accounts which were then analyzed for converging themes to identify commonalities in their lived experiences during the re-authoring program. Gathering stories about their lives before they entered Peak House and after program completion created a broader context from which to understand their re-authoring experiences. The main themes that characterized life for the co-researchers before they entered Peak House proved to be more similar than dissimilar and included the following: substantial loss, separation and disconnection in family and community relationships; problematic use of alcohol and/or drugs from an early age; a sense of not belonging to themselves and in the world; a traumatic and/or life-threatening crisis; an experience of some drug-free time; and a period of contemplation and reflection.

Summer had two very different experiences in Peak House (consult Appendix C for interview). The first time she entered the program she used drugs up to the day before her intake, had not made a personal commitment to changing her lifestyle, struggled with being in the program, and was asked to leave within 3 weeks. Over the following 6 weeks she remained drug-free and engaged in a significant process of contemplation which led to her re-entering Peak House and thereafter successfully completing the program. Summer explained, “I just wasn’t ready...I needed “clean” time...I started to think of the consequences of what I was doing...I didn’t want my life to go down the tubes again.” Summer’s account of her experiences provided diversity to the study through descriptions of her earlier experience as a not-successful participant at Peak House, followed by her later successful
experience. For the purposes of identifying commonalities in this study I focused on themes emerging from the description of her second time at Peak House.

The Peak House Experience

The themes that characterize commonalities in the co-researchers' lived experiences during the Peak House program are connected, interrelated and overlapping. They have been grouped into 17 categories of common experience under four main headings. The degree to which a category was spoken about was not considered the sole indicator of significance, and as such, some categories contain relatively little information but are important as they add to a more comprehensive understanding of the experience. The four main headings are: Experienced a Sense of Safety; Took Apart or Deconstructed the Problem Story; Constructed and Engaged in Performances of a Preferred Story; and Celebrated Program Completion and Story Re-authoring.

Experienced a Sense of Safety

The three co-researchers spoke of their experience of feeling safe at Peak House as central to the process of becoming comfortable and developing trust for the staff and other residents. The first week in the program the young women felt a mixture of anxiety, fear, and excitement and they spoke about their movement toward a sense of safety in meanings as diverse as the physical, emotional, psychological and spiritual.

Had respect for the guidelines. Having lived in a wide range of abusive, disrespectful and unsafe environments, the co-researchers shared in their appreciation for the seriousness accorded the program guidelines by the staff. As a First Nations woman entering into a white-dominated environment Sarah was very nervous and concerned about safety.
The first week was really crazy, very uncomfortable, being with a bunch of strangers...mostly white people. But everyone was so respectful...it made it easier. I figured out pretty quickly that no one was going to call me down, make racist remarks, or threaten me. Like that just wasn’t okay, it wasn’t going to happen or you’d be out of there. Even if you put yourself down it was challenged by one of the counsellors as disrespectful to yourself....It felt safe...I knew I could trust the staff if anything did happen. Like I could go to someone and talk about something that was going on that was not okay and it would be confidential.

Cecilia arrival at Peak House felt “a bit scary” at first, and she also credits the guidelines for helping her in gain a sense of physical and emotional safety.

It’s like being in a plastic bubble at Peak. Very safe...not like in the real world. The guidelines are a bit much at first, but that’s how come I was able to relax a bit...like I knew there wouldn’t be any physical violence or drugs in the house, and disrespect wasn’t okay. I mean I was beat up by a girl at a party just before I came to Peak House...but it would never get to that at Peak. If there was a threat or even some bad feelings it would get talked about and someone might have to leave. And nobody could just walk into my room, not even staff...that meant a lot to me. Nobody was going to read my journal or go through my stuff.

Summer also referred to Peak House as being “like a plastic bubble” and noted that several former residents refer to it in similar terms because of the safety it provides. Both times in the program she spent the first week keeping mostly to herself, observing what was going on. Her previous life at home and on the streets had taught her that “you always have to be on guard, you have to watch your back at all times...don’t trust anyone.” The program guidelines around respectful behaviour and non-violence were surprising to her and at first seemed excessive.

I mean once I got used to the guidelines I could see why they were important. I still didn’t like them...I felt like my freedom was being taken away...but you have to have some rules to make it safe. A lot of kids come from abusive places and they’re not going to relax and start talking if it’s not safe. Like if kids are bringing drugs into Peak House how safe are you going to feel? Or if
someone goes in your room? And with some of the guys, how safe would it be if they were allowed to get away with challenging people and threatening them...but I think it’s just about respect...that’s how it works there.

Had a new experience of being respected by adults. The co-researchers described the safety of being in relationship with adults who acknowledged them as the experts on their own experience with valuable knowledge about the problems associated with substance misuse. This experience stood in sharp contrast to many of their previous interactions with professionals and other authority figures. For example, Cecilia came into the program with a history of several stays in hospital psychiatric wards following drug overdoses, and was concerned that she would be labelled “crazy” and “unstable” by the staff. Instead she says she found,

...total respect, like they don’t think they have all the answers and we’re just a bunch of losers because of the things we’ve been through. They acted like I was the one with the answers, and they didn’t put me down for the stuff that had happened...they listened to what I had to say about my life. I wasn’t automatically looked at like I was weak or I had something wrong with me like when I was in the hospital.

Summer’s previous experiences had nurtured in her a deeply skeptical attitude toward adults who talked about respecting youth, and her life on the streets had been largely characterized by disrespectful relationships. It was difficult initially for her to trust that the respect she saw at Peak House was for real.

Everyone seemed too nice to each other, too polite. Everything was too perfect...I was used to the street. A kid calls somebody a bitch at Peak and it’s like “oh my God!” and you have to sit down and there’s all this mediation and shit. (laughs)
I couldn’t believe they (staff) were serious...but then I started to realize that they weren’t just bullshitting, that respect was a really big thing and they were for real...so after awhile I thought I could probably trust them a little bit, so I decided to give them a chance.”

Sarah’s experience was similar in that once she believed that the staff really did have respect for the residents she was able to start interacting from a place of trust. As she explained,

I didn’t have very many experiences with being respected by adults, so when it happened it was strange...but after awhile it started to feel good...like I could trust it. Like I had that with Mary but that was about it. My experience is that adults talk down to you, especially counsellors and therapists. Or anyone in authority...experts. It’s an age thing. Like you’re supposed to be stupid because you’re young. A big part of that was the staff had enough respect to trust us. They didn’t assume we were going to fuck up...like they’re there to help you but you’re the one who has to be able to help yourself.

An emphasis on collaboration throughout the program honoured the young women in a way that proved to be a significant factor to them in making positive connections with staff.

Cecilia referred to the mutual respect between staff and residents as one of the foundations of the program.

One of the things that helped me get to trust the counsellors is they didn’t put themselves above us. We were like a team in a way, everybody was important...it wasn’t like we were only teenagers so we didn’t count. I mean they knew things, but we know things too. Not like with most adults where what you think isn’t important.

It wouldn’t work if they didn’t listen to the residents and have total respect for their ideas. Like it would be too much like school, or jail, or living at home...because they do have guidelines and structure and you can’t just go off by yourself. But you know they respect you as a person and not just a kid, and that becomes the biggest thing.

Had a new experience of men. All the co-researchers commented on the different experience they had with male staff as being an important part of their sense of safety at Peak House and to developing a new story about men. For example, Sarah’s previous
experiences of abuse had influenced her to believe that “men were all pigs”, and her relationships with the men at Peak House had a huge impact on revising her opinion.

Peak House is such a safe place... the fact that you need to respect each other, that there are guys in the world that do good - like (male staff) is a feminist - like wow. I never knew that was possible for a man. I thought they all talked crude and perverse about women, so they could oppress them. I always thought that, and really it’s not true. All the men - like every one of them is respectful to women. And that was a very good experience for me cause I know now that not all guys are obscene. For some it’s really true, but they’re not all like that.

Summer’s recruitment into prostitution and subsequent degrading and dehumanizing sexual experiences had a huge influence on her views of men. When Summer first got to Peak House she “hated all men, I thought they were scum. I thought that men were the cause of all womens’ troubles and they should all be lined up and shot.” Getting to know and trust the male staff at Peak House, and also meeting a male resident with whom she subsequently had a positive romantic relationship enabled Summer to have new experiences that opened the possibility of engaging in more equal and respectful relationships with men in the future.

The men at Peak House were different... they were actually challenging us (female residents) not to put ourselves down, or refer to other women as bitches or stupid... anything disrespectful. That was amazing... I’d never seen that before. And you could talk to them and they would listen. Like if they did something you didn’t like... or it wasn’t clear what was going on... like they didn’t get all defensive and lose it. You could talk about things with them and get a male point of view that wasn’t sick. And they challenged the guys, like if we were out in the van and they were making comments about some girl who was walking by or something... it wasn’t cool. But we couldn’t do it either.

And then I met Bryan (resident) and he’s just helped me so much it’s unbelievable. It’s just changed my perspective so much. Just having it proven that there’s actually a good guy out there my age who actually gives a damn, and is after something other than sex. Like he challenges me if I’m making judgements about men so I have to think about it in a different way... like how
can I hate all men if I don’t think that way about him? And he’s just so respectful of women.

Unlike the other two co-researchers Cecilia did not have a history of sexual abuse, although she had felt objectified and intimidated by men, and had taken on the role of “a doormat” in many of her romantic relationships. Interacting with the male staff gave her a new experience of men being accountable and respectful and challenged her notions of respectful relationships.

I had never thought about some of the things we talked about. Like about men and power...if they have more power then they need to be accountable. So it was so cool when all the girls got together and we talked to the guys (residents) and the men (staff) and told them that we weren’t going to do all the chores. Like they would only do half a job and you’d have to clean up for them and stuff. And that was really cool because the men didn’t get all defensive and argue and they made sure they did chores with the rest of us. I was afraid to even have that conversation. Really nervous. That would never have happened with my step-father...even my mother would never stand up to him like that. So it was cool.

I had some really good talks with (male staff) about stuff and about being respectful to myself...the way some of them are is the way I want my relationship with a guy to be, and the one I was in wasn’t how it should be. That’s why I broke up with him. One thing I learned from the guys there is that you have to have respect both ways. Nobody should be a doormat and lots of women are. It wasn’t just me.

Experienced being part of the therapeutic process rather than the subject of it. All three co-researchers talked about the significance of having collaborated in setting the agenda for their own process of change rather than having had things done to them. They experienced a sense of safety by being treated as unique individuals and having their thoughts and ideas listened to with respect and validated as worthwhile. One of Summer’s biggest fears in giving up drugs was that she would lose her creativity, and she was initially
concerned that people at Peak House would try to mold her into someone she wasn’t and
didn’t want to be.

I just had this idea that people were going to expect me to be a certain way
and act a certain way and I didn’t want to play that game. I mean I knew it
wasn’t NA kind of treatment but I didn’t expect them (staff) to sort of let you
do your own thing...find your own way. You get asked lots of questions...lots
of questions...but you don’t have to answer them and I liked that
too...otherwise I would have just shut down. They were interested in what you
had to say but they would still challenge me a lot so I had to think about
things. Decisions were made based on each person and their situation, like
going home on weekends or taking a time out and you had input, it wasn’t
like ‘these are the rules and that’s final’. It was flexible...it would never
work... like no kid would stay otherwise.

It was particularly important to Sarah to be able to set her own boundaries around what
would and would not be included in her conversation with the group at Peak House and to be
respected for having her own wisdom as a First Nations person.

Like I was not going to be told what to talk about, no way. We got to decide
what we wanted to talk about, if you didn’t want to talk about a certain
subject that was okay. I didn’t have to talk about what had happened to me in
my past. I made the choice to talk about it in individual sessions but it wasn’t
like, “oh you have to deal with this abuse thing or you’ll start using again”. It
was much more respectful. I wasn’t ready to really deal with it until after I left
Peak...and that was because I’d already felt safe enough to talk about it. No
one told you what to think...I mean you were constantly being challenged
about what you were saying but you got to decide for yourself. Everyone is
different and so what you worked on was different for everyone...even though
we were all going through changes at the same time they were our own
changes unique to us. What works for me is not going to matter to someone
else. And I have a different history being native...well some of us had the
same background...but you can’t tell me what it’s like for me to be living now
as an urban native girl from where I come from. And that was respected.
People listened to me, like that saying “you’re the expert on your own life”.
They didn’t try to tell me about myself.

Cecilia found that having therapeutic ideas explained to her made a big difference in her
ability to make choices about what she would work on at Peak House, and she also talked
about the influence her ideas had on the therapeutic process at Peak.

I just really liked that the ideas behind things were talked about and it wasn’t some sort of secret thing that was happening where the staff would go into a room and make all these decisions about us. I never really understood at (previous A&D program) what the philosophy was, like why we were doing certain exercises and stuff. It was a really good experience and it helped me feel better about myself for when I got to Peak, but I didn’t really understand the process. Like I know they’re the counsellors but it’s better to talk about the ideas and the thinking. Especially for me cause I like to know things. It helped me make choices at Peak House, like what I was going to work on... like I talked with my therapist and we did it together. Maybe we don’t know as much as the staff but I know there were things I said that changed how she did things and how she saw things. You kind of do it together.

Summer’s experience included having her request for a special group turn into an actual structural change in the program. Summer had written a letter to the man who recruited her into prostitution and together with her therapist decided it would be helpful to talk about it with the other young women in the program, however she did not want to share it with the male residents. She needed the safety of a group with the women by themselves to read the letter. The group was so meaningful and inspiring for the young women that they asked for it on a regular basis, and separate gender groups have continued as an integral part of the program.

It felt good, I mean to actually have the program change because of something I did. I mean it wasn’t just me, but that felt really good cause I know the gender group still goes on and I know it’s really helpful to girls to have a safe place to talk. I feel good about that.

Embraced the story metaphor as a way to make sense of their lives. The co-researchers thought the narrative metaphor made sense: that through the stories or narratives of our lives we make sense of their experience, and that these stories are not, as Cecilia put it, “the whole truth and nothing but the truth.” They were in agreement that this was a
therapeutic approach that was totally understandable to them and gave them back a sense of control over constructing their own lives.

In relation to the story metaphor, narratives we construct about our lives do not encompass the full richness of our lived experience; however they do have real effects in shaping our lives. A problem narrative emphasizes certain experiences and subjugates others: an experience is subjugated when it is invalidated or disqualified by the power of the dominant story. Accepting the reality of the subjugated experience involves taking a position that the dominant story is wrong and undermining the reality of the problematic narrative.

Knowing that they could challenge the old oppressive story about themselves and re-author a new more preferred story about their lives was empowering and liberating. As Cecilia explained,

The most exciting thing I learned was about re-authoring your life story. When that was explained everything just seemed possible to me. Like it wasn’t all my fault and there wasn’t something wrong with me...I was a lot more than a loser alcoholic. And all that loneliness, feeling like shit, the suicide could just be left in the past. I got it that I didn’t have to be a victim...I could actually be the author of my own new story that had nothing to do with alcohol or suicide. Even my mom liked talking about new story/old story and we both decided we wanted to re-write the story of our relationship. That was cool.

Although Sarah was equally enthusiastic about narrative ideas she found it more difficult to imagine leaving her old story behind. She talked about her struggle to embrace a more positive alternative narrative about her life.

At first it was very strange for me cause you do get used to the whole new story, like who I am today and all my experiences that go along with it, but it was a hard thing to get used to...not focusing on the past...cause that’s what I’ve always done and so has my family. Like I’m a fuck-up, blah blah blah. So
I felt kind of confused and unsure of myself. Like some days I believed in my new story and other times I didn't and all the memories of the past would take over. But I wanted to believe I was this other person and after awhile it just becomes natural to think in terms of the new story... I think different now, more positive. But it takes time to think in terms of the future.

Summer had never believed that it was possible for her to change and to be free not just from the oppressive story of abuse and drugs in her life, but also from depression.

I like the idea of being able to re-write your own story. It just gives you a feeling of having some control over your own life. You can leave all the bad stuff in the past and try to forget about it. I mean you never forget about it but it's not so powerful. I never really thought it was possible to live without drugs...or not to live under a cloud. Like I can actually change the way I feel now and I didn't think I was ever going to be able to 'cause it had been with me for so long. It still is a bit, but it's not nearly as bad as it used to be. It doesn't control my life anymore...I have the control.

Experienced a sense of belonging. An experience common to all the co-researchers prior to coming to Peak House was that of not feeling belonged - to themselves, their families, their peers or their communities. They spoke about the safety they experienced at Peak House making possible “connection” and “belonging.” As a First Nations person Sarah hadn’t known what to expect coming to a non-native treatment centre and was concerned about “fitting in” with the other residents. After a few weeks she found Peak House to be a “very positive experience, because I felt like I belonged there. It was a very safe environment to get to know other kids in”.

Sarah went on to talk about the connections she experienced,

People really care about you there. It wasn’t phony. Like (counsellor) would make us hot tea at night to help us get to sleep, and wake you up singing. Stuff like that like I’d never had. A lot of the staff were really nurturing and so you knew they did care about you and that really helped me feel I belonged there.
And the other kids...we weren’t the same...like they didn’t have the same sort of experiences I did. But I think the welcoming ceremony is really good. Even though people don’t know you they tell about themselves a bit and put their hopes for you in the stone. And that feels like they do care about you and you’re all in the same place in a way...fighting the same problems.

Cecilia also talked about the importance of the welcoming ceremony in terms of feeling like she was at the beginning of something new.

I really liked picking my stone. That really felt good. It meant a lot to me to have it for the whole program, and I still hold it now sometimes when I need to. The welcoming is an big part of realizing that you’re really there and you’re really starting a new story. I felt like I belonged after that and it was going to be a new beginning for me.

Coming into Peak House Summer thought that no one would be able to understand her experience, that she was totally alone, and no one could really help her. She talked about the importance of her relationships with the other residents:

It was a chance for me to develop some really special friendships. It was really helpful to be in treatment with people my own age. I learned that I’m not so alone after all. Like you get the chance to hear what other kids think about things. But it’s the first time I really got support from people my own age who were going through similar stuff.

**Took Apart or Deconstructed the Problem Story**

Deconstruction involves a complex interrelated set of therapeutic practices. First, the process focuses on the problem rather than on the person as the problem. Second, various dimensions of the situation are explored and named as influences that contributed to the original construction of the problem. Third, evidence of conflicting and alternate stories are identified as exceptions to the dominant story. The co-researchers described various aspects of this process.
Learned to externalize the problem. The co-researchers described feeling liberated and empowered when they began making a distinction between themselves and the problem story (the person is not the problem, the problem is the problem). Understanding the problem as outside of themselves rather than as an essential feature of their identities disrupted taken-for-granted use of deficit language in self-description. For example, Sarah had always thought of herself as “a fuck-up” and was amazed to realize how much of a burden it had been to wear that label since childhood. In her words, “I got it that what was fucked up was not me, like I am not the problem, but it’s about society and the world and the way people treat each other that has caused problems in my life.” Cecilia talked about her previous experience attending AA support groups,

I could never accept the alcoholic label. It just made me feel like a tiny, weak little person with all these big problems I didn’t have the power to change...now I know I am not the problem, like I'm not some alcoholic, the problem is alcohol and a lot of other things in my life that came before...the way it’s hurt me.

Summer named abuse, depression and drugs as problems that brought more trouble into her life through her recruitment into a life on the streets and prostitution, and said that she “started to get self-respect back when I put my problems outside myself and really looked at them”.

Identified influences that provided a context for the problem. Unmasking and naming wider social and cultural forces implicated in the support and maintenance of inequalities and oppression marked a significant turning point for the co-researchers in gaining a broader perspective on their experiences. For example, Summer began to understand prostitution as a particularly degrading and dehumanizing experience that falls within the context of a society
that in many ways supports the oppression of women. In her words,

I felt so disgusted about myself...what I’d done. But that was one of the
effects of the whole thing so you get depressed and do more drugs and then
you can’t get out. I mean it’s everywhere, on T.V., movies...women as objects
and sex toys. Lots of girls get tricked into doing it when they’re doing drugs.
They just use you. You get exploited.

Sarah had never fully recognized the impact of racism on her cultural and family history and
on the construction of substance misuse problems and abuse in many First Nations
communities.

I knew about racism...I mean of course. But it isn’t just natives who have
alcohol and drug problems up north. It’s everywhere. So I didn’t really fully
get the connection. And then we were talking about how the natives got
tricked and fed alcohol and had our culture and land stolen...and the reserves
and the schools...and all the effects of that on my people. And on me. No
wonder I felt so angry. Lots of things have made problems in my life, have
made things hard for me.

**Identified exceptions to the dominant story.** The co-researchers were encouraged to
identify “unique outcomes”, actions and thoughts gleaned from their personal histories that
did not fit into the problem-saturated story. This rediscovery of more preferred goals, values
and behaviours continued throughout the program, and although only captured by the co-
researchers’ narrative accounts in a general sense, provided a key entry point to the re-
authoring of alternative narratives. For Sarah the process involved the acknowledging,
honouring and voicing of her strength, resourcefulness and knowledge as a survivor of
numerous abuses and injustices. Summer remembered the best parts of herself that abuse,
depression and drugs had tried to steal from her, such as her athletic abilities, creative
expression and wisdom. Cecilia brought forth remembered experiences of herself as an
honest, respectful and self-confident person before alcohol gained control of her life. As the
program continued the co-researchers were encouraged to notice and pay attention to “news of difference”, alternative decisions and actions they were taking that fit more with their goals, intentions and values - authenticating their own truth claims about themselves and their new story.

**Constructed and Engaged in Performance of a Preferred Story**

Construction of an alternative story involves a complex interrelated set of therapeutic practices focused on helping a person identify and begin to perform her own preferred way of being in the world. Through a process of attributing alternative meanings to the actions and events that have contributed to a problematic story of a person’s life and by paying attention to the “news of difference” in a person’s life that might otherwise go unstoried, new narratives emerge that fall outside the problem-saturated story.

**Took up a position of responsibility in relation to the problem.** The co-researchers were encouraged to take responsibility for solutions to the problems substance misuse had drawn them into. For example, Sarah often told herself and other residents, “you can live in the problem, or you can live in the solution”. She learned to “stop using drugs and alcohol as an excuse, stop beating up on myself and focusing on the past...you start to realize you can do something different, you have a choice.” Cecilia described it in this way, “I am not the problem, but I have a relationship with certain problems and I can change that relationship by being honest and owning up to things. I can’t change everything else, but I can change my own stuff”.

**Shared and reflected upon problematic gender narratives.** The co-researchers described their enthusiasm at being introduced to ideas about gender and the influence it had
on problems in their lives. Sarah was the only one of the three who was at Peak House before weekly gender groups were structured into the program, however she had rich memories of re-authoring groups where gender provided a context for conversations ranging from perfectionism and body image to cultural and social expectations of women. She described the impact of these conversations on her relationship with herself and other young women.

I had always not trusted other girls. Like there was just always this competition...and I know other girls think they have to look a certain way too, but I still figured it was my personal big problem...now I’m not going to play that game. Like I let go of certain pressures of being thin, this whole eating disorder thing...the whole idea of being thin and beautiful and anorexic is the look, and really it’s very unhealthy, and it’s not what you’re supposed to look like...you’re not supposed to be 100 pounds and really skinny. So if I’m not competing with other girls with my looks then we can be friends, right? Like I started to trust girls and be able to talk to them about stuff that keeps us all down, because we all have to deal with the same oppression, it doesn’t matter how good you look.

Summer and Cecilia spoke about the importance of having a separate gender group where they felt safe talking about topics such as sexuality, intimacy and power. Neither of them would have spoken about their experiences in front of male residents for fear of being judged and labelled. In Cecilia’s words, “they would look at you like you’re a slut if you had sex with more than one guy, when a guy can sleep with a hundred girls and everyone thinks he’s such a stud.” They also described the effects of their trainings in competition on their relationships with other young women, and described a new sense of connection as a result of these discussions. As Cecilia explained,
We had this amazing talk about sex and intimacy and the difference in relationships...like that would never have happened if we'd been with the guys. Girls say different things to guys, cause it's not safe to tell them how it really is, or how we really feel. But we told the truth to each other and we were all feeling the same way...I learned so much from that group. Now I think about girls as my supports and before I used to just talk to guys and stay away from telling girls too much. We get ripped off by competition.

It was at Summer's request that a separate women's group was held so that she could read her letter to the man who recruited her into prostitution and have a discussion about the effects of prostitution on her and on her relationships. She talked about that experience for her.

That would never have happened before, like never. I did not trust girls. All my closest friends were guys. That's what I thought before. I knew that a few of the other girls had done that too (prostitution)...but we had never really talked about it. And it was just so powerful after I read it, how everyone was so affected by it, upset... and they just started to open up about it. It really helped. We were much closer after that, way more supportive to each other.

Spoke in her own voice and reclaimed authorship of her story. Each co-researcher re-positioned herself as the author and central character in her own story, a character with the knowledge and strength to work through difficulties and overcome problems. Through speaking their own stories they were able to claim credit for their changes and the difference they were making in their own lives, countering the oppressive story of substance misuse.

For Summer, positioning herself as both the author and teller of a new alternative story of how she was tricked and recruited into prostitution helped her validate her own voice, empowering her to speak about her life on her own behalf. In her words,
It was...a really really powerful experience. I took a huge risk reading that letter out loud...but I got to say how it really happened and what it was like for me...I just felt like I took back a huge part of my life, it wasn’t my fault and there wasn’t something wrong with me...it was kind of a breakthrough. I had a lot more confidence in myself after that.

Sarah also had the experience of claiming authorship of her story. Even though her story had been made public within her family and in the courtroom, aspects of the trauma remained very private and unspoken by her. Talking about these private elements of her story in individual sessions helped her develop a deep appreciation for the tremendous pain and losses she had endured and validated her own voice so she could speak about her life on her own terms.

My mother blamed me...she used to blame me because he (step-father) killed himself. Like it was my fault. And then she lost everything...the business, the house...and she was drinking and drugging. I could not speak about how I was feeling. It would just trigger her...and I wanted to have family, so mostly I just shut up. So it was the first time I really got to say how it was for me and how it still is sometimes. It’s not easy to talk about but that really helped...that was the beginning of it being my story and not all about everyone else.

Experienced competency and success. The co-researchers all had experiences at Peak House of identifying and putting into use their own knowledge about how to deal with the problems substances had introduced into their lives. Constructing a new view of self as competent entails challenging aspects of the old view and identifying aspects of the new. Co-researchers talked about practicing small steps, and the importance of having changes noticed and highlighted by themselves and others. They were influenced by therapeutic conversations generating rich descriptions of solution knowledges, as well as by information gleaned through casual conversations with other residents in the smoke pit. Co-researchers
spoke about forming new descriptions of themselves as persons with competencies and abilities, contradicting dominant stories of inadequacies associated with substance misuse problems. Sarah described having a revelation about her own abilities,

I was not a fuck-up! I had some good ideas and I had already survived so much, like I know a lot. I already had "clean" time on my own so it's like how did I make that happen? I just had never had anyone talk about how strong I was to get through all that...like I took care of myself all that time, maybe not always the best, but I did it. I just started to look at myself differently when I realized that.

Cecilia had a similar experience of competence after she had gone home on a pass where she had been able to extricate herself from an unsafe situation at a bar.

I didn’t think it was a big thing but when I got back it became this really big thing that I did in standing up to my old story. Like the staff and the other residents all thought it was amazing that I’d been able to stand up to my friends and just leave...and I realized “yeah, it is something”...I’m really strong and I know how to take care of myself...I’m not a doormat. I didn’t think it was a big deal, but it was a big deal...it made a difference in how I thought about myself.

Summer also stood up to invitations to use drugs and alcohol on a pass, which was a first for her and “made me feel really good about myself...it gave me hope that I could actually stay clean”.

**Practiced resilience in the face of challenges.** The co-researchers all spoke about times during the program when they experienced frustration and hopelessness and felt like “giving up”. During these times they were encouraged by support from staff and other residents, being reminded that ups and downs are all part of the process of change and that having to face challenges to their new story was to be expected. Despite often formidable odds, each of the co-researchers was able to persevere and resist getting pulled back into old
ways of thinking and acting. They were encouraged to plan for unpredictable circumstances so that each challenge would not end up as a crisis or tragedy. The co-researchers described experiences of maintaining their relationship with hope despite discouragements. Sarah shared how she persevered in standing up to hopelessness and depression during her last few weeks at Peak House.

I had some bad news from home, it just felt hopeless, like they’re never going to change...then I had a nap or something and I’m balling because I had this terrible nightmare...and it just started to happen, the depression. It was really hard to keep going, cause I was dead tired during the day and not sleeping at night. People there helped me a lot, just to know that I had already been through so much and I could get through this and I wasn’t going to use and I wasn’t going to die. I could do it. And I stayed in the program and kept doing everything, participating, even though I felt like crap. It was pretty amazing that I could do that. It made me strong.

Summer often found herself getting anxious during the program, worried about her future living situation and the possibility that she might have to return home. She describes facing up to the uncertainty and not “running”.

I did not want to go home after Peak. And I didn’t know about Plea, people were saying different things about what was going to happen. And the pressure from my parents...they wanted me home but things were still the same there basically...even though things were better in family sessions, that would have been a bad move for me. Before I would just say “fuck it” and go get wasted, but I got through it. It was a big change for me. I figured whatever happened I had a better chance if I wasn’t getting wasted. But it was really, really hard some days to do it and not just take off.

Adopted a reflexive posture. The co-researchers engaged in a variety of practices encouraging of a reflexive perspective on their experiences. They experienced an increase in critical awareness during the program through their participation in activities ranging from therapeutic conversations in daily Re-authoring groups and the weekly art therapy group, to
the writing of personal journals and letters. Cecilia and Summer described participating in “listening” groups in which they divided into two sides: members of each group were asked to listen to the other group speak and then reflect on what had been said, speaking from their own experience. As Summer described it this was helpful in widening her perspective.

It’s like if you start with a small conversation between two people and then other people talk about that, and then it goes back to the first two people and just keeps getting wider and bigger, like circles. It made you think about a lot more, like a lot more was always going on than what it looked like when it started.

Writing in a journal on a daily basis assisted the co-researchers in recognizing and mapping their own process of change: as Sarah commented, “It helped me monitor myself and where I was at, so I wouldn’t get off track and I could see how far I had come.” For Cecilia, sharing parts of her journal invited the participation of a wider audience in the re-authoring of her life and relationships. Each week after gender group she would write an entry about what she had learned from the group and read it the following week, inviting comments and further discussion. Cecilia described the impact of sharing her words in the context of an individual session.

I would take my journal into sessions and we’d talk about it and that was really good. Just having her (therapist) ideas too. Cause I was trying to figure out what I believed in and my values and stuff...well I still am. Like we had a whole bunch of conversations going on - the one I had with my journal, the one me and her were having...the one I was having in my own head during the session...and the one she was having in her head. And then I would go and put all that back into my journal. That’s so weird but I always think that way now when I’m in a conversation...how big it is.

Recruited a community of concern. The co-researchers spoke of the importance of building a support network of family, friends and professionals during the program. In
addition to the obvious emotional benefits gained from supportive relationships, they all specifically emphasized the importance of creating a community of others who could witness and acknowledge the changes they were making as they went through the program. They spoke about support in terms such as “being validated”, “being heard”, “feeling authentic”, and “people seeing I had changed and telling me”. The co-researchers shared in the experience of feeling that their new description of themselves was especially validated through relationships with others who had known them before Peak House and could appreciate the new developments in their lives in a broader context. They also emphasized the importance of building connections through new understandings on everyone’s part. As Cecilia put it,

It wouldn’t work if I was still blamed for everything. I’m not the only one who had to change...and I can’t do it by myself. If nobody could see how far I’d come, how real would it be? It’s not enough to do all this work and have no one else get it except the people at Peak House. I’m really lucky that my mom came in for sessions and got to be part of it. She could see the changes I was making...she has a better understanding and more respect for what I did.

Cecilia lives outside Vancouver and does not have access to a Fight the Power support group, however she made plans during the program to start a support group when she went home. Summer and Sarah both spoke about the positive experience of being part of the youth Fight the Power support group in Vancouver, in terms of the personal connections they formed with former residents of the program and the support they garnered from their stories. Sonya said that the group “gave me hope, especially that I met people there and I had no friends... so it helped me cause I knew who I could hang out with after the program and I wasn’t going to be totally alone with no friends.” Summer also talked about building a sense of connection
and the sharing solution knowledges in the group.

That group is really important. You get to hear other peoples' stories and it gives you hope that there is a life after drugs...other people your own age have made it. And you can learn so much from others who have gone through it and been successful, even if they still struggle sometimes...some of the stories are just really powerful...when I was having a hard time it helped me to remember what someone said or what they did and just know I have a place to go where people understand what I'm talking about.

Became a consultant to others. Each of the co-researchers had experiences acknowledging of her new status as an expert not only on her own life, but on the problem of substance misuse and its effects on other young persons' lives. They were invited to act as consultants in several different contexts including speaking at schools to other youth and teachers, consulting to professionals in a narrative therapy training course, and appearing as panelists at provincial Child Care and Alcohol and Drug conferences. Their role as consultant provided them with an important audience for their new description of themselves as young persons with the knowledge and abilities to deal with their own problems. Through the telling of their own stories they provided a powerful example to other young persons who might have been struggling with similar problems, many of whom wrote moving personal letters to the co-researchers afterward. Sarah comments,

It was so cool to see how interested they were and some of the questions they asked. I was really nervous at first, but then it was really good...like we were passing on something that might be helpful to someone. And then we got those letters...some of them were quite sad, especially one girl who sounded kind of messed up. But she said because of something I said she was going to get help, so that felt really good. You realize how you can make a difference with kids, I mean they're not going to listen to lectures from adults.

Sarah also participated on a panel at a provincial conference for professionals, an experience that increased her confidence as an authority on solution knowledges that had enabled her to
free her life from drugs. In the past she had felt “disrespected and looked down on” by professionals and the experience of being consulted gave her a feeling of control, “I was the one who got to tell them what was up, instead of them treating me like some little victim who needs to be fixed” and, “they were writing down what I said, and afterwards a few of them came up and said how articulate I was.” Being in the role of a consultant was also an affirming experience for Cecilia, who described being asked questions by professionals at a training centre and realizing that it was going to make a difference to their perspective and to their practices.

One guy, I think he was a psychiatrist or something, he said he’d never thought of actually asking kids what works for us. He was totally surprised about what we had to say and then after he said it would really change the way he did things in the future...they were all asking us questions in a really respectful way, like they wanted to get as much as they could from us being there. That was pretty amazing. But that they’re going to do things differently, that’s the best...and I was part of that.

Celebrated Program Completion and a Re-authored Story

The commencement ceremony was spoken about by all the co-researchers as a significant and important celebration of their victory over substance misuse. They referred to the experience variously as, “the highlight of my life”, “a dream come true” and “transcendent”. The commencement provided an opportunity to be publicly acknowledged for what they had accomplished in completing the program, and to mark their new status as a competent and successful person in the presence of family and friends. The co-researcher’s special stone, chosen for the welcoming ceremony, was again passed around in a circle as each person said a few words, or many, to mark the occasion. The co-researchers all expressed the importance of hearing from residents and staff voice the changes they had witnessed over the course of
the program, as they were in the most knowledgeable position to authenticate the new story.

As Sarah explains,

The other residents were going through changes at the same time as me so they knew how hard it was, and they saw me day after day, so they knew...that was the first time I heard that they looked on me as an inspiration, like they admired me and thought I was smart. And I realized that I had also helped them too. It was really hard to sit and listen to all that and take it in cause its totally different than what I'd heard my whole life. But it was very special.

The co-researchers described the commencement as very emotional, especially when the stone passed to either or both of their parents. Cecilia had never before seen her mother cry, or heard her say “I love you”. Summer had a similar experience with her father.

I couldn’t believe it when he started to cry...I mean I have never seen him cry, not even when his own mother died. And in front of a room full of strangers, that was amazing. And when he looked right at me and told me how proud he was of me and all the changes I’d made...he was really really surprised by what everyone was saying about me. It was just really weird to see him like that. He was just choked and then he told me how much he missed me and how he wanted me to come back home because it was just so empty there. That meant a lot to me.

The co-researchers expressed feeling “proud”, and “amazed” as the stone passed around the circle and they heard family and friends recognize their changes and describe them as capable, strong and inspiring. For Sarah, it was the first time she had ever completed anything in her life that she considered meaningful, and although she felt incredible support from Mary at the commencement, she had feelings of regret that her biological family was unable to witness and share in this remarkable event in her life. Summer and Cecilia were thankful to have the opportunity to mark a new beginning with their families and put the past in the past. The ceremony heightened the co-researchers’ awareness of the transition they were making: deep feelings of sadness about saying goodbye to Peak House sat beside
feelings of great excitement about new beginnings, a chance to start living their new story “in the real world”. Sarah and Summer both spoke about having a feeling of “belonging to myself” during the ceremony, a sense of being “authentic”. Cecilia said she had “an overwhelming feeling of love” and described the experience as “transcendent...time just stopped, like in a dream, and it was like I was high but without drugs.”

The Story After Peak House

The co-researchers have all maintained a drug free lifestyle since program completion, a time period ranging from 9 months to 2½ years. The main themes characterizing life after they left Peak House included: moving to a new environment and separating from drug-using friends; experiencing a transition period marked by loneliness and loss; continuing to affiliate with a strong support network; continuing to persevere and learn in the face of challenges; maintaining a reflexive posture; and continuing their re-authoring experiences.

Summary

This chapter presented the research results in two sections. The first included third person narrative accounts of the co-researchers’ experiences before, during, and after their completion of the Peak House program. The second section outlined 17 categories of commonalities in the narrative accounts pertaining to the co-researchers’ experiences during the re-authoring program, which fell under four headings. The first heading was Experienced a Sense of Safety which was described in physical, emotional and psychological terms and organized in five categories: had respect for the guidelines; had a new experience of being respected by adults; had a new experience of men; experienced being part of the therapeutic
process rather than the subject of it; embraced the story metaphor as a way to make sense of their lives; and experienced a sense of belonging. The second heading was Took Apart or Deconstructed the Problem Story, referring to a complex set of interrelated practices challenging of a deficit self-description, and described under three categories: learned to externalize the problem; identified influences that provided a context for the problem; and identified exceptions to the dominant story. The third heading was Constructed and Engaged in Performance of a Preferred Story, and the eight categories that fall under it suggest a process indicating movement toward an agentic self-description. These categories are: took up a position of responsibility in relationship to the problem; shared and reflected upon problematic gender narratives; spoke in her own voice: reclaimed authorship of her story; experienced competency and success; experienced resilience in the face of challenges; adopted a reflexive posture; recruited a community of concern; and became a consultant to others. The final heading was Celebrated Program Completion and a Re-authored Story, in which the commencement ceremony was described as the marking of a transition from one status to another before important witnesses from the co-researchers’ communities of concern.
CHAPTER 5
DISCUSSION

Overview

In this study I interviewed three young women who had completed the Peak House re-authoring program. From the stories of their lived experiences I then constructed three narratives of overcoming substance misuse problems. A comparative analysis of the three stories to determine key themes of successful participants in the program yielded 17 commonalities under four headings. This chapter begins by addressing limitations of the present research, followed by discussions about implications for theory, practice, and future research directions. The chapter closes with a summary of my personal reflections on the study.

Limitations

There are several limitations to the present study which stem from the case study design employed. A common concern with case studies is the issue of generalizability. The purpose of this research was to explore the experience of young persons who have participated in a re-authoring program for substance misuse problems. This study does not attempt to test a hypothesis or construct theory but rather to bring forth knowledge and insights from which new avenues of investigation may emerge. As stated by Yin (1989) “case studies...are generalizable to theoretical propositions and not to populations or universes” (p. 21). Therefore the results of the present study cannot be applied broadly to other populations. Another potential limitation relates to the fact that the co-researchers are all young women of about the same age (16, 18 and 19) which may affect the research
findings in that commonalities may reflect gender and cohort effects. The findings therefore, may not be applicable to young men or to adults participating in similar re-authoring programs for substance misuse.

Another limitation related to the case study design is the issue of replication. The research context of this study involved multiple interfaces which could not be replicated by another investigator re-interviewing the same three co-researchers, and could lead to altered results. Therefore an attempt was made to clearly articulate my own role in the research so that other investigators may judge its trustworthiness and approach the subject in a way that can be thoroughly replicated.

Although rigorous measures were taken to reflexively examine my own biases, assumptions and understandings throughout the study, and to make these transparent, my own experiences in life and as a family therapist at Peak House may have influenced the results in ways that I have not been aware of or acknowledged. In addition, the co-researchers themselves were not free of the influence of their own biases, and while assisted by memories evoked through reading their journals, also made selective choices about what they chose to share with me about their experiences.

**Implications for Theory**

Commonalities revealed in this study tend to support the general outline of Epston and White’s approach to re-authoring therapy as it is presented in *Narrative Means to Therapeutic Ends* (1990) and as it has evolved since that publication in books and journal articles written by themselves and their colleagues working from a narrative perspective. As described by Epston and White, a re-authoring therapy is premised on the notion that lives
and relationships of persons are shaped by the very knowledges and stories that persons use to give meaning to their experiences, and certain practices of self or of relationship that are associated with these knowledges and stories. Persons can be aided in finding solutions to problems by separating their lives from knowledges and stories that are oppressive and impoverishing, and re-authoring their lives according to preferred knowledge and stories.

The present study identified commonalities in the personal experiences of young persons who successfully participated in a residential program for substance misuse utilizing narratively informed ideas. Adapting Epston and White's concept of re-authoring therapy to the drug and alcohol field represents a novel approach that has not as yet been given much prominence in narrative applications. Key aspects of their concept supported by this research include: utilizing collaborative practices with persons seeking assistance with problems; introducing the story metaphor; deconstructing the problem story; engaging in externalizing conversations; re-authoring a preferred story; and recruiting a community of concern.

The results of this study extend Epston and White's approach by identifying commonalities not evident in their discussion. The study's exploration of a re-authoring therapeutic approach in a residential program for youth struggling with substance misuse problems brought other novel themes to prominence. An example is one of the four main commonalities identified by this research, *Experienced a Sense of Safety*, which co-researcher's identified as a key ingredient in their successful completion of the program. Their accounts of coming to a place of emotional, physical and psychological safety in the program to a large extent focused on their experiences of being respected by adults and having new experiences of men through the building of relationships with male staff. Other
interrelated commonalities encompassed by the co-researchers’ experience of a sense of safety included: accepting and having respect for the guidelines; being part of the therapeutic process; building trust and experiencing belonging; and, forming new connections with others. These overlapping themes descriptive of a sense of safety were evident throughout the co-researchers’ accounts of their experiences and suggest that they provided a secure foundation and structure for their on-going re-authoring work in the program.

Many of the commonalities revealed in this study that have been discussed by narrative theoreticians take on very different meanings within the context of re-authoring work with young persons struggling with substance misuse problems. For example, the commonality identified influences that provided a context for the problem is widely accepted as an integral part of the process of deconstructing the problem story. One of the contextual influences identified by the co-researchers concerned the negative effects of being labelled as alcoholic/addicts, weak, and “fuck-ups”. They expressed that in being labelled with those identities they were influenced to feel hopeless, damaged, and powerless to overcome their problems. Current dominant approaches in drug and alcohol treatment suggesting that the problem is inherent within the person place limits on what is possible in terms of overcoming or escaping from the problem, for example, the biomedical/recovery model promotes the idea that even if a person practices abstinence she remains an addict/alcoholic for life, retaining certain character or genetic defects that define her identity.

The commonality identified exceptions to the dominant story, marked the beginning of a process wherein the co-researchers challenged self-descriptions based on deficits and powerlessness and generated counter stories attesting to their strengths and competencies. As
they separated from these and other problem-saturated descriptions of themselves the co-
researchers began to re-author experiences of personal agency. One of the four main
commonalities, *Constructed and Engaged in Preferred Story*, is well described in Epston
and White's writings, however novel meanings of the experience emerged from this study,
such as: *spoke in her own voice: reclaimed authorship of her story; experienced competency
and success; experienced resilience in the face of challenges; and, became a consultant to
others*. These commonalities speak to very different experiences specific to adolescent
women utilizing a re-authoring therapeutic approach to overcome substance misuse
problems.

The results of this study extend knowledge about the application of a narrative
approach to substance misuse problems by providing personal examples of problem
deconstruction and the construction of preferred stories, and by revealing problematic
aspects of the traditional treatment model that fail to support it as a helpful approach. The
commonalities revealed in this study suggest that the narrative analogy provides an excellent
alternative to those analogies drawn from the tradition of positivist science for exploring and
understanding the complex experience of overcoming substance misuse problems. The
themes suggest new possibilities for metaphors of protest and resistance countering notions
of addiction and pathology, and speak to the future of a re-authoring therapy as an alternative
to traditional treatment models. Epston and White (1990) propose that a storied therapy is
prospective rather than retrospective and involves relocating a person's experience in new
narratives, such that the previously problematic dominant story becomes obsolete. This study
provides rich descriptions of successful re-authoring experiences that tend to support and
extend this therapeutic approach in assisting persons to break free of problems with substance misuse.

Implications for Practice

The commonalities revealed in this study highlight collaborative re-authoring therapeutic practices with young persons struggling with the effects of substance misuse problems. Central to this approach is the privileging of the young person’s experience and a belief in their strengths, knowledges and abilities to separate from problems that have attempted to take over their lives. One of the key commonalities in the co-researchers’ accounts, Experienced a Sense of Safety, rests to a large extent on the novel experience of being respected as the experts on their own lives and viewed as competent persons by staff, in contrast to previous experiences of being viewed as manifestations of pathology and fixed within problem identities.

Building trust is a process in any therapeutic relationship, and can be particularly challenging for young persons who may have had previous unsuccessful and/or emotionally traumatic encounters with other therapists, professionals and adults in positions of authority. The co-researchers’ positive responses to their experiences of being heard, validated and respected by staff as competent individuals speaks to the importance of practitioners holding to a therapeutic stance that focuses on strengths and resources rather than on pathology and deficits.

Having new experiences of mutually respectful relationships with adults at Peak House, which included the men on staff, provided a radically different context for the three co-researchers to reflect on their beliefs that all men were abusive, untrustworthy and
oppressive towards women. Given the extent and nature of their previous abusive and exploitative lived experiences it was critical for these young women to feel comfortable and safe physically and emotionally with the men at Peak House. Trust issues for young women residents with respect to men on staff can be complicated by issues of power relating to problematic aspects of gender politics, making it a necessary expectation that the men be accountable around any problems or misunderstandings that could arise. The results of this study suggest that the trust the co-researchers developed with the male staff related to the degree of accountability they experienced on the part of each individual. They were surprised to encounter men who were willing to admit when they were wrong and to make changes in their behaviour. These new experiences of men, who were described as feminists and pro-women, provided the safety and opened space for the co-researchers to engage in safe and respectful relationships with them. These relationships were helpful in challenging some of their previous ideas and stories about men and created the possibility for new, more discerning and positive relationships in the future. Re-authoring their relationships with the men at Peak House was experienced as liberating and empowering by the co-researchers, and with the benefit and support of those relationships they changed their expectations about what constituted respect with other men in their lives and with young men in their peer group.

Having respect for the guidelines was a strong commonality emerging from the co-researchers’ accounts representing a significant shift from their previous understandings of ‘rules’ as unjust control by others over their lives. Although initially they associated the guidelines in the program with loss of freedom, they quickly came to appreciate the safety,
consistency and structure they provided. Peak House was described as being "like a plastic bubble", a safe environment in which they could generate and practice new abilities, skills and behaviours consistent with more preferred stories of themselves and their relationships. Living in a structured environment where they were assured of their own private space, did not have to be on guard for their physical safety, and knew that they would be treated fairly were key aspects of the co-researchers’ experiences that were novel to them.

The co-researchers emphasized their new association of guidelines with notions of respect for themselves and others. When young persons experience guidelines as beneficial to themselves it follows that they will lend their support to upholding them, which in turn benefits staff who do not get set up as ‘policing’ the youth and creates a safer environment for everyone. The guidelines around respect encouraged the co-researchers to take responsibility for their own attitudes and behaviours when facing challenging and conflictual situations with others. Their accounts reveal that in being challenged to be accountable for their words and actions the co-researchers became more reflective and less reactive in difficult situations. The results of this study support the view that guidelines based on respect and safety rather than on notions of surveillance and control can be a key aspect in establishing collaborative therapeutic relationships with young persons, and can assist them in generating new expectations for safety and respect in their relationships with themselves and others.

The commonalities revealed in this study emphasized the importance of situating therapy as something you do with others, rather than something you do to someone. Michael White (1995) has been one of many writers critical of the practices of psychotherapy that
encourage practitioners to assume a position of objectivity and impartiality in therapeutic interactions. White argues that the illusion of neutrality allows for the reproduction of problematic aspects of the dominant culture perpetuating hierarchies of knowledge and other oppressive practices, and proposes that potential abuses of power are discouraged by narrative practices emphasizing the political and life-shaping nature of all interactions.

Being acknowledged as unique individuals with special knowledges to offer others about what was helpful to them in breaking free of substance misuse affirmed the co-researchers as co-authors in the therapeutic process. They felt respected and safe by being included in therapeutic conversations that made transparent the philosophy and approach of re-authoring work in challenging substance misuse problems. The co-researchers were encouraged to question therapeutic positions and practices at Peak House and to provide critical feedback about these practices. Their unique input and suggestions were taken seriously and were acknowledged by staff as having made a difference in their thinking and practices, and at times led to significant program changes such as the inclusion of weekly gender groups into the schedule. These experiences of inclusivity increased the co-researchers' sense of belonging, confidence, and personal agency. Their accounts point to the importance of creating an environment and therapeutic culture that values the resources of persons seeking help, seeks to allow them to experience some control over the process of which they are a part, and assists them in the development of views of competency and belonging.

The results of this study highlight the story metaphor as a useful therapeutic concept to assist persons to make sense of their lives in a way that fits with their lived experiences.
The co-researchers experienced a sense of liberation on realizing that they possessed the knowledge and abilities to free themselves from historic problem-saturated stories and re-author new more preferred ways of being in the world. As they began to explore alternative and subjugated meanings of their lived experiences, stories of protest and resistance, struggle and determination gained prominence. Paying attention to these alternative stories about themselves and raising their voices in protest on their own behalf contributed to experiences of authenticity and personal agency. These experiences suggest that the story metaphor as a therapeutic concept is easily understandable and accessible to persons, given that we all tell stories to make sense of our lives. The results of the study punctuate the usefulness of the story metaphor for young persons struggling with substance misuse problems who often experience themselves as powerless, devalued and in need of being ‘fixed’. Re-storying their own lived histories of oppression and preferred ways of being with themselves and others can generate hope for the future, is acknowledging of their personal competencies, and locates control of the process with the young person.

In drug and alcohol residential settings where there are often a severe lack of resources and under-staffing, holding to ideas of young persons as competent and successful can be extremely challenging and in stressful situations the potential exists to revert to culturally dominate practices that collapse the person and the problem and result in the person being viewed as the problem. In contrast, therapeutic work rooted within poststructuralist considerations of community discourse and identity politics challenges essentialist notions of persons as fixed within problem identities and focuses on locating the problem within a cultural and sociopolitical context (Madigan, 1998). This approach
requires a commitment by practitioners to pay more than lip service to practices separating people out from problems and calls for the development and maintenance of a therapeutic culture in which persons can construct preferred identities that have a chance to flourish. This study suggests that when practitioners persist in working with antipathologizing agentic notions, persons seeking help will begin to experience themselves as resourceful, capable and strong, and to perform new meanings and ways of being that are honouring of themselves and their relationships.

Commonalities revealed in this study suggest that collaborative therapeutic relationships can only be experienced when all persons involved in the therapeutic encounter trust that they will not be objectified and blamed for problems, and are joined in partnership with others in seeking solutions to problems. The co-researchers expressed a sense of excitement and relief on being introduced to the distinction made at Peak House between themselves and problems (*the person is not the problem, the problem is the problem*) and in realizing that they were not going to be placed in a position of blame. This ideological shift opened the space for themselves, their families, and other concerned persons to get on side against the problem, and maintain a position arguing *for* the person and *against* the problem. The co-researchers experienced the distinction between themselves and the problem as respectful and honouring of their lived experiences of exploitation, discrimination and oppression; experiences that had had real effects in their lives. Connecting with staff, their families, concerned others, and other residents against the problem of substance misuse was integral to the co-creation of new liberating narratives and the re-authoring of their lives and relationships.
Commonalities in this study reveal the value of externalizing conversations in assisting young persons to separate their identities from problematic stories about substance misuse. Having first been introduced to the story metaphor and the distinction between people and problems, the three co-researchers were encouraged to question socially constructed discourses associated with gender, race, class, culture and sexuality, and through this process of deconstructing taken for granted ‘truths’ gain a reflexive perspective on their own problems and lives. In taking apart their own problem story they examined various political and sociocultural influences that contributed to its original construction. Co-researchers reported feeling liberated by new understandings of the real effects in their lives and in the lives of others of such culturally oppressive discourses. Engaging in externalizing conversations assisted them to stop blaming themselves and other persons for problems and to place responsibility for the problem where it belonged, to act in solidarity with other persons struggling with similar problems, and to take seriously and be accountable for their own values, intentions, attitudes and actions. These experiences encouraged a sense of worthiness and personal agency and opened possibilities for future protests against injustices in their daily lives.

The co-researchers accounts emphasized the theme of recruiting a support network of family, friends, professionals, and concerned others to witness, support and authenticate their re-authoring experiences while they were in the program. They all had positive experiences of building new connections with family members, re-storying difficult and broken relationships, and claiming membership in communities of concern with other young persons who faced similar problems. This study provides an example of a support group that inspires
hopefulness by focusing on new stories and solution knowledges. Staying connected to a support network prepared them and others for their return to community living and the performance of their new preferred narratives beyond Peak House.

The co-researchers in this study shared in their protest against being labelled as 'alcoholics' or 'addicts' as well as in their experiences of powerlessness and dependency that such labels promote. In contrast, they experienced re-authoring work as encouraging of personal agency and empowerment in the generation of their own solution knowledges to overcome substance misuse. It is important to remain mindful that although many of the ideas and practices of re-authoring work directly contradict those promoted by the Anonymous Fellowship, for many persons struggling with problems associated with their use of drugs and alcohol AA and NA support groups have provided an effective community response. These groups offer a forum for persons to give testimony to their decision to stop misusing substances and to their struggles and journey through sobriety, and to have that story witnessed before a concerned community of others who face many of the same problems.

Another strong commonality emerging from the co-researchers' narrative accounts was the importance of the weekly gender group as a safe forum for them to share and reflect on problematic gender narratives. This finding suggests that women-only therapy groups can be an important component of co-ed substance misuse programs. The co-researchers spoke of forming new supportive connections with other young women in the gender group, and the importance of realizing they were not alone in their experiences of abuse and exploitation and could stand in solidarity against structures and practices that provided the
context for their experiences. Gender specific groups offer young women the opportunity to explore problem-saturated identities in relation to substance misuse within the context of the full complexity of their lives as young women.

The results of this study indicate that there is real value in professional helpers consulting their consultants (Epston and White, 1995). A striking commonality emerging from the co-researchers narratives was their sense of empowerment in acting as consultants to themselves, to professionals in the therapeutic community, and to other young persons struggling with similar problems. Being consulted on their experiences, problems and solution knowledges provided the co-researchers with opportunities to perform their new story, and encouraged them in the valuing their own authority and expertise over so-called ‘expert’ knowledge. These consultations also strengthened their membership connections in the community: the co-researchers expressed having experienced a sense of authenticity and belonging by “giving something back” through the sharing of their personal experiences and wisdom.

The present study highlights the importance of ritual events marking significant re-authoring experiences and the achievement of a new status. The co-researchers’ narrative accounts included descriptions of social ceremonies performed within the context of the therapeutic group and before invited audiences. Following van Gennep (1960) and Turner (1969), White (1985) and White & Epston (1989) have used the rites of passage analogy to conceptualize change within a narrative therapy perspective. Cochran (1994) and White (1997) propose that work informed by the rite of passage metaphor can provide a useful map for persons engaged in a narrative of transformation. This map can provide a general account
of the journey, a basis for predicting some of the difficulties and experiences that lie ahead, and inform preparations to assist persons through the confusion of the liminal phase.

The co-researchers described a number of rituals at Peak House including the welcoming ceremony, letter burnings and the commencement that evoke the three phases of the rite of passage metaphor. During the beginning *separation phase* the co-researchers broke with a problem-saturated story, were separated from old ideas, roles and habits of interaction and entered into a therapeutic environment with a new language, new affiliations and alternative ways of living. In effect, they entered into a foreign culture. The co-researchers' commitment to participate in the program was celebrated at the welcoming ceremony where they chose a touchstone to mark their new membership in the group. Touchstones are said to have magical properties to detect gold, and can be thought of as a test of purity or a measurement of whether things are what they should be. Staff and residents passed the stone around the circle, imparting to it their wishes and hopes for the initiate. At the end of the ceremony the young women held the stone and put their own hopes and dreams for the future into it. They kept it close by, turning to it at times to remind them of important intentions, goals, values, hopes and dreams.

The middle or *liminal phase* was characterized by feeling 'betwixt and between', experienced by the co-researchers as a period of confusion, detachment and disorientation. They had left behind their familiar lifestyle and were uncertain of what would replace it, suspended in uncertainty and ambivalence. This was an ideal time for exploring, experimenting, reflecting and imagining novel possibilities: journalling, making art, taking part in groups and cultivating new knowledges and skills. During this phase the co-
researchers challenged problem-saturated dominant stories and evaluated their beliefs, values, intentions, goals and actions within the context of the meanings of new preferred stories.

The commencement ceremony marked the *reincorporation phase*: the end of the program and the beginning of the young women's re-authoring experiences in the community. As their special stone was passed around the circle stories were told attesting to their struggles, courage, determination and successes, and in the telling and re-telling new and preferred descriptions of themselves were circulated, thickened and honoured. This performance of new meanings enriched the ongoing shaping of their re-authored stories, and was encouraging of more experiences of belonging and connection in their lives and relationships. The young women were formally recognized in their new status as the authors of their own lives having liberated themselves from a substance misusing lifestyle, and were invited in to communities of concern as knowledgeable persons with wisdom and experience to impart to others.

The results of this study lend support for a collaborative re-authoring program for young persons struggling with substance misuse problems that a) provides a safe and respectful environment; b) fosters re-authoring experiences of competence, worthiness, belonging and personal agency; c) encourages externalizing and antipathologizing practices; and c) assists persons in the recruitment of communities of concern to provide them with a support network and witnesses to the ongoing performance of their re-authoring experiences.
Implications for Future Research

The present study was exploratory in nature, examined a phenomenon which has not been previously researched, and was designed to lead to further inquiry. A series of qualitative studies with similar foci would contribute to our understanding of re-authoring as a therapy for problems with substance misuse. Future studies could attempt to replicate the present research with larger numbers and a more diverse sample inclusive of both genders. More rigorous evaluative studies (Guba and Lincoln, 1981) including both quantitative and qualitative evidence could provide a systematic study of clinically useful therapeutic components.

Future research focused on intensive longitudinal case studies could investigate changes of the same group of persons over time. Some advantages to this design are that it would ensure comparability, provide opportunities for co-researchers to respond to their present circumstances rather than trying to recollect the past, and broaden the context of their lived experiences. There is a need for follow-up accounts after program completion to assess after-care concerns and to further the exploration and development of innovative community support responses consistent with narrative practices. As the Peak House re-authoring program constitutes a non-traditional approach to substance misuse problems and stands in stark contrast to dominant traditional chemical dependence approaches, it could be difficult at this time to locate a similar program with which to undertake a comparative case study, however this offers a potentially rich area for future investigation.
Summary

The purpose of this study was to explore the lived experience of young persons who have participated in a re-authoring program and have overcome the problem of substance misuse. A descriptive exploratory case study design was employed to identify common themes of experience of participants in the re-authoring program. Selection of co-researchers was guided by criteria specifying completion of the program not less than 6 months and not longer than 3 years before the study began, the ability to articulate experiences in a candid, fluent and reflective manner, and having successfully overcome the problem of substance misuse. Unstructured interviews designed to elicit the co-researchers' experiences were conducted. The interviews were audiotaped, transcribed and fashioned into narrative accounts which were then returned to the co-researchers for validation. A comparative analysis of the three narrative accounts was conducted to identify thematic commonalities.

The commonalities revealed in this study tend to support a collaborative re-authoring approach in assisting persons struggling with substance misuse problems. This study contributes to drug and alcohol counselling literature by emphasizing the importance of encouraging dissident discourses and divergent perspectives about drug use and approaches to helping persons overcome substance misuse problems in their lives. The study is also a documentation of historical accounts of the struggles of three young women to take back their lives from the dominant story of substance misuse, and of the discoveries that made it possible for them to liberate their lives. As such, it not only provides practitioners and concerned others with valuable knowledges with which to help other persons seeking help with substance misuse problems, it also emphasizes the significance of these knowledges
and establishes the co-researchers as ‘expert’ consultants to themselves and others. The documenting of their own wisdom extended and thickened the co-researchers’ experiences of personal authorship over the stories of their lives, and serves as an effective and worthy criticism of the dominant biomedical/recovery addiction discourses.

**Personal Reflections**

It is my hope that through the documenting of these knowledges this study will be of benefit to persons struggling with problems associated with substance misuse. Colin Sanders, Clinical Consultant to Peak House, remarked at a recent team training that he imagines therapeutic work as “compassionate in a theological sense” in terms of bearing witness to the effects of systemic oppression and discrimination in persons’ stories of suffering and pain, and in the assisting of persons in bringing forth alternative stories. He referred to therapeutic encounters as “political” and emphasized the importance of maintaining a sense of community to support the challenging work involved in naming, protesting and taking action against the injustices associated with problems (personal communication, July 1998).

At a recent therapeutic conference (Therapeutic Conversations 4, May, 1998) Charles Waldegrave from The Family Centre in New Zealand argued that the stories we hear in therapy are “barometers of pain in society” and that our witnessing of these stories can play a critical role in social policy. To this end he contends that the research process is one way that therapists can work to have previously “silenced” stories enter into the social policy process and impact decisions on a wide range of issues from affordable housing to the availability and delivery of health services. Although the present study is limited and exploratory in nature, I envision it as a small but important contribution in solidarity with many other
voices critical of ideas and practices currently dominating the substance misuse field, and a step towards the legitimizing of youth wisdom that can help to broaden perspectives and open new possibilities for more collaborative therapeutic interactions.

I have been deeply affected personally and professionally by my involvement in this research project. Listening and bearing witness to the stories of the co-researchers was at times heart-wrenching. I have felt honoured to be trusted with these young women's stories and privileged to co-author narrative accounts of such uplifting transformative experiences. I will hold these stories of perseverance, courage, and hope close to me in my work with other persons who have suffered the effects of abuses and injustices as testimonies to the power of personal knowledge and wisdom in overcoming problems. As a member of the white culture, I consider it a privilege to have been given the opportunity to have the voice of a First Nations young woman in this study and I can only hope that I have been sufficiently honouring of her story and that I have not misrepresented myself in any way as knowledgeable about First Nations knowledges.

Witnessing and co-authoring narrative accounts of the co-researchers' experiences brought forth a personal reflexivity with respect to the accountability of my own therapeutic practices. Through the process of the co-researchers’ telling of their experiences and my own re-telling and analysis of the narrative accounts I was frequently reminded of the relations of power that support inequality and injustice, and challenged to consider the effects of my own inadvertent complicity in the reinforcement of systems of domination and subordination. The solution knowledges generated by these young women have enabled them to liberate their lives and inspired me to renew my own commitment to challenge dominant 'legitimate'
knowledges and to join with others in the performance of further acts of resistance against the taken-for granted.
REFERENCES


APPENDIX C
INTERVIEW ONE: SUMMER

R  Researcher
S  Summer (Co-researcher)

R  Can you choose a name for the study...that means something to you?
S  Well...Summer is the name I used on the street.
R  Are you sure you want to use that - for your new story?
S  Yeah, I like it. I might as well.
R  Okay. Before we start I’m wondering if you could give me some general background information.
S  Like what?
R  Well, where you grew up, who’s in your family...
S  Well I’m 16 and I lived with my mother and father until last year. My sister is 14 years older than me, she lives with my step-mother. She never lived with us. She’s my father’s daughter...
R  Okay, that’s really all I need to know for now. We’ve already talked about the focus of this interview a few times so unless you have any questions let’s just get into it. Okay?...
I’m wondering if you could tell me about the main things that were going on for you that brought you to Peak House. What some of the problems were.
S  Well...there were family troubles, that’s why I left home. That was when I was 15, about a year and a half ago. I was totally suicidal when I left home, that’s how I left home. They put me in the psych ward. I’d been overdosing for a couple of months...I’d been
trying...well I didn’t really want to die I guess, otherwise I would have succeeded. I’m thinking that now, but not at the time. I thought I really wanted to die. Everything was okay until I was about 13...then my father got laid off, or no he retired early and he started staying at home all day. Mom was working full time so most of the time it was him and me. And he just started to lose it...drinking a lot and then he got some drugs so he could sleep and he was out of control basically. He had to know every detail of my life, where I was going, who with, I had to be home all the time if I wasn’t at practice or playing a game...

R So you were into sports?
S Yeah. Actually I was a really good player. Volleyball. And its not like I wasn’t doing good in school...

R Can you tell me more about that...what were your favourite subjects?
S Well I liked writing. I still do. Mostly poetry...but I actually got an award, like they named it after me, it’s sort of embarrassing...they still give it out for creative writing...

R That’s pretty impressive. Your parents must have been proud of you.
S Yeah I guess so. But there were all these expectations, like I was just expected by my father to do everything and it just started to be too much...I just couldn’t stand it. He would just blow up for nothing and throw stuff around and freak out over nothing...

R So what happened then? How did you deal with all of that?
S Not well. I got really depressed and I couldn’t handle anything. I couldn’t talk to anyone. Like I had friends but nobody understood what it was like and my mother didn’t do anything. She just made excuses for him all the time and said she had to stay because she loved him. She still says that one...she can’t stand up to him at all. And it wasn’t cool to talk
about that stuff, you know family stuff was personal, blah, blah, blah, keep it in the family...

R  So is that when drugs came into your life?

S  Yeah...well I started smoking pot with my friends a lot and skipping school...we just hung out during the day. And my father was just on me all the time. And I started stealing his drugs and it was so bad I thought what’s the point... I ended up taking a bunch and overdosing a few times...then the last time they put me in the psych ward. That is not a good place to be, like all these doctors trying to figure you out and making up all this bullshit...like you’re crazy...

R  It sounds pretty awful...what happened after that?

S  Well they kept me in the psych ward for like 2 1/2 weeks and eventually I got released from there, and I told everybody, I told my social worker and my parents that I was not going back home, that I would just try to kill myself again, but they sent me anyway. So I took off and went to live with a friend of mine. I only stayed with her for a week but we went so far down hill, doing acid every night and stuff...it was not good. And then I went to live with my sister and my step-mom and I stayed there for about five months. But when I was there I was kind of on the streets a lot and I started getting to know people downtown. I started doing coke and I started prostitution. I was doing it all out of my sister’s house and my sister knew everything that was going on...so anyway I went downtown one day and I was bumming around and I met a few people and they wanted me to come to a party or whatever. So I called my sister and told her I wouldn’t be home that night and she said if I didn’t come home I wouldn’t have any place to live, so I was like “fine, fuck, whatever”. I hit the streets. And I lived on the streets for awhile.
R What kind of drugs were you using at that time?

S Heroin, coke, crystal meth. Everything. Basically anything I could get my hands on.

And I lived with a street family, the Davie Street family. Eventually I started doing crack with a prostitute, cause we lived sometimes in a hotel, she lived a couple of floors up. I went on a five day run and I hadn't eaten anything for two weeks...I was starving to death, I couldn't eat anything, I was really sick...so eventually I couldn't take it anymore so I just got back on the bus and went back to my sisters. I was planning on going back there for week and eating and recuperating and then going back to the street. But my sister just sent me straight home, cause she had sent all my stuff back to my parents. So she sent me to my parents and I lived with them for about two months. I didn't go back to the streets at all after that. I was still doing lots of drugs, I started using alcohol and getting pissed every single night and going out with my friends and stuff. And I think that was probably the worst two months at home that I've ever had cause my father was getting drunk and using drugs, well tranqs and stuff, and he was just nuts...he didn't even remember the things he did the night before and he was throwing shit around all the time...so that's when I got into Peak House.

I So what would you say the biggest problem was for you at that time?

S Mostly drugs, like I was getting wasted every day. I'd been using drugs since I was 13...and I was totally suicidal. I couldn't communicate with anybody. I hated everybody. I don't know...I hated life, I hated everything. Except drugs. I was using alcohol, I used up to the day before I came in. I was seeing a counsellor after I got out of the psych ward and he recommended the place, he said "for two months you can get away from the street", so I thought that sounds okay. He said he could tell them I wasn't coming if I didn't feel like it
anymore. And it was two months with a roof over my head, cause I was bouncing around a lot. I could have gone into care, but that would have been group homes and taking off from group homes, I knew that’s what it would be.

I Okay. So can you tell me now about being at Peak House?

S Well I came in...well basically the only reason I came in at all was to get away from my father...but I came in and I met a few people that were okay but I hated the place. I hated being locked up and not allowed any freedom and stuff. I was like “fuck this” - like I was used to the street. Everyone seemed too nice to each other, too polite. Everything was too perfect...A kid calls somebody a bitch at Peak and it’s like “oh, my God!”, and you have to sit down and there’s all this mediation and shit...(laughs). It felt like I didn’t belong in that, all that stuff about respect and safety, I was like “what the fuck”, like I wasn’t really into respecting people. On the street you always have to be on guard, you have to watch your back at all times...don’t trust anyone. I mean once I got used to the guidelines I could see why they were important. I still didn’t like them...I felt like my freedom was being taken away...but you have to have some rules to make it safe. A lot of kids come from abusive places and they’re not going to start talking if it’s not safe. Like if kids are bringing drugs into Peak House how safe are you going to feel? Or if someone goes in your room? And with some of the guys, how safe would it be if they were allowed to get away with challenging people and threatening them...I think it’s just about respect...that’s how it works there.

But...yeah, I felt really different than the other residents, like they all seemed to be doing so good and were like, “oh yeah I want to quit drugs”. I remember that (another resident) did my intake, and my Dad asked her a couple of questions and she’s like “yeah I like being
clean, and I like not being on drugs” and I’m just like “what the hell”. And I was like “no... you want to be off drugs”? It was too weird.

R So at that time, what was your idea about what you were doing at Peak House?

S I was thinking I’m going to stick this out for two months, I’m not going to let any of their words touch me, and then I’m going to go out and do it all over again. It wasn’t about my family...I’d left my family behind. When I left to go into Peak I was determined not to go back again. I knew I wasn’t going back to my sister’s either, I mean I hurt my sister so much during those five months it wasn’t even funny. And I didn’t care at the time. I was thinking in two months my social worker gets me somewhere to stay or I go back to the streets. Part of me wanted to go back to the streets. There’s something weird about that life...there’s a certain freedom to it, I mean if you call freedom sleeping in a doorway...but the thing is you have nobody depending on you. You can get up and walk away any time. No rules. The way I look at it now, I consider freedom much more. Now I’m not controlled by drugs I can make my own choices...and I think that’s what freedom is, making your own choices about stuff. And when you’re on the street what choice have you got...you either sleep with your street family, or if you’re sick of them you take off and sleep in a doorway. I mean all you’re doing down there is surviving, you’re not doing anything else. It’s like get high, or not get high. Those are your choices.

R So can you say something about your first few weeks at Peak?

S Well I didn’t feel I had a connection with anyone...not any of the counsellors. And not Jane (her therapist) either. It was just the fact that everyone was so nice, and wanting to help and I just didn’t want to talk. I liked some of the counsellors...I liked (counsellor)
because she challenged me a lot. Like she knew me, she’s not a stupid woman, and she knew how I worked. She really helped me a lot…but not at first. After the first week (resident) got been kicked out and that sucked cause he was the only person I connected with at all. I mean so we took off one night for a few hours, I didn’t think it was fair that he got kicked out. So it was like “fuck, now what is there to stay for”. Like I tend to do that, I get attached to something or to someone, and then they’re gone...so it was like “now I want to leave”. But then after that Bryan (new resident) came in. I was really depressed and I wanted to leave but by then I kind of knew what Peak House was all about and it was decision time, like “do I accept this or do I leave”. So I took that week out and just kept to myself, writing and doing art and stuff. I didn’t talk to any of the counsellors...I scared them shitless...like they thought I was going to try and kill myself or something...well I guess I wasn’t doing very well. That was pretty much from Sunday until Friday, that week and then on the Saturday, we went canoeing and (counsellor) was in my canoe and she said that maybe I should just take the weekend off from trying to decide and try and have some fun. And that kind of sunk in. It meant a lot to me that she could see how hard it was. And so I loosened up a little bit and I actually had fun. Played volleyball and stuff... and I didn’t even give a shit who won. And that week Bryan (pseudonym) came in. That week wasn’t as bad as the week before but I was still staying away from everyone. I can remember really well...I kept a journal of it and I just read it a week ago.

R Oh, I was just so surprised at how much you remember. It’s great you kept a journal. That’s really helpful.

S Yeah...so I remember really well when Bryan came in...I just asked him about where
he’s been, his past, and I thought he was a cool guy but that was about as far as it went. But within a week we both sort of knew we liked each other and blah, blah, blah...it was a huge problem. I wanted to be with this guy and he wanted to be with me, but we knew we couldn’t do it in Peak House. So he said “after Peak House is over do you want to go out” and I said “yeah”. But that gave us the month and a half together and it just wasn’t going to work. I mean it was cool having him in the program with me, but it was frustrating. The staff were pretty good and they respected us and we just didn’t want to be disrespectful...sneaking around...

R  Was that something new for you...to think that way?

S  Oh yeah. Like I had never really been respected by adults...I couldn’t believe they were serious...but then I started to realize that they weren’t bullshitting, that respect was a really big thing and they were for real...so after awhile I thought I could probably trust them a little bit, so I decided to give them a chance. Anyway we were only in the program for a week and a half before the camping trip, cause we were only together for about two weeks before I was out, asked to leave. I think the reason I got kicked out was not because of Bryan...because I’d run away that one time with the other residents, and that was the first warning...and then I did it again on the camping trip and that’s why I got kicked out. Like one of the counsellors told me in the morning after we took off that night, she said to me and (resident) “you two are probably going to be asked to leave”. It was Bryan’s first time, so he wasn’t really in a lot of danger of being asked to leave if he cooperated. And I was like “shit, oh God, now I’m like out of here, now what am I going to do”. And I really thought about it in the van on the way home. I gave it some serious thought and I concluded I didn’t really
want to get kicked out and it was a big mistake, and I tried to tell everybody but... I mean it was just the four of us getting together to play cards. Basically nobody believed me. Actually I’m glad it happened that way, because I wouldn’t have gotten nearly as much out of the program, and I don’t think Bryan would have either. You can’t be as open... it just would not have worked. I think a lot of people start relationships at Peak for the wrong reasons, like wanting to sleep together, but that’s not how we were. Not at all. But I think one person does have to leave.

R So what did you do then, when you were out of the program?

S Well I only had two choices cause my social worker didn’t have a placement yet. Home or the streets. It was hard but I went home and then the next morning my Dad kicked me out of the house for being late. So I went to stay with my friend. That first night out I relapsed. It was great at the time. I wasn’t feeling really guilty... it was just great to be drunk again. And I think the only reason I didn’t go down the tubes again was I had someone to stay clean for. Like in the beginning, if you have to stay clean for someone, I think that’s fine, that’s the way it has to be. So then I went and stayed with another friend and then I went home and I stole about 20 pills from my Dad and I took about 5 of them and got totally wasted and I thought, “this is not worth it” and I was going to my Plea home the next day... I was planning on taking them with me so I could be totally wrecked for the first week, but I thought “no this is ridiculous”, cause the pills my Dad takes, you get physically addicted to them. I ended up flushing them before I went. And I went to my Plea home and stayed there for six weeks til I could come back into Peak House.

R Did you use while you were out of the program?
S No, after that I stayed clean the whole time. Bryan was allowed out on weekends so we got to spend time together. And I came into Peak on Wednesdays and went to Fight the Power. I went out with my friends. I dropped the harsh druggy ones, but I had a lot of friends who used to do drugs with me but didn’t really do them with anybody else. Like my best friend when I was with her was clean, she wasn’t really into drugs either. I did a lot of art, a lot of writing, a lot of music...and a lot of TV. Just trying to fill up each day. And seeing my counsellor about once every couple weeks. I work really well with him. And I really like my Plea home, it’s really laid back, like I don’t have a curfew...I mean I do have to be home at night...

R Sounds like you really made some changes. Tell me about going back to Peak House.

S I didn’t really want to be back there. I thought Bryan would get an extension...we were both pretty much positive about it, so I was thinking I had another two weeks and I could just putter around and then I got told two days before that I was supposed to be in, and it was like “holy shit”. All of a sudden I was leaving (Plea home) when I was thinking I had two more weeks there. It was just kind of a shock, it happened so fast. And I didn’t think it was fair to Bryan not to get an extension. When I got back in I was just so detached from everything. It was really weird. It was a really creative time, but I just didn’t really care if I was at Peak House or not. And I didn’t really let anybody in to what was going on for me...I didn’t connect with any of the staff. That only started happening about a month before I left. At that time I wasn’t suicidal at all, I was just in limbo. I didn’t give a damn. I liked that feeling cause I was so creative...my poetry especially. Because I was just sort of watching everything go by and that’s the best place to write poetry from. But it also scared me because
I started to not care about my relationship with Bryan, starting to not care about where my life went. Stuff like that. The staff were really worried about me that I was depressed and isolating and they started pointing out the effects...but I think that just sort of changed by itself...it lasted about two weeks after I came in. Then for about a month I just sort of did Peak House things. But Bryan was a huge support, he came in every Wednesday, and weekends and stuff.

R So can you talk about some of the things you were doing at Peak House?

S Well we did a lot of groups...re-authoring, I thought that was an excellent group. Especially when its a listening team...

R Would you mind describing that?

S Well basically it’s like if you start with a small conversation between two people and then other people talk about that, and then it goes back to the first two people and just keeps getting wider and bigger, like circles. It made you think about a lot more, like a lot more was always going on than what it looked like when it started. I remember one that was really good on taking care of people versus caring for people. That was a really really good group. And I especially liked the women’s groups. I thought they were great. It was just easier to talk, especially to do with issues to do with sex...because I had a lot of issues to deal with that had to do with sex. And it was just really really hard to talk about the effects of prostitution in front of a group of guys. And there were girls who’d had similar experiences. I found it a way to connect with girls...oh yeah...I guess it’s important, like it was because of a letter I wrote that they started having those gender groups. I wrote this really hard letter to that guy who got me into prostitution...it was about what it was like for me to go through all
that shit and how it still affects me now. And about how it’s not my fault but it’s about
society and how prostitution is supported. Like I see it so clearly now. I mean I felt so
disgusted about myself...what I’d done. But that was one of the effects of the whole thing, so
you get depressed and do more drugs and then you can’t get out. I mean it’s everywhere, on
T.V., movies...women as objects and sex toys. Lots of girls get tricked into doing it when
they’re doing drugs. They just use you. You get exploited. So my therapist set up a separate
group so I could read this letter and then we went out in the back yard and burned it. That
felt so good. But that would never have happened before, like never, I did not trust girls. All
my closest friends were guys. That’s what I thought before. I knew that a few of the other
girls had done that too...but we never really talked about it. And it was just so powerful after
I read it, how everyone was so affected by it, upset...and they just started to open up about it.
It really helped. We were much closer after that, way more supportive to each other..

R   That sounds like a pretty powerful experience....
S   It was...a really really powerful experience. I took a huge risk reading that letter out
loud...but I got to say how it really happened and what it was like for me...I just felt like I
took back a huge part of my life, it wasn’t my fault and there wasn’t something wrong with
me...it was kind of a breakthrough. I had a lot more confidence in myself after that. And it
felt really good, I mean to actually have the program change because of something I did. I
mean it wasn’t just me, but it feels really good cause I know the gender group still goes on
and I know it’s really helpful to girls to have a safe place to talk. I feel good about that. But
one thing is I’ve found that it’s really hard to stay connected to people once you get out of
treatment. Like (female resident) and I were, “oh we’re going to call each other, we’re going
to call each other, we live so close...”, and I’ve seen her on the bus a couple of times but I’ve
also seen her back down on Main and Hastings so its like...no. I figured she was having a
hard time, I mean I guess I could give her a call...but no...
R That’s really hard, it’s too bad... it sounds like you can’t be in her life right now...but
that would be about taking care of yourself I guess. I’m wondering if you could tell me more
about...I’m curious if that experience in the all-girl group made a difference to how you felt
as a young woman in the program?
S You mean with the guys?
R Well...with the men or the women or just for yourself.
S Oh definitely with the men. Well...this could take all day. Like when I first got to
Peak I hated all men, I thought they were scum. I thought that men were the cause of all
women’s troubles and they should all be lined up and shot. And it would just be a world full
of happy women. The men at Peak House were different...they were actually challenging us,
the female residents, not to put ourselves down, or talk about other women as bitches or
stupid...anything disrespectful. That was amazing...I’d never seen that before. And you could
talk to them and they would listen. Like if they did something you didn’t like...or it wasn’t
clear what was going on...like they didn’t get all defensive and lose it. You could talk about
things with them and get a male point of view that wasn’t sick. And they challenged the
guys, like if we were out in the van and they were making comments about some girl who
was walking by or something...it wasn’t cool. But we couldn’t do it either. But when I met
Bryan and he...oh my God I kind of tripped and fell on my face for that guy. He’s just helped
me so much it’s unbelievable. It’s just changed my perspective so much...just having it
proven that there’s actually a good guy out there my age who actually gives a damn, and is
after something other than sex. Like he challenges me if I’m making judgements about men
so I have to think about it in a different way...like how can I hate all men if I don’t think that
way about him? And he’s just so respectful of women. In the beginning of our relationship
we hung out in New West and Surrey and there’s street people, there’s a lot of night clubs so
when it gets late there’s drunk men around on the sky train and stuff...and they’ll look at me
and say things to me and I’ll be like “fuck, I hate men”. And Bryan will be like “what did
you say, how can you hate all men, do you hate me”? And he just calls me on stuff like that,
constantly calling me on stuff. I’m not all the way yet by a long shot, but so much old stuff
that I had with men and with sex - it’s come so far, it’s come so far. I’m not sure if that’s
what you asked me...

R That was great. I’m not sure what I was getting at but what you said was really
interesting. It sounds like you’re able to discriminate now about different kinds of men and
which you’d prefer to have in your life. Just keep talking about anything you can remember...

S You mean other groups?

R Sure. Well anything that comes to mind, it doesn’t have to be about groups...

S Well, the re-authoring thing was cool. Like the way we talked was very respectful,
like the way we talked about things. I like the idea of being able to re-write your own story. It
just gives you a feeling of having some control over your own life. You can leave all the bad
stuff in the past and try to forget about it. I mean you never forget about it but it’s not so
powerful. I think I started to get self-respect back when I put my problems outside myself
and really looked at them. I never really thought it was possible to live without drugs...or not
to live under a cloud. Like I can actually change the way I feel now and I didn’t think I was ever going to be able to cause it had been with me for so long. It still is a bit, but it’s not nearly as bad as it used to be. It doesn’t control my life anymore...I have the control. I just remembered one re-authoring group where we were all drugs... like heroin, coke, alcohol, whatever. Afterward everybody ran up and started eating! That was a hard group. It was so real. Like if you use a drug enough you’re an expert on the drug. Like I think it was an excellent group cause it did show how much power drugs had, but ending it then and then having a group the next day about how we have power over drugs didn’t really work. It should have happened in the same group, like the same day maybe after a smoke break. I decided to tell the staff and make that suggestion and that was cool...like they listened and I don’t think they do it that way anymore..cause once I was heroin and once I got rolling I started remembering all the stuff that heroin does...how it feels...

R That was great feedback for the program. How do you think you were able to be so clear?

S Well I listened a lot. I wasn’t really invested in sharing myself alot with people. But actually that changed after I started opening up. That was a hard thing. It was really hard to tell somebody who was in a supportive position...cause there was a big, big part of me that did not want myself to change. And telling someone who is supportive, its like “fuck you’re such an idiot, why did you tell that person, now they’re going to challenge you” and its like “these are not good ideas and its going to lead you to get getting wasted, and wasted and eventually you’re going to die..” and all these people are trying to change the drug thinking and I’m like “no, no no, no...keep away from me”. I was very set in my ways, very set in my
ways especially when it came to doing my drugs.

R  So what did you do to get past that?

S  Well...part of it was I didn’t want to lose my creativity and I didn’t want to be like everyone else...but I could still be creative and I’ll always have my own way of looking at things and thinking...so I think it just got easier. I just had this idea that people were going to expect me to be a certain way and act a certain way and I didn’t want to play that game. I mean I knew it wasn’t NA kind of treatment but I didn’t expect them (staff) to sort of let you do your own thing...find your own way. You get asked lots of questions...lots of questions...but you don’t have to answer them and I like that too...otherwise I would have just shut down. They were interested in what you had to say but they would still challenge me a lot so I had to think about things. And decisions were made based on each person and their situation, like going home on weekends or taking a time out and you had input, it wasn’t like “these are the rules and that’s final”. It was flexible...it would never work...like no kid would stay otherwise. I think after I started opening up a bit the other kids started coming to me with their problems...I think they trusted me cause I’m not into gossip. And I helped out with stuff if shit was going on with the group or if they had a problem with staff. But it got too much. I was getting distracted and not dealing with my own stuff. And after that group about taking care of people or caring for people I was able to tell them I needed to take care of my own stuff. And it was really cool. They were really supportive and that was one of the things that got me more respect I think. That I was taking care of myself first. I’m a person who needs a lot of time alone to think about things and write and stuff. So that was really positive doing that...
R Is there anything else you can tell me about your time in the program?

S Um...I don’t think so...maybe I’ll think of something...

R Okay. We can always come back to it if you think of something. So would you like to talk about what you’ve been doing since you left Peak?

S Well I’m back in the same Plea home again. I go home for family visits now, like for a few days at a time and it’s been okay. And I was in school but I hated it so I left. Like I didn’t do any school at Peak House, I just played computer games and read books. I was out for eight months...like I’m just not into it. I want to get my diploma but I don’t want to be in school. It’s been a nightmare. I don’t even want to get up in the morning if I have to go to school. I’m going to get into an alternative school or do correspondence...but I’m back playing volleyball for the first time in over a year...

R That’s great. How did that happen?

S Well, I played volleyball for about five years, I went to the Provincials quite a few times. And I got up to where I was playing college teams and stuff. But I started taking my shit on the court with me and I didn’t have any confidence anymore. Like being suicidal and all the problems that I had at home. Usually volleyball worked for that, I’d just forget about it and go play volleyball. But I just lost my confidence. The last game I played, I just had a total breakdown, I couldn’t even play. It’s been about a year and four months since I played. And it’s been really really hard getting back on the court. I called my old coach and told him what I’m doing now and he knows my coach now and he put in a good word for me. He said, “she’s really good but she’s been off for a long time”. So my coach now is taking it easy on me and he’s letting me practice with the Grade 10s and the Grade 11s and 12s. So I’m
getting alot more court time.

R So does that mean you can’t play since you left the school?

S The volleyball runs out of the school but you don’t have to be going to school. It’s not a school team so it won’t affect that...kids come from all over the place. But with school...there are just so many rules. I’ve been talking to my new A&D counsellor out there, he’s a really cool guy. My counsellor said that a lot of kids don’t really know they can say “no” because it’s easier having your life guided by rules even if you don’t like them. Like smoking. We have to be 15 minutes away from the school to smoke. But we only have a 10 minute break in the morning and there’s no way I’m walking 15 minutes in the rain whether I have time or not. So they caught me smoking a few times. So I said to the V.P. “I’ve been smoking for five years. I’m addicted. I am not going to be punished for a choice I make. Its not your choice, it’s my choice. I’m not walking 15 minutes and I’m going to have a smoke every break”. And he’s like, “well if you do that and we catch you we’ll have to suspend you” and I’m like, “man, you don’t get it do you”. And then I had to serve detention hours for being late. Every time you’re late you have to wipe tables in the cafeteria. It just sucks...people have protested against these rules for so long and they don’t change them. It doesn’t work, I mean I was butting heads with every single teacher, I was in the office every day. They gave me a lot of crap because I don’t always do my homework and all that kind of stuff. And it’s like if I don’t do my homework I have detention, if I’m two minutes late for class I have detention... and I refused to serve those detentions. I was just tired of always getting shit, every time I went there I was getting in shit. And I realized I was falling back into old ways and starting not to be respectful to myself. So I left before I really blew up. It
felt good to leave on my own and not get kicked out. I haven’t really looked into all my options yet but there is an alternative school that’s supposed to be cool. I think it’s more what I need. I mean I’m not terribly motivated to do school work. I just can’t stand having it shoved down my throat. But I have to graduate.

R So since you feel so strongly I’m wondering why you actually want to graduate and get your diploma?

S Cause I’m getting older. I’m growing up. I mean it’s quite possible I’ll have my own place in two months, I’ll be on independent living. I’ll be 17, and then all of a sudden it’s like “holy shit I’ve got to get a job”, I’ve got to do the regular stuff that normal people do to survive. And to do that I need a little white piece of paper. My art, well that’s too sketchy to make a living on. I mean I could get some short stories and poems published...but so you win a prize, 50 bucks, not enough to live on. I gave four poems to (Peak House teacher) to send into a magazine...I should ask him...I’d love to see my stuff published.

R So were there other aspects of the program that we haven’t talked about that were important to you?

S Can you think of something else?

R Well I could suggest something I’ve been wondering about, but you don’t have to talk about it.

S Okay.

R I was wondering about family work when you were at Peak House.

S Oh yeah (laughs). Well...I thought individual sessions with Jane (therapist) were really wicked. She’s a very cool lady, she’s a really cool lady, and I think we’re on the same
wave length about a lot of things. And I didn’t really realize that cause I didn’t give her a 
chance until the last month or so. She helped me a lot - she’s interested in a lot of things I’m 
interested in. So it was cool. Family sessions were really good too cause it started out with 
(male therapist) and Jane doing my family sessions, and my parents respected both of them. 
Which for me was really really strange cause I can remember this one family session Jane 
was just drilling my father, like just going at him, and he started to get angry and wanting to 
confront her and she just kept at it...like that special skill that therapists have that she was 
just going around him and not making him too mad, but just poking him. He wanted me to 
come home for weekends but he wasn’t willing to stop drinking when I was there. But he 
eventually agreed. It was great, I thought it was wonderful. And (male therapist) wasn’t even 
there that time. But I couldn’t believe it that he actually let a woman do that. I think she 
opened my father’s eyes to a few things. And he really respects her, he likes her a lot. Like I 
did not want to go home after I left Peak, and I didn’t know about Plea...people were saying 
different things about what was going to happen to me. And the pressure from my 
parents...they wanted me home but things were still the same there basically...even though 
things were better in family sessions, that would have been a bad move for me. Before I 
would just say “fuck it” and go get wasted, but I got through it. It was a big change for me. I 
figured whatever happened I had a better chance if I wasn’t getting wasted. But it was really 
really hard some days to do it and not just take off. Like I don’t have a lot of hope for my 
father changing. He stopped drinking around me when I was at Peak but since then he’s 
regressed big time. I know I’m not going back there to live and I don’t care really if he stops 
drinking during family visits. Big deal. I know if I went back home he’s not going to stop
drinking period. But I have been very, very different with him since I came to Peak House. I’m a lot more patient now, like I don’t blow up at him. Well I do sometimes when he’s being totally unreasonable...

R It sounds like you do have a more positive relationship...

S Well...a month ago I would have said it changed a lot, but as I said he’s regressed quite a bit in the last two weeks. I think it’s because he misses me and he wants me to come back and he doesn’t understand that I’m not coming back and that by forcing me he’s just destroying our chances basically. And that must be a hard thing to wrap your head around. But it’s like, will they ever get it, cause I’ve been telling them for over a year that I’m not coming home. I wrote them a letter finally telling them I can’t be there and stay clean if he’s still drinking and taking those drugs. And my Mom...with my Mom...some things changed with my Mom when I was at Peak. The only thing that didn’t change which I was kind of disappointed about was that my Mom still stands by my father no matter what he does. And she makes excuses for him, so okay, whatever. Can I go out for a smoke?

R Sure let’s take a break...

(10 minutes later)

R So are you okay? We can wrap this up pretty quickly if you want, or did you think of anything you wanted to add?

S Well I don’t know if you want to hear about me and Bryan...

R Sure. He’s been a big part of your new story.

S Yeah, a big part. Well...what will happen in our relationship I honestly don’t know. We went through a stage about a month ago and we were going to break up. We had a really
really awful conversation. Well it wasn’t really awful, it was good for the relationship cause we just spoke 100% honestly without worrying about hurting the other person’s feelings about all the problems we were having within the relationship and it was really, really hard because it came up that we were both thinking of breaking up with each other. And that hurts, that really hurts. And it was a huge huge break in our relationship because Bryan has never really let me in that much. He actually broke down and started crying which I’ve never ever seen before. That’s got to be the toughest thing for him to do. It was a huge thing. There were a lot of big big steps taken. I was just so fucked up, I was going off the deep end. I was like thinking...like getting back to where I was before and he was thinking the same thing, he was going to go get drunk for a week. But for myself, I don’t know how Bryan would do if we did break up, but I thought about it that night. And that night I just really wanted to go and get wasted. But neither of us did. I phoned him and we both talked about that, and I said you know if we do want to get back together getting wasted right now is not going to help. At least if you’re going to get wasted, at least wait until it’s final. But if it’s not final right now, that’s not going to help anything at all. So we both stayed clean. The next morning I thought about it more, and you know Bryan has helped me a lot, but now I think I’m staying clean for myself. And I think that I can keep going, even if we did break up. I think that I could. I think Bryan would go off the deep end for the first week, but I don’t think it would take me back. I’ve changed a lot. There’s still a lot of stuff I’m trying to work through...there’s still so much stuff. But I have changed. I know I’m different and in a lot of ways I’ve left my past behind me. Like I still freak out sometimes, like I’ll see someone on the skytrain and have a flashback or whatever but the past is where it should be, it’s not in my face anymore. I don’t
know about Bryan I don’t know where his past is in relation to where he is now. I don’t think he’s dealing with that quite as well as I am. We used to talk about what if we had known each other in our old lifestyles, and it would have been a disaster. Like he’s going around beating people up and getting the shit kicked out of him and I’m down on the streets, and it just would not have worked...I think that’s all I can say right now...

R That’s a lot. I did have one thing in mind that you didn’t mention - your commencement.

S Oh my God! I can’t believe I forgot that. Well I didn’t really forget it. That was one of the highlights of my life. It was so amazing. My parents were there, and even my sister, like after all I did to her she was there. Jane read a poem I wrote about being on the streets and the prostitution and drugs...it was pretty powerful. Nobody in the room said a word after, and everybody was crying. Staff and everybody. And my father...I couldn’t believe it when he started to cry...I mean I have never seen him cry, not even when his own mother died. And in front of a room full of strangers, that was amazing. And when he looked right at me and told me how proud he was of me and all the changes I’d made...he was really really surprised by what everyone was saying about me. It was just really weird to see him like that. He was just choked and then he told me how much he missed me and how he wanted me to come back home because it was just so empty there. That meant a lot to me. I was really proud because I did work really hard to make those changes. Like it was sad to leave cause I made a lot of friends there and that’s hard for me to do without using. It was a chance for me to develop some really special friendships...it was really helpful to be in treatment with people my own age...
R Can you say more about that?

S Well I learned that I'm not so alone after all. Like you get the chance to hear what other kids think about things and it's the first time I really got support from other people my own age who were going through similar stuff. But it was time to get out of the "plastic bubble"...all the residents call it that...you know you're so protected and safe there but it's not really real. But one other thing I just thought of that's really important is the Fight the Power group. That group is really important. You get to hear other people's stories and it gives you hope that there is a life after drugs...other people your own age have made it. And you learn so much from other kids who have gone through it and been successful, even if they still struggle sometimes...some of the stories are just really powerful...when I was having a hard time it helped me to remember what someone said or what they did and just know I still have a place to go where people understand what I'm talking about.

R Is there anything else you wanted to say. We're sort of wrapping up here but we will be meeting again and you can call me as well, so this is not your last opportunity.

S: Ummm...I think mostly that it's possible to live without drugs, and for me the biggest thing was that it's possible not to live under a cloud. Like I can actually change the way I was feeling, and I didn't think I was ever going to be able to cause it had been with me for so long. It still is a bit, but it's not nearly as bad as it used to be...and I have hope about the future.