

A NARRATIVE ACCOUNT OF CHANGE FROM  
PROBLEM DRINKING

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ABSTRACTA NARRATIVE ACCOUNT OF CHANGE FROM PROBLEM DRINKINGA STORY CONSOLIDATION

This study's purpose was to reveal the depth of the experience of change from problem drinking through a single case study design using descriptive interviews and a qualitative methodology. The case data sources included a changed problem drinker and three significant others or collaterals. By including several sources, the potential benefit of multiple perspectives concerning the same case was realized and the validity of the data enhanced. The focus was to explore the how and why of change from problem drinking through the telling of stories from several views.

The narrative method highlighted thirty five "sub stories" which were summarized and arranged in chronological order. A narrative analysis revealed the significance of these accounts by exploring patterns, plots, transitions and significant themes. This study illustrated the complexity of change from problem drinking by revealing the importance of contexts, interaction patterns and changing identity features. The role of significant life events as causative of change was secondary to everyday encounters and their cumulative effect upon consciousness raising and self understanding. A comprehensive review of change from problem drinking required expanding the timeframe of this phenomena to include social drinking to problem drinking and finally non drinking.

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## CHAPTER 1

### Introduction

#### Background to the Research Problem

Hitting bottom happens inside. What goes on outside may trigger it, but bottom involves at the very least seeing oneself and being sickened to death by disgust at the sight of it. (Ernie K., 1984, p. 34)

One evening I looked out into the yard and saw a beautiful sunset over one of the towers. Suddenly I understood my whole life. I felt all the guilt, all the remorse, and saw my responsibility in the matter, all in one second. It sobered me up and changed me forever. (Cary, 1989, p. 1)

The above anecdotal accounts represent two short descriptions of change from problem drinking. Both are dissimilar in terms of change relevant details, referring to either a low point "bottom", or high point "peak", episode. At a second glance however, certain commonalities are apparent in the form of: Perceptual changes associated with seeing oneself and or one's world differently; Feeling changes associated with experiencing oneself in a different sense arising from this changed perception; and in the second quotation, physical or behavioral change in the form of sobriety. There are many anecdotal stories of change from problem drinking (Ernie, K., 1984; Alcoholics Anonymous, 1976; Peele, 1986 ). Descriptions of problem drinking and change from religious and moral doctrine can be traced back to the 18th century (Goodwin 1976). Beyond

anecdotal accounts however, and up until the past decade, empirical inquiries into the subject of change from problem drinking were rare. Traditionally, this topic of research has been overshadowed by the demand for answers and solutions to the mystery cause(s) of problem drinking and other problem substance use. Stall and Biernacki (1986) cited socio-political priorities inherent in research priorities:

Given the dominance of deductive theoretical approaches which prevail ... and the wide variance of cultural meanings attached to (substance abuse), the varying treatment of this phenomenon across literatures may well be based more on the processes of definition of research priorities than on the behaviours expressed by the populations who resolve problems in their use of substances without treatment. (p. 4)

Until the past decade, research on change from problem drinking has followed a similar course to etiological research trends regarding the emphasis on proving or disproving theoretical postulations. Authors recently raised concerns regarding treatment and research policies should this trend continue in the future (O'Doherty & Davies, 1987; Peele, 1989; Ward, 1985). Research emphasizing the hypothesized relationship between change from problem drinking and life events using survey methods, paved the way for more elaborate qualitative case study methods. (Biernacki, 1986; Edwards, Brown, Duckitt, Oppenheimer, Sheehan & Taylor, 1986; Ludwig, 1985; Klingemann, 1991; Morris, 1986; Tuchfeld, 1981). These studies defined change from problem drinking under the terms "spontaneous remission", "auto remission" or "spontaneous recovery". As the findings reveal more and more complexity with regard to this phenomena, research methods have in turn become increasingly complex. This trend is

evident by comparing early life events questionnaire survey methods (Sarason, Johnson & Siegal, 1978) with current qualitative, phenomenological and descriptive interview methods (Biernacki, 1986; Klingemann, 1991). These studies provide insight as to the complexity of the phenomena of change from problem drinking, frequently citing the need for research with an open minded approach beyond theoretical justification (Smart, 1975; Tomko, 1988; Peele, 1989). In keeping with this consensus the research trend has become more elaborate, moving from attempts to segregate and isolate significant external events to viewing change as part of a dynamic ever changing life course. This is a turn from a reductionistic "cause effect" or behavioral response relationship to a broader view representative of social interactionist, psycho dynamic and existential views.

#### Approach to the Research Problem

In recognition of the complexity of the phenomena of change from problem drinking, research is in its infancy in terms of an adequate description and understanding of this problem. In reference to the two change experiences quoted above, the depth of further exploration concerning loosely identified features, would depend upon the approach used to encourage this descriptive process. A descriptive approach using qualitative interview methods would reveal the depth of change related features only vaguely identified in past research studies. Recent studies have been limited by their focus on a specific spontaneous remission period of time (Biernacki, 1986; Ludwig, 1985). The approach elaborated by this study will represent an attempt to explore the

phenomena of change without imposing limits on time, context, and personal definition of change. Change will be confined only on the basis of the outcome achieved as proof that the phenomena, change from problem drinking was legitimate and enduring. The philosophy of this approach rests on the assumption that the individual's experience has been inadequately explored. In addition, descriptive detail has been restricted by the methodology used for exploring the phenomena. Descriptions have been limited by focusing on select time frames assumed to represent change (hitting bottom, resolution to action or period immediately preceding abstinence). Elaboration has also been restrained by the method of questioning and the "case" definition itself. Change from problem drinking has only recently included significant other's observations in the case study descriptive accounts and multiple sources of descriptive data (Klingemann, 1991). The approach here will follow the line of reasoning that change from problem drinking is multifaceted and complex. A single case study using multiple sources of descriptive data will be employed in this study. The principal source of data will be narrative stories obtained by an in depth interview method with a "changed" individual as well as significant others who observed and interacted with him while he was experiencing change from problem drinking.

#### Statement of the Research Problem

This research study is exploratory in nature with the central purpose of providing a detailed indepth story of change from problem drinking. The use of a single case study design

precludes generalization to other cases however social psychological researchers advocate this approach to exploring complex life experiences (Wertz, 1985). This research problem under investigation concerns how and why one individual came to change from problem drinking. The researcher will be alert to the contexts of experiences related to problem drinking. The intention of this study is to grasp the essence of change within the fabric of an individual's life context. This includes any and all interactions, discoveries and associated changes revealed by their story. The exploratory focus would be open to elaborations on features of change not adequately attended to in recent efforts to describe this phenomena. Descriptive storied accounts are intended as sources for elaborations concerning: interactions with significant others; life projects; self perceptions throughout the changing period; perceptions of and by significant others; roles; conflicts; resources and decision processes. The value and meaning of these and other significant discoveries would be augmented by the arranging the story along the narrative dimensions of beginning, middle and ending.

#### Definitions of Terms

The following definitions will be used to provide a reference for key terms used throughout this study.

Problem Drinking:	Identification of any and all negative consequences drinking alcohol has upon any life area: medical, legal, family, social, work, emotional, financial.
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Equates with the general term substance abuse. In this study a problem drinking history is defined by a score of five or more on the Michigan Alcohol Screening Test (Selzer, 1971).

Addiction:

A term used by social and behavioral science researchers to define drinking behaviors. Addiction is a behavior, a repetitive habit pattern that increases the risk of disease and/or personal and social problems (Marlatt and Baer, 1988)

Alcoholism:

A term used by medical model, disease theorists to define a constellation of symptoms associated with the abuse of alcohol. Appendix A provides a detailed definition according to the American Society for Addiction Medicine (1990).

Change:

In this study, change from problem drinking will be considered to have occurred if one year's abstinence from drinking alcohol has been achieved alone with continued abstinence or return to non problem drinking.



- Non Problem Drinking: A score of less than five on the M.A.S.T. following a year's total abstinence from problem drinking - verified by significant other reports.
- Abstinence: Discontinued use of alcohol and/or other mood altering substances.
- Self-Initiated Change: Resolution to cease drinking is self inspired versus imposed or determined by others - employer, family, clergy.
- Spontaneous Remission: Continued cessation of the problematic use of a substance for at least one year without considerable formal or lay interventions (Stall and Biernacki, 1986). It doesn't mean that remission is unexpected or strange.
- Recovery: Definitions vary from study to study but involves abstinence and marked reductions in drinking and drinking problems (Smart, 1975, p. 278).
- Autoremission; and/or Natural Recovery:  
Variants of the same terminology of spontaneous remission. Implied differences are theory bound.

### Summary

The problem, purpose, rationale and definitions of key terms have been provided in this introduction. Chapter 2 examines the literature relating to change from problem drinking as well as the context of this literature in the larger context of problem drinking research at this point in time. Research methodology is presented in Chapter 3 covering topics related to research design, co-researchers, interviews, narratives, analysis and validation. Chapter 4 presents a Narrative Summary of Change From Problem Drinking as the first phase in the narrative analysis. Chapter 5 presents a "Narrative Analysis" following an introduction to the story analysis and method used. Chapter 6 presents a discussion including a summary of research findings and implications for future research and practise.

## CHAPTER 2

### Literature Review

#### Introduction: Historical and Emerging Conceptions

How and why does an individual change from problem drinking? Up until the past decade this question has been largely neglected in the field of alcohol related research. According to investigators and writers concerned with the trends evident in this field (Peele, 1989; Hill, 1985; Sobell & Sobell, 1983) research has been unduly dominated by theoretical divisiveness. Division is evident in research that strongly adheres to a theory and seeks to prove it's underlying assumptions. Historically the field of research into the nature and course of problem drinking has been divided by two opposing theoretical "camps": the disease model of alcoholism and the behavioral model of addiction (Jellinek, 1960; Goodwin, 1987; Marlatt, 1988; Sobell & Sobell, 1983). In the past decade research focusing upon change from problem drinking has emerged by behavioral, social learning and cognitive oriented researchers (Brownell, Marlatt, Lichtenstein & Wilson, 1986; Ludwig, 1985; Saunders, & Kershaw, 1979; Tuchfeld, 1981). This chapter will begin with a summary of models and conceptions of problem drinking etiology as they forecast features of change, followed by research specific to change from problem drinking.

### Models: Change Assumptions From Etiological Perspectives

The following is a synopsis of significant models and conceptions viewing change as a determinant of a broader framework inclusive of etiology and treatment. In this context, "causes" and factors influencing problem drinking in turn set the course for change or recovery. These models will be reviewed in succession, moving from those which emphasize atypical problem drinking variables, to those which normalize and discount the atypical "problem" viewpoint. The progression is from a view of problem drinking as aberrant to the view that problem drinkers are not deviant, sick or otherwise inherently different from the rest of society.

#### The Disease Model of Alcoholism

The disease or medical model is based on the theory that alcoholism has underlying physiological determinants. Recent advocates of a disease model hypothesize an underlying disease process in alcoholism. Other characteristics include a loss of control or inability to abstain from drinking alcohol once started. This model asserts that alcoholics are inherently and constitutionally different from non alcoholics and social drinkers.

The alcoholic is a helpless victim of internal physiological mechanisms beyond his control and abstinence is the only goal of treatment (Marlatt & Baer, 1988, p. 225).

According to the American Society of Addiction Medicine (1990), alcoholism is a primary, chronic disease with genetic, psychosocial and environmental factors (see appendix A).

This definition highlights the primacy of the disease process itself over other factors. A behavioral symptom of this disease, "denial" is unique to the alcoholic and observable as distorted thinking according to the American Society of Addiction Medicine (1990) and the American Psychiatric Association (1980).

Prognosis for recovery or change is rooted in the definition of the disease process. The medical model advocates the use of tranquilizers to minimize the effects of physical withdrawal and further advocates total abstinence from alcohol (Ward, 1985). Change is contingent upon initial medical intervention or treatment and ongoing abstinence.

#### Alcoholics Anonymous "A.A." Model

The A.A. model also defines alcoholism as a disease. The alcoholic has a disease of the body either due to some inherited predisposition or changed physiological response resulting from drinking (Vaillant, 1983). Secondly the alcoholic has a disease of the mind or an obsession with alcohol and its effects (Ward, 1985). According to the above researchers, the disease is often related to a spiritual failing. The hallmark of this model is loss of control over one's drinking and the occurrences of distorted thinking, again referred to as denial. Contained in the A.A. model is a model of change entitled the "Twelve Steps of Recovery" (The Big Book, 1976). Although change means complete abstinence, it occurs in the context of a social fellowship of other recovering alcoholics. The process involves group joining and ongoing participation in a twelve step process (Appendix B).

This is a social-interactive group process of sharing and mutuality which appears to have little reference to the disease definition used by A.A. According to Vaillant:

It is a paradox that a major goal of A.A., a strictly moral and religious system, has been to view alcohol abuse as a medical illness, not a moral failing. (1983, p. 194)

In other words how one becomes an alcoholic through disease processes, isn't connected with how change is facilitated (by affiliating with other recovering alcoholics and seeking spiritual guidance).

#### Relapse Prevention Model of Addiction

The relapse prevention model draws heavily from behavioral and social learning theory (Marlatt et al., 1985). This model views addictive behaviors as follows:

a repetitive habit pattern that increases the risk of disease and/or associated personal and social problems. Addictive behaviors are often experienced subjectively as loss of control. (p. 224)

The behavior is not seen to be the result of a disease.

Marlatt's model emphasizes a need to identify and change antecedents of the addictive behaviors including environmental, cognitive, biological and physiological variables. Change through relapse prevention strategies implies learning to break the association between drinking and the above variables. In summary addictive behaviours are seen by this model as maladaptive coping mechanisms in response to a variety of antecedents, which in turn can be unlearned or changed. According to Tomko (1988), change or recovery may range from abstinence of alcohol or other addictive behaviors to making

modifications in one's social environment, cognitions, lifestyle, coping skills, decision making and problem solving.

Family Interaction Model: Systems and Developmental Views

Both A.A. and the relapse prevention model emphasized the role of social relationships as important influences for change from problem drinking. The family interaction model places the sole emphasis upon the problem drinker's relationships with others and in particular the family. Here alcoholism is defined as a family illness.

Just as the alcoholic engages in self destructive and harmful drinking, other family members are caught in the web of self destructive and mutually reinforcing pathological behaviors. (Ward, 1985 p. 9)

The family dynamic is the emphasis of this model. The relationship between the problem drinker and other family members reinforce problem drinking, taking the form of clearly defined family roles and communication patterns (Bowen, 1985; Minuchin 1974).

Brown (1985) offered a complex interactive model of alcoholism and subsequent recovery processes which emphasized the role of family dynamics and environmental contexts but also the importance of developmental processes occurring throughout problem drinking to recovery (mental and psychological development). Recovery is contingent upon regaining those developmental tasks lost throughout the development of alcoholism. Recovery is believed enhanced through the use of group interactions or family therapy according to this model and it's proponents (Cermak & Brown, 1982). The need for formal

intervention by a family therapist or group psychotherapist is advocated by this model.

### Compensatory Model of Helping

Brickman, Rabinowitz, Karuza, Coates, & Cohen, devised a "compensatory model of helping" (1982). This model interacted with above models by raising their inherent differences concerning issues of personal responsibility and choice- for both problem drinking and change. Two questions determine these differences:

- a) to what extent is the person considered responsible for the initial development of the problem?
- b) to what extent is the person held responsible for changing the behavior or solving the problem?

Traditional models of problem drinking and change were distinguished by their responses to these questions: A morality model holds the individual responsible for both developing and resolving the problem. This model emphasizes willpower and a need for improved moral convictions in order for change to occur. The medical and disease models absolve the individual from responsibility for both acquiring and changing their problem drinking. The enlightenment model holds the individual responsible for developing the problem but incapable of change without the assistance of a "higher power". This represents the alcoholic's anonymous model cited above whereby substantive change can only occur by relinquishing power to a higher power (Vaillant, 1983). Finally the compensatory model attributes personal responsibility to change and not etiology.



### Social-Psychological Conceptions

Saleebey (1985) consolidated emerging themes and perspectives from a variety of social models and theories of problem drinking. He extracted core conceptions underlying symbolic interaction theory as well as social influences raised by researchers who advocate an interactive person environment "experience" or phenomena underlying addiction (McClelland, Wanner, & Vanneman, 1972; Peele, 1984; Slater 1980). The themes are not moulded or shaped into a standard "model" or format but instead highlight the subjective experience of addiction within a social context. The following themes present problem drinking and change from a very different perspective than the predominant disease and behavioral models (Slater, 1985):

1. Addiction is a species of consciousness, a kind of subjective experience, embellished or dampened by interactional, cultural and socio-political processes and structures. (p. 17)
2. Addiction is not the exception, it is the rule. ... the problem of meaning is a central one for us all, the potential for addiction is there for us all. Erosion of communal meaning and collective support make addictive substances attractive receptacles for distorted and shrivelled existential meaning. (p. 19-20)
3. Cultures and their social structures tend to exaggerate or depress the human propensity to addiction by: the disappearance of community and the illusion of autonomy; (imposed) values; big business of medicalization; and group solidarity defined by McClelland (1972) as ritual cohesion in males -impulsive, dominating, aggressive kinds of behaviours: drinking, exploitive sex, vicarious experience, prestige, manipulation of others. (p. 22)
4. We are dominated by our egos (which) refuse to let us hear from and respond to other constituent parts of the self - the body, fantasy, desires, moods, urges and musings. The ego exists to classify, categorize, analyze...(p. 23)

In summary the social psychological conception contained in the above quotations assert that addiction is a common human phenomena "borne of our capacity for symbolic construction of the self" (Saleelby, 1985 p.24). Symbolic constructs like the self are purportedly fragile and susceptible to the shaping hands of social forces of all kinds according to Saleelby. From this framework, the significance of interpersonal, institutional, cultural and ideological forces are paramount in terms of factors influencing problem drinking and change. Proponents of these influences advocate that substantial damage is done by medicalizing addiction and labelling individuals as having a "disease" (Fingarette, 1988; Peele, 1998). According to these writers presuppositions of the medical model exacerbate some of the phenomena that may actually contribute to addiction - separation; disunity; self loathing. Fingarette asserted that drinking behaviors are understandable as "central activities" which in turn depict meaningful engagements across time. Problem drinkers are people who have over time made a long and complex series of decisions, judgements and choices that have resulted in a central activity.

Fingarette (1988) condensed the social-psychological conceptions as follows:

- a) there is no single entity which can be defined as alcoholism,
- b) there is no clear distinction between alcoholics and non alcoholics,
- c) the sequence in which problems occur is varied,

- d) there is no evidence to date for a basic biological predisposing process,
- e) problems are reversible,
- f) alcohol problems are typically interrelated with other life problems,
- g) "denial" albeit not an ideal way to handle life's problems is not a symptom of a disease.

### Model of Consciousness and Self Deception

H. Fingarette's model of consciousness (1969; 1985) raised the premise that alcoholism is firstly a human problem or phenomena and as such can be viewed in association with another human phenomena - self deception. Self deception occurs when:

the disavowal of an engagement creates an inner split: The totality of ...the individual's actual engagements in the world remains unchanged, but the personal self disavows identity with those engagements...An important consequence of disavowal is the establishment of impairment or defect in capacity as a responsible actor. Because of the inner split...personal agency is compromised...(1985, p. 53)

The meaning of problem drinking has deep seated roots according to this model in terms of motives for disavowal and the experience of an inner split or duality. On a similar vein James, views change from problem drinking as:

a process by which a self hitherto divided and consciously wrong, inferior and unhappy becomes happy. (in Vaillant, 1983 p. 189)

Fingarette stressed the need for harmony within the self in his model of consciousness. He asserts that one isn't merely a collection of engagements but there exists a degree of unity, harmony and coherence that form a personal self or identity.

According to this model, when the individual self experiences discord or conflict, there is great inner distress seen as guilt, self-criticism, remorse and indecision. It is this "distress" that motivates one to disavow certain engagements and avow others. Self deception in turn, disintegrates personal agency. Fingarette views the disease conception or model as promoting self deception by leading one to deny, ignore and discount what meaning a problem drinking way of life may have had.

The disease concept leads one to... the basic assumption that the alcoholic's way of life ought to be abandoned if at all possible - a devastating moral judgement on that life. It is as if we say to the drinker 'We will absolve you of all blame if you will in turn surrender any claim to any human meaning in your drinking and the life linked to it'. (p. 61)

In conclusion, the model of human consciousness asserts that self deception is a form of self-compromise that results in confusion and disorder within the self. Feelings, attitudes and desires must be avowed according to this model, by the person in order for rational self understanding and autonomous self control. Change from problem drinking implies a need to avow constituents of the self that have formerly been "denied".

### PROBLEM DRINKING RESEARCH

#### Multiple Pathways and Influences

In the past decade there has been a recognition by cognitive behavioral and social learning researchers that problem drinking is a multi determined phenomena with multiple pathways.

(Marlatt, et al, 1988; Sobell & Sobell 1983). Hill (1985) suggested that one natural course characteristic of a progressive disease is more the exception than the rule. She cited evidence that the typical drinking patterns are characterized by much changing back and forth between levels of consumption. Patterns over time are further found to be unpredictable, with increases and decreases or stability from year to year (Hill, 1985). Vaillant's prospective longitudinal study revealed multiple pathways for problem drinking and recovery:

Insidious, fulminating, and intermittent courses are all common; so is recovery... (1983, p. 310)

This prospective research confirmed the importance of culture, genetic factors, anti social personality and learning as major factors in the etiology of problem drinking. Donovan (1986) cited that both demographic and sociocultural issues influence problem drinking. Across western societies men have a three to four times greater rate of problem drinking than women and certain cultural and ethnic customs appear to influence the problem. He also found that within a culture, rates of problem drinking are influenced by age, occupation, social class and religion. Zucker and Gomberg (1986) view problem drinking on a developmental and psychosocial continuum. This view coincides with Brown (1985) by emphasizing developmental processes influencing drinking at different developmental stages. Zucker and Gomberg (1986) concluded that studies of young people's drinking and of transitions from non problem to problem drinking at older ages, provide support for the following:

Parental and peer influences play a role at different developmental stages and entry into or out of problem drinking at any point in the life cycle needs to be understood not only as a move toward or away from alcoholism but as a response to influences that are developmentally relevant at that life stage. (p. 790)

These researchers identified limitations of etiological research which seeks to isolate problem drinking to a segment of time separate from the developmental life context. Their summary of research suggested that physiological factors mediated by genetic predisposition are important but that the process of becoming a problem drinker occurs in a social world and is influenced by a "biopsychosocial" process. They point to the need for charting this complex phenomena across time.

A growing contingency of researchers and critics now share the view that the phenomena of problem drinking is too complex to be explained by one theory or set of presuppositions (Donovan, 1987; Peele, 1986; Vaillant, 1983; Wilson, 1987; Zucker & Gombert, 1986). A tempting parallel conclusion regarding change from problem drinking must firstly be substantiated by change specific research.

#### Research Specific to Change From Problem Drinking "Spontaneous Recovery" Case Studies

Smart (1975) reviewed research on the phenomenon of spontaneous recovery in problem drinkers. An overall theme in this line of research concerns the social circumstances associated with spontaneous recovery according to this author. These include changes in marital status, jobs and life conditions associated with recovery changes. The definition of this term was provided in chapter 1 but variations occur in operational

definitions across studies of this phenomena (Klingemann, 1991; Stall and Biernacki, 1986). Smart's survey concluded the following from the relatively small amount of available research to date on this phenomenon: a) Many studies have found spontaneous recovery among problem drinkers to occur with rates varying from ten percent to forty two percent (Smart, 1975); b) Reasons for spontaneous recovery are poorly understood but changes in health, job, marriages and residence are loosely associated (Kendall & Staton, 1966); c) More studies of the extent and reasons for spontaneous recovery are needed and should focus on concomitant changes in social stability and informal treatment by friends, relatives and alcoholics anonymous (Smart, 1985).

Tuchfeld (1981) sought answers to the motivation for spontaneous recovery by conducting an exploratory study using a questionnaire format. He found that numerous conditions initiated commitment to a resolution to change including: personal illness or accident; education about problem drinking; religious conversion; intervention by family; financial problems; alcohol related death or illness of friends or family members; alcohol related legal problems and or extraordinary events such as humiliation. Tuchfeld concluded that one's initial commitment to change wasn't sufficient to sustain movement from problem drinking. Social conditions such as support and non alcohol related activities were necessary for sustaining change from problem drinking. Tuchfeld employed a descriptive method of self report case interviews and later analysis using qualitative data matrices. The nature of his research was exploratory and

discovery oriented. Intensive case interviews revealed attitudes toward treatment and labels, factors associated with resolution and postresolution behaviors for spontaneous remitters.

Tuchfeld's analysis offered insight into the process of self initiated change from problem drinking inclusive of:

a) recognition b) disengagement c) interim change in alcohol-related behaviours and d) sustained change in alcohol-related behaviors.

The passage from problem to nonproblem status appears to be sensitive to some key moderator variable...such as prior experience with self control, usual pattern of attribution of responsibility, resistance to labels and negative attitudes toward institutions. (p. 638)

A missing link in the change process (given perfunctory notice by Tuchfeld) concerns the meaning or value of change related conditions to the individual. These concerns associated with an event were loosely presented by Tuchfeld as "a key moderator variable" which appeared to have a significant effect upon the transition from problem drinking to nonproblem drinking or change.

Ludwig (1985) and O'Doherty and Davies (1987) criticized research that focused solely on life events surrounding problem drinking and change, on the basis of major methodological flaws and inherent assumptions. These researchers found conceptual weaknesses inherent in the idea of a life event. Isolating an event beyond the context of the deeper structure of life course for the individual, was labelled a form of "atomistic analysis".

Just as the same meaning may be conveyed by differing numbers of words, or by words which are different; and just as the same set of words can be used to convey different meanings; so it is the case that a person's life course is not to be understood from merely adding



up, counting, weighing and otherwise manipulating the individual events of which it is formed. (O'Doherty & Davies, 1987 p. 135.)

Ludwig (1985) stated that "Life Event's" research ignored the importance of cognitive processes and the meaning of certain events for the individual changer. Ludwig used an exploratory, descriptive interview method asking participants to explain how they achieved and maintained abstinence for twelve months without the assistance of alcoholics anonymous or professional help. He found that the initiation of recovery pertained less to specific life events or external circumstances than to an individual's state of mind or perception of his situation. Conclusions from his study stressed the importance of experiences of hitting a "personal bottom". This term meant various things to various individuals but typically was associated with strong feelings; experiences of physical illness; allergy or physical aversion; or a change in lifestyle following self scrutiny over time.

They sensed they were beginning to lose control over the direction of their lives and decided, almost in an existential sense to do something about it. (p. 54)

In some cases hitting bottom was associated with a spiritual experience. Maintenance of recovery was associated with no further desire to drink; willpower; physical aversion; thoughts about alcohol with negative connotations:

It was not the image of others in distress but the image of themselves suffering or in misery that kept them from drinking". (p. 57)

Recovery processes in general have been associated with "hitting bottom" (Bateson, 1971). However, a low point or hitting bottom experience according to Ludwig's findings, (1985) is not the only basis for change. Tuchfeld (1981) and Ludwig

found that peak experiences, spiritual, religious, mystical, or transcendental in nature may serve as motivators for change as well.

Although presumably opposite in nature, peak and bottom experiences share at least one important characteristic: they dramatically capture the attention of the alcoholic. (Ludwig, 1985, p. 56)

The experience of a personal encounter with a higher power or natural force offered the individual renewed, inner strength. The common denominator appeared to be the experience of intense emotion whether positive or negative.

Biernacki (1986) conducted an extensive multiple case study inquiry on spontaneous recovery from opiate addiction. In his detailed account of "Pathways from Heroin Addiction" a rigorous phenomenological approach to elucidate detailed descriptions from over one hundred respondents was employed. Biernacki used an open ended interview format and respondents were asked to tell what had occurred during their addiction and recovery. They were probed to explore areas of; their general life situation before use; life involvements; problems; extent of drug use and self concept before recovery. Biernacki concluded that the process of change from opiate addiction is intensely conflict laden. The conflict is over quitting and thereby considering new life involvements.

The intensity with which addicts 'come to grips with these painful choices varies greatly with the extent that their lives have been affected by the addiction. Some people manage to give up their addiction and change their lives without great emotion and stress and with little conscious deliberation. For others, the decision is a conscious one that is both profound and excruciating. (p. 43)

This study although focusing upon opiate addiction rather than alcohol problem use, is significant due to the depth explored concerning the experience of change. Such depth of experience has been lacking in the above spontaneous remission research. Biernacki (1986) proposed general stages from this research including: resolving to stop; breaking away from addiction; staying abstinent; and becoming and being ordinary.

Stall and Biernacki (1986) reviewed literature pertaining to spontaneous recovery for four substances; opiates, alcohol, food and tobacco. These researchers theorized that insight into "self initiated" or "natural recovery" processes may shed light upon factors influencing the problem itself. Implied here is a continuity of experience over the life of problem to non problem substance use. They are critical of the term spontaneous remission, stating the phenomenon is rarely truly spontaneous - "individuals have good reasons for making profound lifestyle changes" (p. 3). Their second criticism regarding the term is that "remission" implies the existence of a disease state. Other common phrases have included "maturing out" and "natural recovery". From an in depth review of research to date, a model of spontaneous remission behavior was put forth along with a cluster of factors in common to spontaneous remission across the four substance categories. These authors summarized factors affecting change (defined as spontaneous remission) making reference to applicable research studies. These included: health problems; social sanctions; significant others; financial problems; significant accidents; management of cravings; positive reinforcement for quitting; internal psychic change/motivation;

change in lifestyle. Stall and Biernacki described their model as fluid and interactive.

We suggest that the central process which underlies spontaneous remission is the successful public negotiation and acceptance of the user's new, nonstigmatized identity. Based on this new identity, significant other support... processes crucial to the recovery process might be extended. (p. 13)

This model highlighted three stages in the change process.

Features of stage one included "significant accidents" seeming trivial to the observer but very meaningful to the changer. In some cases these accidents were potent catalysts to irrevocable change as well as serve to reorient one's self concept. Stage two was represented by a public pronouncement of one's decision to quit using a substance and a claim toward a new "nonstigmatized" identity. Stage three included factors positively influencing a new nonstigmatized identity to eventual resolution and stabilization of a new social identity.

#### Stages of Change in Treatment of Problem Substance Use

Although research into change from problem drinking has been largely aligned with the phenomenon of spontaneous recovery or remission, change from problem substance use is by no means limited to this definition. A study by DiClemente and Prochaska (1982) on self initiated change and therapy change regarding smoking behaviour combined descriptions from self changers and therapy changers. Implied here is the notion that change for both populations isn't fundamentally dissimilar or distinct. The two populations were asked to describe their use of change processes in terms of time periods. These researchers identified five stages of change with a cognitive theoretical basis:

1. Pre-Contemplation; the individual does not want to change. This person doesn't think he or she has a problem and may be under pressure to seek help. Awareness and motivation are lacking.
2. Contemplation; the person is beginning to become aware that a problem exists. There is a struggle to understand the problem and a search for information but no commitment to change.
3. Determination; the person has decided he or she is ready to change and is willing to take responsibility. Actual work on changing the problem hasn't begun.
4. Action; the person has actively begun to change and is struggling. At this stage one requires help.
5. Maintenance; the person has already changed and made significant progress but may relapse. Regardless of this potential, he or she has attained a desired change.

These researchers proposed that the above stages are artificial in terms of their linear progression and in reality individuals move back and forth over time. Movement through the stages is seen as cyclical rather than linear, as individuals relapse several times before achieving their desired level of success. The cyclical nature of these stages contradict the uniformity, uni-directional hypothesis of alcoholism proposed by disease and medical models. This type of research offers a wider range of definition concerning change from problem drinking than that imposed by the definition of spontaneous recovery. Limiting case study research to those who have never received treatment or

intervention assumes that individuals enter treatment at the same stage in the change process. Theoretically, spontaneous remitters have navigated their way through all five stages. However, an individual who has succeeded in the process of change up to and including the determination phase without treatment may be a legitimate candidate to study self initiated change. The limitations imposed by a non treatment criteria were acknowledged by Klingemann (1991), who broadened the definition to include minimal treatment criteria.

### Prototype Research for the Present Case Study

#### A Phenomenological Case Study

Morris (1986) conducted an empirical, phenomenological study of "Being-In-Control-Of-One's-Drinking". This research employed a descriptive method and phenomenological analysis to discover common constituents for two groups of individuals: controlled drinkers who had attempted to control their drinking and though initially successful, eventually failed; and controlled drinkers who currently were controlling their drinking successfully. Common themes were discovered as follows:

Through a free conscious decision subjects imbibe after a period of abstinence. (p. 90)

Subjects are aware of being alcoholic but are unwilling to spell out their alcoholism and deceptively hide the truth. (p. 93)

Subjects are unwilling to accept their bodily limitations. (p. 96)

Alcoholism is perceived as a deviant form of existence and they must prove that they are not alcoholic. (p. 97)

Calculative techniques are developed by subjects to assure success with their project of being in control of one's drinking. (p. 99)

Subjects search and find concrete evidence to prove they are not alcoholic. (p. 103)

Subjects experience resentment towards those others who question their project. (p. 105)

Subjects experience a lived conflict over their controlled drinking and are fearful about losing control over it. (p. 107)

Divergent themes across the two groups were revealed. Those who failed to control their drinking eventually gave up their attempts toward controlled drinking and instead chose abstinence. Changes were identified as follows for this group:

Eventually the subjects find themselves deceptively, calculatively scheming to increase their consumption and soon excessive imbibing ensues. (p. 113)

After attaining sobriety, the subjects became aware of their self deceptions and question the viability of their controlled drinking projects. (p. 115)

Change themes other than self deception, included facing one's bodily limitations and moving from pessimism to optimism and surrender to hope. This research distinguished two groups of problem drinking "changers". The "failed" group relinquished their attempts to control their drinking and recognized self-deceptive projects. The "successful" group continued to focus upon controlling - convincing themselves and others that they could control their drinking. The key difference appeared to be the ongoing effort exerted by one's controlled drinking project and it's central focus upon one's life. The group which abstained completely and recognized their self deceptions were able to move onto other life projects or leave behind a drinking focused identity.

### Narrative Case Study Research

Klingemann (1991) conducted a multiple case study inquiry on the stage of change he labelled "motivation to change." His research explored the role of negative versus positive experiences in setting off subsequent changes in alcohol or heroin consumption. There are a number of significant improvements in this research over previous case study research. Klingemann recognized the potential inaccuracies with self report-retrospective data and therefore included collateral participant information as part of the life histories. He broadened the definition of spontaneous remission to include hard core dependents who may have had minimal treatment interventions; he used a narrative interview method in conjunction with drawings of a life curve - noting ups and downs; and he explored how spontaneous remission was embedded in the whole personal life course and the decisive reasons for its success. He also recognized the pitfalls of any narrative account rephrased as "how I managed to kill the dragon (heroin/alcohol) single handedly". Validity and reliability were enhanced by the use of recall aids; collateral interviews; and alternative forms of presenting one's story - board drawing, grids and personal life history interview.

Klingemann examined in detail the initial stage of natural recovery by systematically compiling key quotations from participants. He was concerned with those cognitive processes mediating the transition from Proshaska and DiClemente's stages of precontemplation to concrete action (1986). A criticism of this study relates to the imposition of specific questions during



the research, designed to elicit cognitive elements or processes. The researcher's hypothesis that these elements are in some way instrumental in the transition is influenced by the directive questions concerning cognitive processes. Another criticism is the emphasis upon stressful life events presented to participants by way of a check list of "loss events"; "mental distress"; "gain events"; and "mixed events". This runs the risk of the atomistic tendency to separate life events from the life course of the individual, concerns raised by O'Doherty and Davies (1987). Klingemann's findings indicated that an objectively high level of stress preceding autoremission may have contributed to consciousness raising and serious precontemplation. He further concluded that this in itself may not be sufficient to cross the threshold to action. Klingemann asserted that there was support for the thesis that the cumulative occurrence of interacting life events provide the necessary prerequisites for self initiated change.

#### Summary

In summary the research available to reveal the depth of the phenomena of change from problem drinking has only recently taken the view that this as a dynamic process which influences, and is influenced by, many other contextually rich events. The trend is to move beyond an emphasis upon "external" itemization of events preceding change toward revealing the deeper meaning and underlying processes which accompany change from problem drinking. Recent research recognizes the need to move beyond focusing upon isolated "events".

## CHAPTER 3

### Methodology

#### Research Design

An exploratory, single case study design was selected for this research into change from problem drinking. Yin (1989) defined the case study approach as follows:

- A case study is an empirical inquiry that:
- a) investigates a contemporary phenomena within its real life context; when
  - b) the boundaries between the phenomena and context are not clearly evident; and in which
  - c) multiple sources of evidence are used. (p. 23)

The nature and characteristics of a given phenomena dictate design contextual features upon a, b, and c, such as time and location to a great extent. For this case, the parameters which assured the occurrence of the phenomena under study required a historical, retrospective case study context. Practical considerations enhancing the validity of research and clarity of the phenomena itself required a minimum of twelve months and a maximum of five years historical descriptive context. Unique characteristics of the phenomena therefore determine a, b and c above, respectively. According to Yin (1989) the case study is most relevant for questions of "how" and "why" which govern the direction intended by this exploratory inquiry. The case identified by this research is an individual's experience of change from problem drinking. How and why this change experience came to be, is explored from several descriptive sources. The

unit of analysis is the experience of change from problem drinking and the sources of data are narrative retrospective descriptions obtained by; interviews with multiple sources; written documentation completed at the time of change from problem drinking; descriptive evidence of video taped footage relevant to the change experience; and researcher observation in the context of the interviews.

This case study embraced phenomenological and existential assumptions and directions outlined by Colaizzi (1978) stressing a qualitative descriptive approach. Qualitative research recognizes the interrelatedness of personal and social meanings; the richness of the natural environment; the existence of multiple views of a given reality and the interactive dynamic between the researcher and participant. Colaizzi's views concerning what constitutes experience are as follows:

experience is a) objectively real for myself and others, b) not an internal state but a mode of presence to the world, c) a mode of world presence that is existentially significant, d) as existentially significant, it is a legitimate and necessary content for understanding human psychology. (p.52)

Although the approach taken by this case study is essentially qualitative in nature, there is an element of quantitative organization at the data analysis stage which will be defined in chapter 5. The aim of this quantitative component is to organize the narrative descriptions in temporal - time sequenced order while remaining sensitive to the significance of narrative meaning and experience in it's spoken context.

The rationale for a single case study design is based upon two premises: Each case of change from problem drinking contains

its own unique characteristics and complexity. A comprehensive single case study can provide the detail presumed essential for a fuller understanding of this phenomena. Secondly, extensive detail is lacking from multiple case study designs on this topic. (Biernacki 1986; Klingemann, 1991; Morris, 1986). A single case study will contribute to existing qualitative research.

The experiences and skills of the researcher are of considerable importance to the case study interview approach incorporated by this research. The researcher's background counselling problem drinkers, listening and attending to their stories and experiences, provided a skill base to begin this empirical inquiry. Such experiences undoubtedly shape and influence assumptions and personal "theories" concerning the topic of change from problem drinking. The researcher reflected upon her assumptions in advance, elaborating details so as to be alert to potential biases throughout the interview and analysis phases. A major intention of this case study was to allow participants to freely explore and reveal their own views and experiences pertaining to the topic without the influence of researcher bias and direction. This is not to say that the researcher's assumptions are trivial or superfluous. On the contrary questions stimulated by curiosity and the motivation to explore these "therories" formed the groundwork for this research. Colaizzi (1970) stressed the importance of the researcher uncovering his or her presuppositions by emphasizing the importance of dialogue:

In order to uncover presuppositions, they must be searched out and encountered because at first they are not standing there staring us in the face. Since encounter occurs only in dialogue, dialogal research uncovers presuppositions most fruitfully. ( p. 69)

In summary in advance of this case study, the researcher encountered presuppositions through her own reflection or self dialogue and dialogues with others who experienced this phenomena. The dialogal research itself is a context for such encounters by both the researcher and participants. The skills of non directive interviewing with an emphasis on open ended questions, reflection and probing techniques as defined in Egan (1982) were used to encourage exploration.

### Co-researchers

#### Role in the Research

Friere (cited in Colaizzi, 1978) pointed to the necessity of an equal partnership in the dialogal experience of any research. He emphasized the need to dispense with the terms researcher and subject in favour of the term co-researchers. Colaizzi stressed that the full participation in the dialogal approach requires contacting the co-researchers as persons which in turn requires trust:

...beyond intellectual and theoretical presuppositions to the co-researcher's personal Presuppositions. Thusly contacting the realm of the personal, the research spills over to the context of the existential. (p. 69)

The element of trust is a crucial factor in establishing an equal context of mutual interest and discovery while engaged in dialogal research. This case study embraced the concepts of mutuality and trust by inviting all co-researchers to actively

participate and become emmersed in the process. Each co researcher was invited as a research partner during the interview and initial analysis phases. As such they were free to comment upon any misinterpretations and leading comments made by the researcher. This research dispensed with the term subject in favour of terms which would characterize each co-researcher's personal relationship to the change from problem drinking phenomena.

A co-researcher "hierarchy" was established based upon one's direct or indirect association with the case phenomena under investigation. This hierarchy included the following: a principal co-researcher and collateral co-researchers. Each co-researcher related to the researcher based upon the conditions outlined above.

#### Role of the Principal Co-researcher

The principal co-researcher is the focal person of the case study. This individual will have experienced change from problem drinking directly. The central role of the principal co-researcher is to provide in as much detail as possible, a storied version of his or her experience of change from problem drinking. Elaborating a narrative complete with a beginning, middle and ending defines this role. According to Mishler (1986) story telling occurs naturally in any given interview experience and as such it is a spontaneous component of discourse if one is "allowed" the freedom to elaborate. In this regard the roles of the researcher and co-researcher must interact to allow for the story to emerge.

There is a cumulative suppression of stories through the several stages of a typical study: interviewers cut off accounts that might develop into stories...It has become evident to me from my own and others' experiences in a variety of studies, that stories are a recurrent and prominent feature of respondents' accounts in all types of interviews. (p. 235)

Mishler asserts that interviewing is a central research method and a method that best captures the essence of an individual's values, beliefs and attitudes (in Sarbin, 1986). The role of the primary co-researcher is therefore to tell one or more stories that most accurately reflect their experience of change from problem drinking. The role of the researcher is to allow this story telling to occur without directing or structuring the interview to the extent that storied accounts are diminished.

#### The Role of Collateral Co-researchers

A collateral co-researcher is defined as a significant other who observed and interacted with the principal co-researcher at times during this change from problem drinking. A collateral is selected by the principal co-researcher and may be a spouse, parent, daughter or son, employer, friend, counsellor or clergyman. The collateral co-researcher's role is to elaborate their story regarding experiences with and observations of the principal co-researcher as the change phenomena was occurring before them. The role of the researcher is the same as previously described, with the additional role of directing collateral co-researcher's from theorizing and postulating their own hypotheses concerning the topic of problem drinking and change. For example it is not the role of the collateral co-researcher to elaborate in detail their theories

concerning problem drinking. It is their role to elaborate upon encounters with the principal co-researcher, observations, and relevant thoughts and feelings concerning what was evident and witnessed. Although the central role of collateral co-researchers is to focus on the experience of change as an observer/interactor, the natural outcome for all co-researchers is a self narrative.

Using the language of story telling and drama, the principal co-researcher is the "actor" and collateral co-researcher's are "co actors". Including multiple perspectives in this case study will serve a number of validity functions as well as provide a rich source of contextually relevant information. The context of the case study is enlarged by inclusion of significant collateral co-researchers which in turn will provide more detail regarding the phenomena. The interplay across co-researcher's stories is described by Sarbin (1986):

Once the story is begun, the actor sets out to validate the constructed narrative figure, the hero, in the self narrative. The self-narratives of co-actors impose constraints on the actor's efforts to satisfy the requirements of his or her own narrative role. Because the stories of co-actors may not be compatible with the hero's story, the text - the actual living of the narrative role - is usually a negotiated story. (p. 17)

In summary the roles of all co-researchers (with minimal direction by the researcher) are to elaborate and produce a story of change from problem drinking that is as true to life and detailed as possible. Although details of the story can indeed be verified and cross referenced, their meaning and significance to the story tellers are part of their individual self-narrative's complete with a beginning, middle and ending.



### Selection of Co-researchers

The selection of the principal co-researcher was a prerequisite to collateral co-researcher selection. The sample population consisted of three diverse pools: a) A university population of students or faculty; b) Non-client contacts known to outpatient alcohol and drug treatment counsellors; c) Non-client contacts known to professional and non professional associates. The above pools cover a wide range of population possibilities for inclusion as principal co-researcher, an intention of this study. Criterion for selection as principal co-researcher is as follows:

- 1) a history of problem drinking followed by a minimum of one year's abstinence (ideally two years) from all mood altering substances - alcohol and other drugs. Continued abstinence from drinking alcohol or non problem alcohol consumption following one year's abstinence - fulfilling the criteria of a discernable change from problem drinking.
- 2) Self initiated change defined as having come to a personal decision to change without formal treatment intervention or professional influences. This would represent arrival at a "contemplative" stage of change (Proshaska and DiClemente, 1986), prior to any treatment intervention.

- 3) a maximum of five years time lapse between the present and the period of change from problem drinking - fulfilling the criteria of distance from the phenomena without substantial memory loss.
- 4) initial self screening of a problem drinking history by the "Mast 10" a shortened adapted version of the Alcohol Use Questionnaire (Tuchfeld, 1981) requiring a minimum score of 4 - fulfilling the initial screening criteria for problem drinking in the past five years.
- 5) interview screening of problem drinking history using Selzer's extended "Michigan Alcohol Screening Test" (1971) requiring a minimum score of 5 indicating alcoholism. Fulfilling the criteria of a valid "measurable" defined problem drinking past.
- 6) an atheoretical, unindoctrinated orientation to understanding problem drinking. Fidelity to one's personal experience over "learned" theory is stressed.
- 7) able to identify a minimum of two significant others who would be willing to volunteer as collateral co-researchers. Fulfilling the criterion for validity checks and multiple realities of the same phenomena.

Once the above criteria are satisfied, the second stage follows regarding remaining co-researcher selection criteria for principal and collaterals.

- 8) proficiency in the English language and high level motivation to participate in the entire process. Fulfilling the criteria of elaboration in the interview process and validation of analysis.
- 9) eighteen years of age or older. Fulfilling the criteria for informed consent.
- 10) informed decision to participate in the study as stated in the participant informed consent form. Evidence of same by signing consent form. Fulfilling voluntary participation criterion.

The documents used to facilitate selection and recruitment include the following:

- 1) Letter of Recruitment (Appendix C)
- 2) University of British Columbia - Participant Informed Consent Form (Appendix D)
- 3) Alcohol Screening Questionnaire - modified short version of the Michigan Alcohol Screening Test (Appendix E)
- 4) Letter of Authorization for Disclosure of Confidential Information (Appendix F)

The contents of the above documents fulfill the necessary requirements of conducting this case research in accordance with ethical standards determined by the University of British Columbia.

### Selection Procedure

Co-researchers were recruited with particular attention to their anonymity and confidentiality rights. This was achieved through the recruitment methods which consistently gave each potential participant the onus of responsibility to initiate contact with the researcher. Poster advertisements with key descriptors and criterion of the study were placed in several campus public locations and at three Alcohol and Drug outpatient clinics in the Fraser Valley. In addition outpatient counsellors were contacted by the researcher and were given copies of the Letter of Recruitment. They were then asked to share the purpose and intent of this case study with non client contacts who may qualify as a principal co-researcher. As an intermediary, these counsellors assured the anonymity and privacy rights of potential participants. The prospective participant would then choose whether to contact the researcher directly, for further selection and screening. This method was then extended beyond the alcohol and drug treatment population to other professional and non professional associates of the researcher. The recruitment of a principal co-researcher who met all criterion for inclusion in this case study took four months. In that time two individuals responded to the poster advertisements; three individuals responded through their contact with an outpatient counsellor and

one individual responded through contact with a non professional associate. Each was sent an Alcohol Screening Questionnaire to complete and return by mail to the researcher. Selection was based upon: preliminary scores on the Alcohol Screening Questionnaire further validated by in person screening using the extended Michigan Alcohol Screening Test. Self initiated change in conjunction with fidelity to the phenomena were additional selection considerations. Two respondents were strongly influenced by the Alcoholics Anonymous group and experienced treatment intervention initiated by professionals and A.A. sponsors. These two respondents didn't meet the criterion for self initiated change or fidelity to the phenomena versus fidelity to treatment philosophies. It should be noted that treatment in general and specific treatment philosophies in particular didn't disqualify a respondent. The context of treatment in terms of when it occurred and whether the individual chose this option as part of his or her change from problem drinking are self initiated criterion. A final determining factor in selection was the enthusiasm and motivation level of the respondent. The chosen respondent met all criterion and in addition had a high level of motivation to participate in and learn from this research experience. His opening remarks on the phone were: "I want to help in any way I can. I'll tell you all I can about my drinking and how I came to stop". He attended a residential treatment program following his resolution and public proclamation to change from problem drinking.

### Characterisitics of the Co-researchers

The selected principal co-researcher scored a high M.A.S.T. alcoholism level. Responses to both the short and long versions of the alcohol screening questionnaires are underlined in Appendices G and H. A problem drinking or alcohol rating score of only 4 on the shortened version was substantially raised by the more elaborate MAST version revealing a score of 21. The difference between in person assessment of the long version and self assessment mailed responses of the shortened version may partially account for this variance in addition to more question options. A score of 5 is indicative of "alcoholism" on the MAST and with a score of 21, the co-researcher definitely met the criteria of having had a problem drinking history five years previous to the research. The principal co-researcher is a forty eight year old male policeman. He responded by the least formal recruitment method of being informed of the study by a non professional associate. He made it clear that he chose to participate without any interference from an outside party and was drawn to a study that included collateral co-researchers. This individual was unknown to the researcher prior to the investigation. His cultural background is Scottish, and he emigrated to Canada as a young adult with his wife. The principal co-researcher will be referred to as Jim throughout this case study. At the time of the research he was fully employed as a police detective in major crimes for a central city police department. His major occupation for most of his adult life has been a city police detective. He has been married to the same woman for most of his adult life and they have never

separated. They live on a hobby farm and have two daughters ages eighteen and twenty two.

The principal co-researcher had the maximum number of years allowable between the present time and his experience of change from problem drinking. He has remained abstinent from alcohol and all other drugs (excepting tobacco) for the past five years. He identified two collateral co-researchers - his wife and eldest daughter, who were able and willing to participate in the research. Later on he identified his counsellor during his attendance at a residential treatment program, as a self initiated referral. All three collaterals were included in this study after their written consent was obtained.

### Interviews

#### Features of the Narrative Interview

The qualitative interview described by Colaizzi (1978), Giorgi (1985), and further elaborated by Wertz (1985) emphasized the phenomenological method alone. This case study will incorporate features of phenomenological research but emphasize a narrative method for interviews and analysis. The narrative transcends description by using temporality and plot features which in turn produce a story with a beginning, middle and ending. Instead of leaving descriptions (provided by dialogal interviewing) unaligned or unintegrated, features of the narrative allow for wholeness and coherence. It is the aim of the narrative to produce a story that illuminates a character's personal account over time in relation to a selected topic of

inquiry. Cochran (1990) emphasized the advantage of story form over phenomenological description.

Story form supplies what phenomenology lacks, namely a descriptive structure for integrating themes into a whole. With a full story as the aim, the interview is not an open-ended request for an account or description, but a request for a narrative description. Particular attention is paid to the beginning, the end, and the middle as a bridge between the two. (p. 80)

Another central narrative feature is the unfolding of a self portrait. With a story emphasis the story teller represents his self portrait in the form of a self narrative. Identity themes and patterns emerging from descriptive accounts of experiences are viewed as parts of the whole story and portrait unfolding. Plot directions coalesce, converge and change. These plots are revealed as transitions and points of significance from the beginning to the middle and end. The characters contained in the story are actors and co actors. Scripts are likely evident in a given story as are roles, props, stages and scenes. According to Runyan (cited in Sarbin 1986), the relevance of the self narrative is apparant in biographical and autobiographical accounts.

In discussing the narrative perspective, Sarbin (1986) raised a co existing feature of the self-narrative, self deception.

The underlying assumption is that the self-deceiver, like the rest of us, lives according to an ongoing plot structure. The self-deceiver tells stories to both self and audiences. In order to maintain or enhance self identity, people will reconstruct their life histories through the employment of two identifiable skills: the skill in spelling out engagements in the world, and the skill in not spelling out engagements. (p. 16)



The story observer or researcher in this case, must be attentive to when and where "spelling out" engagements would deform the image of the hero. Self deception as a feature of narrative construction has also been recognized in the literature as a feature associated with problem drinking (Fingarette 1969; 1985) A narrative story of change from problem drinking would likely illumine if and where episodes of self deception occurred and if or how they contributed to the formation of the story hero's portrait and changes over time.

Time is another central feature of narrative stories. Crites (1986) remarked upon the distinction between the self as one who recollects in story telling, and the self as story character.

Narrative ...is one of the primary means by which I construct such a continuous life experience. Story like narrative establishes a particularly strong sense of personal continuity, because it can link an indefinite number of remembered episodes from the single point of view of the one who recounts or merely recalls the story. (p. 162)

Crites raised implications beyond what is revealed by the story content itself:

there is always some hiatus between the "I" who recollects and the self who appears as a character in a succession of episodes, a hiatus that I artfully bridge by owning this self, claiming it as my own. (p. 159)

In summary, being a "self" involves having a story and this self is thought to exist only to the extent that that it can be "re-collected out of the past".

### Interviewing Co-researchers: An Overview

The researcher established rapport with each co-researcher through telephone contact. The researcher's position as a graduate student and current alcohol/drug counsellor were relayed upon initial contact with each co-researcher as were basic parameters of this research. All interviews were arranged and conducted at each co-researcher's location of choice. Each initial interview included a review of the participant consent forms which also included statements of the purpose of the study; procedures; benefits/risks; confidentiality and voluntary priorities; contact information regarding the supervision of this research; and the intent to audio tape and transcribe verbatim the dialogue. It was also stressed that each individual's anonymity would be protected by altering all references to their identity - name and place of residence. Features of the interview itself were emphasized pertaining to the criteria of active, equal participation.

Each interview was minimally structured, commencing with an introduction to the focus of the research - change from problem drinking. The parameters of the study were stressed to emphasize the exploratory nature of change, the how and what of the phenomena as opposed to cause and effects of the problem drinking itself. Throughout the study this emphasis had to be reasserted so as to not limit the story to "Why Jim drank". Each initial interview included a directive to "tell your story, from your unique perspective". Each co-researcher was directed to begin his or her story at the time recognized as the beginning of change from problem drinking, again from their unique

perspective. The researcher had prepared questions of a very general nature based upon the research into this phenomena. These questions were not intended to structure or direct the story content but to aid in deepening, assist in areas where the co-researcher was stymied and where opportunities existed to go beyond the surface meaning to contact the personal realm.

The interview process began with the principal co-researcher. Two interviews were conducted over a two week period, each lasting one and a half to two hours in length. These were held in a private room at his place of work in a city police department subsequent to obtaining employer consent and assurance of time and privacy necessary. The principal co-researcher's story was completed after approximately four hours of interviewing. Completion was mutually agreed upon when a sense of finality either by exhaustion of descriptive accounts, repetition, or the presentation of a definite story ending. In some cases the ending was revealed by a return to the beginning which suggested saturation and a sense of narrative finality. In the case of the principal co-researcher the second interview ended with an unspoken undercurrent of "That's all I'm ready to reveal about myself ". This was respected and the next phase was to interview all three collaterals separately. Interviews with collaterals - wife and daughter were held at their respective places of residence. These interviews were completed in one session each, a two hour session with the wife and one and a half hours with the daughter. A final interview with the counsellor took approximately three quarters of an hour and was conducted at his place of employment.

With the added narratives of family co-researchers the researcher decided to initiate a third interview with the principal co-researcher. This was chosen as a verification session due to substantial relevant information provided by his wife and daughter which was omitted in his own narrative. The third and final interview was approached as an opportunity to reach the personal realm of the principal co-researcher. Ethical considerations were regarded at this time given the sensitivity of the collateral co-researcher's information. It was decided that the approach would be to obtain the principals co-researcher's confirmation of the significant material and then simply ask if he would like to comment further. Due to the sensitivity and emotionality visibly apparent by these disclosures, the co-researcher and researcher conceded to his need for no further elaboration. The ending was determined by his decision that he was not ready to relive some of these painful episodes but that they indeed were significant and collateral accounts were accurate. All interview accounts were tape-recorded and transcribed verbatim, and the researcher kept a personal log of her observations throughout this process.

### Interview Structure

In addition to the researcher's introductory comments regarding the purpose and process of the interviews each initial interview contained a directive to tell a story, with a beginning, middle and ending. Specifically, the co-researcher was invited at the outset of the interview process as follows:

The process here will be for you to describe in as much detail as possible -as if you were telling a story - your thoughts, your views, behaviors, experiences and feelings as you were changing from problem drinking to non drinking.

Due to the retrospective nature of the study, a tool was introduced as a method of organizing and assisting the principal co-researcher to identify a time when and where this change began for him. This tool was intended to provide a simple, loosely structured method to orient the principal co-researcher backward in time, to the what, where and when context of his story beginning. This tool was the lifeline exercise (see Appendix I) adapted from Jaffe and Scott (1989) and the principal co-researcher was given free reign in his choice to take advantage of this tool. The emphasis was to orient him to a time which he would recognize as the beginning of his story. The lifeline was only minimally useful or necessary given the ability demonstrated by the principal co-researcher to dive right into his story. There was little hesitation or inability to "begin". Consequently the lifeline tool was not extended to collateral co-researchers given their ease of accessing a beginning context as well. All co-researchers were very vocal, articulate and well motivated needing little probing or encouragement to elaborate. These were fortunate characteristics. The researcher was similarly active and engaged with probes and open ended questions aimed at deepening, and further exploration concerning a specific experience or viewpoint of the co-researcher. Although questions were not standardized, the researcher was mindful of features of current research on the subject as well as features of the

narrative. General themes arising from recent research offered guidelines for where and when the researcher may deepen through open ended questions. These included themes of self-deception; significant life experiences; values and portrait identity themes; potential conflicts; decision making; life plot influences; significant relationships; change "processes" or "stages" and evidence of existential life crisis or hitting bottom.

For the principal co-researcher, a second interview began by deepening the theme of his portrait identity as a policeman, given this was a primary construct of his first interview narrative. The researcher directed him to elaborate on what it meant for him to be a policeman, or what his vision of policing was. At another point the researcher introduced an excerpt taken from Wambaugh's (1975) the "Choirboys" which had been referred to by the principal co-researcher during the first interview. This book as a source of fictional relevancy was introduced by the co-researcher as he described certain life/death experiences and what they meant to him. The researcher brought the book in during the second interview and read a passage regarding life and death. This was a springboard for further elaboration into significant life experiences for the principal co-researcher during the middle of his story of change. This elaboration strategy was not predetermined by the researcher in advance. It evolved directly from encounters throughout the interview experience attesting to the need for creativity, flexibility and spontaneity in doing this kind of research. In a similar vein, the "wife" collateral co-researcher offered written

documentation completed by the principal co-researcher at a critical change point and this became a new source of valuable story information.

### Reviewing Co-researcher's Narratives

Tape recorded interviews were transcribed verbatim. This process alone provided for the beginning stage of narrative analysis which emphasized and followed Giorgi's method (1985) further elaborated in Wertz (1985). This stage is referred to by Wertz as the "Constitution of Relevatory Description" and represents an attempt to condense and synthesize the transcript data into a well organized description of the experience under investigation.

1. The researcher reads the interview openly, with no special attitude, in order to familiarize himself with the described experience.
2. The researcher demarcates meaning units in the interview data. This is necessary for a workable analysis.
3. The researcher judges which constituents are relevant for the research, that is which are relevatory of the phenomena under study.
4. The researcher regroups the relevant constituents together and places them in temporal order such that they accurately express the pattern of the original event.
5. The researcher discards redundant statements and redescribes the event from the first person perspective.

The above represents the process for the first phase of the narrative analysis. The first step is to apprehend co-researcher's meaningful comments or "units" from the interview transcripts. Giorgi (1985) defined a meaning unit as a

manageable unit emerging as a consequence of the analysis and arrived at with psychological criteria in mind. Such a unit is context dependent - meaningful in it's association to what follows and preceeds it. This constituted a shift to a quantitative analysis of numbering co-researcher statements. Over six hundred meaning units were identified. The process albeit tedious, provided a method for synthesizing all co-researcher's stories into one major story of change from problem drinking by illuminating mini or sub stories within a given narrative account. These sub stories emerged through multiple readings of the transcript and the researcher's attention upon temporal narrative story features (beginnings, middles and endings). The researcher was able to identify sub stories consisting of sections of successive meaning units, and to contain the essential meaning within these sub stories by not removing a given meaning unit from it's sub story context. A sub story was therefore evident with it's own beginning, middle and ending and identified by a sub story title. A given sub story could be moved to accompany other sub stories associated with the relevant narrative time context (beginning, middle or ending timeframe).

#### Narrative Summary: Narrative Synthesis and Summary Process

The outcome of the first step was a synthesis of sub stories - A Narrative Summary inclusive of all relevant narrative accounts using time as a method of organizing the story beginning; middle and ending. The process leading to the narrative summary consisted of: 1) numbering meaning units from



verbatim transcripts; 2) discovering sub stories; 3) numbering and naming sub stories; 4) condensing verbatim statements into sub story summaries and 5) placing these named and condensed sub story versions along a time continuum – beginning context; middle context and ending context. Appendix J represents a sample illustration of steps 1 – 3 and appendix K lists the titled substories by spoken order and narrative order. A narrative summary is the product of this first stage of analysis and comprises chapter 4.

#### Validation Procedures

This narrative summary was sent to the principal co-researcher; his wife and daughter collaterals. They were requested to attend to the accuracy of the synthesized sub stories and to comment upon any distortions, misinterpretations and to identify errors in the time sequencing of sub story occurrences. All co-researchers validated the accuracy of these sub stories and their context in the narrative summary. While these validation procedures were underway, another validation occurred with respect to the interview process itself plus the process of synthesizing meaning units to sub stories. A colleague familiar with Colaizzi's (1978) and Wertz' (1985) phenomenological method, scrutinized the interview transcripts to determine researcher bias and directing comments. She then proceeded to scrutinize the meaning units and verify that all relevant descriptions (to change from problem drinking) were included and identified in the transference to the sub story stage of the analysis. The principal co-researcher did identify

some inaccuracies and these were adjusted. The colleague similarly identified three potential leading statements by the researcher and these were apprehended and further reviewed to determine inclusion in the final summary. It was the consensus that the transferring from meaning units to the narrative summary was an accurate and complete process.

### Analysis of the Validated Narrative Summary

#### The "Coherence" Model of Narrative Analysis

Mishler (1986) identified several models of narrative analysis. The most appropriate for the purpose of this case study is the narrative analysis model raised by Agar and Hobbs (1982). This model will be further elaborated in chapter 5 as an "Introduction to the Narrative Analysis". The model focusses on the narrative problem of coherence or ways in which parts of an account are connected to make a unified, meaningful story.

Agar and Hobbs outlined three levels of coherence: local; global; and themal. This method was selected on the basis of the need for integrating four perspectives of change from problem drinking into one coherent story. Features of this method align with features of the narrative research itself including the following underlying assumptions:

first, whatever else the story is about it is also a form of self -presentation, that is, a particular personal-social identity is being claimed; second, everything said functions to express, confirm and validate this claimed identity. (cited in Mishler 1986, p. 243)

Moving beyond the temporal ordering of facts represented by the the narrative summary required discovering plots, portraits and other interactive dimensions evident as the story progressed.

These are features which can cohere and align sub stories and in turn reveal significant features of a portrait who changed from problem drinking.

### Conclusion

The method used by this case study intended to acknowledge the complexity of the phenomena under investigation. It is believed that the sophistication necessary for revealing this complexity was enhanced by incorporating several qualitative processes: descriptive interview processes; elaborate phenomenological processes reviewing the data toward meaning unit demarcation; initial narrative summary and organization; and ultimately a detailed narrative analysis of plot and portrait.

## CHAPTER 4

### Narrative Synthesis of 35 Sub Stories

### Summary of Change From Problem Drinking

#### Introduction

This chapter is a summary of sub stories arranged in the narrative ordering of story beginning, middle and ending. This is a negotiated story synthesis, inclusive of all co researcher's narratives. Appendix K itemizes sub stories and temporal arrangements.

#### Sub Story 1: Story Climax - A Reference Point of Change

Jim had over a period of years recognized he was an alcoholic. Maybe not recognized he was an alcoholic but recognized he had a problem, drinking. " I think the thing that did it to me was I woke up one morning and was still too drunk to drive to work. This was the time I said I've got to do something about this. I came to realize I was just gone, I was still staggering and I woke my wife and said I've got to do something, I can't go to work today I'm too drunk."

#### Story Prelude

#### Sub Story 2: Family History

Jim grew up in a family home of non drinking. His mother was against alcohol and didn't allow any alcohol in the house. His older brother didn't drink at all. His father drown when Jim

was just a young boy of two and a half. His grandfather however was an alcoholic but Jim didn't recognize this until later, there was never any abuse in the family in any way. The grandfather was an old bugger, heavy browed, didn't talk to any one, a quiet man. Once Jim was a bit older he thought he had to go drinking with the guys or there was something wrong with him. "I always drank fairly heavy and this is accepted in Scotland. You drink scotch and beer in a bar and it's acceptable. When you're a young guy you go out and you get drunk. That's a fact of life."

#### Sub Story 12: Vision of Being a Policeman

Jim began as a policeman in Scotland for three years. Originally what lured him into becoming a policeman was the anticipation of excitement. Before he became a policeman he always looked up to those guys who couldn't do anything wrong. They were always portrayed on television as good guys with the white hats. "I don't think I started off because I wanted to help everyone. Probably more for the excitement of being a police officer than anything." His first experience as a policeman was in a small quiet countrylike town in Scotland. Overall he arrested about 15 people and he never saw a gun. In the history of this town, there was only one homicide in 20 years and never any bank robberies at all. Drinking was an acceptable part of being a policeman in Scotland. He and his wife Anne moved to Vancouver and Jim joined the Vancouver Police Department. He immediately went to skid row and this was just a total difference from policing in Scotland. Here there was high crime, drug related and exciting. "It was what I would have seen in the

movies. It was more of what I thought, the excitement was there". He soon realized that drinking was totally acceptable in the police department here and at that time all policemen were either hard drinkers or alcoholics. He also began to experience a more routine division in the amount of excitement the job provided. He found police work really consisted of 90% boredom, 9% excitement and 1% sheer terror. These emotional division were realized "When you suddenly become terrified the first time someone sticks a gun in your face. When you realize I could die right now. It doesn't go through your mind but for some time after it you realize I may have a badge, I may have a gun but somebody can kill me quite easily." He knew that a lot of times things didn't measure up and he would use his power in a lot of ways he shouldn't. He saw a lot of rotten apples in the barrel of policemen and he too did things he wasn't proud of afterwards. However to this day he holds policemen overall in high esteem. He can look back and see those policemen in his little village in Scotland where he grew up. They were big men and he still looks to them as heroes.

### Story Beginning

#### Sub Story 3: Police Department and Heavy Drinking

When Jim joined the VPD there was a lot of drinking. Everytime someone moved from one job to another there would be a party to transfer him over or away and there would be another party accepting him. This all involved drinking, heavy drinking. He discovered that the story "The Choirboys" was almost true to life in relation to the amount of drinking that went on. They

would have choir practises which was a name for policemen's drinking parties. From 8 at night to 4 in the morning the guys would get together and drink with the excuse of getting rid of their frustrations. Jim knew these parties were really an excuse to drink. He was working undercover at this time and a job requirement was to go into the bars and mix with the people. "You had to drink. If you're in a bar with a bunch of people and you had to get up to go to the washroom you couldn't leave a half filled drink there because you don't know what they might put in it. See they're always there so it's stressful". Jim found the pressure was constantly there when he worked undercover in the bars. Anything could happen to him in a bar.

#### Sub Story 22: Paid to Drink

Anne saw the police department pay Jim to drink. They sent him out in undercover work and they gave him money to drink and be in beer parlours. She knew it was happening and saw months where he would work a lot at night because he was on drug undercover work, and he would come home and have had too much to drink. She didn't know how he had gotten home. He would have nightmares that Anne couldn't quite comprehend. On one occasion Jim woke up in the middle of the night and he acted as if he were in a drug bust. " He jumped me one night for drugs to get them out of my mouth. I said 'Jim! Jim!. It's me! It's me!' 'Oh my God I must have been dreaming' and he would go back to sleep". He was working an undercover operation at the time. The police department gave him so much money to sit in the beer parlours during the late sixties/early seventies of the hippie era. Jim had to fit in as a hippie and he looked like a hippie with the

long hair, beard and the whole bit. Around this time Anne's parents were also visiting and not only was Jim drinking at work but he would have a drink with her dad as well. Sometimes he would work really late at night and then have to go to court in the morning and spend all day in court. Then he would go right back to work at night. Although it was a hectic time, Jim was happy doing what he was doing. Anne saw that he liked the job. Life was rosy for him and wonderful because he was getting all these new experiences which he never would have had in the police department in Britain. Anne was getting quite irritated because even on Jim's days off he was still having a drink. She couldn't understand why he had to have another drink but never did she think he was an alcoholic. She believed the two of them always had a good open communication but she just couldn't get it through to him. Jim would then come out of undercover work and go back into a regular job in uniform. To her knowledge he never drank at work. If however, they had a stressful situation at work, when the shift was finished a group of them would go to a place they called the roof and have a few beers. Anne accepted that because "you would need something to unwind and you're coming home in the wee small hours of the morning, you're family asleep, you've got nobody to communicate to when you got home. So they would get together at the roof and have "a few beers".

#### Sub Story 13: One of the Guys at Choirpractise

Around this time in Jim's early career of policing there was a group of guys including his supervisor who were considering a choirpractise. "Are we going to party tonight? Okay everybody what are we drinking? Scotch, rye, beer, you get the scotch..I'll



long hair, beard and the whole bit. Around this time Anne's parents were also visiting and not only was Jim drinking at work but he would have a drink with her dad as well. Sometimes he would work really late at night and then have to go to court in the morning and spend all day in court. Then he would go right back to work at night. Although it was a hectic time, Jim was happy doing what he was doing. Anne saw that he liked the job. Life was rosy for him and wonderful because he was getting all these new experiences which he never would have had in the police department in Britain. Anne was getting quite irritated because even on Jim's days off he was still having a drink. She couldn't understand why he had to have another drink but never did she think he was an alcoholic. She believed the two of them always had a good open communication but she just couldn't get it through to him. Jim would then come out of undercover work and go back into a regular job in uniform. To her knowledge he never drank at work. If however, they had a stressful situation at work, when the shift was finished a group of them would go to a place they called the roof and have a few beers. Anne accepted that because "you would need something to unwind and you're coming home in the wee small hours of the morning, you're family asleep, you've got nobody to communicate to when you got home. So they would get together at the roof and have "a few beers".

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get the ice.. we'll meet at .... ". At ..... they were just standing around telling war stories, just recounting the adventures of the day and day before and just lying to each other like they normally did. They decided they would go and try a little gambling game. The nature of this game was likened to adventure and could become sheer terror. But "nobody got killed". They then drank some more. Sometimes they'd have choir practises that would only last one hour, have a few drinks, be tired and just take off. Other nights if there was an exciting shift they would have a choir practise and everyone would talk about it. It was kind of like an extension of the shift. The expressed idea behind it was to use choirpractises as a way of coming down from the shift so that you could go home without the high or at least this was what they told each other. Jim realized it didn't have that effect. "You never tell your wife what you were doing that day. You can tell some of the stuff but you can't tell all of the stuff. You mention things in passing, you always make light of stuff. You can't really get out and say how you really felt about something". Jim would go home and tell a story not intending to keep anything a secret but he'd leave out certain things if they were dangerous. He would gloss over things that made him feel bad such as all the gory stuff. "You protect your family from the really heavy stuff. Problem is I didn't deal with the really heavy stuff". He was not allowed to be weak. He had to be macho or at least that was the image he perceived others had of policemen. "That's the image we perceive everyone else has of us. It really isn't the real image that other people have of us. It isn't reality". He began to know through a

gradual awakening that there really wasn't a superman like in the movies. Even though he understood this early on, he still portrayed the image of superman to himself. "Young cops do it. I've grown out of it but I see the young guys do it. We still tell war stories to the young guys and they listen...we still play a game to a certain extent. You can't spoil they're excitement. Yeh they've got to go through it." Jim was able to live this portrayal of a "super cop" because he experienced times when he could be a supercop. He still could get the jolts and the good feelings during those times whereas now he's older and not out there in the frontline. "You got to look at the big percentage, the boredom and then the jolts".

#### Sub Story 14: Boredom - Terror Ratio

Experiencing the boredom and then the jolts was something unimaginable to Jim until it happened to him. He would be working a night shift and driving around in a police car in an area of two or three story houses. He would stop a few cars that looked suspicious, talk to them, there's nothing in particular exciting. He would feel tired and want to go home. This may be his third week into night shift and nothing has happened. Then while driving around at 4 in the morning the radio would come on, "neighbours are complaining about a family fight". "You arrive there, go up, knock on the door, the door opens and there's a guy shoving a gun in your face. You either talk your way out of it or you run. You hear your partner down the hallway click his gun and you're in between and worried about which guy is going to shoot you. If you manage to get out of it, you've got a guy in there

with a gun and you don't know what's happening. He starts running, yeh it's a real rush, you don't know what's going to happen". This running or rush was experienced as excitement and he really enjoyed that part of the job. He was involved in this type of thing for quite a while, in fact all the time when he worked in the emergency response team. Although he enjoyed the excitement, he believed if he had it all the time it would kill him. "You have to get out. When you're doing these incidents you are terrified". Jim knew he was excited by these episodes but he also felt the terror. Feeling the excitement was definitely there but he knew there was something else going on for him.

"Terrified. So it's...that's...excitement as well. Terror's there, excitement's there but you know yourself that a lot of it is a front. What's inside is the...what you really fell like but you're portraying to everybody else something very different". Jim has spoken to a lot of other guys who have shot people and been shot at and knifed. Once they get through the macho stuff and they can talk, he feels reassurance that they all feel the same way.

Other policemen on the street are thinking 'I would be shitting myself if that happened to me.' They're acting as if it doesn't bother them whereas really it is bothering you.

The upside of drinking during these times were the camaraderie, having fun like a bunch of kids. Versions of policemen's experiences then were very similar to the book "Choirboys". Ordinary cops were being chased down sidewalks with their own police cars by their girlfriends who would be shooting at them with their own handguns. Jim could relate to the general feel of

the book and felt it captured the imagination of just about every cop. The downside of drinking was experiencing being out of control where he would hate himself for doing things like waking up and not knowing if his car was in the driveway or not. The upside of drinking would also include experiences like "Bait the Buffalo". Jim knew that if another police car drove by and saw the gambling game that they too would join in and watch. If the police saw a bunch of "long hairs" they would order them out of there. Jim didn't see this as destructive but maybe just annoyed the buffalo a bit and jokes about it " who knows, maybe the buffalo would have a little excitement too."

#### Sub Story 18: Witnessing Death

Jim could really relate to a passage from the book "The Choirboys" which described how a cop might experience witnessing death for the first time. He remembered:

When you see death it's a bit of a shocker. I never seen a dead person until I became a cop and the first one was still shocking. You become sort of immune after a little while when you see a lot of it, but you still...it's still there and you, we do a lot of covering up. We cover up with each other as well, like a natural instinct to shove it off to the side and make light of it.

He recalls working the beat when he heard news of another unit covering a sudden death. He started heading down to cover, just in case it was a homicide. The unit that was already on the scene consisted of a fairly senior guy and a junior guy. Jim thought it was probably the junior's first week on the job because he was young and there was shock on his face. Jim was immune to it by then because he'd seen so much of it. He knocked on the door and was told "Be careful, don't slam the door, he's hanging beside

the door". Jim came around the door where the man had hung himself and he said "Hang in there baby".

The young, junior guy was horrified that somebody would say that. But that's a cover. It's like a self protection, you make light of death. I've seen worse then that since, much worse. You get use to it after a while.

Jim learned that the sick humour really came out when another policeman died. They all knew they were doing this when things were really difficult. He learned it was important to cover up his feelings when he was out on the street.

It is not permissible to cry on the street. You shouldn't do it in front of the rest of the guys. You still have to appear macho to the people out on the street. You can't have the guy break down or it'd make everyone else break down and then we'd really show our weakness and we can't do that.

#### Sub Story 34: Old Style Policing

When Jim was a young policeman on the job he didn't care if he ruffled feathers, he just loved the work. He got along with almost all of the people he worked with and some of the things they did were a little bit questionable. They had good times, they had some good laughs and now when Jim and Anne discuss these experiences, they believe the young cops today just wouldn't get away with certain things. Jim had fights in back alleys just like the old style policeman. If someone was in a beer parlour hassling Jim and asked him to step outside, he stepped outside. He played dirty too. Jim played dirty when he got out there, he was not big by policeman's standards in those days. She remembers one story where a fellow who was huge was hassling Jim and challenged him to go out the back alley. Jim was with his buddies, the drug addicts down on skid row. They would call him a

nickname. In the back alley Jim hit the guy as he was taking his coat off. One time when the family was on holidays Anne heard somebody yell "Hey -----!" and she said to her girls "Just keep walking he's a friend of dads'." She saw Jim and the guy talk and she thought the guy looked up to Jim. He helped them out in a lot of ways. If they were cold he'd take a coat in to them. He'd lock them up so they'd be warm enough in jail. That was how things were down there. A couple of times when Jim had somebody gunning for him it would be those rubby dubbys on skid row that would come and tell him. They had this trust in one another. A lot of things they did then, to Jim that was being a policeman.

There were a lot of things in Jim's younger years that he wouldn't tell Anne for fear it would frighten her. She didn't know his partner's wife had been threatened or that there were contracts out on Jim. She agrees that it was best Jim didn't tell her at the time. She would just be...terrible...horrible. In those early years Anne didn't like Vancouver. Coming from a little village in Britain, this was such a big city with all these people. She would read about people who had escaped from jail and were hiding out in the apartment block across her street. As the years went by, she found it became easier and came to know that the people Jim locked up were in a way a friend. They would look after him as much as they could. They weren't all out to get him.

Around this period he would work for 18 months at six at night until two in the morning. He went to court almost everyday and every afternoon. He'd go to morning court, have a morning interview, then a short break and a bite to eat. Maybe he'd lie

down and grab some sleep then go back to work at six through until 2 in the morning. Maybe there'd be a choir practise until 4,5 or 6 and then he'd go back to court in the morning. He slept on weekends.

Throughout his work career there was always a lot of peer pressure to be promoted. Jim always worked in high profile jobs all the time. He was always at the forefront such as the skid row beat. He made more drug arrests then anyone else at that time. He would always get involved in any high profile thing that came along. He was a hustler and a worker and he got into it and enjoyed it. He was quite aggressive at police street work. But there was always this question from other policemen " Jim why didn't you get promoted? So and so didn't do half the work that you did".

#### Sub Story 6a: Family Life - Jim's View

Jim was experiencing a good home life with a stable marriage to the same woman, Anne. He never saw himself as an abuser during this or any other time, even while drinking. In fact he was a quiet drinker, the one who sat in the corner and never got involved in crazy things which might affect the family. He felt he was more talkative and open when he had been drinking and still believes his family, especially his eldest daughter Lisa, liked him better if he had been drinking. Although he's not, nor has been particularly shy, but he felt he could express his emotions better when he had been drinking. Jim always provided a steady good police income which wasn't the best income in the world but it wasn't the worse either. He always tried to



look after the family and consequently tried to look after his drinking as well. He made homemade wine to offset the cost of drinking and although you could call this a hobby, he knew it was really a way to acquire booze. He did this for quite a few years, early into his career with the city police department.

Sub Story 6b: Family Life - Anne's View

Anne's story began the day Jim told her that he had a problem with drinking, that he was an alcoholic. She had the old view of an alcoholic up until this time. She believed that an alcoholic was somebody who didn't hold a job, who didn't really have a home. Anne knew all along that Jim drank too much and that annoyed her to such an extent that she would tell him so on those occasions when they were out for an evening or when people were over. But he was never an aggressive drunk in fact he was very, very mellow and very easy to get along with. If she told him "you've had enough and don't say that" or if she told him off about his drinking, he reacted like a child towards her." He reacted like a kid who had been caught doing something wrong". To Anne it was no big deal, he would smile and he was fine. He didn't get boisterous, he never got obnoxious or rude but rather was just happy, mellow and easy going. Kate their younger daughter has since remarked "I wish my dad drank again. I think he was easier to get along with" and Anne agrees that he was. Lisa on the other hand knew all along that her dad had an alcohol problem. She use to have a lot of late night conversations with her dad and spoke with him about his drinking during these conversations. She knew for many years, but not Anne. Anne

never thought of him as an alcoholic. Anne's father use to drink but to her this was just on weekends and therefore he too was not an alcoholic, just a drinker like so many scotsmen are. Anne thought when she first met Jim that he was a non drinker, that he didn't drink at all. "I mean he had his days of hanging around bars drinking and sometimes having too much but he quite often didn't drink at all". To Anne he was a sober man who looked after everyone else that got drunk and made sure they got home. It hurt Anne to hear that he was an alcoholic. Anne did not fully experience Jim's drinking as problematic up until the time he told her but for at least one year before this time she did know he was drinking sneakily. She would go off to bed if she knew Jim had a few drinks just like she remembered doing when her dad drank too much. She didn't want to talk to her dad either because he too went childlike. "When I said to the girls that dad is an alcoholic Lisa said ' Well mom you sound like you're shocked. He's been an alcoholic for a long time. Mom do you know what an alcoholic is?' and of course I didn't really know but just assumed all along that an alcoholic was the derelict, skid row type of person."

#### Sub Story 6c: Family Life - Lisa's View

Lisa saw that her dad was never obnoxious or violent or anything upsetting when he drank. He was just kind of funny, mellow, and relaxed. There were times when the family would be out visiting at a friend's place and her dad would be drinking too much and he would act kind of goofy. At this time when she was very young it was just funny. Daddy's being a goof. Lisa saw

that her mother would always keep to herself when this happened and Lisa felt embarrassed for her mom. Overall her father would never let his drinking interfere with anything. She never saw it interfere with his job or with his family. They always did things together and he never drank so much that anyone had to say anything. Drinking was sort of there but not enough to complain about.

#### Sub Story 35: Late Night Chats with Lisa

Lisa and her dad were always "chatters". She remembers being really close and the two of them would sit together late at night after school and talk. She would do homework during the night and as they chatted she'd notice her dad go to the kitchen frequently. He made homemade wine and he'd go to the kitchen and pour himself a glass and down it right away and then pour a second glass and take it into the living room. At first she thought he'd just poured the one glass but really he's downed a full tumbler of wine in the kitchen and then returned to her in the living room. So she use to watch this happen. Eventually she would pour his wine into the plants hoping he'd think he'd been drinking more then he really had. Lisa would become more and more aware of his drinking behaviours. She realized he was doing these things and she would in turn do things. For example Jim would ask her to get him a glass of wine and she'd go get him a glass of water or something else instead. It started to become a funny exchange that way. She also found her dad to be an easy person to talk to and so she began to actually say to him "You've had enough. Quit it" and he'd made a grimace or look surprised

but she knew it was for show on the surface. Lisa believed that her dad really thought he was fooling her into thinking he wasn't drinking as much and he just didn't realize how much she really knew. She assumed that maybe he was embarrassed because he's always tried really hard and done really well. For example he's always kept himself in really good shape and drinking may have been an embarrassment for him. She could see his embarrassment from his facial expressions, mannerisms and gestures. He'd roll his eyes and look away, especially if he was drunk and less inhibited. Although she couldn't always tell when he was drunk from the times when he was sober she didn't notice getting really drunk throughout the years of their late night chats. It was not a surprise to Lisa when her dad told the family he had to stop drinking but her mother and sister Kate reacted with a great deal of shock: "What do you mean! What are you talking about!". Lisa guessed for some time that they maybe didn't want to admit it, especially her mom. Although she's 22 years old now, Lisa knew from the time she was 11 or 12 that her dad had an alcohol problem. She almost hates admitting now that she misses their chats together. They use to have a lot of discussions and of course when he wasn't sober he could talk to her more like an adult. This she remembers with a quiver in her voice. He could talk to her then like an adult when she was in her early teens. They would have a lot of great talks and he would relate to her more on his own level, more as an equal, more than as his daughter. They would talk quite openly and it was really great for Lisa that they were always very close. She believes this

closeness was due both to her age at the time and her dad's drinking, but more due to her age.

Lisa's dad told her about the facts of life. Her mom gave her the basics and was a little bit embarrassed but her dad would say "Ask me whatever you want". It was that kind of open relationship where she could discuss personal things. If he'd been drinking he would be more relaxed and act "fatherly" like. For example if she'd asked him something too embarrassing he'd laugh it off and say "You're not suppose to ask your father that!". She would tell her friends how great her dad was and they went and did this and that. At the time Lisa thought it was funny. She and her sister thought they had this perfect family, " Like school sportsday it was really neat because our parents would win all the parent's races and Kate and I won all the kids races". She would tell her friends how great her dad was and some of the girls were much closer to their moms and would remark "You talked about that with your dad? You talked about sex?" Lisa had developed high standards of her father during those times.

### Story Middle

#### Sub Story 4: The Hostage Incident - Jim's View

Jim became a member of the emergency response or SWAT team after working on skid row doing undercover work. He was involved in a hostage taking around 1982. The bad guy had the young girl as hostage at gunpoint and fired shots at the policemen. She started to run away towards Jim. The guy was going to shoot so Jim shot first and got him and the girl. Neither of them were killed, her wounds were minor but the guy was bleeding all over.

Jim developed a bit more of a drinking problem after that experience. He discovered it was easier to get to sleep if he was half swacked. "This was the one that set me up for good to get into it...What you got to remember is we are very macho. You can't say that your're ah...you can't feel bad about something happening. You've got to be the big tough guy regardless of how you feel. The front has to be there". At this point in time Jim felt badly, had nightmares and couldn't sleep.

From this point on, trying to quit drinking was constantly on Jim's mind. He knew he had to do it. He knew he had a real problem with drinking and managed to keep the quantity ingested down sometimes, but it was always there. To this day Jim has difficulty recalling details of the hostage taking incident. "I can't remember what the guy looks like. I can't remember the dates. I've avoided them all, it's still there". He does recall working harder at trying to quit drinking and not having any success at all between 82 and 85.

#### Sub Story 4b: The Hostage Incident - Anne's View

Jim had Anne convinced that he was handling the shooting incident, that there was no problem. He convinced everyone even though the family of the accused was threatening and they didn't know who he was threatening and even though the children were being escorted to school. Jim's first response was "if you're on a railroad track and there's a train coming would you jump off the track? Well that's what I did". Jim phoned Anne after it happened and said it would be on the news and if the girls asked about it she was to explain the details to them. He explained

that the fellow was about to shoot him, that the gun was brought up and was actually fired but Jim fired first. He saw the guy go down and was bleeding and looked bad. Jim was adamant that Anne explain the reason he had to shoot the guy to the girls. Anne remarked to him:

When you joined the police department and they handed you a gun you had to know why. Surely to God you know the reason they've handed you a gun! Jim responded 'No, most people never even pull their gun out of their holster'. He thought he would never have to fire the gun on another human being. The girls said 'Wow you mean dad finally got to use his gun, he's a real policeman'. They were proud and he was relieved they took it so well.

Months after this incident Jim started having heart problems. They went through a long time of him having pains in his chest. The guys at work took him to the hospital by ambulance and he was hooked up to several machines and was kept there. They couldn't find anything wrong with him. Then Anne hauled him off to the hospital driving home one night from a movie. He ended up on the floor and was having chest pains. Again they couldn't find anything wrong. He would be working night shift and she'd come home scared to look in on him to see whether he was breathing or not. It was scary, really scary at that time. Some people were saying "It's probably stress from the incident, the shooting" and Jim would say "No. Why would I have stress from that?" And Anne believed him. The doctors finally found out that it was gas coming up his esophagus and that yes, this was caused by stress. He was otherwise very healthy, had a healthy heart, and lungs. There was no counselling, there was absolutely nothing. The normal course of events were followed. Jim was charged with the shooting and they took his gun. The

investigation was done and life went on. It was several years afterwards during a lecture that Anne saw for the first time the news video of this incident. When she saw Jim on video she understood what was really going on for him at that time. The camera had picked up Jim when he was being taken away. He turned back and looked at the gunman lying on the ground and Anne could read on his face how he felt "Oh my God I did that to another human being?", another look around and " Yes I did that". She could see this so clearly on that video and remarked to him several years later "Jim you had so much pain on your face. You had us all convinced". She understood years later how he must have felt, that he was a horrible person for having shot another human being and that other people must also think that about him. Anne knew there were always some policemen who joked about it because that's how they handled it. Anne was a very sound sleeper and didn't know at the time that Jim had nightmares, was up during the night walking around and having a drink. She heard about this years after when he gave these lectures to other policemen. At the time however, he had them all convinced that he was the man of the family, he handled these situations, there was no problem and nobody else had to worry about it.

#### Sub Story 5: Being In The SWAT Team

Jim had all the training for the emergency response team. "That's the SWAT on television. The guys with the black suit, black mask, big guns where we would do the raids on drug houses". During the time spent in this team, another policeman with the same surname as Jims' was killed in a raid. He and Jim trained



together and at the time of the man's death a few of the other guys thought it was Jim who had been killed. "He was wearing a mask and got shot in the face and you couldn't recognize who he was. All you could see was the nametag". Jim experienced the intensity of these events but couldn't go to a psychiatrist, couldn't go to a shrink because that would mean there was something wrong with him. He could talk tough about these events but not about how he really felt. He didn't feel tough inside and sometimes even cried at sad movies. He felt the pressure of not being able to get out "what you really are".

#### Sub Story 15: A Rough Time

Jim realized he was going through a rough time shortly after the hostage incident. He had really thought about quitting the force but thought he couldn't quit because the skills he'd had before in engineering were stale, old. He felt locked in and he thought about losing his pension contributions if he left. Around this timeframe of 1982 he also was thinking about stopping drinking. The hostage incident created conflict in that he'd pointed his gun at people lots of times "but never pulled the trigger before. It never happens, it always happens to other people. You can't be prepared for that." Jim would be out with the emergency response team guys after the hostage incident and after he'd given a lot of thought to his feelings. Whenever they'd go to a scene he'd say "Ah, we're going here to this shooting scene and you might have to kill somebody". Some of the guys laughed about it. He was trying to warn and prepare them. Make them get into the right head set about what they were doing

because he'd always treated it before as excitement or fun until it really happened to him. He was trying to prepare them that it really wasn't fun and games. "You know you may have to kill somebody or somebody may kill you." He couldn't get this through to them. They made a joke of it. When they would all be drinking later on, somebody would say "I'll always remember you saying that Jim, you may have to kill somebody today". A few of them have mentioned to Jim since, after they too had to shoot someone, that he didn't get his message across to them. He couldn't get what he meant across to them. Oh the excitement was still there, without a doubt and Jim believed this could never be suppressed, but it now was less fun and games and more of something else. "It's something you got to work at more ".

He opted out of the emergency response team from 1982-83 and returned as a sniper. This didn't involve SWAT team raids such as kicking in doors but instead required watching suspects at a distance using a high powered rifle. This was highly stressful for Jim, watching and waiting for hours at a time, to shoot someone. He never had to actually shoot anyone under those conditions but he never knew. After his own experience shooting someone, Jim observed how other policemen who had also been involved in shootings responded. They all put up fronts and he didn't know what they were really feeling. Many of them ended up quitting the job after a few years not wanting to quit right afterwards because that would show that they were chicken shit. "First they'll tough it out and then they'll kind of drift away. There's always that front there. We are big macho tough men, we're not allowed to be weak in any way and here was I... I was

weak." Jim believed at this time that the feelings he had were not acceptable. There was obviously something wrong with him in comparison to everyone else. He thought " I can't hack it anymore as a cop. There's obviously something wrong here". He put up his own front, toughed it out and drank. He knew he drank before and got drunk quite a lot but he believes that during this time he really started drinking heavily. "That time was when I started drinking on my own, in fact the choir practises for me stopped then. Instead of drinking for fun and drinking with the boys and having fun, to just drinking".

#### Sub Story 7: Drinking Habits at Home

Between 1983-85 Jim would be using the bus part way to and from work. He would spend the day at work not drinking and then climb on the bus to where he'd parked his car each day. He'd get off the bus and before he got in his car for the final distance home, he'd go to the liquor store. Here he'd buy a mickey and a miniature bottle. He'd drink the miniature on his way to the car and then consume the mickey while driving the final distance home. He believed the effects of the alcohol would not have had a chance to show in the short timeframe of his drive home. He'd throw the bottle out onto the field just before his farm to get rid of the evidence. "When I arrive in the house, I'm still sober because it hasn't gone through the system. I know how alcohol affects people, I know how it affected me." When he arrived in, supper was just about on the table "Hi honey how are you." He saw this as his nice little family. He then would pour himself a glass of wine to have with supper because this was

going to be his excuse for appearing a little groggy in that if any effects were visible to the family, he'd put it off to the glass of wine. He was hiding and he would hide any other bottle he had in his workshop or in the basement. The homemade wine would then be topped up with the vodka or other hard liquor. He'd always keep the same glass of wine but he'd top it up and pretend it was just the same first glass. Eventually he could have another glass of wine, with the rationale that it's not too bad to have two glasses of wine. He could go through a bottle of vodka easily in a day, plus the wine. Most of this occurred in the evening after work now. The family would be sitting watching television, and he wouldn't be up moving around too much so it wouldn't be too noticeable. They were at home a lot and maybe they had people visit but didn't go out regularly. Having his hobbies were also included in this pattern of drinking. He would be doing his leather work and maybe be in his workshop where he could also be drinking. Later on he'd pretend to go to bed, go to bed and then say he wasn't tired so he'd pretend to get up and read for a while. Instead he'd get up and drink some more. "So it was never, I thought, really that noticeable for the rest of the family. I found out later on that yeh, it was more noticeable. I found that my wife knew and both my daughters".

Jim tended to be overbearing and opinionated with his family. He liked to argue and would open up more if he drank. He would open up with Lisa and she could tell him anything whereas he wouldn't open up sober. At this time there was never really anything that he could recall where Anne or his daughters said "Dad you've got to stop drinking, you're drinking too much".

Maybe there were little things where Anne would say "We're going to visit, make sure you don't drink too much", but never really a real problem.

Sub Story 7b: Sneaking Drinks At Home - Anne's View

Anne didn't know the extent to which Jim was sneaking drinks at this time. He has since told her stories about how he would do this but she wasn't aware of this while it was occurring between 83-85. He would go to the liquor store and buy a half bottle and a miniature, drink the miniature on the way to the car, throw this bottle away and drink the mickey on his way home. He did this because he knew she was really checking up on him by now. Anne would have pulled out any bottle he brought in the house and said "Another bottle? Why do we need this, are we having company?" But still, an alcoholic? Never. "I wouldn't marry an alcoholic. I just wouldn't. Definitely somebody that was having a problem with drinking, he was drinking too much and to me it was quite easy, just stop. Just don't drink it". At the time she did notice he would have glasses of milk and she'd think "he doesn't usually drink milk". So she would take it and discover there was something else in it like vodka. She would then just sit it back in front of him and say "I know what's in that!". So Jim stopped bringing bottles home and drank them enroute instead. Anne learned afterwards that Jim had found lots of places to hide his bottles, in the basement in all the little nooks and crannies. One day afterwards when the two of them were cleaning out these stashes Anne remarked "Oh God! Jim I can't believe you did this," to which he replied " This is what I had

to do, between you and Lisa I wasn't going to have a chance to do it openly, with you both checking up on me". Anne learned that Jim knew he needed help but wasn't ready for it at that time. She believes he also knew it was costing them a fortune, that he must have drank a small fortune and the knowledge of this would have bothered him. In relation to his work as a policeman, Anne reflected "They must know by now that they have a drinking problem in the department. I don't think it's really fair on families to do what they did to Jim. They sent him out, they gave him the money to buy the beer. They told him to fit in with the crowd and he did that for a month to a month and a half and that was his job. To go sit in the beer parlours and drink".

Anne became more aware of Jim's problem drinking and confrontative about it after they moved to the farm in 1981. There was always a time when she said "You're drinking too much. I don't want you drinking as much." That was there for a long time. She started to notice little things like drinking milk which was out of the ordinary for Jim and like drinking tea with no milk or sugar. He'd pour whisky in it and then he'd change to odourless liquor like vodka. She noticed these things after they moved to the farm.

#### Sub Story 7c: Sneaking Drinks At Home - Lisa's View

On a few occasions Lisa would say things to her dad about his drinking. She believes that he is the type of person that had to come to his own realization. His whole environment was influential. "I mean policemen all drink and there's never anyone there to say stop drinking, because they're all drinking." Lisa

thought that she was probably the most judgemental. Her mother wouldn't want to upset her dad so Lisa is uncertain of how much was actually said between them about his drinking. She didn't think much was really said but that her mother tolerated her dad's drinking. Lisa on the other hand would pour his drinks out right in front of him and say "Forget it!". She didn't do that a lot but enough that he would have known. He'd go to the kitchen and Lisa would say "Uhh Uhh Uhh" as he'd be pouring wine about to drink it. He'd then put the wine back in the fridge and just take a glass into the living room instead of downing a tumbler in the kitchen as well. Lisa believes her dad would try and fool her into thinking he wasn't drinking quite as much. She didn't believe he bought much alcohol but that he drank homemade wine mostly. Lisa didn't view her dad as severely alcoholic all the way through but instead more towards the end around 1984 and 1985.

#### Sub Story 9: Insight Into Me

Jim has a little hobby farm where he grows his own beef, raises steers, chickens, goats, rabbits and also has a big vegetable garden. He bought this farm in a countrylike rural setting around 1981. Living in the country requires that he commute an hour to and from the city where he works. He also spends any spare time at home doing leather work which he originated as a small business. He soon discovered that there was a lot going on, including all the physical labour involved in running the farm. This was too much for him, way too much and he felt he could never catch up. He couldn't get anything done properly because he always took on too much. "Guys are always

asking me, Jim can you make me up things, can you make me a wallet, can you do this, can you do that? And so I say 'Yes, I can do it.' I like to please people". He couldn't realize during this time why he couldn't get everything done. Now, he thinks he understands and can just go away and do nothing and relax, but at that time he was taking on too much and didn't get it all done. Having the hobby farm, running it like a business along with his leather work was too demanding in that he was always taking on things. Even in his spare time he has trouble sitting still. "I can't go to the beach and just sit in the sand, in no time at all I'd be building sand castles. I've always been that way, always busy, always doing something." In addition to always being busy, Jim discovered that drinking also prevented him from getting things done. Weekends were a good time to be drinking. He'd be out working on the farm and start to realize that he was just getting further and further behind. He knew what drinking was doing to him - that he couldn't keep up with all the demands of the physical labour around the farm. He'd always been physically active, always worked out almost every day at work. Instead of having lunch, he'd grab a sandwich and go to the gym, workout and run. He always said "I'll never be an alcoholic because I'll always work it out of my system." He kept in shape. Even while drinking he worked out everyday. This made sense to Jim. "You see I was a cop in Scotland before I came over here as well and that was a really accepted part of the job over there, was drinking". Jim was becoming aware of problems related to his drinking behaviour at this time.



Sub Story 36: Growing Up - Lisa's Story

Lisa was approaching the end of her highschool years. "It was more like I was his little girl growing up. He was a little bit more closed about speaking to me. I think it was partially because of the age I was getting to then just his drinking". She thought about how her dad and mom were relating to each other while she was growing up and thought her mother always had to worry that she had to take care of him, trying not to get him to embarrass himself and drive home. Her mother never drank at parties or even when visiting friends. This was strange to Lisa that usually dad sort of takes care of the family, but now she was feeling sort of protective towards her mother. Lisa would try to intervene if her dad was acting silly. She'd try to talk to him just so he wouldn't embarrass her mother. She felt sympathy for her mother who was always kind of shy and quiet as Lisa was growing up.

Lisa believes that she helped with her father's changing from problem drinking because her dad began to realize that she was getting to an age where he could no longer pretend. "I wasn't the little kid anymore and also I was starting to go to parties with friends and stuff, highschool age and everybody drinks". For a time she, her sister and mother let her dad believe that he was the only one involved in his drinking. That he was the only one suffering from but really, from Lisa's experiences, the whole family became involved in his drinking problem. She saw that her mother was becoming more vocal along with her daughter's support. They would now contribute to Anne's comments because sometimes Anne would be kind of uncertain. "I don't think she realized she

could stand up to my dad that much. That he would allow her to do that. He appears on the surface to be kind of (stern facial expression), but he's not. He's more soft than my mom. My mom was becoming more vocal and I guess with more self confidence". Lisa observed that Anne was able to say things more directly rather than going around the subject. Jim also quit smoking around this time and was bothered by it. He use to say "Umm I'd like a cigarette". Lisa and Kate use to tease both their parents about smoking. This was an easier topic to bring up than drinking because it wasn't like picking on dad.

Lisa saw Anne was very tolerant, way too tolerant and suspected that this allowed her father to keep drinking. Anne mentioned to Lisa a while ago that her own dad use to drink in bouts and he'd get drunk. Anne said she'd then get really embarrassed and was mortified, couldn't stand it. Lisa didn't think Anne wanted to admit that she too had married an alcoholic, because she didn't see the daily things that were happening in front of her. She'd just tolerate Jim who could have gone for several days in a row being slightly buzzed. Lisa did become more vocal first. She was really shy as a little kid but as she started to grow older she realized that her dad might have a loud bark but there was no bite. She would say to him directly what she was thinking and make a demand of some kind to which he would give in. "My mom actually in a way I think sort of got the cue from me almost. It sort of seems like that because it would be like very close in time that I might make a demand of some kind and then she would realize 'Oh I can make a demand too'."

During 1986, the year of her graduation, Lisa believes that her dad didn't have her in the same way she didn't have him. She was avoiding him and she just wasn't such a little kid anymore. There were some things that her parents really didn't like at that time and she remembers how upsetting it was to her at the time, that they didn't approve of her boyfriend. With respect to her late night chats with Jim: "I wasn't really there for him to listen to. And I wasn't as tolerant you know. If he was upset about something I'd go up, you know I'd just, yeh go to my room. I was sort of abandoning him a little bit. My sister and my mom were starting to become a little bit more abrupt like I was". This was a period of separation between Jim and Lisa who saw this as a gradual very subtle thing. "It was becoming less and less and I didn't want to see it. It was because he wasn't fitting my ideal maybe. I was beginning to see errors and flaws in the way he said things. He always had these ideas about the way things were in the world, and generally he and I agreed on a lot of things but I was starting to form my own views. I was starting to disagree with him". Lisa was seeing that her dad didn't have a backup for his drinking - he didn't have a reason. He always seemed to have reason and logic and it didn't seem to be a problem. Before, she wasn't as aware the drinking was a problem, it was just a part of her dad and at the time it was acceptable. It was getting less and less acceptable to her. They would have discussions, not arguments but they would disagree and her dad was very hard to convince when he had a certain point of view. "So often our points of view were similar and it wasn't a

problem. Now it was starting to be 'No you're wrong dad. I was becoming a lot more independent, different attitudes".

Now when they have discussions, Jim still has the same ideas and they often are in opposition to one another but they are beginning to handle this differently. He doesn't try so hard to convince Lisa to adopt his views. "He was losing his influence over me ...I was starting to disagree even if he could point out something... and I'd point out something else." Lisa can contrast the communication and tension then with how the two relate together now.

I think because I don't live at home of course we don't talk as much, but whenever I go and visit my parents, my dad and I usually end up chatting about something and talking away. It's easier to disagree now. It's not a problem now. I think he's more accepting that I'm an adult and we can actually have a discussion without him saying 'You'll change your mind when you grow up', it's like 'Alright you have your way of thinking, you're a big kid'".

At present Lisa views her dad to be more relaxed and takes her point of view more seriously.

#### Sub Story 25a: Losing Dan -Anne's View

Jim had a close friend Dan. Anne believes Dan was really the only close male friend Jim ever had. They worked together when they were young, they were partners. They worked together again when Jim was in internal investigation and then they moved together from that department to where Jim is now, Major Crimes. Around 1984 they were out interviewing a prisoner, Dan felt sick and they went back to the office. He'd had a heart attack and about a year and a half went by of being sick and going back and forth but Dan did get back to work. The two of them had a vicious sense of humour. They offended a lot of people and they

had fun with it. They poked a lot of fun at people, even in the hospital. After the first heart attack the families were all together having a BBQ with the neighbours and as they were going over, one of their cows was loose, so Dan and Jim rounded him up and got him back in. The fence was broken so they got a piece of wood and a couple of nails and they began to fix the fence when Jim hit Dan on the thumb and split it open. Dan was recovering from his first heart attack and Jim phoned Ann to say "I've smacked Dan's thumb open and I've taken him to the hospital to get it stitched". In the hospital the two of them are still at it after the doctor suggested Dan sign some papers, that he may want to sue Jim. Dan replied "Sue that asshole! He doesn't have anything worth having" and Jim said "Give me the needle I'll stitch it up". Afterwards at work Dan would say "look at what the asshole did to me. I'm recovering from a heart attack and he's trying to knock me off even sooner". Anne thought they had this really close communication where they could say things like that to one another. Dan was the only one who could smoke in their car. Dan was in the gymm playing volleyball and he fell flat on his face and died in the gymm. Jim was there and was screaming at him to breathe, and then he went to get Dan's wife and Anne saw that this was really hard on him. Jim didn't come out and say anything, but he took over. Dan had told him before that he didn't want to be buried, he wanted to be cremated and asked Jim to back his wife up on this by telling his brothers that this was his wish. Jim had to step in and say this to the brothers. He took over. He got Susan from school, he got the girls from school and he was just there for Dan's family. He was

busy, he was doing things, he was active. He was at the funeral, he never really said goodbye to Dan. He didn't let go, he didn't get the emotions out until he went to the treatment centre and even then he needed to be forced into it. They made him write a letter to Dan to say goodbye to him and Anne still has this letter. He had to read the letter out while being videotaped and then he had to watch himself on the tape. Anne believes Dan's death brought everything in Jim's life at that time to a head. She didn't know this at the time but Jim had confided in Dan about his drinking he said "I'm an alcoholic and I need help with drinking but I'm not ready for the help". Anne now realizes that Dan's death was real life stuff, and Jim's emotions weren't the same as when he cried while watching a movie. In the interim timeframe between Dan's death and Jim entering a residential treatment centre, Anne saw him stay strong between January 1986 and April 1986, for Dan's wife and children. He didn't talk about losing Dan then. He joked the odd time but Anne knew scotsmen are famous for joking about death. It was his way of handling it but he didn't really bring it up at all to her. Any conversation related to Dan was more to do with his wife and children ...how were they, had she seen them, should they go and visit them. She now realizes he was just being strong for the family, but he was really breaking up inside. Jim was throughout his friendship with Dan but Anne believes that Dan was not a drinker. She knew it was sad that Jim lost him. "When he lost Dan he had no sounding board left. So he had to do something. There was nobody else there." Anne thought that Jim realized how hard it would be on her to hear that he was an alcoholic. "He

didn't want to come to me with it until he was ready to get help. I think part of it is the fact that you don't know when your time is gonna come." Anne wonders now if he related Dan's death to his own father's. "When he probably thought back on it he'd realize his father was a young man and had a young family and then 'snap' he's gone. There was nothing wrong with him, he wasn't sick, he just drown...couldn't swim. So I think he decided it was time to do it and maybe the drinking got worse in that short period from when Dan died in January and Jim went into treatment in May."

Sub Story 25b: Losing Dan - Lisa's View

Lisa's father seemed to think that they didn't really know what was going on and that he had everything under control, protecting his little family. Meanwhile Lisa can remember the family being concerned about Jim "Is dad okay. Is he fine?" . She didn't understand really what was going on around Dan but thought it was all related to how her dad was behaving at the time. She felt he was shocked by Dan's family being left without him. Her father would say things in a round about way like "Oh his family's left, even though their financially supported, without him". Lisa can remember visiting uncle "D" and his family. Her parents always took the whole family over and they would play with Dan's two children and the dads would get drunk. She recalls her mom commenting about this as well. The other two girls were the same ages as Lisa and Kate and they've known each other since they were little. It wasn't just her father and Dan it was a family involvement. Dan and Jim were in similar

situations, family, job, and background. To Lisa, if there was anything major that was happening regarding her dad, they may have never known about it. They would never know what he was feeling because he never really showed anything about Dan's death. Of course she knew her dad was upset, they all were. She thought it was all coming to a head for her dad. It wasn't any particular incident but all these things were building up:

I was part of it just because my age was changing, I was becoming more independent...stressful and becoming less close and he didn't have me and I didn't have him as much. And his job was really stressful at that point in time. Mom was becoming a little more angry about things. I do think he was drinking more. I use to go to his workshop and find bottles in his workshop and I know he was making more wine. ...My sister was getting kind of spiteful, she's had some problems with school, she's kind of stubborn, and I don't think he was getting support from any of the three of us. And maybe he'd been getting support from Dan and he wasn't there anymore. It was like all he had for support was the drinking, and it got worse and he realized what the heck am I doing? His permission for the drinking was leaving.

Sub Story 25c: Letting Go - Jim's Letter to Dan  
Written Documentation

Dan. I've finally taken the plunge and I'm doing something about my alcoholism. I know you never really believed me when I told you that I was an alcoholic. I remember particularly the time that we were coming home from work that I really stressed it. I think that I maybe got through to you.

I'm in treatment learning I'm not as macho or controlled as I thought I was. I know you'd be glad for me. I worked with a lot of different guys on the job and enjoyed working with most of them. But you were different in some ways. I probably used you as a sounding board for my thoughts and fears. I probably opened up to you more than I ever did with anyone else. After all, I told you that I was an alcoholic long before I admitted it to anyone else. Even my wife. We had lots of good times together. Most people couldn't understand our sense of humour. How we often argued just for the sake of arguing. There were many things we didn't agree about but I didn't mind your shortcomings. I'd eventually changed you. You were always too rigid with your girls, especially when you wouldn't let Jane get her driver's license. That really pissed me off. And you could have let them wear a little makeup, after all it isn't the middle ages.



I knew you cared about them very much and you were just trying to protect them but there comes a time when you have to let go. You probably resented my interference and arguing with you but you know what I'm like. You often made people uncomfortable deliberately. I knew how to handle me when you did it to me, but some people couldn't handle it.

I don't really remember any rough times we had together except maybe when you had your first heart attack. We had been at ---- interviewing a prisoner and there were no indications that you were feeling bad. Then in the office when you lost all your colour and complained about the pain and dizziness, you were obviously sick. I never even thought about a heart attack. I thought stomach upset or food poisoning. When we were in the hospital and both realized that you'd had a heart attack I still held onto my emotions. The doctors and nurses must have thought I was a real asshole, that you were being hooked up to the machine and I was making heart jokes. You lowered back quickly and became your usual sarcastic self but the fear was there. The morning of your death was just like any other day. You looked fine. I was at major crimes discussing my (something) movie, when Al grabbed me and said "Dan's collapsed in the gym, he doesn't look good". When I got there the fire department had already arrived and we were working on you. I'm crying. They were pumping you, I was angry. There were guys standing around watching. I remember screaming at you "Breathe you fucking asshole!" Then I had to gain control. I gave myself something to do, I became methodical. I knew you were dying probably even dead, so I thought of all the things that had to be done. I knew Susan would be at school so I went to pick her up and on the way I got a call on the radio to call the office. Of course I knew what the message was. It was just very simply, Dan didn't make it. I found Susan at school and gave her the news, I was still in control and now it was easier because I had someone to look after.

I can think now about each member of your family. How I comforted them. I couldn't feel their pain. I was very strong and business like and I suppose that helped them out. I was glad you had lots of brothers to look after the funeral arrangements. When the day your funeral came, I still managed to maintain my composure. I even helped to carry your coffin in. The church started to fill up. I think I got half way through the service before my eyes watered and then I silently cried. I went back to your home with your family but that time I was in control again. I'm pretty good at suppressing my emotions. It's a requirement of the job. I guess I got to be too good at it. Now I'm paying the price. I never really said goodbye to you Dan. Maybe I thought I did but I never really let the tears go. Now I can't stop them. I've grown a lot in the last few weeks, I'm getting to know me. Maybe I'll like what I find. I think I will.

End of letter.

Jim was home one day. Anne was working and he was the only one there. He needed a drink and there was nothing in the house so he went and raided the piggy bank and took all the coins, nickels, dimes and quarters and went to the liquor store and bought a bottle. He took out all the pennies and stood there counting them all out. That felt really bad while he was doing it and it was degrading but he still did it anyway.

Story Climax: Change From Problem Drinking - Hitting Bottom

Sub Story 1: Woke Up and Sub Story 8: Going Downhill

One morning in April of 1986 Jim woke up too drunk to go to work. This was the time that he knew he had to do something about his drinking. He came to realize that he was just gone, still staggering from the previous night of drinking. He woke up Anne and said "I've got to do something. I can't go into work today because I'm too drunk". He had tried to do things himself to help him stop drinking. He had read about it and believed that because he was a reasoning person he should be able to look after this problem. He continued between 83-85 trying to stop drinking on his own. Jim experienced a realization over a period of time that he was deteriorating. He was going downhill, getting worse and believed he would eventually end up on skid row. This realization didn't occur suddenly but rather gradually and progressively from 83 to 85. He had always been very conscientious about his job and he never got drunk at work unless it was acceptable, such as in a drinking role. Keeping up appearances was always there for Jim. He believes that a lot of people were totally surprised that he was a drinker, especially

his employer because in his mind there was no indication given that he had a drinking problem. They knew he drank because he drank with quite a few other policemen but they never realized he had a problem. Jim could easily have phoned into work sick because he had accumulated over two years of sick time. "I was never off sick. There was no thought in my mind of losing my job because I was drinking. I could see eventually down the line, it is getting worse and here I am today, I'm even too drunk to get to work. That was bad. He felt degraded and that he had totally lost control. He knew he had this problem for some time. He'd seen drunks all his life, locked them up as a part of his job. He'd walked the skid row beat for seven years and dealt with nothing but drunks, drank a lot himself and knew he was drinking a lot. He realized it was having an effect on his life. He tried to slow down, tried to cut it down, couldn't and worried about this. He kept trying and nothing was happening, he was drinking more and it was getting worse. He believes he simply realized he had to do something about it. He doesn't believe to this day that the hostage incident caused his drinking problem but that it may have escalated it.

I don't think something happened to me. I know what drinking does to people. I've seen it and dealt with it. I been to homes where the old man is a drunk and everything's falling apart. Where wives are getting beaten. That's what my job is, is dealing with people when a lot of it was alcohol related. You refer back to yourself 'I'm doing the same thing'.

He use to wake up in the morning and look out to see if the car was still there not knowing how he got home. He experienced a lot of guilt about that afterwards again because that was his

job, to stop the other drivers from doing it. He had seen the accidents it caused.

That point in time wasn't just a point in time. That was a culmination of all the times. It wasn't all of a sudden this thing just cracked today, this was my day to stop. It was I had reached my bottom. I had gone as far as I could go. A simple little thing, maybe it was nothing to do with missing work that day. Just my time to make the decision".

Sub Story 19a: Waking Up and Calling Work - Jim's View

Jim likes himself now more than he ever did before but remembers waking up and staggering, still under the influence. He realized then he had lost control, woke up Anne and told her. She burst out crying and said to him it was about time. Jim stayed home and phoned into work but didn't say he was sick, just said he couldn't make it. The next day he went straight up to the boss in staff development and said "I'm an alcoholic and I have to get some treatment. 'No way!' I said 'Yes'". Jim's boss couldn't believe it was true, he hadn't seen any indications but made arrangements for Jim to go to Pacifica for an interview and said he would do anything he could to help out. This interim period between contacting his employer and going into a residential treatment centre was the longest period of sobriety in 5 or 6 years for Jim. "It was like I've really got to do something about this. I had one beer, I had never managed that before. I can distinctly remember this three days where I could never manage to go longer than three days without getting into the bottle hard". It was nearly two weeks before he got into Pacifica and only had one beer in that timeframe. Jim didn't think he could have gone much longer on his own remaining sober.

He remembers how he felt at this time. He wasn't able to admit to himself who he was:

Basically the feeling that everything was crowding in on me. I couldn't be who I really was. The feelings I had that I couldn't get out, the fact that I felt weak and couldn't fulfil all the feelings that other people expected of me, all the things that other people would expect of me. I was putting up a front. I wasn't being me and I wouldn't be accepted as a policeman if I admitted to any of those guys that this is what I felt like.

Jim is quick to comment that these expectations have changed in the police department today. He can now tell them what he feels like and go in front of an academy class of the young kids and tell them about his hostage incident and his drinking. He believes he could do it even better after talking further. The more he talks about it the more little things he can see about himself.

#### Sub Story 19b: Waking Up - Anne's View

Jim had been up that night drinking and drinking. When he woke up still drunk, he phoned into work and said he can't make it in. That was the first time he had ever done that. He came out of the bedroom and he was crying "I'm still drunk. I have a problem with drinking and I'm going to have to get it fixed now". Anne was just shocked and couldn't believe it. She sat there and cried, not knowing what to think. "I thought my God I'm married to an alcoholic my whole life has been ruined. I didn't think it would change. Once an alcoholic always an alcoholic. I was devastated". Anne didn't want to show this so she went with Jim to Pacifica and he had his first interview. In May Anne and Jim went to the treatment centre for an interview. At this time Jim voluntarily brought up the subject of Dan's death in January and

couldn't continue the conversation because he was in tears. This was the first time that in Anne's recollection, that Jim had openly cried about Dan, and this was months afterwards. Up until that point Anne didn't realize Jim was having such a problem dealing with the death of his best friend.

### Story Ending : Non Drinking - Abstinence

#### Sub Story 10a: Treatment Experiences - Jim's View

Jim stayed in residential treatment for four weeks and made occasional visits home on weekends. He remembers that his counsellor Mike, played an significant role in Jim's experience at treatment. The counsellor asked him "What rank are you?" and Jim explained that he was presently working in the major crimes section which is quite low on the hierarchy. Mike said "Well Jim you've been on the job for quite some time, why is it you haven't moved up? to which he replied "They won't take me." Jim explained in detail the promotional structure and process which he mastered up until the last hurdle which was the written examination. He always did poorly in this, just barely passing. Mike asked "Why?" to which Jim responded "Well I never studied " and Mike again asked "Why?" and his response was "Well I don't want to be promoted". "That was even just then, when he was talking to me, it was a realization I got. I didn't want to be promoted". Jim was always probed by other policeman about why he didn't get promoted. He made a discovery in treatment about this:

Well I'm not an administrator. I'm a street cop. I can do all the reports and stuff, I don't want to sit in an office

and... I want what I'm doing just now, I'm a street cop - I get out and do investigative work. I go and interview people and talk to them and that's what I should do.

Up until then, he hadn't realized this. Anne understood right away, whereas Jim assumed she would want him to be promoted like other wives'. When Jim got to treatment he felt as if he was learning about who he was:

I learned more things about me in there just listening to the other people and seeing their problems and recognizing what their problems were too. I can read people fairly well because that's what I'm suppose to do. I recognized basically what their problem was right away. It was quite easy to do. You could see it almost in them. Because we'd have group sessions and then we'd talk and I'd know why they're drinking, it's quite simple. I had to stop and look at me and having someone tell me why. Yeh I learned a lot about me in there.

#### Sub Story 10b: Treatment Experiences - Anne's View

Anne recognizes that things have changed now. She believes that the time in residential treatment taught them all a lot of things. They were made to see things even if they didn't want to. "You realize after you've said them, hey I'm still here, they didn't shoot me. It's okay to say these things". Jim told her of a situation when he worked in Internal Investigation, where policemen are investigating other policemen. Jim always felt guilty about how he handled a specific case and the counsellor at the centre encouraged him to go to the policeman involved and express how he felt. Jim did just that and was reassured by his fellow officer that he was just doing his job and the man accepted that. Jim thought the guy probably hated him and this incident happened years ago. Anne believes that he learned how to not be so hard on himself and relax a little bit.

Anne also recalled that Lisa never did get to the treatment

group program but Kate did attend a couple of family groups. Jim seemed to know half way through that he was going to succeed and he said out loud to the group " I'm the only one in this group that will succeed in what we're trying to do. None of you will make it but I will". Anne attributed this to his organizational ability. He'd organized the whole thing in his mind. She remembers Jim and the other group members had a lot of laughs in there too where he played pranks on them and did all kinds of things. He did have his rough times there as well, like reading Dan's letter and having to watch himself on tape. Overall Anne believes he really went into the timeframe wholeheartedly. She saw that he felt good about it. He knew that the time had come and he was going to do it. He just took everything he could get in there. Anne was glad Kate could come because they have no other family in Canada and Jim was also glad that Kate handled it so well. She was quite young and it gave Jim something else to fight for.

Anne saw a real mixture of people in there. It was quite an eye opener. One girl was really hung up on drugs, her whole family was very strange and had a big fight in front of everyone. This shocked her because she was never overly emotional in public. You wait until you get home. Another guy Jim knew from having locked up. He was to Anne, the typical alcoholic with a scarred face, definitely a drinker's face. He could talk easily to Jim and they got along fine. There was also this big businessman who owned a yacht and owned this and that and just drank himself broke. It was interesting for Anne. There was also a young girl about two years older than Lisa. The



counsellor at the centre was like a school teacher, very to the point and instructed Jim to do this, and you will do this assignment, and when he wanted something done, Jim had to report back. The counsellor was in control and instructed Jim to "get his life organized" and to say goodbye to Dan. She can remember being called at home by Mike who asked how Jim usually behaved when he drank, to which she replied "childlike". Being in treatment was "like it cleaned the slate, and he got to start again. So it was really the big turning point for him". Jim had to get in front of people and express his feelings, and then watch while others did the same. Anne also remembers a discovery that they both made in the group:

He's a very affectionate person towards me especially. I'm not as affectionate as he is and I never show it in public, never did. He thought it was because I didn't feel the same the way about him that he felt about me. So there was this feeling there that maybe she doesn't love me as much as I love her. Maybe I'll lose her.

Anne saw that Jim was always concerned about how other people were feeling and how other people would manage. Always wanting to help other people. She thinks he could still work some more on this.

#### Sub Story 10c: Treatment Experiences - Mike's Views

Mike his counsellor saw Jim as an individual who was enthusiastic about being in a context of a group where he was drawn out, and had to examine his own life. He saw Jim take this on as a real adventure and had some fun with this opportunity. Mike observed Jim as a very motivated, eager kind of guy to work with. There was lots of encouragement for him to reflect on his feelings and experiences and he seemed to welcome the nudging to

more disclosure. He was also very supportive of other people and seemed to enjoy this. he "kibbitzed" and told stories. Mike got the feeling that Jim's challenge was to be completely on the level. Given the extent of undercover police work for Jim, Mike suspected he was involved in a lot more mischief than he owned up to. Mike also realized that Jim's life consisted largely of being in a drinking role on the job. "He'd have to get stoned a lot and I think he liked being clean and proper too". Mike saw the systematic, meticulous side as well as a "wacky" side of Jim while in treatment.

Mike saw the effects Dan's death had on Jim as traumatic, in that it was a very sad death. He also believed that things were deteriorating in terms of the marriage relationship. Mike saw Anne on a couple of occasions during the family group and he described the two of them as being a stoic, private, solid, dependable, responsible couple that could easily endure all sorts of stagnation and discontent. He didn't recall hearing about much fun there however. Mike saw this basic core, solidness with Anne and Jim would be doing all sorts of things on this hobby farm

He would be mending fences for eight million hours or doing all sorts of stuff that was terribly good but didn't mean he was being attentive to her...I don't think that he had fun.

Mike saw evidence of some significant feelings for Jim while in treatment. Grief and anger around Dan's death in particular. Jim was an exceptional guy in Mike's view and a model client. He was motivated, honest and added enormously to the group dynamics. He was in a pretty wacky group according to Mike. He was definitely the most solid guy. He remembers younger

women in the group, and sort of a father - daughter sort of thing with Jim being the more wise, older guy. There were a couple of really late stage alcoholics who were sort of the wino, beer bellied, constant smiling individuals that you had to just accept. Jim just rolled with them, he had good rapport with these guys and he joked with them. To Mike, Jim appeared to be a guy of the people in that he enjoyed different people. Mike thought they could have discharged Jim after one day in there because in terms of his basic commitment and seriousness he had already come to his conclusions. The group allowed Jim to be more comfortable with himself and prior to this time he didn't have any confidantes at all. Mike thought the partner that had died was probably Jim's soul confidante and that made for a very private world.

#### Sub Story 37: Lisa's Graduation

Lisa saw that her father went into residential treatment almost immediately after he told her mother he needed help. He had looked into it himself already and was planning to go there. "That's another thing with my dad, he's always been sort of very good at everything he does and this is just sort of another example. He decided to quit and I'm convinced he'll never touch alcohol again." The timeframe was approaching spring graduation (1986) for Lisa. She was really busy and involved with her boyfriend who she now admits was a goof. She was avoiding her parents and felt that they were avoiding her at that time. She wasn't home a lot and only saw little bits and pieces of her family. "I kind of felt bad that I wasn't more supportive. I

was being kind of selfish, dealing with my own problems. It was just that I was kind of, you know, leave me alone, an attitude I had." She never went to the family meetings at the centre and still isn't sure exactly why. "I always thought my dad was this perfect father and you know, it was like this was a flaw and I didn't want to admit it. I knew all this time but I didn't want to admit it. It was kind of a shock ...it was still kind of a shock". She was going through a lot of things and normally would have had her dad to talk to. She had always talked to her dad about personal things, relationships and things. She felt left on her own and had to deal with her problems alone. At this time she was a bit resentful towards her dad and hates admitting it now, but at the time it was like "Well come on couldn't you do this at another time. It's bad timing."

#### Sub Story 17: Insight Into Feelings

Jim realized that it was okay for him and everyone else to feel the same way he did about the hostage incident. In fact since treatment he goes out and talks to other people about their feelings. "I go and talk to them all and let them know. I'll sit down with them and blurt out everything about me and what I went through". He knew at the time these incidents had occurred, what he was feeling but he was still trying to suppress his feelings. Still trying to be the macho guy that is expected of policemen.

I guess the best thing that happened was overdrinking and going to treatment. Treatment didn't treat my alcoholism it told me that it was okay. More an opening up and being able to say to people, blurting it all out, getting rid of it, taking the monkey off my back and sharing it with other

people. Like a light went on to say that ah...you're alright. You're not weird, you're not weaker than anybody else, it's normal, it's acceptable to feel the way you felt and you don't really have to drink to cover it up. I'd drink to cover it up.

Jim felt alone up until he managed to see other people tell their stories. When it came time for him to get in front of the group and talk, once he spoke, it was gone. He can remember to the day, sitting there and the group began and a realization came over him:

It sort of started and the realization coming, sort of sitting there listening to the people and rationalizing in my mind why we're here. A lot of this came to me as to why I was hiding stuff, why I was covering up. I'm allowed to be weak and normal like everyone else.

He felt acceptance more than anything else. Acceptance of himself for:

being a weak chicken shit and I'm really not. I'm still the big macho cop. I don't even play that part I really am. I've accepted the weak parts, I'm permitted to be weak. The very fact that I can go and admit to guys makes me a bigger, tougher macho cop in a way. It almost sounds like boasting, the fact that I can really feel bad about what I did, shooting and all this kind of stuff is that I can admit that I felt bad about it.

#### Time Relevant Excerpts - Lisa's Experience

Lisa was experiencing some conflicting feelings towards her dad while Jim was in treatment. On the one hand she was disappointed in him for needing help but she was also proud that he admitted the truth. She wishes now she'd pointed this out at the time but instead she avoided him. She wasn't involved in the family then. They were doing their thing and she was away and quite distanced by them. She wasn't even really sure what was happening. Before she would always know when dinner time was and

when dad would be home but not at this time. She was unaware of whether there was still any routine at home.

It sort of made him even a stronger person in fact, that he could admit he had a problem and overcome it rather than just not have any problems and not have to face them. In a way you could see it was sort of a weakness, it bothered me.

#### Sub Story 20: Further Changes

Jim experienced changing from not being true to himself "not being who I really was", feeling weak and incapable of fulfilling other's expectations and putting up a front. In his view this has all changed. He can now tell other policemen what he feels. The police department and other policemen have also changed in his view from being unaccepting, and critical of any expression of weakness to hearing and accepting these feelings in specific "acceptable" situations. For example Jim can go in front of an academy class of the young guys and tell them about his shooting, what he went through and what he felt like afterwards. He believes that he could do this even better now after talking now and that the more he talks the more he sees. He credits his counsellor at ----- with making him realize that he could "be" the way he really was and this wasn't really a weakness but rather he was okay. After he was "rid" of his problem it was easy for him to read the other people. Jim believes he could have left after a week or two rather than stay in for the whole month. When he did finish, the counsellor suggested he access alcoholics anonymous and suggested antabuse. Jim declined the antabuse and went to a couple of A.A. meetings but decided he didn't really need the backup. He thought about his drinking afterwards, it was a big part of his life,

especially the social aspects. He made up his mind to not drink at all and proclaims that now drinking doesn't even enter his mind. There was one time early on that he had to deal with saying no to a beer after a golf game, and another incident where he was pouring a glass of beer for a friend and had to resist automatically finishing off what wouldn't fit in the glass. Jim doesn't know if he could resume drinking socially but doesn't want to take the chance. "I don't need to therefore I'm not going to". He doesn't avoid going out with the guys if they're going drinking. In fact he tends bar at policemen's functions and watches over those he suspects have a drinking problem. He recognizes the alcoholics and won't pour much for them. He won't preach to them but will suggest things instead.

What I do is find guys who I know are reaching the bottom and I've sent a lot of guys to treatment as an unofficial employee assistance program representative. I've taken on a lot of different roles since treatment.

#### Sub Story 21: Being A Policeman Now

Jim now is involved with the Post Critical Counselling Group for the police department. He now takes more time with victims of crime than he did before, especially since the experience of his shooting during the hostage incident.

Like a young girl with a gun stuck in her face, even they try not to cry, so I won't let them make them cry in front of everyone else. But I'm allowed to interview them and take them away where we won't be disturbed.

He likes himself now better than he ever has. He still tells lies now and again, embellishes things about how great he is. "We'll be telling war stories, you add a little bit". Jim acknowledges now that the atmosphere in the police department creates drinking:

Not so much now, it's changed over the years, but it's still there but not nearly as strong. Or maybe I'm one of the older guys and I just don't see it. I don't know if they're having choir practises, I know some stuff goes on because you do hear stories. Yeh they're probably as wild now as a few years ago. It's just I'm kind of...I've stepped away. When you do grow older you do step away. You couldn't keep up the amount that you have to do.

Time Relevant Excerpt

Young cops still portray to themselves the superman image:

You still portray it to yourself to a certain extent. Young cops do it. I've grown out of it but I see the young guys do it. We still tell war stories to the young guys and they listen, we still play a game to a certain extent. You can't spoil their excitement...yeh they got to go through it.

Time Relevant Excerpt

Anne has accompanied Jim to the lectures at the police academy that he has given since his treatment. She understands that the police department now have a trauma team that work with victims needing help coping. They've called Jim out late at night when there's been a shooting and when they need someone to counsel when they haven't got anybody else. Apparently Jim is very good at this and Anne understands how he would be. At these same lectures she saw Jim on camera immediately after the hostage incident. The video was part of his presentation to the young recruits. She also heard about his nightmares and how he was reliving the whole experience during the night and that it wouldn't go away, it was in his head.



## CHAPTER 5

### Introduction

#### Narrative Analysis: Model of Coherence

The methodology of this case study intended to emphasize the essence of change from problem drinking through story telling. Each co researcher was asked to tell a story of their direct experiences and or observations from their unique perspective. As stated in chapter 3, Agar and Hobbs model (1982) was selected for the second stage of the narrative analysis. This model was selected for it's method of achieving story coherence by attending to the whole narrative not just obvious climactic episodes. The purpose of this analysis is to determine an accurate and complete portrait of the primary co researcher as he changed from problem drinking. An assumption underlying this analysis is that this story is essentially one of a personal identity - a self "portrait" presentation.

#### 1. Review of First Stage of Analysis -Producing a Summary

The first level of analysis began with the sub stories themselves and evolved to determine how these sub stories cohere together to form the final negotiated overall story of change. Agar and Hobbs' model emphasized the achievement of story coherence defined as ways in which parts of an account are connected together to make a unified meaningful story (Sarbin, 1986). This model described three levels of coherence "achievement":

Local, where each successive utterance is tied to prior ones by syntactic, temporal or causal relations; global, where utterances exemplify or move forward the overall intent or point of the story; and thematic, where utterances express general cultural themes or values. (p. 241)

Chapter 4, the Narrative Summary of 35 sub stories represents an attempt to achieve local coherence. The outcome or summary is the end product of a process aimed to not distort the spoken narratives for all co-researchers. Initially this involved highlighting and defining the sub stories in a given narrative. Most sub stories contained their own beginning, middle, ending, plot and main sub story point. It was necessary at the outset, to not alter the wording or change the temporal ordering of the narrative discourse at this stage. Examples of the process whereby sub stories were lifted from the verbatim narrative interview is provided by Appendix J. At the most basic level, local coherence is achieved by revealing what was said and done – the content of the sub story narrative, without distorting or displacing the dialogue. These sub stories were then assigned a number based upon their position in the natural discourse of the narrative. From here all numbered sub stories were re-positioned along a chronological time continuum. The product is a composite or collaboration of 35 sub stories making up a final overall story of change from problem drinking, with a beginning, middle, ending and plot structure (summarized in appendix K).

## 2. Overview of Second Stage: Achieving Global Coherence: Portrait and Plot Analysis

The portrait of the primary story actor is revealed by determining the meaning and plot; and distinguishing the portrait of the story teller from his or her construction of the story character's portrait. Two essential sub story questions are addressed: what is the main point of this sub story? and what portrait identity is being claimed or represented by the story teller?. These questions address the need for global coherence across sub stories and over time. How does this sub story cohere or connect to those surrounding it? Global coherence is achieved by making discoveries concerning repetitions, consistencies and contradictions using time as one principle of measure (Mishler, 1986). Discoveries of patterns across sub stories and story tellers are revealed by a global analysis from the beginning to ending of the composite story. A pattern will be defined here as any persistent, conspicuous relationship or portrait feature influencing the plot and moving the character in a discernable direction. A pattern is revealed only after condensing sub stories to their main points and attending to two contextual dimensions; time and narrative order of discourse. The context and details change between sub stories, but patterns align and cohere these accounts. A pattern isn't fixed or static and least of all predictable. Understanding what these patterns are and how they influence the portrait of the changer is the purpose of this second level of analysis.

The third level was referred to as themal, by Agar and Hobbs (1982). Achieving themal coherence requires looking beyond

the immediate story spoken word, and revealing values of the portrait identified through his life course and changing plot directions. What is valued isn't necessarily articulated but revealed by acts and deeds, conflicts and observations.

The final points to be raised with this introduction are the underlying assumptions of the research and this analysis. In reference to the point of this story and it's component substories, all co researchers are representing themselves through their narrative accounts. They presented themselves to the researcher during the interview, they presented a part of their personhood, identity or self image along with whatever else was presented. The co researchers were deeply involved with this process as evidenced through their expressions not only verbally but emotionally. Expressions of laughter, tears, nervousness, and apprehension are essential ingredients of all narrator's stories.

### Narrative Plot and Portrait Analysis

#### Prelude and Beginning Sub Stories

Jim began his story of change from problem drinking with a prelude. He introduced his story character by briefly describing life as a child and youth growing up in a small Scottish village. This is represented by sub stories: twelve - vision of being a policeman and two - family history.

Sub story two - family history revealed the origins of Jim's early relationship dynamics. The main point of this

recollection of early life is revealed in what is said about relationships with significant others - inclusive of associations to drinking.

I always drank fairly heavy and this is accepted in Scotland. You drink scotch and beer...

I came from a family who were non drinkers. My mother was totally against drinking, brother didn't drink at all.

My father drown when we were just little kids.

My grandfather was an alcoholic...didn't talk to anyone.

Collectively, these statements tell a story of early life originating with a significant loss and childhood absence of significant relationships. Statements of a father's sudden death and a grandfather's dour disposition situate the character in a context of solitude, being apart from others of significance. This sub story introduced two pathways for portrait elaboration as a youth. The initial path was to remain within or aligned to the family by abiding with the sanctions of non drinking. From past family experiences this implied a solitary journey. The second path emerged in the context of others as a youth in the bar. This implied a journey of mutuality, joining and interaction. Associations between acceptance and drinking differentiated these paths:

My mother was totally against alcohol...

You had to go drinking with the guys or there'd be something wrong with you.

The main point of this sub story was the character's choice of peer joining and mutuality in the context of heavy drinking. The strong association to drinking with others and acceptance was contained in this premise: "You go out and you get drunk, that's

a fact of life." The story plot is revealed by this direction to affiliation or partnership as one of the guys in association with heavy drinking.

The main point of sub story 12, Vision of Being a Policeman, was the formation of another relationship. As a child, Jim was impressed and excited by the portrait of the heroic policeman. Watching other's performances - actors and local policemen, evoked images of the ideal hero with important attributes and values.

Always portrayed in television as good guys with the white hats. Sort of the good guys.

Don't think I started off because I wanted to help everyone and the public...to go out and be the good guy, probably more the excitement of being a police officer more than anything.

Before I became a policeman I always sort of looked up to..sort of these guys can't do anything wrong...

During those times drinking was totally acceptable...

The overall point of this sub story was the character's identification with a hero image in the portrait of a policeman. Jim observed and admired others who were heroic. For the story character, these observations formed an image rich with valued qualities, experiences and expectations. Good guys with white hats amidst excitement and adventure captured Jim's childhood attention and imagination. A relationship to the myth of such a figure took shape in the form of the big, strong village policeman.

Sub story 12 also elaborated upon the character's move from observing and idealizing to enacting the ideal in real life. Jim sought compatibility between his evolving self portrait and the

hero by being a policeman. Ultimately he found a perfect fit where he could be the childhood hero through his work.

...I was a policeman in Scotland for three years, that was low key in comparison to here. In Scotland I'd have arrested about 15 people, small town, very quiet, ...one homicide, the only one for 20 years. I never saw a gun. When I came here I'd joined the police department and immediately went to skid row...high crime...this was total excitement.

...where there was all drugs...it was like what I would have seen in the movies. It was more of what I thought, the excitement was there.

The plot direction proceeded to the character's performances representing his heroic ideal. Positive heroic associations (attributes, values and experiences) were revealed in his choice of work interactions as a policeman. The hero valued excitement and adventure.

This prelude to Jim's overall story of change from problem drinking was significant in terms of the formation of a self portrait based upon early relationship "patterns". These patterns are illuminated by the plot to affiliate with a heroic ideal by performing as a policeman. At this story point, patterns are loosely defined but a foundation is evident by the character's interactions with others.

### Preliminary Interaction Patterns

#### 1. Idyllic Associations

Evidence for specific positive associations with the hero ideal were captured in the above sub stories. The story character established early valued heroic associations - inclusive of heavy drinking. Partnership, joining, peer acceptance, excitement, adventure, strength and goodness were

identified values. The character's incorporation of these into his own self portrait was accomplished by becoming a policeman.

## 2. Strengthening Affiliation by "Interaction Scripts"

A "script" was revealed in this prelude as forms of communication between individuals in a given context. Jim enacted or performed in accordance with the rules of the group and "setting". For example the rules of being one of the guys meant drinking in the bars - a "bar script". The rules of being a heroic policeman meant performing feats with adventure and excitement - a "hero script". The script encompassed not only the actual dialogue acceptable in a setting, but nuances, gestures, rules, codes of conduct - all forms of self representation. The story character performed acceptable scripts by observing and interacting with others. This pattern is an extension of pattern one in that heroic/peer, policeman values underscored script dynamics.

What you do in a bar and it's acceptable when you're a young guy you go out and you get drunk.

## Heroic Affiliation Being a Policeman

The set of sub stories which follow Jim's prelude sketched a portrait of the character along a path toward heroic affiliation. The plot to join the hero was evident in Jim's interactions with a police group or culture. The narrative proceeded with tales of a heroic portrait supported by accounts from significant others. The beginning of change from problem drinking is represented by the following sub stories: 3- The Police department and heavy drinking; 22- Paid to drink; 13- One



of the guys at choirpractise; 14- Boredom/Terror; 18- Witnessing death; 34- Old style policeman and 6a, b and c- Family life.

These sub stories share a temporal dominion of time. They preceded change from problem drinking while sketching the ideal policeman identity. These sub stories address the "before" portrait of a problem drinker from the standpoint "this is how it was or how it all began - this was me as a policeman."

Sub story three, the Police Department and Heavy Drinking, immediately followed family history. The two cohere by emphasizing the same point: Joining with others (peers and policemen) meant heavy drinking. The statement "You had to drink" was repeated across both story contexts of joining in a partnership and being one of the guys.

When you're a young guy you go out and you get drunk...  
That's a fact of life.

Every time someone moved ... there'd be a party to transfer him over or away and there would be another party accepting him. All drinking, heavy drinking.

We'd have choirpractises which was a name for policeman's drinking parties, from 8 at night to 4 in the morning we'd get together and drink.

You had to drink. If you're in a bar with a bunch of people and you had to get up to go to the washroom you couldn't leave a half filled drink...

Paid to drink elaborated on this point from the perspective of Jim's wife. Anne echoed the drinking directive assinged to policcing and working undercover. Her first point is "they" paid him to drink.

They paid him to drink. They sent him out in undercover work and they gave him money to drink and be in the beer parlours.

They gave him so much money to sit in the beer parlours during the hippie era. Jim had to fit in as a hippie and

he looked like a hippie with the long hair, beard and the whole bit.

Although Anne was irritated with this undercover directive, the problem was resolved when Jim was back in uniform.

Then he would come out of undercover work and go back into a regular job in uniform and to my knowledge he never drank at work.

In conclusion of this sub story, drinking wasn't views as problem. In fact Anne saw positive aspects to Jim's drinking with the guys.

If however, they had a stressful situation at work, when the shift was finished, a group of them would go to a place they called the roof and have a few beers...you would need something to unwind...

Sub stories 13 and 14, One of the Guy's at Choirpractise and Boredom/Terror respectively, emphasized the importance of reflecting a heroic or mythical image. Upholding this mythical hero image are the main points of these two narratives.

We are not allowed to be weak...we've got to be macho. That's the image we perceive everyone else has of us...it really isn't the real image that other people have of us. It isn't reality.

This point was highlighted by recalling episodes of intensity during police interactions. The sub story, One of the guys at choirpractises, chronicled intensity through the build up of arousal - excitement and terror during a policeman's drinking party. Here excitement was associated with drinking, story telling, fun, camaraderie and game playing. The accompanying police group image was upheld by a choirpractise script associated with heavy drinking.

Are we going to party tonight? Okay everybody what are we drinking? Scotch, rye, beer, you get the scotch, I'll get the ice, we'll meet at the roof.

At the roof we'd be just standing around telling war stories, just recounting the adventures of the day and day before and just lying to one another like we normally did.

We decided we'd play a little gambling game ... It's a sheer terror thing...we ran away, they chased us and nobody got killed. Then we drank some more.

The idea was to come down from the shift...it didn't have that effect.

The sub story Boredom/Terror was an extension of the above point: Upholding a heroic police image in the face of intensity and arousal. In addition to this point, the story illuminated fleeting glimpses of unheroic self portrait "encounters". Repeatedly, the sub story stressed loyalty to the heroic police portrait and the need to protect others.

You never tell your wife what you were doing that day. You can mention things in passing, you always make light of stuff. You can't really get out and say how you really felt about something. I would go home and tell a story not intending to keep anything a secret but leave out certain things if they were dangerous. I would gloss over things that made me feel bad such as all the gory stuff.

The real feelings encountered during episodes of intensity, were hidden and this was reinforced by the "police" script emphasizing strength and protection.

You protect your family from the really heavy stuff...we are not allowed to be weak.

Two points were highlighted by the above sub stories establishing the major plot direction. The first is that affiliation to the ideal and to the police group was contingent upon one's ability to perform with heroic conviction. The second point was heroism required putting up a front, not showing weakness or "how you really felt".

The sub story 18, Witnessing Death elaborated on how the story character performed heroically as a policeman. Police

interactions during life and death situations provided clarity as to how Jim remained affiliated with his ideal and group counterparts: Cover up your feelings at all costs if they diminish the hero image. Witnessing death revealed how to achieve this "cover up" by using sarcasm and sick humour at the sight of death. Jim's remark "hang in there baby" at the sight of a man who had committed suicide was explained as a way of remaining strong and heroic.

It's like a self protection, you make light of death. I've seen worse then that since, much worse. You get use to it after a while. The sick humour really comes out when another policeman dies. We all know we're doing it when things are really difficult.

Contained in this "script" are directives or instructions about how to perform and how not to perform. This script influenced and shaped Jim's portrait and correspondingly strengthened the patterns of affiliation first discovered in the prelude.

Sub story 34, Old Style Policing, captured the essence of Jim's character in absolute harmony with his performance "walking the beat on skid row". There are two main points raised in this account by Anne. The first point again is the affiliation and unity interplay between his police performance and his ideal image.

He didn't care if he ruffled feathers, he just loved the work. He got along with almost all the people he worked with...They had good times, they had good laughs.

Jim had fights in back alleys just like the old style policeman.

Jim was with his buddies, the drug addicts down on skid row. They would call him "a nickname"...He helped them out in a lot of ways...they had this trust in one another. To Jim that was being a policeman.

The second point is a statement of this narrator's identity; who was Anne and how did she present herself at that time?

There were a lot of things in Jim's younger years that he wouldn't tell me for fear it would frighten me...I would just be...terrible...horrible.

I didn't like the big city...with all these people.

As years went by I found it became easier and came to know that the people Jim locked up were in a way a friend.

Implicit in Anne's narrative is a reciprocal heroic expectation or an interdependence between her fears and Jim's hero portrayal.

The main point of sub story 6a, Family Life, was that Jim was a responsible, conscientious family man - a good provider. These portrait qualities were disclosed in the following statements.

I never got involved in crazy things which affected my family.

I was a quiet drinker, the one who sat in the corner...

I always provided a steady good income...I always tried to look after my family so I always tried to look after my drinking.

Drinking enhanced the portrait of a good family man by enhancing interactions with family members. It was associated with being talkative, expressive and liked.

I believe my family, especially my eldest daughter liked me better when I drank...I could express my emotions better.

In conclusion, drinking was positively associated with certain valued family interactions. Providing, protecting, togetherness and closeness were enhanced by the character's drinking at this story time frame.

Anne echoed this positive association between drinking and family affiliation in sub story 6b.

It was no big deal, he would smile and he was fine. He didn't get obnoxious, boisterous or rude but was happy, mellow and easy going.

My youngest daughter remarked "I wish my dad drank again, he was easier to get along with" and he was!

For Anne, Jim's drinking was a part of many of his family interactions and not with a serious problem. Her portrait sketch of Jim was consistently in opposition to her belief regarding that of an "alcoholic".

I believed an alcoholic was somebody who didn't hold a job, who didn't really have a home. I knew he drank too much and that annoyed me... but he was never an aggressive drunk, in fact he was very, very mellow and very easy to get along with.

I never thought of him as an alcoholic. My father use to drink but to me this was just on weekends so he too wasn't an alcoholic, just a drinker like so many Scotsmen are.

This non alcoholic/non problem "image" was upheld in the face of negative portrait encounters by Anne.

I would go off to bed if I knew he'd had a few drinks, just like I remembered doing when my dad drank too much. I didn't like talking to my dad either because he too went childlike.

In conclusion two points were stressed: One concerning the portrait of the story character and the other concerning that of the storyteller. Both perspectives strengthened family interactions and affiliation. The first point is that Jim and Anne's sketch of the story character as a family man were compatible. They shared the view of him being a heroic family man. The second point revealed qualities of Anne's portrait identity. Anne's vision of Jim as heroic and not an alcoholic was maintained by the contrasting extreme negative image of an alcoholic. In comparison with the skid row derelict, the story character's portrait remained consistently heroic.

When I said to the girls that dad is an alcoholic, Lisa said "well mom you look like you're shocked. He's been an alcoholic for a long time! Mom do you know what an alcoholic is?" and of course I didn't, but I assumed all along that an alcoholic was the derelict, skid row type of person.

Sub story 6c, Family Life from Lisa's view, coincided and verified the above two family man portrait accounts.

My dad was never obnoxious or violent or anything upsetting when he drank. He was just kind of funny, mellow and relaxed.

I never saw it interfere with his job or with his family. We always did things together and he never drank so much that anyone had to say anything.

Drinking was sort of there but not enough to complain about.

The stated point is that "dad's" interactions with his family were as they should have been. They did things together and drinking didn't interfere with family life.

Sub story 35, Late Night Chats With Lisa, was an elaboration of Jim's portrait as a father while interacting with Lisa as a child. The main point of this sub story is that Lisa and her dad had a special close relationship during late night chats when she was a child.

I remember being really close and the two of us would sit together late at night after school and talk. I would do homework during the night and as we chatted I'd notice my dad go to the kitchen frequently.

So I use to watch this happen and eventually I'd pour his wine into the plants hoping he'd think he'd been drinking more then he really had.

I was becoming more and more aware of his drinking... and I would do things in turn. It started to become funny that way.

I think he thought he was fooling me into thinking he wasn't drinking as much and didn't realize how much I really knew.

I almost hate admitting it now, but I miss our chats together. We use to have a lot of discussions and of course when he wasn't sober he could talk to me more like an adult ...we would have a lot of great talks and he would relate to me more on his own level, more as an equal, than a daughter.

We would talk quite openly and it was really great...I think it was due both to my age at the time and my dad's drinking, but more due to my age.

Closeness was associated with both his drinking and her young age. Excerpts from the original transcripts that coincided with the same time frame of these late night chats supported the points raised thus far and illuminated features of the father/daughter interaction at that time.

It was that kind of open relationship where I could discuss personal things. If he'd been drinking he would be more relaxed and act "fatherly" like.

I would tell my friends how great my dad was and that we did this and that. At the time I thought it was funny. Me and my sister had this perfect family...

I developed high standards of my dad.

The second point refers to the storyteller's self portrait at that time. As a young child Lisa had high standards of her dad. He fit her ideal father portrait and she would remark about how great he was to her schoolmates. Her portrait ideal was compatible with Jim's own heroic ideal. Drinking was a component of this compatibility - perceived to contribute to the specialness of their relationship. Dad's problem drinking was their secret.

The main points revealed in the above sub stories reaffirm the significance of those early interaction patterns which took shape in the story prelude. The majority of these subsequent story vignettes concluded by reasserting the importance of the



heroic portrait positively associated with heavy drinking. During these sub story time frames, Jim was united with his hero ideal and significant others at work and in the family context. They shared similar values and positive associations with heavy drinking. Unity was revealed by the story teller's closing remarks for many of the beginning vignettes. There was consistent reference made to Jim's happiness, other's contentment, and essentially that all was well with his portrayal of a hero policeman. Each happy ending was a declaration of unity and affiliation with drinking positively associated to both - the ideal and significant others.

### Interactive Patterns: Affiliation

#### 1. Interactive pattern of arousal

Most sub stories described a pattern of emotional arousal in association to the performance of policing. The persistence and repetition of seeking, generating and partaking in episodes of arousal form the structure or shape of this pattern.

In actual fact the job really consists of 90 percent boredom, nine percent excitement and one percent sheer terror.

Everytime someone moved from one job to another there would be a party... this all involved drinking, heavy drinking.

It's a sheer terror thing...Other times if there was an exciting shift they would have a choirpractise and everybody would talk about it. It was an extension of the shift.

He could still get the jolts and the good feelings.

Yeh it's a real rush, you don't know what's going to happen. That was excitement and I really enjoyed that part of the job. If you had it all the time it would kill you.

Terrified...so it's...excitement as well. Terror's there, excitement's there ...

Yes, yes that's the excitement part of the thing...

He slept on weekends.

I always worked in high profile jobs. I was always at the forefront...I made more drug arrests than anyone else at the time. I was a hustler and a worker and I got into it and enjoyed it.

Arousal typically involved interaction performances with other policemen by way of partying, joining rituals, job related dangers and associated work performances. The inherent dangers of undercover and street work were recaptured through "war stories" contributing further to the arousal experienced during drinking parties.

## 2. Pattern: Reference to an External Source of Authority

The linguistic terminology used by the storyteller raised this pattern from script dialogues of Jim's actions and acceptable police performances. Jim and Anne deferred to the external authority influencing and directing Jim's actions and decisions (with specific reference to drinking). The police group consisting of rules, codes of conduct and an authority hierarchy became the principle external source of power for Jim. He surrendered happily to the group and acted as a part of the collective police identity. Jim seldom took the active position of "I" in his expressions of early police experiences. Instead he and Anne frequently deferred to the second and third person as the active agent directing his motives, actions and decisions:

You had to drink, you had to.

What you got to remember we are very macho, you can't say you're ah...you can't cry...you can't admit you feel bad...you've got to be the big tough guy..regardless of how you feel.

We are not allowed to be weak...we've got to be macho.

They paid him to drink, they sent him out, they gave him money... he had to fit in.

A portrait identity theme emerged from this pattern.

Responsibility and choice over one's decisions, actions and motives was a group determination. Jim voiced his police responsibilities and choices not from the individual or persona "I" but instead used the group or other voice "we"; or the second person "you" as a directive to the listener.

### 3. Pattern of Fantasy and Illusion

This pattern emerged in the context of interactions associated with stimulation and arousal. The transparency of these patterns is evident in how they move among one another to add strength to being a strong and heroic police portrait. Fantasy, story telling, mystery and drama together with heavy drinking further enhanced heroic excitement and fun.

It was what I would have seen in the movies. I found the story the "Choirboys" to be almost true to life in relation to the amount of drinking that went on.

On one occasion he woke up in the middle of the night and he acted as if he were in a drug bust...he jumped me one night for drugs to get them out of my mouth.

You still portray it (superman). We still tell war stories to the young guys and they listen...we still play a game...you can't spoil their excitement.

The upside of drinking was camaraderie, having fun like a bunch of kids.

Books could be written about our experiences as cops. Stories could be written about ordinary cops being chased down sidewalks with their own police cars by their girlfriends...

I could really relate to that book. It captured the imagination of nearly every cop.

If he was in a beer parlour and was asked to step outside, he'd step outside. I remember one story...

Jim's reality during police performances had similar features with story book adventures of "cops and robbers". He used terms such as "stepped outside", "walking the beat", "bad guys" to describe early police experiences. Happy times policing were reminiscent of story book police drama. He dreamed about these adventures while working undercover. His self portrait changed with the performance and drama of his situation. Although portrait features changed, allegiance to the hero remained constant - indeed his hero originated in drama and storybook accounts. A final feature of this pattern is the recollective nature of Jim's early life and self portrait. He relished heroic reminiscence. Being affiliated to this heroic portrait meant revisiting a time where he was impressed by adventure and excitement. Return to past heroic exploits strengthened affiliation to the hero and the group.

#### 4. Pattern of Allegiance to the Heroic Myth

This pattern represented a practical necessity in the maintenance of a strong, powerful or heroic self portrait. It was revealed in a few sub stories where intensity and fear occur such as in life/death experiences. There was a duality associated with the heroic self portrait identified as a "front". The purpose of this front was to remain affiliated with the

heroic portrait across all experiences of policing, regardless of other non heroic encounters:

What's inside is what you really feel like but you're portraying to everybody else something very different.

Once they get through the macho stuff I'm sure we all feel the same way.

They're acting as if it doesn't bother them whereas really it is bothering you.

You become sort of immune after a little while...it's still there and you, we do a lot of covering up. We cover up with each other as well, like a natural instinct to shove it off to one side and make light of it.

But that's a cover... you make light of death.

The cover up was built into the policeman's script of appropriate communications and conduct. Attending to non heroic "bothersome" encounters was not permissible. Over time, with practise, Jim became adept at "shoving" these weaknesses off to one side, playing the appropriate part.

##### 5. Pattern of Episodic Fragmentary Realities

This pattern is alluded to in patterns one and three. Jim's early life plot consisted of episodes of performances which differed dramatically from one another. Switching from one performance "persona" to another required changing appearance, acquaintances, mannerisms, language and context. Drinking patterns also changed depending upon the persona. Jim's own accounts of the intense experiences of policing indicated he attended to fragments, acceptable bits to be contained within the episode. In essence, this is a pattern of limiting one's awareness or attention to acceptable "bits". The performance

script enhanced this selective awareness by not permitting Jim to dwell, linger or reflect on negative experiences.

You leave out certain things... you would gloss over it.  
You leave out all the gory stuff...It would have been  
better if I did talk about it all and get it all out.  
We're not allowed to be weak. We've got to be macho.

This account illustrates how these patterns work in synchrony together. There is an example of fragmentation and allegiance to the heroic persona "you leave out certain things...you would gloss over it.."; an example of an individual self identification "It would have been better if I did talk about it all"; and an example of how and why this "I" was superseded by the external source of power or collective "we" "We're not allowed to be weak. We've got to be macho".

Another example of fragmentation was the reduction of a policeman's emotional repertoire of experiences during intense episodes to the following police script formula: "90 percent boredom, nine percent excitement and one percent terror". This script limited and reduced the many possibilities of Jim's emotional experiencing of an event. It focused his attention on three acceptable emotional states.

Fragmentation enhanced heroic affiliation by limiting the completeness of a given experience. The totality of experiencing terror had to be resolved heroically within the confines of the script and time of occurrence. Jim discovered that time and reflection resulted in non heroic self discoveries.

When you suddenly become terrified the first time someone sticks a gun in your face and you realize I could die right now. It doesn't go through your mind but for some time after it, you realize I may have a badge, I may have a gun but somebody can kill me quite easily.

Continuity of behaviors, presentation, and other personal qualities appeared fleeting and fragmentary during his early life plot. Who am I changed depending upon where I am and who I'm with, but the performance consistently enhanced a heroic self portrait. Initially however, these beginning sub stories presented Jim as a heroic policeman regardless of the story teller.

### Changing Plot Directions

The character's self portrait sketched by beginning sub stories faced a major challenge as a result of his first experience shooting another person. How he encountered this challenge and what subsequent turns or changes occurred in his life plot, represent the middle of the story of change from problem drinking. The middle section of the overall narrative is represented by the following sub stories: 4a,4b -The hostage incident; 5 -Being in the SWAT team; 15 -A rough time; 7a,b,c, -Sneaking drinks at home; 9 -Insight into me; 36 -Growing up/Lisa's story; 25 a,b,c -Losing Dan; Degradation excerpt. Following these are the sub story transitions and climax: 8 - Going downhill and 1 -Woke up. The above ordering coincided with the approximate time sequencing of the events over a four year period.

### Middle Sub Stories

#### New Self Discoveries: Change and Challenge to heroic affiliation

Sub story 4a told of a significant traumatic life event for the story character. Jim shot two people, a woman hostage and a gunman/abductor "the bad guy". The combination of having shot

someone at close range and then seeing the physical aftermath, "bleeding all over" were potent catalysts for change and upheaval-raising discoveries of unheroic portrait features. The point emphasized by this sub story was that the character "discovered" portrait changes but preferred to appear unchanged..

What you got to remember is we are very macho. You can't say that your're ah...you can't feel bad about something happening. You've got to be the big tough guy regardless of how you feel. The front has to be there.

Several discernable portrait changes followed this identification of feeling badly. Although Jim had made references to feeling badly about other intense experiences, this event was pivotal in it's ability to upset his portrait balance. Certain changes occurred immediately after the incident whereas others took longer to unfold. The first portrait "alteration" was the identification of a persisting feeling which didn't fit with the correct macho experience. He didn't feel courageous, powerful or strong but instead felt badly. Subsequent alterations were visible to Jim directly and were associated with this incident - having nightmares, not sleeping well and drinking more heavily and as a way of alleviating sleeping problems.

I developed a bit more of a drinking problem after that...I discovered it was easier to get to sleep if I was half swacked...This was the one that set me up for good to get into it.

I felt badly, I had nightmares and couldn't sleep afterwards.

The emotional impact of having shot another for the first time, still effects Jim today, nine years later.

To this day I have difficulty recalling the details... I can't remember what the guy looks like, I can't remember dates. I've avoided them all it's still there.



To understand the full scope of portrait change discoveries following this experience, thought must also be given to the subtle delicate changes which were indirectly presented in this and successive sub stories. Subtle portrait changes occurred throughout sub stories four and five. The first subtle portrait change was an inner discovery or "encounter" of disunity or estrangement from heroic portraits of self and others. This encounter metaphorically relates to being out of character - being removed or cast aside from the police portrait. Feeling badly about having shot another person while performing as a SWAT team member, was an out of character encounter - a contradiction. The bad feeling experience which lingered unabated by his police script, was kept secret from others. Secrecy or concealment marked the plot following Jim's experience of being out of character to his heroic portrait ideal. The plot turned in two directions pertaining to two contrary self portrait encounters: One encounter was with the heroic macho portrait that wore "big guns" and performed as if to shoot another and the second encounter was much less defined and familiar. This was the unspoken, unnamed portrait that never intended to shoot anyone, never believed this would be happen.

I'd pointed my gun at people lots of times but never pulled the trigger before, it never happens...it always happens to other people.

Jim's experience of being set apart, estranged from his heroic portrait, was visibly enacted by turning away from group camaraderie or fun and games associated with drinking, toward solitariness and isolated drinking. Sub story four described an encounter with a self portrait who was unheroic and different, a

problem drinker who had nightmares and felt badly. The preferred portrait presented to others remained tough and heroic.

Portrait changes were revealed explicitly in the narrative, but symbolically as well. Sub stories four and five share two narrative dimensions; order of narrative discourse and associated time of occurrence. As a result they illuminate subtle clues about Jim's portrait changes.

Sub story 5, Being in the SWAT team accentuated the point or theme of estrangement by reference to lost features of the heroic portrait. Jim recollected how another SWAT officer lost his "face" in a raid and died unrecognizable: "He was wearing a mask...you couldn't recognize who he was". A bond or identification to this team member was firmly established: they shared the same surname, the same uniform, performed the same SWAT routines and went through the same SWAT training program. The teammate mirrored Jim's own heroic portrait prior to the trauma. The recounting of this account was significant in it's association with Jim's account of the hostage incident. Both sub stories cohere through the experience of being separated from heroic others - and losing essential portrait features. The outcome, estrangement was reasserted at the end of this sub story.

You could talk tough but not about how you really felt. I didn't feel tough inside. I felt the pressure of not being able to get out what you really are.

### New Plot: Resistance

Anne's narrative account of the Hostage Incident in sub story 4b, filled in many of the gaps and clarified questions raised in the above sub stories concerning the finer details and nuances of portrait and plot changes. The main point of this sub story was that the story character wasn't as he appeared to be, and that he fooled everyone into believing there was no problem or concern. Initially Anne was surprised to learn about the separate realities symbolized by using a gun.

When you joined the police department and they handed you a gun you had to know why! Surely to God you know the reason they've handed you a gun! Jim said " No, most people never even pull their gun out of their holster".

The family contributed to the heroic image of policing and the associated expectation of having to shoot someone. Jim's daughters were impressed that he was now a "real" policeman.

Wow you mean dad finally got to use his gun, he's a real policeman now.

Jim presented a strong outward persona to others that fit with their heroic ideals/expectations and his own. The presence of a separate secretive or concealed reality for the story character was illuminated by Jim's physical deterioration and illness immediately following the hostage incident.

Months after this Jim started having heart problems. We went through a long time of him having pains in his chest. The guys at work took him to the hospital by ambulance... they couldn't find anything wrong.

Some people said "Well it's stress from the shooting" (Jim's comment) "No. Why would I have stress from that?" And I believed him.

At the time, each person maintained their heroic images regardless of Jim's physical illness. Many years later Anne saw

a different portrait view of Jim, after watching a video from news archives of this hostage incident.

When I saw him on video I understood what was really going on for him at that time. The camera had picked up Jim when he was being taken away. He turned back and saw the gunman lying on the ground and I could read on his face how he felt. " Oh my God I did this to another human being?" another look around and "Yes I did that". I could see this so clearly on that video...

I said Jim you had so much pain on your face. You had us all convinced! He thought he was a horrible person for having shot another human being and that other people must also think so...

Video taped footage and Jim's own accounts verified the changes suggested by sub stories four and five. Jim was removed or estranged from the heroic portrait, by the discovery of unheroic feelings of remorse, guilt, "pain" from shooting another human being. These feelings were unacceptable and out of character in performing as a policeman. Consequently he had to fool people into believing he wasn't changed - that he was still tough and unaffected.

Sub story 15, A Rough Time, expanded on the main point of estrangement from the heroic self portrait. The plot to conceal unheroic discoveries was proceeded by either distancing oneself from others or trying to changing police interaction scripts. Initially Jim entered a private, secretive world where he reflected on portrait changes- both experienced and anticipated. Secretly he thought about changing jobs and quitting the police force - disengaging from other policemen/heroes. He also thought about quitting drinking entirely and privately admitted he had a real unyielding problem.

I managed to keep the quantity ingested down sometimes, but it was always there.

He felt trapped by both his job and his problem drinking. At this time he seriously reflected on his feelings following the hostage incident, and attempted to reconcile himself with the SWAT team and his heroic self portrait. Reconciliation was attempted through changing the SWAT performance "script".

Whenever we'd go to a scene I'd say -Ah, we're going here to this shooting scene and you might have to kill somebody. Some of the guys laughed about it.

...I was trying to warn and prepare them. Make them get into the right headset about what they were doing because we'd always treated it as excitement or fun until it really happens to you.

You know you may have to kill somebody or somebody may kill you. I couldn't get it through to them. They made a joke of it. When we'd be out drinking afterwards somebody would say "I'll always remember you saying that Jim. 'You might have to kill somebody today'".

Jim failed in his attempt to change the SWAT script to include what he'd encountered.

...it was now less fun and games and more of something else. It's something you got to work at more.

In the end Jim created a distance -disengaged from these heroic others entirely for a year and a half, opting for a regular police routine. He then returned to the emergency response team as a isolated, lone sniper where he was in control at a safe distance from the other. His concluding remarks revealed what changed for him as a result of all these experiences and why concealment was imperative.

They all put up fronts and you didn't know what they were feeling. Many of them ended up quitting the job ...not wanting to quit right afterwards because that would show they were chicken shit.

There's always that front there. We are big, macho tough men, we're not allowed to be weak in any way and here was I ...I was weak.

The plot to conceal by created a safe distance wasn't due to disenchantment with his heroic portrait - but instead from having failed the portrait ideal. In comparison to others he was weak and unworthy of remaining affiliated with other heroes.

There's obviously something wrong with me in comparison to everyone else. I can't hack it any more as a cop. So you put up the front, you tough it out and you drink.

That's the time I started drinking on my own. In fact the choir practises for me stopped then. Instead of drinking for fun and drinking with the boys and having fun, to just drinking.

The portrait themes revealed as this sub story progressed, were estrangement, discovery of unheroic features or lost heroism, weakness, failure and problem drinking.

Sub story 7, Drinking Habits At Home, emphasized a plot direction away from drinking with the guys towards solitary drinking at this time. The main point emphasized concealment of a weak self portrait while portraying a heroic portrait image. This interaction and self portrait dynamic was played out concretely by both engaging in solitary drinking and concealment of solitary drinking. In this sub story context, "toughing it out" and "drinking" were endeavours at concealing being weak. This was achieved by the story character's altered script repertoire of actions, rituals, beliefs and performances concerning his drinking en route to home. The script was one of hiding and pretence revealing portrait qualities or themes of self and other's deception.

I'd drink the miniature on his way to the car and then consume the mickey while driving the final distance home. I believed the effects of the alcohol would not have had a chance to show...

When I arrive in the house, I'm still sober, it hasn't gone through the system. I know how alcohol affects people, I know how it affected me.

The homemade wine would be topped up with vodka or other hard liquor.

I was hiding and would hide any other bottle I had in the workshop or basement. I'd have another glass of wine, with the excuse that it's not too bad to have two glasses of wine.

Later on I'd pretend to go to bed, go to bed and say I'm not tired and so I'd pretend to get up and read for a while. Instead I'd drink some more.

This detailed ritual of pretence aimed at others ultimately had the same effect upon Jim. What began as deception of others progressed to self deception.

So it was never, I thought, really that noticeable for the rest of the family. I found out later on that yeh, it was more noticeable. I found out that my wife knew and both my daughters.

There was never really anything that I can recall where they said 'Dad you've got to stop drinking you're drinking too much.'

There must have been criticism, but nothing heavy enough.

I always did everything right. I always took home the wages, never beat the kids, always provided so what was I doing wrong?

Jim's conflicting portrait realities were evident by the above script dialogue: The heroic portrait never beat the kids, brought home the wages and always provided. The weaker portrait hid bottles in the basement, drank bottles en route home from work and topped up wine with vodka. The portraits were opposites: one meant strength, power, affiliation and heroism; the other failure, alienation and weakness.

Sub story 7b verified Jim's pretences and hiding a problem drinker self portrait. It also verified the compatibility and

interplay between the heroic portrait he chose to present and the heroic portrait Anne chose to see:

I was really checking up on him now. I would have pulled the bottle out of the bag and said 'What's this, another bottle! Why do we need this are we having company? No'

But still an alcoholic? Never! I wouldn't marry an alcoholic. I just wouldn't. Definitely somebody that was having a problem with drinking...

I did notice he would have glasses of milk and I'd think 'he doesn't usually drink milk' so I would take it and found it had something else in it, sit it right back in front of him and say 'I know what's in that!'

I became aware more after we moved to the farm. There was always a time when I said 'You're drinking too much, I don't like you drinking as much.'

Although she did "notice little things", and did confront him on occasion, her portrait view of Jim remained heroic. Lisa's account in sub story 7c verified the pretence of Jim's problem drinking script:

He'd go to the kitchen and I would say 'uh, uh, uh' as he'd be pouring wine about to drink it.

I believe my dad would try and fool me into thinking he wasn't drinking quite as much...

Sub story nine - Insight into me focused further on the unfolding of portrait changes and new discoveries. The main point being conflicting portraits - one of weakness and problem drinking and the other of strength and non problem drinking. The first portrait followed a path of failed expectations, attempts to meet demands, getting further behind, and drinking problematically:

I have a little hobby farm where I grow beef, raise steers, chickens....I also commute an hour to and from work...spend any spare time at home doing leather work. I discovered there was a lot going on including all the physical labour... too much, way too much. I could never catch up.



I could never get anything done properly because I always took on too much. Guys are always asking me 'Jim can you make me up things, can you make me a wallet' I say 'Yes I can do it'. I like to please people.

Weekends were a good time to be drinking. I'd be working on the farm and start to realize I was just getting further and further behind. I knew what drinking was doing to me...that I couldn't keep up with the demands of the physical labour around the farm.

I discovered that drinking also prevented me from getting things done. I knew what drinking was doing to me...

In contrast Jim's heroic portrait diminished these weaker discoveries by boosting strength and heroic affiliation. The following script reestablished Jim as a hero with physical prowess whereby drinking was again a positive heroic association. As long as he was physically fit, he wasn't an alcoholic. Both contrary viewpoints flowed temporal narrative order in the natural discourse of this sub story:

I've always been physically active, always worked out almost every day at work. Instead of having lunch I'd grab a sandwich and go to the gym, workout and run. I always said 'I'll never be an alcoholic because I'll always work it out of my system. I kept in shape.

You see I was a cop in Scotland and that was a really accepted part of the job over there, was drinking.

This self dialogue illustrates the structure of a plot that was more complex than that contained by a one dimensional path. The initial plot direction of concealment became more elaborate and diverse over time. The plot branched in to directions during the middle of this narrative. The first pathway was represented above by distancing and isolation from the group. This pathway led to unheroic portrait encounters experienced in solitude and on reflection. The story character associated weakness, problem drinking and other failings or unheroic features with this

portrait. The second pathway although similar in it's intent at concealment, differed in it's portrait features. This is a path which emphasized pretence and avoidance by accentuating heroic features and performances. The character changed portrait features in accordance with the interaction context - self and others. In solitude the predominant portrait encounter is with the weak problem drinker; with others Jim pretends to be heroic and strong.

### Resisting Portrait Changes in Self and Others

Lisa's story is a presentation of her self portrait changing from a child to a young adult. The dynamics of her relationship with her father were influenced by the following interactive changes: Lisa's changing self portrait; her father's problem drinker portrait; and their respective portrait images of the family man/protector. The main point of this story is that Lisa was changing and growing up:

I don't know if that's just the drinking or if it's my age as well cause it's like right at the end of highschool so it was that age group. It was more like I was his little girl growing up, he was a little bit more closed about speaking to me, I think it was partially because of the age...

The process of their changing closeness to separation wasn't abrupt but occurred over time as both experienced each other's changing self portraits.

Very gradual, it wasn't anything obvious or anything he talked about it was just...becoming less and less. And I didn't want to see it.

It was because he wasn't fitting my ideal maybe. You know I was beginning to see errors and flaws in the way he said things. He always had these ideas about the way things were in the world. I was starting to form my own views. I was starting to disagree with him.

I was beginning to see he didn't have a backup for the drinking. He didn't have a reason. He always seemed to have reason and logic and it didn't seem to be a problem. And I wasn't as aware that the drinking was a problem. It as just a part of dad and at the time it was kind of acceptable.

It was getting less acceptable. You don't have a reason for this. And it wasn't just the drinking - we would maybe have arguments about something...Now it was becoming 'No you're wrong dad'. I was becoming more independent, different attitudes.. He was losing his influence over me...

Lisa reflected on how her father wasn't the same anymore in relation to protecting the family:

Well it was kind of strange, usually dad sort of takes care of the family. And when dad acts like this, mom takes care of the family. But I would sort of feel protective towards my mom because I knew she had to deal with this.

For a time we let dad believe he was the only one involved in his drinking. That he was the only one suffering, but really the whole family was involved in his drinking problem.

She actively resisted her father's pretences regarding his drinking and other family matters.

I was getting to the age where he couldn't pretend anymore. I wasn't the little kid anymore and also I was starting to go to parties...

My mom was becoming more vocal and I guess with more self confidence...She was tolerant, way too tolerant. My mom's dad use to drink in bouts and he'd get drunk and my mom would be mortified. I think she didn't want to admit that she too had married an alcoholic.

I became more vocal first. I was really shy as a little kid but as I started to grow older I realized that my dad might have a loud bark but there was no bite. I would say to him directly what I was thinking.

This process occurred slowly and with subtlety over several years to reach a climax of mutual departure at the year of her graduation:

I believe that my dad didn't have me the same way I didn't have him. I was avoiding him and I wasn't such a little kid anymore.

I wasn't really there for him to listen to...And I wasn't as tolerant you know. And if he was upset about something I'd go up, you know, I'd just, yeh go to my room. I was sort of abandoning him a little bit... I was being kind of stressful, becoming less close and he didn't have me and I didn't have him as much ...and his job at that point was really stressful. My mom was becoming a little more angry about things. I do think he was drinking more. I use to go to his workshop and find bottles in his workshop and I knew he was making more wine.

The loss of Jim's best friend was recalled in sub stories 25a,b, and c; by Anne, Lisa and Jim in his letter to Dan following Dan's death. The stories began with recollections of the growing closeness the of this friendship, firstly described by Anne:

They worked together when they were young, they were partners. They worked together again in internal investigation and then they moved together from that department to...major crimes.

The two of them had a vicious sense of humour, they offended a lot of people and had fun with it. They poked a lot of fun at people, even in the hospital.

They had this really close communication where they could say things like that to one another.

In Jim's letter to Dan following his death, this closeness was conveyed as more than the ability to joke and poke fun at people. The letter written to Dan included personal disclosures and new self discoveries not mentioned to anyone else.

I know you never really believed me when I told you that I was an alcoholic.

I'm ...learning I'm not as macho or controlled as I thought I was.

I worked with a lot of different guys on the job and enjoyed working with most of them, but you were different in some ways. I probably used you as a sounding board for my thoughts and fears. I probably opened up to you more than I ever did with anyone else. After all I told you that I was an alcoholic long before I admitted it to anyone else, even my wife. We had lots of good times together.

The next sub story passage from Anne's narrative emphasized the distinction or rift between Jim's outward self portrait and his inner experiences following Dan's death:

Jim had to step in ...he took over. He got Susan from school, he got the girls from school and he was just there for Dan's family. He was busy, he was doing things, he was active. He was at the funeral, he never really said goodbye to Dan, he didn't let go.

I didn't know it at the time but Jim had told Dan 'I'm an alcoholic and I need help...but I'm not ready for the help'.

He stayed strong for Dan's wife and children. He didn't talk about losing Dan. He joked the odd time but Scotsmen are famous for joking about death. It was his way of handling it but he didn't bring it up at all...

Any conversation related to Dan was more to do with Dan's wife and children...

Jim's letter to Dan acknowledged the changes occurring within himself at the time of writing and the during these events:

When we were in the hospital and we both realized that you'd had a heart attack I still held onto my emotions. The doctors and nurses must have thought I was a real asshole ..I was making heart jokes. You...became your usual sarcastic self but the fear was there. The morning of your death was just like any other day. You looked fine...when Al grabbed me and said 'Dan's collapsed in the gym he doesn't look good'. ( I'm crying )

I remember screaming at you...then I had to gain control. I gave myself something to do, I became methodical. I knew you were dying and probably even dead so I thought of all the things that had to be done. I was still in control and now it was easier because I had someone to look after.

How I comforted them. I couldn't feel their pain. I was very strong and business like. I even helped carry your coffin in..and then I silently cried.

Both Anne and Lisa saw that Jim's drinking became worse in the short time between this death in January, and Jim's entering a recovery program in May of the same year. Anne's narrative of this death ended with the conclusion that Jim was now alone:

When he lost Dan he had no sounding board left. So he had to do something. There was nobody else there. He didn't want to come to me with it until he was ready to get help.

Lisa echoed this isolation and loneliness for her father, at the end of her story:

It wasn't just my dad and Dan, it was a family involvement. If there was anything major that was happening regarding my dad, we may have never known about it. We would never know what he was feeling because he never showed anything about Dan's death.

Of course I knew he was upset, we all were. I think it was all coming to a head. It wasn't any particular incident but many things were building.

...I don't think he was getting support from any of us. And maybe he'd been getting support from Dan and he wasn't there anymore. It was like all he had for support was the drinking, and it got worse and he realized what the heck am I doing? His permission for the drinking was leaving.

### Change Resistance Patterns: Global Patterns of Interaction

#### 1. Concealing Self Discoveries

Examples of this pattern surfaced when Jim encountered intense events where unheroic responses were both aroused and concealed. As a pattern, portrait incongruence or fragmentation refers to a distinction or separation between unheroic self discoveries concealed (feelings and thoughts associated with weakness); and the controlled heroic presentation to others. This portrait interaction was experienced directly by Jim as a conflict:

I knew I was experiencing those feelings...but the tough guy,...no I knew the way I was feeling but I was still trying to suppress it and still be the macho guy that's expected of us.

Jim referred to this portrait interaction as "a front", "suppression", "natural cover up", "defense" and "hiding". A global analysis of the sub stories comprising the middle of the overall narrative illustrate incongruence across inner feelings and outward presentation.

Sub story 5 Being in the SWAT:

Oh you experienced the intensity of these events but couldn't go to a psychiatrist...that would mean there was something wrong with you. You could talk tough about it but not about how you really felt. I didn't feel tough inside...

Sub story 4b The Hostage Incident, Anne's view:

He had us convinced there was no problem...he said to me 'If you're on a railroad track and there's a train coming would you jump off the track? Well that's what I did'

Jim you had so much pain on your face, you had us all convinced.

I hauled him off one night to the hospital...he was on the floor having chest pains...The doctors finally found out that it was stress...

I didn't know at the time but he was up at night having nightmares, walking around and having a drink.

Sub story 15 A rough time:

They all put up fronts and you never know what they're feeling...

We are big macho tough men, we're not allowed to be weak...There's obviously something wrong with me in comparison to everyone else. So you put up the front, you tough it out and you drink.

Sub story 25 Losing Dan:

He took over...he was there for Dan's family. He was busy, he was doing things, he was active. He was at the funeral, he never really said goodbye to Dan. He didn't let go, he didn't get the emotions out...

I saw him stay strong for Susan and the girls, he didn't talk about losing Dan. He joked the odd time...he was being strong for the family but really breaking up inside...maybe the drinking got worse at this time.

We would never know what he was feeling because he never showed anything about Dan's death.

#### Excerpt - Degradation

I needed a drink and there was nothing in the house so I went and raided the piggy bank and took out all the coins, nickels, dimes and quarters and went to the liquor store and bought a bottle. I took out all the money and stood there counting them all out. That felt really degrading but I did it anyway.

Problem drinking was an integral component of this portrait interaction. Whereas drinking with the guys in the story beginning aroused positive heroic experiences, drinking in solitude now concealed negative heroic self encounters.

#### 2. Pattern of Distancing -Avoidance and Moving Away

Following the hostage incident Jim's interactions with the police group were altered. In the beginning sub stories he joined in group activities formerly depicted as affiliation patterns. At this turning point, group joining ceased abruptly. Distancing from the group followed the experience of being set apart, rejected by the SWAT team for trying to warn them about what may happen. Arousal was no longer only associated with positive encounters.

You know you may have to kill somebody or somebody may kill you.



But it doesn't go through to them. And they've made a joke of it, when we'd all be drinking later on or whatever. Some of the guys would laugh at it...

In the end he departed from the collective team experience.

I opted out of the emergency response team for about a year and a half and then ...I went back in as a sniper. I wasn't going kicking doors in...I had a high powered rifle and I was sitting back away from the area waiting to shoot someone.

Physical distancing, combined with solitary drinking replaced camaraderie and group drinking parties. Instead it became associated with being alone, problematic and something he had to work at:

Like I was drinking before then..and a heavy drinker and got drunk quite a lot but I think this was the turning point for me when I really started drinking on my own. In fact choir practises for me stopped then.

Instead of drinking for fun and drinking with the boys and having fun, to just drinking.

Tried to do things myself to help me stop...read about it, I'm a reasoning person I should be able to look after this problem. Tried to stop, longest I could go was three days.

The group as a major support system was replaced by solitary drinking which was both a defense against and a reminder of weakness:

At that time quitting drinking was constantly on my mind... Alcohol would be the support system...If you don't have the resources yourself, you turn to alcohol.

Distancing by Jim was further entrenched by a rigid script of solitary drinking. This pattern partnership occurred in different contexts away from the group to solitary contexts: en route home after work; doing hobby farm work; during nights when everyone was asleep and during one to one interactions with Lisa:

I would spend the day at work not drinking and then climb on the bus to get to my car...get off the bus and go to the liquor store...buy a mickey and a miniature and drink them... I'd throw the bottle out onto the field just before I got home...get rid of the evidence.

I'd be doing my leather work, down in my workshop where'd I'd also be drinking.

He'd go to the kitchen ..pour wine about to drink it... Then he'd put the wine back in the fridge ...instead of downing the whole tumbler. He drank homemade wine mostly.

### 3. Pattern of Reciprocal Distancing - Mutual Avoidance

In this interactive dynamic, distancing evolved slowly, progressively and with a mutuality between two people. Distancing was evident following Lisa's challenge and confrontation with her father. The inherent differences in their changing self portraits directed them along two opposite paths. Jim's resistance to changing and evolving portraits by way of self and other discoveries, were vigilantly resisted. Lisa's resistance to her father's changed portrait as a problem drinker evolved slowly and progressively. The two resistant yet changing portraits altered the experience of closeness to mutual disengagement and avoidance:

Very, gradual, it wasn't anything obvious or anything he talked about it was just, becoming less and less. And I didn't want to see it.

Cause I was avoiding perhaps and maybe that even had something to do with it.

And I wasn't as tolerant you know, and if he was upset about something I'd go up.. to my room.

We talked less frequently and less often, I wasn't home as much and I got home later.

I should have pointed out more clearly, instead I sort of avoided. I wasn't really involved in the family at the time, I was quite distanced by them, I wasn't even really sure of when things were happening. ..But I was quite distanced at the time and they're doing something...I didn't talk to him about it...

With regard to Jim's drinking problem:

In a way you could see it was sort of a weakness.  
It bothered me... in a way it was a weakness.

The direction toward Lisa's disengagement from her father represented a change from her self deceptive pretences or idealism/fantasy to realism coinciding with her maturation. She saw less and less of the ideal and more of the real father portrait. In summary, Lisa's growing up evoked her own changing plot from affiliation and the father/daughter closeness previously felt. With the passage of time Lisa reflected on the whole father/protector performance as it involved all family members. She saw discontinuity, inconsistency and contradictions between the ideal protector and the real performance. Lisa challenged and confronted Jim's weaknesses while simultaneously not wanting to admit he had these weaknesses. There was a theme of rejection of his weaker portrait by her in this dynamic as well:

I always thought my dad was this perfect father you know, it was like this was a flaw. And I didn't want to admit it... I knew all this time, but I didn't want to admit it. It was kind of a shock in a way. Like even though I knew all the time it was still kind of a shock (voice trembling).

#### 4. Pattern(s) of Pretence and Hiding

The above patterns of resistance emphasized concealing portrait discoveries and changes unworthy of the preferred self

portrait. For example pattern one emphasized the performance of a heroic "script" which hid other weak portrait encounters; pattern two emphasized physical isolation from those who reminded Jim of his weakness; pattern three emphasized resistance to changing portraits of others. Pattern four is another part of the whole configuration of resistance and portrait avoidance in interactions. Pretences concerning problem drinking were consistently revealed by other's observations of the story character as well as Jim's own testimonials. The middle sub stories revealed drinking "scripts" emphasizing pretence and hiding problem drinking as well as negative self discoveries. Deception surrounding drinking was aimed at others, oneself, and in some cases was in turn reinforced by significant other's own self deceptions:

I'd spend the day at work not drinking and then climb the bus to where I'd parked my car. I'd get off the bus ...go to the liquor store, buy a mickey and a bottle, drink the miniature on my way to the car and then consume the mickey while driving home.

Self pretence was evident in the beliefs concerning his own drinking performance:

When I arrive in the house, I believe I'm still sober because it hasn't gone through the system. I know how alcohol affects people, I know how it affected me.

Pretence towards others followed in this script "performance" example:

When I arrived in, supper was just about on the table 'Hi honey how are ya'...nice little family, then I would pour myself a glass of wine to have with supper because this was going to be my excuse for being a little groggy...I'd put it off to the wine.

I was hiding and I would hide any other bottle I had in the basement.

Mutual self deceptions concerning problem drinking were revealed in the interaction between Jim and Anne.

Sub story seven b:

He did this because he knew I was really checking up on him now. I would have pulled out the bottle and said 'Another bottle! Why do we need this!' ...But still an alcoholic? Never! I wouldn't marry an alcoholic, I just wouldn't.

Pretence directed at others also was observed by Lisa:

Sub story 7c:

I believe my dad would try and fool me into thinking he wasn't drinking quite so much.

Pretence and hiding was not uniquely associated with drinking. Other pretences were fundamental in his portrayal of the heroic ideal. Portrait failures other than drinking, were also hidden from other's view.

Sub story nine, Insight into me:

Guys are always asking me 'Jim can you make me up things, can you make me a wallet, can you do this, can you do that...' I say yes I can. I like to please people. I couldn't realize why I couldn't get everything done.

I'd be working on the farm and realize that I was just getting further and further behind...I couldn't keep up with the demands...

Drinking also prevented me from getting things done. Weekends were a good time to be drinking.

### Story Climax and Transition: "Losing Control"

Sub story 8, Going Downhill revealed Jim in the process of self portrait appraisal. The main point is that upon reflection and appraisal, drinking was discovered to jeopardize heroic portrayal and affiliation. How Jim came to realize this was captured in his testimony "You refer back to yourself, 'I'm doing the same thing'". The story character acknowledged

portrait encounters upon reflection, and used time as a means of self comparison. Time definitive reflections gave Jim a composite sketch of his portrait engaged in problem drinking with a past, present and a future. This appraisal/reflection process that disapproved of, or pointed a finger at, "you":

I experienced a realization over time that 'You are deteriorating... you are going downhill... you are getting worse... you are going to end up on skid row'.

The you was being appraised in this instance by standards and values of Jim's portrait authority. Drinking was reappraised as a negative association to being a policeman. Jim continued to battle the negative images with positive self images by comparing the future with the past in connection to drinking performances:

I have always been very conscientious about my work and never got drunk at work unless it was acceptable, such as in a drinking role. Keeping up appearances was always there for me.

I was never off sick. There was no thought in my mind of losing my job because I was drinking.

The above stronger, positive image revealed certain values of the story character: An image of the past revealed a portrait with positive heroic qualities -such as being conscientious, being presentable and upholding the value of work. The future sketched a portrait bereft of these values through continued problem drinking. Jim's present portrait must somehow reconcile these two antagonistic images:

I could see eventually down the line, it is getting worse and here I am today, I'm even too drunk to get to work. That was bad.

Being too drunk to go to work confronted Jim with a need to uphold a valued quality of his portrait identity -the value of working as a policeman. From this sub story, values associated

with being a policeman were seen to be compromised in the present by problem drinking. This represented a turnabout from past positive associations with drinking and policing to present and future negative associations between drinking and policing. Self discoveries suggestive of changing values associated with drinking had been resisted up until this time. These changing experience occurred nonetheless, over the past several years for Jim and reached a climax at this sub story point in time. Jim recognized this as an ongoing, slow process with cumulative effects on initiating physical change from problem drinking:

That point in time wasn't just a point in time. That was a culmination of all the times. It wasn't all of a sudden this thing cracked today, this was my dad to stop...

This sub story stressed the importance of having made self discoveries along the way to drinking cessation as opposed to waking up and mysteriously arriving at this decision. In this respect the climax is misleading without looking at the portrait awakenings over time. These awakenings were realized with each successive negative episode of drinking. Such awakenings gradually but relentlessly sketched a devalued unheroic portrait image. It took many of these awakenings of negative drinking associations to culminate and move Jim to seeing the whole portrait. Appendix J contains the verbatim transcript of this sub story. Jim ultimately saw himself in the image his ultimate degraded self portrait having changed from locking up drunks on skid row to becoming a drunk on skid row. Reaching bottom meant awakening to portrait contradictions and threats to his most prized heroic values. Reaching bottom signified a change in perception regarding drinking and affiliation to others and

ultimately his own ideal. This change was from positive portrait associations involving drinking, to negative portrait association. Jim was summoned to action by images of a degraded, devalued self portrait, alone on skid row.

### Change from Problem Drinking

#### 1. Facing the Self Portrait - as a Problem Drinker

Jim began the story of change from problem drinking with sub story one - waking up. This was closely followed in his narrative discourse with the hostage incident. Although both sub stories do not share the same time domain they do share certain narrative features. Both represented points of significant events which symbolized change for the story tellers. These are portrait story junctions that marked a change in plot direction recognized by all story tellers. The impact of these events was evident in the detail that storytellers provide. The hostage incident marked a turning point from heroic affiliation - to an encounter with the unheroic portrait. This encounter subsumed the middle of the overall story of change by a story plot to conceal or hide. Sub stories one and eight revealed the magnitude of this original encounter over time by the culmination of persistent portrait "awakenings" and self discoveries. The character met his unheroic portrait in fragments and sporadically from the hostage incident to the point of going downhill and waking up. Ultimately these fragments converged on Jim the morning of waking up too drunk to go to work.

I came to realize that I was just gone, still staggering from the previous night of drinking. I woke up Anne and said 'I've got to do something. I can't go into work today because I'm too drunk'.



This excerpt contained elements of three temporal realities: The present (still staggering, just gone, today I'm too drunk) ; the past (from the previous night of drinking); the future (can't go into work, got to do something). Jim's portrait as a problem drinker began to gain coherence over time. Going downhill represented a point where portrait features coalesce and cohere.

## 2. Unmasking the Problem Drinker Portrait

Sub story 19, Waking up and Calling work described the events that immediately followed Woke up and going downhill, from both Anne and Jim's perspectives. The main point was that Jim declared/pronounced his alcoholism to significant others in his family and work significant relationships. Despite the other's reactions, Anne's tearfulness and his employers disbelief, Jim upheld the portrait declaration "I'm an alcoholic". Verbalizing the declaration, asking for help, committing oneself to not drinking were all part of Jim's resolution to ending problem drinking. Jim's story of waking up and calling work revealed a story character with a strong sense of conviction, determination and commitment. The heroic portrait reconstructed in this sub story, boldly walked into his bosses office and announced both his alcoholism and what he needed. This character took charge and initiated his own treatment before he lost valued portrait qualities:

It was like I've really got to do something about this. I had one beer, I never managed that before.

The strength evident in Jim's declaration and subsequent determination was founded on portrait reflections and observations over time which summoned him to act. The ending of

this sub story revealed the limits of Jim's determination, willpower and self control regarding not drinking at this point:

I don't think I could have gone much longer in that period in between waiting for treatment.

Basically the feeling that everything was crowding in on me. I couldn't be who I really was. The feelings I had that I couldn't get out, the fact that I was weak and couldn't fulfil all...that people would expect of me. I was putting up a front. I wasn't being me and I wouldn't be accepted as a policeman if I admitted to any of those guys that this is what I felt like.

In conclusion this sub story emphasized an assertion or proclamation of alcoholism while maintaining a persona of strength and determination. Jim could admit to alcoholism but not to feelings that would threaten his acceptance by others.

Anne's recollection of Waking up revealed a story character that wasn't as visibly strong following waking up too drunk to go to work. This recollection helped to capture the entire portrait performance surrounding the period of non problem drinking two weeks prior to treatment:

He came out of the bedroom and he was crying 'I'm still drunk. I have a problem with drinking and I'm going to have to get it fixed now'.

I sat there and cried, I didn't know what to think. My God I'm married to an alcoholic. My whole life is ruined.. Once an alcoholic always an alcoholic...I was devastated.

This interaction included a tearful disclosure and mutually hidden feelings. Jim's intention to "get it fixed now" was again a testimony of his strength and determination to his wife. Neither revealed what they really felt - Jim's fears and Anne's devastation. The main point of Anne's story was the presence of other feelings emerging from Jim, which he began to disclose at this time. Jim revealed his grief about Dan's death immediately

during his first interview at the treatment centre - this was the beginning of portrait discoveries and admissions beyond alcoholism.

At this point in the story of change from problem drinking, Jim disengaged from problem drinking while awaiting a residential treatment centre. In solitude the above feelings of failure and unacceptance threatened his strength of determination to not drink. While in treatment however, the plot moved in a positive direction toward being engaged and curious about new portrait discoveries. This engagement and curiosity was encouraged by other's "nudging" and supporting Jim with each new discovery. There was a change from being alone and still withholding the above negative portrait associations to being among others and reassessing such negatives. The changing contexts from work and home to treatment loosened Jim's grip on controlling his feelings or resisting to acknowledge suppressed feelings, particularly concerning the death of his best friend. Expression of these feelings were accomplished in a letter saying goodbye to Dan. The final excerpt contained elements of emerging self acceptance.

I've grown a lot in the last few weeks, I'm getting to know me. Maybe I'll like what I find. I think I will.

Jim sought the freedom "to be who I really was" and still being accepted as a policeman. These two motives determined the next plot turn: reunification with the police group and hero portrait. Acceptance is a major theme raised by the ending of this story.

### Ending Sub Stories

#### Self Discoveries and Awakenings: Discovering Self Acceptance

The ending of the story of change from problem drinking was represented by the following sub stories: 10a,b,c - Treatment; 17 -Insight into feelings; 20 -Further changes and 21 - Being a policeman now. This story ending illustrated how the story character changed after resolving to stop drinking. Accepting portrait discoveries beyond having lost control of drinking, began in a treatment context. Through self disclosures and disclosures by others in a group, and with a new relationship to a counsellor, Jim pursued a changed path to assimilate and integrate valued portrait features - being a helper while policing. The story depicted the character as energetic, positive and eager as he searched out further self discoveries. In these narrative accounts the character is curious, excited and open to seeing portrait discoveries which had been masked or hidden in the past. The plot is dramatically changed from concealment, to pronouncement "I'm an alcoholic", to exploring, and starting over as a policeman with renewed strength and purpose.

The main point in sub story ten - Treatment, was the character's identification of personal choice in his future as a policeman. The example which brought personal choice to light for Jim concerned his consistent failure with police promotion exams. Jim realized that although others expected him to advance and get promoted, he didn't want a promotion - moving up the ladder didn't fit with who he really was.

'Well I never studied', 'Why?' that was even just then, when he was talking to me, it was a realization I got. I didn't want to be promoted.

Further self exploration led to new discoveries about individual portrait values. The process of reflection and discovery was similar to portrait reflections upon his problem drinking. The outcome in both situations were new portrait revelations and pronouncements. The following self assertions are testimony to beginning self acceptance and individuality:

Other guys are always asking me 'Jim why did so and so get promoted, he didn't do half the work you did'. I always thought I had to...I'm not an administrator, I'm a street cop. I can do...I don't want to sit in an office... I'm a street cop and I get out and do investigative work. I go and interview people and talk to them and that's what I should do.

In asserting "That's what I should do", Jim made a decision separate from the group or expectations of others. The above disclosure was significant due to the identification of previously concealed or "unacceptable" portrait qualities. These qualities illuminate discovery of persistent portrait values which don't necessarily conform to the heroic "macho" image. They emerged after abstinence from drinking and hint at the values inherent in being a mentor or facilitator. Such values are in stark contrast to those represented by being a SWAT sniper or team member. These portrait discoveries were encouraged by new relationship with others in treatment - inclusive of a relationship to a counsellor.

Sub story 17, Insight into feelings, elaborated upon a self changes and a further changing life plot. The main point of this sub story was the redefinition of being a macho policeman. As was the case in redefining problem drinking through new

associations to drinking and policing, Jim began to see negative associations connected to maintaining the macho tough guy image. Being macho required suppressing feelings, and not talking about experiences. Jim chose a different route in subsequent police experiences:

I go and talk to them all and let them know. I'll sit down with them and blurt out everything about me and what I went through.

Rejecting the expectations inherent in being macho was evident by Jim's new role requirements as a victim's counsellor. This change to letting go of the unrealistic expectations of a hero myth began in the context of treatment. This is evident by Jim's self dialogue where again the portrait under observation is judged by an unnamed authority. At this time, the authority is tempered and more accepting (consistent with the treatment milieu):

Treatment didn't treat my alcoholism, it told me that it was okay. More of an opening up and being able to say to people, blurting it all out, getting rid of it...and sharing it with other people. Like a light went on to say you're not weird, you're not weaker than anyone else, it's normal, it's acceptable to feel the way you felt and you don't really have to drink to cover it up. I'd drink to cover it up.

The final passage of this sub story was a reclamation of Jim's strength as a policeman. Strength was reclaimed through acceptance of being "weak and normal like everyone else". Being in the treatment group in contrast to being in the police group, enabled Jim to view "weakness" in a different light:

I can remember to the day, sitting there and the group began and a realization came over me..it sort of sitting there listening to the people and rationalizing in my mind why we're here. I'm allowed to be weak and normal like everyone else.

With this new acceptance Jim declared himself to be even stronger than others. His past experiences, formerly construed as weak and failing now afforded him an advantage. Jim felt stronger having come through these difficult experiences and this provided an edge or advantage over other policemen:

I'm permitted to be weak. The very fact that I can go and admit to guys makes me a bigger tougher macho cop in a way. It almost sounds like boasting the fact that I can really feel bad about what I did, shooting and all this ...I can admit that I felt bad about it.

Sub story 10b - Treatment, was the final story from Anne's perspective. The main point of this sub story was that Jim took in all he could learn. He engaged himself in the process of interacting with others. He covered a wide spectrum of interaction experiences - from resolving unfinished conflicts; apologizing to others; expressing his feelings; writing out his feelings to Dan; reading this while being video taped; and then watching himself on video. He experienced many diverse methods of self expression and self observation. He also experienced observing others in kind and made a proclamation or self assertion while in the treatment centre.

I'm the only one in this group that will succeed in what we're trying to do. None of you will make it but I will.

Such a proclamation implied a renewed strength and a purpose yet to be elaborated through his self discovery.

Sub story 10c Treatment, was a narrative from Mike, Jim's counsellor at the residential centre. The main point of this sub story was that Jim enjoyed the people he interacted with.

He appeared to be a guy of the people in that he enjoyed different people.

He was in a pretty whacky group. He was definitely the most solid guy. I remember younger women in the group, and sort of a father - daughter thing with Jim being the wise, older guy. There were a couple of really late stage alcoholics who were sort of the wino, beer bellied, constant smiling individuals that you just had to accept. Jim just rolled with them, he had good rapport...he joked with them.

Sub stories 20 and 21 - Further Changes illustrated how Jim came to engage the changing portrait image while being a policeman. The introduction of his new portrait within the policeman society represent the main point of this sub story and marked the next plot direction. Jim assimilated and rejoined the group by using his past experiences to teach others about the larger picture of what being a policeman really means. Jim revealed his shooting and subsequent drinking experiences providing to others a more comprehensive portrait image - beyond the macho performance. This gave substance and strength to his own portrait performance:

I can now tell other policemen how I feel. I can go in front of an academy class of the young guys and tell them all about my shooting, what I went through and what I felt like afterwards.

Jim also used his past experiences of problem drinking to influence or advise thereby contributing to his newly discovered portrait. He became a sounding board and a guide for other problem drinkers, again indicative of his change toward finding strength from past weaknesses. Assimilation with others in a social police context also meant utilizing those qualities discovered in treatment while still remaining part of the group. This was achieved by broadening his police role to include qualities of being a mentor/counsellor/advisor both at work and during social engagements. There is an overlap to these portrait



discoveries and their value with the value experienced in late night chats with Lisa. In both contexts closeness and fatherly wisdom are valued portrait qualities. With regard to the value of drinking and affiliation:

I don't need to therefore I'm not going to. I don't avoid going out with the guys if they're going drinking. In fact I tend bar at policemen's functions and watch over those I suspect have a drinking problem. I recognize the alcoholics and I'll pour them less. I won't preach to them but I'll suggest things instead. What I do is find guys who I know are reaching bottom and I've sent a lot of guys to treatment. I'm unofficial E.A.P.

The above sub story raised the plot direction toward assimilation of recent past experiences into the present context of policing. How Jim became a bigger, stronger, tougher policeman was revealed in his police performances following treatment. Assimilation was achieved by turning "weakness" into strength and subsequently realizing valued portrait attributes and qualities. He redefined weakness -his alcoholism, his experiences and feelings following the hostage shooting, into opportunity, strength and advantage. Change from problem drinking beyond initial treatment timeframes meant a turn from masking the portrait to proclaiming the portrait. This was achieved by teaching, helping and guiding others. In doing so he also could enact valued attributes of his newly affirmed self portrait.

New portrait values were elaborated further in sub story 21, Being a Policeman Now. The main point emphasized permission to express feelings and experiences in certain contexts. It's permissible for Jim to talk to the academy class, to discretely intervene at parties and to recommend treatment to other policemen. In addition to these new opportunities to guide and

direct others, Jim assumed a position of counselling victims as part of the post critical counselling team. In this position he can help others express their feelings within acceptable parameters of being a policeman:

Like a young girl with a gun stuck in her face, even they try not to cry, so I won't let them make them cry in front of everyone else. But I'm allowed to interview them and take them away where we won't be disturbed.

This interaction revealed a dynamic of self comparison to others. Through the course of engaging in his own story telling, intervening and hearing other's stories, Jim's past experiences gain clarity and permission. Although Jim attests to many environmental or contextual changes within the police department, the change has been primarily self and inner based versus externally or structurally based:

Not so much now, it's changed over the years, but it's still there but not nearly as strong. Or maybe I'm one of the older guys and I just don't see it. I don't know if they're having choir practices, I know some stuff probably goes on because you do hear stories. It's just I'm kind of...I've stepped away.

You still portray it to yourself... Young cops do it. I've grown out of it...we still tell war stories to the young guys and they listen, we still play a game...You can't spoil their excitement.

What has changed is that Jim was able to both step away from old police macho values and assimilate the new in experiences being a policeman today. He still holds policemen in high esteem and on occasion reminisces about past exploits - a testimony to the strength of his heroic ideal.

## Story Ending Patterns: Portrait Unity and Group Rejoining

### 1. Self Observations - Acknowledging Incongruencies

This pattern acquired momentum throughout the story as it became increasingly difficult to conceal portrait contradictions, incongruencies and conflict. It reached a peak at the story climax of waking up too drunk to go to work. Jim awoke to his portrait or story character with the help of his imagination, creativity and rational/organizational abilities, initially. He observed his portrait over time, using his imagination to create a mental imagery of a portrait projected into the future. He observed himself in the future as a degraded, derelict alcoholic. He also observed inconsistencies in his present portrait: being a policeman and locking up drunks; arresting drunk drivers; going to homes where the old man is a drunk; to seeing himself "you refer back to yourself 'I'm doing the same thing".

Initially self observation and recognition of portrait incongruencies were specifically related to problem drinking. An important and unfamiliar portrait confrontation or awakening occurred after waking up and still being too drunk to go to work. This was an experience of unity between his physical actions, behaviours or "performances"; perceptions and his feelings at the moment. This unity was most clearly realized as an experience of "hitting bottom", the beginning of experiencing portrait congruence in the moment of waking up:

Jim: I was still staggering, too drunk to go to work;  
I realized I had lost control, I mean really lost control.  
I woke up my wife and told her and she burst out crying...

Anne: Jim had been up that night drinking and drinking and he ...phoned into work and said he can't make it...He was crying and said ~I'm still drunk, I have a problem with drinking and I'm going to have to get it fixed now'.

Several portrait constituents are revealed in harmony with each other from the above statements: self observation and self confrontation; self admission/proclamation of observations; perceptions and portrait appraisal; feeling compatibility in accordance with observations and self appraisal; expression of feeling and thought compatibility; self responsibility and self initiated change or action - phoning work and requesting help. Hitting bottom was essentially a time where all of these processes were revealed to work in synchrony and allowed to occur naturally as opposed to being resisted and concealed.

Subsequent identifications whereby the portrait was united or awakened, involved identifications of previously concealed portrait features. The episodes quoted in the previous section under "self discoveries and awakenings" represent processes similar to Jim's awakening of portrait incongruencies while engaging in problem drinking. The examples given in sub story 10, Treatment lend support for the contention that an awakening is an experience of wholeness or unity (not necessarily pleasurable) in the here and now. Jim described such episodes where he identified portrait features which didn't conform to the group collective identity. An example of this included sabotaging the final police promotion exams because deep down he really didn't want to be an administrator. This realization raised more portrait identifications: "I'm a street cop; I get out...interview people and talk to them...that's what I should

do... that's what I'm good at ." A second awakening of significance occurred in the treatment group context where Jim experienced a moment of self acceptance:

Like a light went on to say you're not weird, you're not weaker than anyone else, it's normal, it's acceptable to feel the way you felt and you don't really have to drink to cover it up.

These experiences revealed an order of portrait identification and action, beginning with identifying and acting on problem drinking to identifying and acting on portrait conflict in a number of life areas. A final significant moment of congruency concerned his unfinished grief or inability to say good bye to Dan. The process of writing a letter to his best friend, reading it and then observing himself reading this by watching a video of this process, facilitated congruence between the loss and the experience of grief. Portrait congruence occurred in the actual writing of this letter by bringing Jim back to the moment to experience the grief, tears and letting go by saying goodbye. The net result of all of these congruence awakenings, in the supportive context of treatment, was to experience the beginning of self acceptance as expressed in Dan's letter:

I never really said goodbye to you Dan. Maybe I thought I did but I never really let the tears go, now I can't stop them. I've grown a lot in the last few weeks, I'm getting to know me. Maybe I'll like what I find. I think I will.

## 2. Pattern of Seeking and Receiving Support

It is notable that the above patterns surfaced in the context of supportive others. Jim sought out and received support from his employer, his wife Anne and daughter Kate (Lisa was involved in her own significant awakenings), support from a

counsellor and experienced support in the group described in sub stories 10a, b, and c. This represented a dramatic change from the disengagement and separation he experienced both self and other initiated, during the period of resistance and problem drinking. Both Jim and Anne concurred that the counsellor was a strong influence both as a directive and supportive force in Jim's subsequent treatment. Of equal importance was the group therapy context - inclusive of family members and other recovering problem drinkers. There was a change from self criticism to self acceptance and a parallel change in negative to positive experiences and communications in the group. As Mike asserted Jim changed from self disgust and feeling experiences as grief and anger to; silliness and the energy of joy, playing pranks in the treatment setting, being able to roll with the others, joking and having good rapport. He was given permission to experience a wider range of his portrait - inclusive of a fuller feeling range and able to evaluate "being normal" from a context other than the police group contexts. In this changed context he identified values which were not consistent with being a macho policeman. He learned to accept those features of his portrait previously perceived to be unacceptable: being fatherly, wiser and caring for the needs of others.

### 3. Pattern of Recapturing Strength and Mastery

Strength was recaptured following Jim's changed perceptions concerning self portrait weaknesses and failures:

I'm permitted to be weak. The very fact that I can go and admit to guys makes me a bigger, tougher, macho cop...

I'm the only one in this group that will succeed in what we're trying to do.

Acceptance again was an integral component of redefining weakness:

Acceptance probably more than anything else. Acceptance of myself for being a weak chicken shit, whatever and I'm really not. I'm still the big macho cop...I don't ever play that part I really am. I've accepted the weak parts, I'm permitted to be weak...by being able to admit, the weight is off my shoulders...it's almost like a therapy in a way talking to you the same as talking to other guys about when somebody's been through a traumatic incident.

The process of facilitating self acceptance included self expression. Talking about one's self portrait had the effect of lifting a weight and this relief is continually experienced as Jim continues to relate his story to other policemen and or victims of traumatic experiences. Mastery and strength were acquired by Jim's incorporation of new portrait values and identifications into his policeman role. In this regard he regained a sense of competence, self respect and experiences of esteem through newly chosen activities: counsellor for the critical counselling group as part of the police force; unofficial employee assistance counsellor; bartender - scout at police socials; host speaker for the academy - speaking out about his trauma and drinking experiences; mentor for the "young guys". Anne echoed his new found competence by stating that he'd frequently been called out to assist in a traumatic incident where the police needed a counsellor to intervene.

## Conclusion

### Summary of Story Analysis

This story analysis of change from problem drinking revealed three major plot transitions and plot directions as the story progressed through its beginning, middle and ending. Change from problem drinking was presented within the context of a changing self portrait or personal identity. How the story actors and co actors responded to and influenced the course of portrait change (inclusive of change from problem drinking), was revealed in narrative accounts. From this story, change from problem drinking was intertwined and interwoven with the principal actor's life course as it unfolded from non problem or social drinking; to problem drinking and ultimately non drinking. These experiences spanned the life course from youth to middle age. In keeping with the existential views regarding multiple realities and the importance of meaning in contexts, change from problem drinking will be summarized using the narrative features of plot; content - experiences of self and other portraits (inwardly and outwardly) and time - story beginning, middle and ending. These experiences are designated "ways of being" illustrating patterns of interactions which clearly change at plot transitions for story actors and co actors. The following is a summary of the process of change as it was experienced in this case study narrative over the life course of an adult.



Story Beginning: Non Problem Drinking

Plot direction - becoming the ideal hero by becoming a policeman and heroic family man. Patterns of affiliation to others and group joining are evident. Compatibility exists between the ideal self portrait and the ideals of significant others. The outcome is a harmonious relationship between self and others enacting the hero ideal.

Portrait Experiences: being respected; admired; liked; trusted; close as a father/hero; strong; protective; happy; competent; in control; powerful; needed and wanted; heroic; dramatic/imaginative; aroused; excited; alive; a "good" father-husband-policeman; fun loving; mischievous; hard drinker with peers.

These experiences were reinforced by "patterns" of self portrait and significant other interactions: pattern of arousal; external source of authority - group identity and responsibility; fantasy and illusion; allegiance to the hero myth; and fragmented perceptions - episodic attention. Heavy drinking accompanied these patterns. A major portrait theme was affiliation through heroic portrayal in a group context.

Story Middle: Problem Drinking

Plot direction - an altered course following trauma and subsequent encounters of a lesser non heroic self portrait. Plot of resistance to emerging portrait changes beholding a lesser self, evident through patterns aimed at concealing the lesser portrait self. Subsequent changes in life engagements and relationship contexts inclusive of changes in drinking patterns

emerge. Encountering the portrait of a problem drinker is one of many lesser "features" resisted. Resistance to change is enacted by attempts to control self portrait changes and change in significant other relationships. Resistance to change is similarly enacted through changing drinking scripts aimed at bolstering the heroic self portrait. Patterns emerge as the principal actor experiences the lesser portrait inside while simultaneously concealing this reality by; attempts to control, conceal, hide, deceive and pretend to self and others.

Portrait Experiences: dual portrait opposing realities; outwardly strong versus inwardly weak; unable to sleep; physically ill; having nightmares; problem drinking privately realized; attempts and failures to control drinking; memory gaps; being different from the group; feeling out of character; estranged; secretive; deceptive; solitary; disengaged; distanced; set apart; experienced conflict; experienced failures; changing drinking patterns/scripts/rituals; change from group affiliation; failed expectations; falling, momentum of failing projects and momentum of being out of control; rejected and alone.

These experiences were reinforced by resistance to changing portraits- self and others, evident in the following concealment patterns: hiding the weaker self- putting up a front for others; distancing and separation from others; mutual separations and resistance to portrait changes; pretence and hiding. The major theme is resistance to a lesser portrait .

### Climax of Change From Problem Drinking - Portrait Confrontation

The climax is a misnomer in that changing portrait features, including problem drinking, were encountered over a long period of time - submerged by resistance. The point of action however, began with the vision of a devastated unheroic portrait of the future. The metaphor of hitting bottom, represents the ultimate betrayal of the heroic ideal and heroic values by becoming a derelict on skid row - a failed hero in every respect.

Portrait Experiences: going downhill; sleeplessness; having nightmares; attentive to a real problem with drinking; not feeling tough; feeling pressured; not being real or true to himself; feeling closed in - trapped; getting worse; degraded; lost control; got to do something; must act; too drunk to work; missing work due to drunkenness never before experienced.

The major themes at this point of change are self confrontation, and problem drinking redefinition. Drinking was now viewed as a devalued experience - a threat to upholding strong portrait values leading to betrayal and failure. The actor is still loyal to his ideal hero.

### Story Ending: Non Drinking

Plot turns from resistance patterns to facing the self portrait - problem drinker; unmasking the problem drinker to self and others; and proclaiming abstinence goals to self and others. The final plot is toward acceptance of uncontrollable drinking and acceptance of newly discovered portrait features.

Portrait Experiences: determination to abstain and change; being engaged in new relationships; letting go of control attempts and resistance to letting go; being curious; enthusiastic; open to self scrutiny; exchanging observations - feedback in a new group treatment context; allowing portrait growth; seeking freedom to be and accept portrait change - in self and others; being positive, energetic; alive; goal directed; excited; self focused; becoming an individual within the group; making individual choices; asserting newly discovered portrait qualities formerly viewed as lesser; redefining the lesser portrait qualities as strength; guiding/mentoring/helping/teaching; being fatherly; talking about problem drinking; sharing with other people; self acceptance -not "being weird"; being normal; not being weak; feeling bad about shootings and loss experiences; being stronger for it; not needing to drink; not needing A.A.; counselling other problem drinkers; making amends; apologizing to family; re engaging with family members.

Self and other acceptance is a theme raised by this plot direction of reunification and assimilation both as a policeman and family man. Letting go of old interaction patterns - inclusive of early affiliation and preceding resistance patterns are evident in the story ending. Not all former patterns have been relinquished, but many have been set aside for newer evolving relationship and portrait interaction patterns.

## CHAPTER 6

### Discussion

#### Introduction

This chapter will discuss major findings of the study, summarized in the conclusion section of chapter 5, as experiences and patterns revealed throughout the story of change from problem drinking. In this case study, change spanned the course of a life from youth to middle age. Major findings will be discussed from this life span context. The discussion will include: Strengths and limitations of the case study qualitative approach; Case study major findings and their implications for research and theory and; Implications for future practise and research.

#### Strengths of the Case Study

As stated in previous chapters, this study supports the assumption that change from problem drinking is a complex phenomena or "process", the depth of which has been inadequately attended to in research to date. This complexity and depth was recognized by incorporating a methodological process which was similarly complex and in depth. Oversimplification and reductionistic methods were assumed to undermine the nature and purpose of this research. It is this writer's belief that the chosen approach was effective due in part by the "feeling" and tone experienced throughout the research process. There existed a sense of reciprocity and cooperation across two levels of this research experience: the relationship of researcher and co-

researcher; and the relationship of methodology to the phenomena. The outcome - a story of change from problem drinking revealed the true complexity and depth of this phenomena by presenting "change" as dynamic, interactive and context dependent. Through the analysis of thirty five collective sub stories, change took shape as "patterns" interacting with the self portrait and portraits of others over the life course.

### Limitations of the Case Study

Yin, (1989) highlighted three major criticisms of case study research in general. The first was a perceived lack of rigor in case study research as compared to experimental or survey research and the potential for researcher bias directing and influencing the results. The qualitative case study method sought to reduce bias by including validity checks from co researchers and an independent reviewer, at the interview and data analysis stages. Unlike survey and experimental design methods, this research method encouraged explicating assumptions and theories prior to starting the research so as to be attentive to one's own biases.

The second criticism concerns the limitations on generalizations imposed by a single or multiple case study design. The question of what is generalizable is raised by this criticism. As stated by Yin: "case studies are generalizable to theoretical propositions and not to populations or universes" (1989, p.21). It was never the intention of this study to generalize to a population or group. Given the outcome is a personal narrative story, generalizing facts and experiences to

another's life story would be absurd. What is potentially generalizable - but needing further case study research to confirm, are patterns and their significance. This case was exploratory, aimed at revealing the phenomena in more depth so as to expand future research directions and focus on associated change phenomena arising from this exploration.

The third limitation was that case studies are too time consuming resulting in massive "unreadable" documentation. This confuses the design strategy with the method of data collection and analysis. The sophistication of this methodology assured that the data would be usable, understandable and "readable" in the form of two narrative products: the Narrative Summary revealing a chronicle of story experiences; and the Story Analysis revealing the plot and portrait across the life course. This was a very detailed, time consuming task to which the researcher was committed for approximately one year. There was nothing simplistic or superficial either planned or discovered throughout this project. The sophistication is further evident in this study's approach which incorporated several qualitative methods: Colaizzi's phenomenological qualitative interview method (1978); Mishler's qualitative analysis of Interview-Narratives inclusive of a quantitative component of numbering and ordering meaning units (in Sarbin, 1986); and Agar and Hobb's narrative analysis method of interpreting discourse for achieving coherence (in Sarbin, 1986).

On the topic of research validity, much criticism has been placed upon "retrospective" research, particularly concerning that which relies heavily upon the recall, and memory of former

"alcoholics" (Vaillant, 1983; Donovan, 1986). The inclusion of collateral co-researchers was aimed in part, to address this problem. A five year maximum timelapse since the decision to stop drinking was aimed at balancing the need for clarity and distance with the ability to recollect as many details as possible. It is believed that the whole tone and milieu of this research which invited and included co-researcher's as equals diminished intentional deception or distortions. All co researcher's expressed their desire to help in any way they could. Given the success of the principal co researcher to maintain abstinence and the subsequent improvements in his life both at home and at work, there was no purpose for intentional distortions of the truth. Most "facts" were verified by collaterals. An interesting outcome concerned the omission of certain experiences and unintentional "distortions" by the principal co researcher. Distortion by omission was apparent in what was later revealed through collateral's narratives. These omissions supported the portrait story character which Jim preferred to portray in his narrative - a common feature of any given narrative or storytelling (Sarbin, 1986). In effect these omissions supported what was discovered in the analysis regarding the value of being heroic. Distortion of the self narrative by sketching a limited self portrait as solely heroic was counteracted by collateral accounts and Jim's own story disclosures of unheroic self encounters. Jim didn't tell a story of "how I killed the dragon - alcohol, single handedly" (Klingemann, 1991) but rather told of experiencing unheroic portrait features including failure and self reproach.



Collateral accounts assisted in providing a well rounded "true" portrait account of change from problem drinking.

### Major Findings Revealed in this Case Study

#### "Change" Beginning; Climax versus Slow Encounters

When a young bird suddenly hatches from an egg we are not dealing with spontaneous generation. ( James, in Vaillant, 1983 p. 189 )

The above quote serves as a useful analogy to viewing change from problem drinking in this case study. Change has been described in the literature by the term "spontaneous remission" (Smart, 1975) but the validity of the term spontaneous is disconfirmed by this research. Principal and wife collateral co researcher's began their stories with dramatic, high impact, sub story climaxes telling of a significant life event. The events referred to the time when Jim acted upon his decision to stop drinking. Although an unquestionably meaningful story transition time, this significant life event is misleading in terms of a beginning point of change from problem drinking. These co researcher's tended to begin by recalling something that was emotionally intense and memorable, at the outset of their story - an understandable tendency given the strength of these memories over time. In reference to Appendix K, sub story one and sub story nineteen constitute Jim and Anne's beginnings based upon narrative spoken order. However, these beginning events, when positioned along the time continuum representative of all sub stories, are closer to the ending. A similar trend was revealed for the transition from story beginning to middle represented by the sub story four - The Hostage Incident. In other words, story

transitions and climaxes tended to be put forth as change beginnings and critical change related events, when in effect subsequent sub stories revealed the truer, less dramatic beginning, where time is an organizing feature. The sub stories inclusive of the prelude and beginning listed in Appendix K, are believed to represent the real beginning story of change from problem drinking based upon similar themes and patterns revealed at this time across co researcher's narratives. Of note is the discovery that change from problem drinking isn't an event and isn't "separate" to the experiences of both heavy social drinking and problem drinking. Change occurred throughout these timeframes - subtly and progressively within the portrait of the changer. These sub stories revealed important portrait features and patterns of affiliation and connection to others of which heavy drinking was an integral component. They require much more investigation and refinement but suggest that the self portrait initially acquired a positive self image and sense of belonging by performing in accordance with an ideal hero image and a collective group identity. Experiences of group cohesion; ritualized behaviors; vicarious learning; aggression and heavy drinking suggestive of reliance upon alcohol, were evident and have been raised by McClelland et al., (1976) in past references to social group influences on addiction for men. Of importance to this case in terms of change, are answers to what, when, how and why these patterns do themselves change as the story progresses from non problem to problem to non drinking. How change was progressively experienced prior to the decision to abstain or action, was revealed in this story. There are twenty

four sub stories preceding the climax, which provided details of affiliation and resistance patterns. Contained in these sub stories are the less dramatic, subtle, mundane daily encounters of change in others and the self portrait. These change encounters included internal and external worlds as constant reminders of "change" occurring - for the portrait problem drinker. These were experienced as momentary daily glimpses, rather than enduring flashes of significant life events. These events were eventually put into the perspective of "unspontaneous" change by the principal co researcher:

I don't think the hostage shooting caused my problem, it maybe escalated it. I think I would have ended up being a problem drinker anyway. I don't think something happened to me. I know what drinking does to people, ...that's my job is...is dealing with people when a lot of it was alcohol related. You refer back to yourself, I'm doing the same thing.

That point in time (waking up) wasn't just this point in time. That was a culmination of all the times. It wasn't all of a sudden this thing just cracked today - this was my day to stop. It was I had reached my bottom. I had gone as far as I could go. A simple little thing, maybe it was nothing to do with missing work that day. Just my time to make the decision to act.

#### Relevant Research Findings and Implications

The above discussion disconfirms certain research findings summarized by Smart (1975) in relation to spontaneous recovery. This study doesn't concur that changes associated with the time of ending problem drinking, are either themselves causative or solely descriptive of change from problem drinking. Instead they become part of a more expansive change process which has a "cumulative effect" on one's personal portrait identity. In this sense the momentum of self and other's changes accumulated to a

point in time described as hitting bottom or the decision to act. This has implications for those recovery research efforts aimed at isolating events and experiences outside of the individual life course. In Tuchfeld's (1981) landmark research, conditions associated with a resolution to change were identified and listed as "events" preceding a change commitment. These diverse events revealed "climax" type experiences which as mentioned above, may approximate a time of change nearer to the end of the change phenomena. In the passage from problem to non problem drinking however, these events were further noted by Tuchfeld to be secondary to a "key moderator variable". Tuchfeld's description of this illusive variable was comparable to the process of self discovery and portrait awakening in terms of changing attitudes, values, responsibility attribution, and identification of resistances. The research did not explore the significance of these changing features over time inclusive of problem to non problem drinking, a failing of life events research.

This case confirms the criticisms raised by Ludwig (1985) and O'Doherty and Davies (1987) regarding the limitations of an emphasis upon life events and change from problem drinking. In Ludwig's study, the change timeframe was again centered on the "climax" or events near to the resolution to act. He found that recovery pertained more to the "respondent's state of mind or perception" than external events, a finding consistent with the present case description around the story climax. Ludwig's research is most relevant and consistent with the present case, as it relates to the meaning and state of mind of the changer, versus external events alone.

In summary, life events research has moved toward exploring the meaning of such events by qualitative interview methods. The emphasis on the time of action, however, assures that portrait change and encounters - progressive and subtle will not be adequately identified. Significant life and spontaneous remission research depart from the present study on the issue of change beginning. This study discovered that "change" from problem drinking isn't wholly understandable if research is confined to the period surrounding abstinence. Instead abstinence is the final outcome of numerous portrait discoveries and interactions which influence this phenomena. This finding coincides with Prochaska and DiClemente's (1986) model of self change, where changes may be encountered at a conscious level (contemplation) long before action occurs. It disconfirms the following:

The sudden transformation of the drunkard to a teetotaler is analogous to the sudden change of heart, the abrupt religious conversion and the scientists experience of Eureka. (Vaillant, 1983, p.189)

In reality, as later described by Vaillant, the process is very different having "long subterranean pasts". To ignore these pasts would mean losing the potential richness of pattern discoveries - both affiliation and resistance - which constituted the beginning and middle of this case study story. These patterns revealed the complexity of change from problem drinking.

#### Encounters of Changing Natural Forces

This finding refers to "natural" unyielding change phenomena which followed Jim's path to change from problem drinking. These are parallel or coexisting phenomena in relation

to the beginning, middle and ending of the story. The point is made that as problem drinking gained momentum, so too did the momentum of these naturally occurring phenomena. Encountering these phenomena began subtly and reached a climax near the point of his climax of "hitting bottom". Naturally occurring phenomena are those which are not within the control of the individual but occur as part of changing life forces. Under this heading are: changes in one's physical body - ageing; life and growth related changes in self and others - maturation, personal development; and change in response to death - grief, fear, anger or the constant changes of the evolving self (emotionally, intellectually, spiritually).

#### Relevant Research

There is sparse research available on the relationship between problem drinking and change from problem drinking with respect to these co existing changes of naturally occurring phenomena. Vaillant (1983) listed natural forces associated with recovery from alcoholism as illness, job and family considerations which were raised as change relevant. In the present case study, the significance of these phenomena appear to be associated with the need to control and resist even naturally occurring changes both within and surrounding the self. Efforts to exert control over these natural forces were evident in resistance patterns throughout the story middle by resisting - hiding and suppressing, the following natural changes: physical deterioration associated with drinking and drunkenness; physical illness related to stress; daughter's maturation or growing up;

personal inner changing and evolving self portrait (values, perceptions, feelings); natural responses to death and terror, or in essence any and all unheroic "feeling" experiences; relationship changes; grief. Jim's resistance grew in response to his inability to control these naturally occurring phenomena. Attempts to control escalated as these forces gained momentum.

The dynamic raised in this case study suggestive of an association between problem drinking; control; and resistance to change in one's environment has not been identified formally through research to the knowledge of this investigator. It is a potentially fruitful area for further investigation. The fact that all collaterals described the build up of naturally occurring, uncontrollable phenomena lends support for this dynamic hypothesis. These were of apparant importance in Jim's coming to grips with being out of control, firstly with regard to his problem drinking and later with regard to other phenomena. As mentioned, coexisting naturally occurring phenomena also reached climactic points within months of Jim's resolution to change - the origins of which were slowly and progressively encountered: Lisa's maturation culminating to her independence, graduation and new boyfriend; Changing relationship with Dan - a slowly evolving closeness culminating to his ultimate death and separation; Anne's slow and progressive personal growth culminating in her assertiveness and anger; progressive physical failings and bodily limitations while working on the farm - culminating in failures to keep up.

Empirical research is limited by it's emphasis on significant events at the time of resolution to change. Stall and Biernacki (1986) discovered references to these natural influences made at this climax time: health problems; significant others changes; significant accidents; and internal psychic change and motivation. Although these phenomena have been identified as relevant at the point of resolution, they haven't been elaborated sufficiently, as part of a much longer, slower process evolving in conjunction with problem drinking to abstinence. Much more research is needed to confirm or disconfirm the questions raised from this present case study concerning the association between naturally occurring phenomena and control efforts, and problem drinking and control efforts. Klingemann's (1991) research offered support for the above stated discovery of a progressive cumulative change leading to a climax experience of consciousness raising. He asserted that drinking was embedded in the whole personal life course and that an objectively high level of stress "losses" contributed to consciousness raising. Saunders and Kershaw (1979) verified the findings of this case study in their conclusions regarding the cumulative effects of interacting life events as pre requisite conditions for self initiated change. In addition these researchers recognized the important of naturally occurring phenomena, but again limited to the period of resolution to change.



Hitting Bottom: Losing and Relinquishing Control

Change from problem drinking has been explored as part of the experience of "hitting bottom" (Tuchfeld, 1981; Ludwig, 1985; Biernacki, 1986; Klingemann, 1991). In this case "losing control" was a part of the experience of hitting bottom. Appendix J provides an account of Jim's verbatim statements associated with losing control. He referred to a culmination of all the times where in turn he progressively realized "I've got to do something about it." This passage revealed the experience of self discovery and consciousness raising "in the moment" summarized by the pattern of portrait congruence. This congruence or portrait unity was revealed by the harmony experienced by perceptions, feelings, and actions at a given moment in time. Harmony doesn't imply contentment or positive experiences but rather consistency and compatibility. Jim's experience of hitting bottom reflected portrait compatibility. He perceived a portrait in the future as a derelict; perceived negative associations to drinking, drinking as a threat to prized portrait values; felt degradation, failure, loneliness, guilt, contradiction and conflict, and acted on these by telling his wife and employer he needed help, that he was too drunk to go to work.

At the time of hitting bottom, identification of lost control was confined to not having control over drinking.

I was still staggering...came to the realization I had lost control, I mean really lost control.  
...it was like I've really got to do something about this.

Realizations of uncontrollable realities (feelings), were identified subsequent to this in Sub story 19 - Waking Up and Calling Work:

I wasn't able to admit to myself who I was.  
The feelings I had that I couldn't get out... the fact that I was weak and couldn't fulfil all that was expected of me..I wasn't being me.

In his letter, control limits were further revealed:

I'm at \_\_\_\_ learning I'm not as macho or controlled as I thought I was.

With reference to Dan's death:

I remember screaming at you "Breathe you ---asshole!" Then I had to gain control. I gave myself something to do. ...I went back to your home with your family but that time I was in control again. I'm pretty good at suppressing my emotions...I'm paying the price. I never really said goodbye to you Dan. Maybe I thought I did but I never really let the tears go now I can't stop them.

Recognition of the uncontrollable began with a proclamation of Jim's inability to control drinking and began the process of recognition or discovery of other limits to control. This process of admitting one's inability to control or overpower both drinking and naturally occurring phenomena, set the stage for relaxing resistance efforts. Letting go and acceptance were observed in certain significant relationships.

Whenever I go and visit my parents, my dad and I end up chatting about something and talking away. Ah it's easier to disagree now. It's not a problem now. I think he's more accepting that I'm an adult and we can actually have a discussion without him saying "You'll change your mind when you grow up" it's like "Alright you have your way of thinking, you're a big kid". Instead of "well you'll smarten up when you get older". He seems to be more accepting.

### Relevant Research: Climax Related Experiences

#### Peak and Bottom Experiences

This study did not reveal the theorized necessity for a spiritual awakening and religious conversion for sustained, long term change from problem drinking. Jim's story didn't reveal peak episodes suggestive of a spiritual, mystical or transcendental experience in relation to the climax of change from problem drinking. Research has identified such phenomena (Ludwig, 1985; Tuchfeld, 1981; Biernacki, 1986 and Vaillant, 1983). The present study disconfirmed religious conversion presuppositions of the Alcoholics Anonymous recovery process represented in appendix B by steps three, five, six, seven, eleven and twelve (1979). This case revealed more of a consciousness raising and awakening. In the opening remarks of this chapter, an analogy to change was presented in terms of a hatching process. Vaillant (1983) stated that this hatching reflects "subconsciously maturing processes eventuating in results of which we suddenly grow conscious" (p. 189). Jim's sudden moments of consciousness were spiritual-like as he described "sitting there and a light went on to tell me 'You're not weird, you're not weak...'" . The higher power in these encounters reflected more of his idealized higher authority or mythical hero in terms of what was acceptable and permissible, a standard to measure oneself against in an idealized portrait image.

This case research revealed several findings consistent with previous case study research. Tuchfeld (1981) discovered that humiliating experiences were often cited as "reasons" for

change. Although this study doesn't support the cause effect relationship to a specific event and change from problem drinking, such experiences were identified.

Ludwig (1985) found that unpleasant mental associations to alcohol preceded change; as did a "cognitive reorientation". This case supported findings representative of cognitive based assumptions as part of the process of self appraisal and self confrontation concerning associations to drinking. Positive drinking associations as a policeman were "reappraised" and reframed to a negative perspective - being weak, ending up on skid row, being abandoned and alone. This reflects an important shift cognitively and emotionally, raising the importance of personal values. In this case, Jim's experience of hitting bottom did more than capture his attention (Vaillant, 1983) it, provided the opportunity to sketch himself over time, past-present-future. Klingemann (1991) discovered a similar process with "auto remitters" in their use of mental imagery - picturing oneself in an extremely negative or devalued light.

Overall the experience of hitting bottom and ongoing recovery processes in this case did not support the Alcoholics Anonymous assumptions regarding the need for religious affiliation and conversion. Nor did this case support the view that one must reach a point of complete physical, mental and emotional collapse. Jim was nowhere near such a collapse. The fact that he had much more to lose contributed to the potency of self appraisal and contrasts over time. Cognitive based processes were confirmed as relevant to the experience of change

at the point of resolution to act or the contemplation to action stages presented by Prochaska and DiClemente (1986).

### Self Deception and Change

Findings of this study are compatible to Fingarette's model of human consciousness from self deception (1985). According to his definition of self deception (provided in chapter 2), Jim's change from problem drinking evolved in concert with the process of disavowal to avowal of certain portrait features, constituents and "engagements". The seeds of self deception were apparent in the beginning sub stories as affiliation patterns inclusive of: romanticism and hero idealism; arousal; fragmented portrait experiences; and reciprocal or complementary deception from other's portrait realities. Identification with the external group and hero ideal set the foundation for the next pattern process of resistance. Resistance patterns became engagements necessary for affiliating with the ideal hero and being heroic. Self and other deceptions are understandable in order to maintain a harmonious, unconflicted heroic portrayal.

In relation to appendix A, this study found no clear evidence to substantiate the existence of a special unique form of alcoholic "denial". Jim's deceptions and maneuvers aimed to limit his awareness, were not confined to drinking deceptions (although certainly a component of resistance patterns). In fact, Jim repeatedly acknowledged he knew he had a drinking problem throughout much of the problem drinking period. A special "denial" process or mechanism was much less apparent than the overall attempts at disavowing negative portrait features, of

which drinking was just one aspect. Jim knew that alcohol was the cause of many of his problems, his deceptions in many respects were aimed at hiding this knowledge from others. Viewing denial as a construct defined in appendix A, has the potential to reduce our understanding of the individual's changing portrait realities. Disease model assumptions label the individual's experience and behaviors as "distorted thinking". The existential view of multiple realities, on the other hand, may be more beneficial in terms of understanding "denial" or self deception. At least two realities are operating when "denial" is viewed: the observer's reality and the actor's reality. What appears to be distortion to the observer may be entirely reasonable to the actor. In the case of Jim's deceptions (self and others), hiding, pretence, concealing, were very "reasonable" and undistorted when considering his story. Deception was essential to uphold the image of being heroic and living in accordance with the ideals and values of the external reality - police, family and larger society, inclusive of the value of "drinking with the guys". It was these values and standards that Jim ultimately came to question. Only when he sketched his own self "narrative" over time did he realize the duality of his portrait as a story "actor" versus story "teller" and recognize the contradiction between his actions (unheroic problem drinking) and his values or motives. This view supports the position that the self deceiver, Jim, made use of resistance patterns and resistance like skills in the maintenance of a "narrative identity" in the form of the heroic policeman. Crites (1986) raised the importance of the process of recollection in order to

create a visual image of one's self in storyform. Jim lived a romanticized police story reminiscent of his early idealized hero. There are two portrait "realities" implied here: a portrait who does the recollecting and the portrait who appears as a story character. The "hiatus" between these two portraits is bridged by self deception. Jim's experience of hitting bottom is analogous to a division realized and felt between the story book hero he recollected and the self in the present tense - experiencing the magnitude of self confrontation.

In summary, Jim lived as if he were playing a part in a story. He loved the drama and excitement of policing, he loved the hero myth and story telling and he performed in accordance with these values, of which drinking was intimately associated. Avowing engagements that were inconsistent with being heroic would render his life story "inconsistent, unconvincing, absurd" (Sarbin, 1986). How could a hero not control his drinking? How could a hero feel weakness and failure? How could a protector feel frightened of death? How could a policeman cry? When we understand what underlies the "distorted" thinking and contradictions inherent in drinking patterns, the story is more coherent. Morris (1986) recognized self deception as a pivotal feature in changing attempts to try and regulate and control one's drinking. Confronting self deceptive acts regarding drinking was essential for ongoing abstinence. This study confirms this finding, as Jim confronted his problem drinking projects first and then went onto other "awakenings" and self discoveries.

### Implications for Future Research and Practise

In viewing the major plot directions and portrait themes from the beginning to the end of the story, a number of theoretical viewpoints are of potential value for understanding the process of change and its associative patterns. The findings raised in this case study are consistent with theories which emphasize the significance of relationship dynamics; social groups and roles; self identity and self awareness; and individuation and separation. This case didn't find significant support for the assumptions raised by the disease model of alcoholism with respect to the involuntary disease entity which places the individual at an inherent physiological disadvantage from the rest of society.

There are two major contexts of significance raised in this study: work and family. Concepts of role taking and role transitions (Sarbin, 1983) are appropriate with respect to Jim's multiple police identities and the construction of roles or parts to enact. This context provided "scripts" for performing roles in keeping with acceptable "social" standards: a undercover cop script; choirpractises partying script; beat cop script; old time policing script; macho group script; father figure/protector script; and drinking scripts. The difficulty Jim encountered concerned the rigidity of these roles and their lack of flexibility or capability to reveal personal nonscripted portrait features such as non group relevant feelings and conflict. Jim encountered difficulty at transition points where the roles and scripts were not "adjustable".



A second theoretical perspective which is validated in this study refers to those social interaction and symbolic interaction based theories referred to by Slater (1985) in chapter 2. These theories emphasize social structures and influences which shape and intensify the "addictive" potential in us all. It was apparent that Jim's cultural background, peer relationships, lack of a significant non drinking male model, and particularly his working contexts involving heavy drinking from both Scotland and Canada, set the stage for problem drinking. Hereditary factors were are much less identifiable. Jim's grandfather was identified as a problem drinker, but his own father was not. It would appear that social factors were stronger influences in Jim's developing a problem drinking career than disease or hereditary factors. The strength of his identification to the police peer group was seen in his choice to reunite, reintegrate his new portrait qualities back into the original context of policing. Jim did not choose to leave the force or to become "anti social" but instead opted back into this group by acquiring new police roles as counsellor and teacher. The significance of role interactions; role transitions; role change and integration are supported by this case study. This has implications for future research and practise in terms of expanding the context of the research and practise beyond the individual's immediate self to other dynamic "forces" or influences inclusive of work and family settings. Jim's successes were in large part, due to the acceptance he received from significant people in both contexts. In this respect, conceptions underlying the family systems and interaction models of recovery and change are confirmed in

relation to their potential to influence change from problem drinking (as well as problem drinking itself). Treatment for this case included family members in a group setting, and this was an important catalyst for subsequent self discoveries and acceptance experiences. By expanding the changing dynamic within family relationships to work relationships Jim has raised the odds in his favour regarding incorporating new portrait qualities in new work related roles. In reference to practise implications, Tomko (1988) identified the successes in the following therapeutic practises: role playing, role reversal, in the context of group and family therapy.

Another important portrait feature lends support to the object relations theory. Jim sought out opportunities to join and feel a part of others. His identity became the group identity and he thereby developed what object relations theorists would term a group "symbiosis" (Mahler, 1968). According to this theory, Jim lacked a clear self identity. He was dependent upon the group for self or portrait definition and suppressed any conflicting portrait "discoveries". In keeping with this theory, Jim hadn't mastered the process of separation or individuation as he sought out opportunities to affiliate and internalize group values, standards, interests and behaviors inclusive of drinking. His time in treatment theoretically represented an opportunity for Jim to differentiate and separate by realizing and accepting his own uniqueness or separateness (Kernberg, 1975).

Theories which in turn support the above framework in turn support the potential for self discovery. Although not adequate or complete enough to reflect the complexity of plot and portrait

themes raised by this case study, the cognitive oriented and social learning theories do provide insight into the processes of self confrontation, discovery and appraisal. Cognitive processes were evident as mentioned above, and opportunities to enhance portrait "awakenings" have significant therapeutic value.

With respect to self deception, it would appear that the value of the retrospective "story telling" as a therapeutic process in itself, has potential to benefit the problem drinker. Although research has discounted the value of problem drinker's stories - lacking in accuracy and truth, this case revealed a potential benefit to allowing the problem drinker to tell their story, regardless of whether they have resolved to stop drinking or not. Sobell et al (1988) found that the accounts of problem drinkers were valid and reliable overall. There is a practical issue raised in terms of therapeutic intervention or help for the problem drinker. Although the disease model exonerates the problem drinker from any responsibility in the acquisition of the disease, it places their power external to the self. In assuming that denial as a natural consequence or symptom of the disease will occur in predetermined behaviors or maneuvers, there is some danger in the practitioner or therapist assuming to know more about the individual's reality than the individual. In practise, the assumptions underlying the disease model sketch a devalued portrait of one who is sick and deceitful. In this case study, change was facilitated by empowerment and acceptance along with self responsibility. Any treatment milieu that removes the potential for these processes - takes away power, acceptance and

responsibility opportunities, is at risk for recreating the symbiosis described by object relations theorists.

The following quote describes features of the Alcoholics Anonymous group dynamic which bear a striking resemblance to the pattern dynamics revealed by this case in relation to the group affiliation; interaction and identification processes:

Identification is the very essence of the affiliation process. The role played by the sponsor may sometimes be important, but can be exaggerated. Identification is not with any one established member so much as with fragments of a whole series of life histories which are synthesized into identification with the group ideal. The importance of identification in group dynamics...and identification assumes particular importance in the leaderless group which must have a clear and firmly established picture of the ideal member. (Edwards, 1967, p. 203)

This quote echoes those patterns illuminated by the present case study as problem drinking precursors or patterns of affiliation: group versus individual identity; idealism and heroism; fantasy and illusion. These experiences are recaptured in a new context of non drinkers, Alcoholics Anonymous. It is important to note that Jim did not chose to participate in the fellowship of A.A. Instead he reunited back into the police group context while simultaneously regaining mastery in several new roles. The story ending patterns of self observation; support seeking and receiving; and recapturing strength and mastery provide some direction for practise and therapy. An important changing portrait feature relates to balancing individuality with affiliation. Jim incorporated his independent portrait values into his role as a policeman. The change evident in becoming more independent or self aware has implications for practise as

well in relation to personal agency and self responsibility.

Shotter presents this growth dynamic as a process of:

being able to say 'I' of oneself, of being able to understand the uniqueness of one's own position in relation to others, and to take responsibility for one's own actions. (1986, p. 143)

### Conclusion

This study's purpose was to reveal the depth of the experience of change from problem drinking through a single case study approach. Understanding this phenomena was enhanced by using multiple sources of descriptive data including an individual who experienced change from problem drinking and significant other collaterals present at the time of change. Using a qualitative approach, the data was collected by means of a minimally structured interview with an emphasis on story telling using features of narrative elaboration in the discourse. Verbatim transcripts were analyzed using several qualitative methods and a quantitative ordering method. This study highlighted a method of narrative analysis and synthesis of thirty five "sub stories" revealing major plots and patterns associated with change from problem drinking.

Findings require further empirical refinement and confirmation but suggest that change from problem drinking is a highly interactive and progressive phenomena, not a momentary or climax dependent "event". This study leaves little doubt on the significance of family and work contexts as influential in the process of change over the life course.

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## Appendix A

### Definition of Alcoholism

Alcoholism is a primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. The disease is often progressive and fatal. It is characterized by continuous or periodic impaired control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse consequences and distortions in thinking most notably denial.

. primary refers to the nature of alcoholism as a disease entity in addition to and separate from other pathophysiologic states which may be associated with it. Primary suggests that alcoholism as an addiction is not a symptom of an underlying disease state.

. disease means an involuntary disability. It represents the sum of the abnormal phenomena displayed by a group of individuals. These phenomena are associated with a specific common set of characteristics by which these individuals differ from the norm, and which places them at a disadvantage.

. often progressive and fatal means that the disease persists over time and that physical, emotional and social changes are often cumulative and may progress as drinking continues.

. impaired control means the inability to limit alcohol use or consistently limit on any drinking occasion the duration of the episode, the quantity consumed, and or behavioral consequences of drinking.

. preoccupation in association with alcohol use indicates excessive, focused attention given to the drug alcohol, its effects and or its use. The relative value thus assigned to alcohol by the individual often leads to a diversion of energies away from important life concerns.

. adverse life consequences are alcohol related problems or impairments in such areas as: physical health; psychological functioning; interpersonal functioning; and legal, financial or spiritual problems.

. denial is used here not only in the psychoanalytic sense of a single psychological defense mechanism disavowing the significance of events, but more broadly to include a range of psychological maneuvers designed to reduce awareness of the fact that alcohol use is the cause of an individual's problems rather than a solution to those problems. Denial becomes an integral part of the disease and a major obstacle to recovery.

(Definition by the Joint Committee to study the definition and criteria for the diagnosis of alcoholism. National Council on Alcoholism and the American Society of Addiction Medicine (1990)).

Appendix B

## Alcoholics Anonymous - Twelve Step Recovery Program

- Step 1: We admitted we were powerless over alcohol - that our lives had become unmanageable.
- Step 2: Came to believe that a Power greater than ourselves could restore us to sanity.
- Step 3: Made a decision to turn our will and our lives to the care of God as we understood Him.
- Step 4: Made a searching and fearless moral inventory of ourselves.
- Step 5: Admitted to God, to ourselves, and to another human being, the exact nature of our wrongs.
- Step 6: Were entirely ready to have God remove all these defects of character.
- Step 7: Humbly asked Him to remove our shortcomings.
- Step 8: Made a list of all persons we had harmed, and became willing to make amends to them all.
- Step 9: Made direct amends to such people whenever possible, except when to do so would injure them or others.
- Step 10: Continued to take personal inventory and when we were wrong promptly admitted it.
- Step 11: 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 12: Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practise these principles in all our affairs.

Appendix CLetter of Recruitment

University of British Columbia, Department of Counselling  
Psychology. Faculty of Education,  
5780 Toronto Road, Vancouver, B.C. V6T 1L2

Dear (volunteer participant),

I am presently seeking volunteer participants for my thesis research and would appreciate you considering being involved as the principal participant of this study. This research is a part of my masters program in the above department under the supervision of Dr. Larry Cochran who can be reached at 228-5259. The title of this research is A Story of Change From Problem Drinking. The purpose is to obtain a detailed story of how you experienced this change. Additional interviews will be conducted with at least two significant other persons who were present with you as this change was occurring, and who would be willing to describe their observations and experiences as they witnessed this change. These interviews will take from 3 - 7 hours per person in total and all responses will be kept confidential.

This study emphasizes the expression of thoughts, feelings and experiences relevant to change from problem drinking. All participants must be able to discuss their story version in some depth. A criteria for your participation is a history of problem drinking prior to a minimum of twelve months abstinence from alcohol and all other mood altering drugs. A second criteria is the availability of two significant persons to act as collateral participants. All participants are free to withdraw from this study at any time.

Potential benefits of participating include an opportunity to gain insight as the meaning of this significant experience and the opportunity to validate and provide feedback to the researcher throughout the process of interviewing and analysis. If you are interested please complete the attached Alcohol Screening Questionnaire and final questions on the attached page. By completing and returning these documents in their self addressed envelope, it will be assumed that consent has been given for a preliminary assessment of your eligibility as principal participant. This information will be kept strictly confidential. If you meet this basic criterion, you will be contacted for arranging a more in depth screening interview in person. I would like to express my sincere thanks for taking time to consider participation in this research. Completion of this preliminary questionnaire (enclosed) should take approximately five minutes.

Co Investigator's signature and contact information)

Appendix D  
University of British Columbia  
Participant Informed Consent Form

Project Title: A Story of Change From Problem Drinking

Purpose of the Study: To obtain detailed descriptive narratives of the experience of change from problem drinking.

Procedures: As participants, your involvement will be as co-researchers in one of two participant categories:

- 1: As the principal co-researcher you will have experienced changing from problem drinking directly. You will interviewed in person and asked to elaborate in story form how this change occurred - what was significant and how this experience was lived. Inclusion in this study will require completion of a brief Alcohol Screening Test initially and independently; and if qualified, a subsequent in person Alcohol Screening Test will follow to confirm these results.
- 2: As collateral co-researcher you will have had direct experience observing and interacting with the above participant as he or she was experiencing changing from problem drinking. You will be interviewed in person and asked to describe your experiences and observations of this individual's change.

The procedure for all participant co-researchers involves intensive interview dialogue beginning with an open ended request to elaborate upon your story, with a beginning, middle and an ending. Individual interviews will take from three to seven hours and all interviews will be conducted in private in a mutually agreed upon location, and will be audio taped. Taped interviews will then be transcribed whereby all identifying information will be deleted. All the information collected will remain confidential and under no circumstances will you be either specifically or indirectly identified. At the end of the study these tapes will be erased.

Benefits/Risks: By participating in this study your experience as either a principal or collateral co-researcher will allow an in depth understanding of the meaning of this phenomena in your life. Although not an objective of this study, reflection on experience and change in significant life areas enhances self awareness and personal insight. Your feedback will be used to validate investigator's conclusions.

Other Information: Your participation in this study is voluntary. You may refuse to participate or withdraw at any time. Any questions you may have at any time throughout this study can be answered by contacting the Principle Investigator - Dr. Larry Cochran or the Co-Investigator - Judith Beale at \_\_\_\_  
 Under the above conditions I agree to participate in this project and I acknowledge having received a copy of this consent form. Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Appendix EAlcohol Screening Questionnaire Brief Form

This is a modified version of the Michigan Alcohol Screening Test (M.A.S.T.) adapted from Selzer (1971).

The purpose of this questionnaire is to assess whether or not you have had a problem drinking history. For the purpose of this project you must reflect back to a period of at least twelve months ago when you experienced problem drinking. Please answer every question by circling "Yes" or "No" as appropriate.

- |   |     |     |
|---|-----|-----|
| 1. Did you feel you were a normal drinker?<br>(By normal we mean you drank as much or less than the average person)                 | Yes | No  |
| 2. Did friends or relatives think you were a normal drinker?  | Yes | No  |
| 3. Had you attended a meeting of Alcoholics Anonymous because of your drinking?   | Yes | No  |
| 4. Had you lost friends or girl/boyfriends because of your drinking?  | Yes | No  |
| 5. Had you experienced trouble at work because of your drinking?  | Yes | No  |
| 6. Had you neglected your obligations, your family or your work for two or more days in a row because of your drinking?             | Yes | No  |
| 7. Had you experienced delirium tremens (DT's) severe shaking, heard voices or saw things that were not there after heavy drinking? | Yes | No  |
| 8. Had you gone to anyone for help about your drinking?   | Yes | No  |
| 9. Had you been in a hospital because of drinking?  | Yes | No  |
| 10. Had you been arrested for drunk driving?  |     | Yes |

Please indicate whether you are interested in participating as a principal co researcher in this study: Yes \_\_\_\_\_ No \_\_\_\_\_

Please indicate whether or not you would be willing and able to identify at least two significant persons to act as collateral co-researchers for the study. Yes \_\_\_\_\_ No \_\_\_\_\_

If you can meet all selection criteria above, you will be contacted for an in person screening and validation interview. The following information is requested so that I may contact you directly.

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Sex: F \_\_\_\_\_ M \_\_\_\_\_

Telephone Number: \_\_\_\_\_



Appendix FLetter of Authorization for  
Disclosure of Confidential Information

This letter will serve to authorize Ms. Judith Beale to interview \_\_\_\_\_ (collateral professional) concerning the details of \_\_\_\_\_ (principal coresearcher) recovery from problem drinking while attending a residential program.

I \_\_\_\_\_ (principal coresearcher) give permission to Ms. Beale and \_\_\_\_\_ (collateral professional) to discuss confidential information pertaining to myself as a former client in residential treatment at \_\_\_\_\_ (treatment location). This information is only to be used for the purpose of Ms. Beale's research on Change From Problem Drinking to which I have volunteered to be the principal coresearcher.

Witness \_\_\_\_\_

Date \_\_\_\_\_

### Appendix G

#### Principal Co-Researcher's Response to the Alcohol Screening Questionnaire Brief Form

This is a modified version of the Michigan Alcohol Screening Test (M.A.S.T.) adapted from Selzer (1971).

The purpose of this questionnaire is to assess whether or not you have had a problem drinking history. For the purpose of this project you must reflect back to a period of at least twelve months ago when you experienced problem drinking. Please answer every question by circling "Yes" or "No" as appropriate.

- |   |               |
|---|---------------|
| 1. Did you feel you were a normal drinker?<br>(By normal we mean you drank as much or less than the average person)                 | Yes <u>No</u> |
| 2. Did friends or relatives think you were a normal drinker?  | Yes <u>No</u> |
| 3. Had you attended a meeting of Alcoholics Anonymous because of your drinking?   | Yes <u>No</u> |
| 4. Had you lost friends or girl/boyfriends because of your drinking?  | Yes <u>No</u> |
| 5. Had you experienced trouble at work because of your drinking?  | Yes <u>No</u> |
| 6. Had you neglected your obligations, your family or your work for two or more days in a row because of your drinking?             | <u>Yes</u> No |
| 7. Had you experienced delirium tremens (DT's) severe shaking, heard voices or saw things that were not there after heavy drinking? | <u>Yes</u> No |
| 8. Had you gone to anyone for help about your drinking?   | Yes <u>No</u> |
| 9. Had you been in a hospital because of drinking?  | Yes <u>No</u> |
| 10. Had you been arrested for drunk driving?  | Yes <u>No</u> |

Please indicate whether you are interested in participating as a principal co researcher in this study: Yes X No \_\_\_\_\_

Please indicate whether or not you would be willing and able to identify at least two significant persons to act as collateral co-researchers for the study. Yes X No \_\_\_\_\_

If you can meet all selection criteria above, you will be contacted for an in person screening and validation interview. The following information is requested so that I may contact you directly.

Name: \_\_\_\_\_

Age: 48

Sex: F \_\_\_\_\_ M X \_\_\_\_\_

Telephone Number: \_\_\_\_\_

\*Co Researcher's score of four recommended further assessment

Appendix HMichigan Alcohol Screening Test M.A.S.T.

points		Yes	No
<u>2</u>	1. Did you feel you are a normal drinker?		<u>No</u>
<u>2</u>	2. Had you ever awakened the morning after some drinking the night before and found you could not remember a part of the evening?	<u>Yes</u>	
<u>1</u>	3. Did your wife ever worry or complain about your drinking?	<u>Yes</u>	
<u>2</u>	4. Could you stop drinking without a struggle after one or two drinks?		<u>No</u>
<u>1</u>	5. Did you ever feel bad about your drinking	<u>Yes</u>	
<u>2</u>	6. Did friends and relatives think you are a normal drinker?		<u>No</u>
0	7. Did you ever try to limit your drinking to certain times of the day or places?	<u>Yes</u>	
<u>2</u>	8. Were you always able to stop drinking when you wanted to?		<u>No</u>
5	9. Had you ever attended an Alcoholics Anonymous meeting?		No
1	10. Had you gotten into fights when drinking?		No
<u>2</u>	11. Had drinking ever created problems with your wife?	<u>Yes</u>	
2	12. Had your wife ever gone to anyone for help about your drinking?		No
<u>2</u>	13. Had you ever lost friends because of your drinking?	<u>Yes</u>	
2	14. Had you ever gotten into trouble because of your drinking?		No
2	15. Had you ever lost a job because of your drinking?		No
<u>2</u>	16. Had you ever neglected your obligations, family, or your work for two or more days because of your drinking?	<u>Yes</u>	
<u>1</u>	17. Did you ever drink before noon?	<u>Yes</u>	
2	18. Had you ever been told you have liver trouble? Cirrhosis?		No
<u>2</u>	19. Had you ever had <u>delirium tremens</u> , severe shaking, heard voices or seen things that weren't there after heavy drinking?	<u>Yes</u>	
5	20. Had you ever gone for help about your drinking? ***		No
5	21. Had you ever been in a hospital because of drinking?		No
2	22. Had you ever been a patient in a hospital or on a psychiatric ward where drinking was part of the problem?		No
2	23. Had you ever been seen at a psychiatric or mental health clinic, or gone to a doctor, social worker or clergyman for help with an emotional problem in which drinking had played a part?		No
2	24. Had you ever been arrested even for a few hours because of drunk behaviour?		No

Appendix H - M.A.S.T. questions and corresponding coresearcher scores continued:

2        25. Had you ever been arrested for drunk driving  
         or driving after drinking? No

Total M.A.S.T. Score as highlighted = 21

A score of three points or less = nonalcoholic

A score of four points suggestive of = alcoholism

A score of five points or more indicative of = alcoholism

\*\*\*Question 20 - answered from the perspective of a self initiated abstinence decision preceeding any help or treatment.

Selzer (1971)

## Appendix I

### The Lifeline Exercise Modified to Suit this Research Topic

The lifeline is an exploration exercise that draws out life experiences; decisions; major events; significant individuals; feelings; key transitions or changes as they occurred over time, similar to a chronology of life episodes or events. It represents time as a line where the far left point on the line may mark the build up or beginning of events; in this case those which preceded your change from problem drinking. The far right point can be used to signify the time and experiences which represented how, when, and where this change began for you, however it began for you. Take the pencil and just freely chronicle on the line whatever comes to mind over time as you came to experience the beginning point of your changing from problem drinking.

Reference: Jaffe and Scott (1989)

## Appendix J

### Sample: First Stage Narrative/ Sub Story Analysis of Meaning Units

The following excerpts are an illustration of meaning units spoken by the principal co researcher in a section of the initial interview. The researcher's transcript is omitted leaving the co researcher's unaltered statements. These statements are numbered and kept within their original narrative order. A vignette or sub story makes up sections of these meaning units which are titled and given a narrative order number. This section includes sub stories 1 to the beginning of 6. These sub stories are then "re arranged" along a time continuum.

<u>Meaning Unit</u>	<u>Sub Story Number/Title and Transcript "Data"</u>
<u>Clusters</u>	

#### Sub Story 1: Woke Up

- |   |   |
|---|---|
| 5 | I think the thing that did it to me was I woke up one morning and was...came too one morning and was still too drunk to drive to work. This was the time when I said I've got to do something about this. |
| 6 | I came to realize I was just gone...still staggering and...woke my wife and said I've got to do something. I can't go to work today I'm too drunk.  |
| 7 | I never missed work. I've never been late. I know it doesn't sound like much.   |
| 8 | This was the straw that said you've got to do something about it.   |
| 9 | I had some good stressors before that.  |
- (Using the Lifeline as a recall tool)

#### Sub Story 2: Family History

- |    |   |
|----|---|
| 10 | Got into drinking 8 years... I always drank fairly heavy and this is accepted in Scotland. You drink scotch and beer.                                     |
| 11 | What you do in a bar and it's acceptable when you're a young guy you go out and you get drunk. That's a fact of life.                                     |
| 12 | Came from a family who were non drinkers. My mother was totally against alcohol. Brother didn't drink at all.   |
| 13 | My father drown when we were just little kids.  |
| 14 | My grandfather was an alcohol.  |
| 15 | I didn't recognize it until later...never any abuse in the family in any way. He was an old bugger, heavy browed, didn't talk to anyone, was a quiet man. |
| 16 | My mother was against drinking and we never had any alcohol in the house.   |
| 17 | Once I was a bit older then yeh, you had to go drinking with the guys or there was something wrong...   |

## Appendix J continued:

Sub Story 3: The Police Department and Heavy Drinking

- 18 Then I came to Canada and joined the P.D. - Drinking  
okay.
- 19 Not so much now but it's still to a certain extent.  
Everytime someone moved from one job to another, they  
would have a party to transfer him over...transferring  
him away and they would have a party accepting him.  
All drinking, heavy drinking.
- 20 Have you ever read the Choirboys? It's almost true  
to life the amount of drinking that goes on. And yes  
we would have choir practises, we had a name for our  
drinking parties, it was the guys who worked say 8 at  
night to 4 in the morning and would usually meet some-  
where and drink.
- 21 Our excuse was to get rid of the frustrations but  
really it was an excuse to drink.
- 22 Just having fun, a part of the group? I don't know  
it probably wasn't necessary.
- 23 And I worked undercover in the P.D. and ah all in the  
bars drinking.
- 24 A job requirement was to go into the bars and mix with  
the people. You had to drink, you had to. If you're  
in a bar with a bunch of people and you had to get up  
to go to the washroom you couldn't leave a half filled  
drink there because you don't know what they might put  
in it when you're gone. See they're always there so  
it's stressful.
- 25 Yeh there's a lot of pressure. It's there  
continuously when you're working where it's high  
pressure in a bar. Anything can happen to you in a  
bar.

Sub Story 4: The Hostage Shooting Incident

- 26 Then I became a member of the emergency response team  
and one of the incidents I got involved in was on  
the "east side".
- 27 There was a hostage taking and the bad guy had the  
young girl as hostage at gunpoint. Fired shots at the  
policeman and she started to run away, towards me. I  
was open, she was there, he had hold of her...he was  
going to shoot so I shot first and got him and her.  
Killed neither of them, hers were minor wounds but  
he was bleeding all over.
- 28 So I developed a little bit more of a drinking problem  
after that one. That would be 8-9 years ago.
- 29 I found after that it was easier to get to sleep if  
half swacked.
- 30 This was the one that set me up for good to get into  
it. Alcohol would be my support system.

## Appendix J continued:

- 31           What you got to remember is we are very macho. You can't say that you're ah... you can't cry. You can't admit you feel bad about doing something. You can't feel bad about something happening. You've got to be the big tough guy regardless of how you feel. The front has to be there.
- 32           If you don't have the resources yourself, you turn to alcohol.

Researcher asked if he felt badly then?

Oh yes. I had nightmares and couldn't sleep at night.

Sub Story 5: Being In the SWAT Team

- 33           All the training. I'd been through all the training for the emergency response team. That's the SWAT on television. The guys with the black suit, black mask, big guns where we would do the raids on drug houses.
- 34           Remember a few years ago another cop was killed in \_\_\_\_\_. He and I trained together, and ahh actually the time he got shot quite a few of the guys thought it was me. He was wearing a mask and got shot in the face and you couldn't recognize who he was. All you could see was the nametag.
- 35           You experience the intensity but you can't go to a psychiatrist, couldn't go to a shrink, because there'd be something wrong with you.
- 36           You could talk tough about it but couldn't talk about how you really felt.
- 37           That's changed by the way in the past few years.
- 38           There was a lot of game playing. Yeh a lot of role playing. A lot of toughness involved, a lot of having to be tough and appear tough and really inside not being tough.
- 39           I cry at sad movies and all that. The most of it is the pressure of not being able to get out what you really are.

Sub Story 6: Family Life

- 40           Good home life.
- 41           Still married to the same girl.
- 42           I've never been an abuser, even when I was a drinker.
- 43           Always a quiet drinker. The one who sat quietly in the corner.
- 44           Never got involved in crazy things.
- 45           You'll probably find from my daughter Lisa, is that they probably liked me better drunk then sober because I'd be more open, more talkative.
- 46           Yes I guess...shy, that's one of the things.
- 47           Although I'm not really particularly shy, I don't think.
- 48           But maybe getting the emotions out would be one of the reasons I'd drink.



Appendix KList of Sub Stories: Titles and Numbered Order References

<u>Time ordered sequence</u>	<u>Narrative Spoken Order</u>	<u>Title</u>
Story Prelude:		
1	2	Family History
2	12	Vision of Being a Policeman
Story Beginning:		
3	3	Police Department and Heavy Drinking
4	22	Paid to Drink
5	13	One of the Guys at Choirpractise
6	14	Boredom/Terror Ratio
7	18	Witnessing Death
8	34	Old Style Policcing
9	6a	Family Life- Jim's View
10	6b	Family Life - Anne's View
11	6c	Family Life - Kate's View
12	35	Late Night Chats - Lisa
Story Middle and Transition		
13	4a	The Hostage Incident -Jim's view
14	4b	The Hostage Incident -Anne's view
15	5	Being in The SWAT Team
16	15	A Rough Time
17	7a	Sneaking Drinks -At Home: Jim
18	7b	Sneaking Drinks -At Home: Anne's view
19	7c	Sneaking Drinks -At Home: Lisa's view
20	9	Insight Into Me
21	36	Growing Up/Lisa's Story
22	25a	Losing Dan - Anne's view
23	25b	Losing Dan - Lisa's view
24	25b	Losing Dan - Jim' Letter
excerpt - relevant meaning unit		Degredation
Story Climax and Transition		
25	8	Going Downhill
26	1	Woke Up

## Appendix K; Sub Story Lists continued:

27	19a	Waking up and calling Work. Jim's view
28	19b	Waking up and calling work. Anne's view
Story Ending		
29	10a	Treatment Experiences Jim's view
30	10b	Treatment Experiences Anne's View
31	10c	Treatment Experiences Mike's View
32	37	Lisa's Graduation
33	17	Insight Into Feelings
Time Relevant Excerpt		Lisa's comments
34	20	Further Changes
35	21	Being A Policeman Now

The following sub stories were either renumbered or not included  
in the story narrative:

- 11 - became 10a
- 16 - incorporated with 15
- 23 - repetitive dialogue
- 24 - renumbered 19b
- 26 - redundant and collateral theory
- 27 - redundant and non drinking related
- 28 - renumbered 10b
- 29 - collateral theory
- 30 - non drinking related
- 31 - renumbered 7b
- 32 - included in 10b
- 33 - included in 25