ALCOHOL RECOVERY:
THE SEARCH FOR THE MEANING IN LIFE

by

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The purpose of this study was to examine in depth, the process which individuals undergo in their effort to overcome alcoholism. Multiple case studies were employed to draw forth the unique perspectives of five recovered alcoholics. The data was collected by means of minimally structured interviews with an emphasis on the subjective description of their experiences. A special focus of the study was the role of meaning of life upon recovery. The five case studies were presented as the co-researchers saw themselves. The cases were compared for commonalities. Sixteen themes were identified in the five cases except for the theme of spiritual awakening which was common for three of the five co-researchers. These themes constitute a longitudinal and progressive pattern of recovery in which (1) the beginning involves the realization that drinking is a problem and the decision to quit drinking; (2) the middle involves the development of significant supportive relationships and the development of new perspectives, values and goals; (3) the end involves self exploration and development of deeper meaning in life. The commonalities were synthesized into a general story of their recovery from alcoholism.

The development of sources of meaning in their lives was significant in their recovery. The major sources of meaning were: family, work, contributing to others and the
world and spirituality. A major implication of this study is that the findings can be helpful as a practical guideline for recovery.
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Chapter 1
Introduction

Background to the Research Problem

During a televised sporting event, there are an average of four advertisements per hour for alcoholic beverages. These advertisements generally portray drinking as fun and good times centered around social activities with young adults. The underlying message is that drinking alcoholic beverages is associated with sexual prowess, social acceptance, success, pleasure and helps to solve personal problems.

Despite all the literature on the negative effects of alcohol, people of all ages continue to consume large amounts of alcohol. A common misconception among abusers of alcohol is that one can consume large amounts of alcohol and continue to drink without major negative consequences. On the contrary, with continuous drinking of large doses of alcohol over an extended period of time, physical dependence on alcohol will occur. The negative consequences of alcohol dependence can have a broad range of outcomes for different individuals. Researchers in the field agree that most individuals who consume large doses of alcohol over an extended period of time will develop alcoholism.

While television and magazine advertisements tend to portray a positive image of excessive drinking, talk shows and self help books often paint the opposite picture of the
alcoholic. I will use a short vignette to illustrate this point. For example, a typical story told on a talk show is that of the alcoholic who continuously promises his family that he will stop drinking. He tells himself that he can stop drinking at anytime. However, after a few days, he breaks his promise. Under false pretense he sneaks out to the local bar, he has one drink, then two and three. Several hours later, he has lost count of the number of drinks and stumbles home drunk. After repeated episodes and confrontations of this type, his wife decides to end the relationship. Several years later, his second wife and children also leave because of his alcoholism. He has lost his job and most of his friends. He finally admits that he has a problem and seeks help.

While this scene is acted out regularly in many Canadian homes, the end of the scene varies from home to home. In many instances, the story ends because the alcoholic has chosen to end it. He is not forced out of desperation or threats, he has chosen to stop the pattern of destructive drinking.

For example, Ernest Hekkanen (1992) in his article, 'Beyond the booze', in the Vancouver Sun stated:

But one morning, the desire to get well whispered to me that I desired life more than death. My spirit rose up and said no. No more alcohol. To achieve full recovery I had to redirect my life totally. I could no longer do things that were abusive or meaningless to me.
There is extensive literature on theories, techniques and assumptions about alcohol recovery. Most of the literature reflects the assumption that most alcoholics must 'hit bottom' before they admit that they are alcoholics (Jellinek, 1960; Vaillant, 1983; Goodwin, 1988). In drawing this conclusion, researchers have neglected the experience of the alcoholics such as Ernest Hekkanen who choose to stop drinking before 'hitting bottom'. Over the past twenty years, researchers have begun to challenge the assumption of 'once an alcoholic, always an alcoholic' and have begun to focus more on the experience of the recovered alcoholic. (Littieri, 1986: Prugh, 1986; Rogan, 1986; Barnes, 1991). More research is needed on the recovered alcoholic.

**Research Question**

This study addressed the general questions: 'What is the meaning of recovery from alcoholism as it is experienced by the individual?' Secondary topics explored included, (1) the role of decision making, (2) identification of crucial processes involved in recovery, (3) charting the facilitators and obstacles to recovery, and (4) attempting to understand the significance of life meaning in the recovery process.

**Rationale**

The rationale of this study is that the subjective investigation could provide further insight into the recovery process. Most of the past research has generally focused on the evaluation of the effects of a particular
treatment program. Denzin (1987) proposed that researchers should focus more on the phenomenon of recovery as lived from the inside by the alcoholic. Without understanding a person in depth, one cannot fully explain the shift from alcoholism to recovery. Gorski (1986) has noted that recovery from alcoholism varies from person to person. Individuals progress at varying rates and through various routes. Given the various treatments, it is imperative to identify individual differences and fit the treatment to the person. By exploring the individual experience of recovery one can develop empathy for the individual struggle.

Examination of the subjective meaning of life may contribute to the understanding of the experience of recovery. There has been very little research on the relationship of meaning of life and alcohol recovery. Researchers such as Crumbaugh and Carr (1979) and Hutzell and Peterson (1986) have pointed out that some alcoholics manifest a primary problem of lack of meaning and purpose in life. These researchers suggested that logotherapy, a form of psychotherapy that focuses upon the individual's life meaning and purpose, may be useful in the treatment of alcoholics.

The concept of meaning in life will be guided by the works of Viktor Frankl. Frankl's work will be examined in depth in Chapter Two. Frankl's work will be explored to gain insights into man's meaning.
**Approach**

The approach used in this investigation of the experience of alcohol recovery is multi case studies. The research question; "What is the meaning of recovery from alcoholism as it is experienced by the individual?" lends itself to a descriptive and subjective method which will provide richness and depth of information concerning the experience of recovery. Case study research attempts to expose the unique individual experience and enables the identification of themes and patterns that characterize recovery. The individual experience of searching for meaning in life and recovery will be openly explored through in-depth interviews.

**Definitions**

**Alcoholism:** Alcoholism can be defined as a state when one's use of alcoholic beverages evidences a progressive loss of the ability to drink according to a personal intent, progressively interferes with one's normal relationships at home, at work, in matters of budget, and in one's other interpersonal relationships, and is in fact different from or unacceptable to the rest of those persons with whom one functions (lives, works and normally socializes) Strachan (1990). Appendix A provides a detailed definition according to the Diagnostic and Statistical Manual III-R (1988).
Recovery: Definitions for recovery vary throughout the literature but include complete abstinence and or marked reductions in drinking of alcohol beverages and problematic behaviors associated with excess drinking (Strachan, 1990).

Abstinence: Abstinence means refraining from drinking all alcoholic beverages (Strachan, 1990).

Meaning of Life: Meaning of Life can be defined as making sense, order or coherence out of one's existence (Reker, Peacock and Wong, 1987).
Chapter 2  
Literature Review  

Introduction  
Throughout the past 70 years, a number of theories have developed to explain the nature of alcoholism. At various times in the history of alcohol research, different theories have dominated the research. Currently, there are about ten different theoretical approaches to alcoholism. Each tend to differ in the definition of alcoholism, the theory regarding etiology and the prescription of treatment. It is beyond the scope of this paper to review all the theories. Rather than join the debate about which model represents the 'truth' about alcoholism, I will examine some of the most important and popular theoretical models of alcoholism.  

Disease Model of Alcoholism  
In 1956 the American Medical Association officially declared that alcoholism is a disease. Jellinek, one of the early pioneers in alcohol research in the United States popularized the concept of alcoholism as a disease. Jellinek (1960) in his book, Disease Concept of Alcoholism suggested that alcoholism is an insidious, progressive disease that can lead to fatality if the disease is not arrested. He proposed that all alcoholics do not follow the same course. He described five major species of alcoholism; alpha, beta,
gamma, delta and epsilon. Gamma and delta best meets the diagnostic criteria of alcoholism. Adherents of the disease model of alcoholism frequently refer to gamma alcoholism as the type that best represents the American alcoholic. While epsilon alcoholism is said to represent the British alcoholic. Gamma alcoholism is characterized by (1) acquired increased tissue tolerance to alcohol, (2) adaptive cell metabolism, (3) withdrawal symptoms, (4) loss of control, (5) definite progressive physiological to physical dependence and marked behavior changes. The most salient characteristic of gamma alcoholism is loss of control. Delta alcoholism manifest the first three characteristics of gamma alcoholism. In contrast to gamma alcoholism, there is the ability to control the amount of alcohol taken on any given occasion. However, the delta alcoholic is unable to abstain for even one day. Alpha alcoholism is frequently referred to as 'problem drinking' in which drinking is undisciplined in relation to such societal rules about the time, occasion, locale, amount and effect of drinking. Beta alcoholism is characterized by the development of physical complications such as polyneuropathy, gastritis, cirrhosis of the liver and nutritional deficiency diseases. Beta alcoholism may develop into gamma or delta alcoholism. Jellinek (1960) has stated:

An alcoholic cannot regain the lost control, as even after years of abstinence the compulsion sets in on resumption of drinking... there must be a grave
disease process and at least its arrest to account for these behavior changes. (p. 81)

The disease model supported by Jellinek, has aimed to convince the alcoholic that he or she is sick and suffering from a medically recognizable illness. According to this model, recovery is never complete. The term 'recovering' alcoholic is used to indicate that the process is getting better but is never over. The only acceptable goal is abstinence. Alcoholism continues regardless of abstinence (Milan and Ketchum, 1981; Royce, 1981).

Adherents of the disease model often claim that there is evidence of genetic factors that make some individuals susceptible to develop alcoholism. The evidence for a genetically transmitted biological gene comes from several different areas of research. Among these are twin studies, half sibling studies, (Schuckit, Goodwin and Winokur, 1972) and adoption studies, (Goodwin, 1976; Bohman, 1978). Goodwin, Schulsinger, Hermansen, Guze and Winokur (1973) study with Danish adoptees is probably the most popular study on the genetic predisposition on alcoholism. They reported that 18 percent of male adoptees with biological parents who were alcoholics became alcoholics themselves, compared to 5 percent of male adoptees whose parents were not alcoholics. In contrast, in a later study, Goodwin, Schulsinger, Knop, Mednick and Guze (1977) found that daughters who were raised away from their alcoholic parents were no more likely to be alcoholics than daughters of non alcoholic parents. While
Murray, Clifford and Gurling (1983) in their review of twin and adoption studies suggested the fraternal and identical twins of alcoholic parents were just as likely to be alcoholics.

Despite, the continuous search for a genetic marker for alcoholism, the research continues to be conflicting. Peele and Brodsky (1991) argued that in light of the probable minimal evidence of genetic predisposition of alcoholism, children of alcoholic parents are not condemned to a life of alcoholism. They pointed out that many "Adult Children of Alcoholics" do not repeat the destructive pattern of alcoholism like that of their parents. Goodwin (1988) pointed out that genetic predisposition of alcoholism remains probable and may not be reflective of all alcoholics.

In addition to the lack of sufficient genetic evidence, the Disease Model has been criticized for its' insistence that alcoholism is a disease. Royce (1981) indicated that by referring to alcoholism as a disease, some alcoholics accept this label and uses it as an excuse to avoid responsibility for their recovery. He suggested that the concept of suffering from a disease fosters dependency and a sense of 'fatalistic hopelessness' that they cannot be treated. Another shortcoming of the Disease Model is that the responsibility for treatment lies predominantly on the physician and implies that nonmedical persons are incapable of providing treatment. Royce pointed out that many programs
such as AA, recovery houses and out-patient centers are staffed by nonmedical personnel. Another criticism of the model has been raised by Peele and Brodsky (1991) who have indicated that alcoholics do not always lose control of themselves when exposed to alcohol. They suggested that some alcoholics are able to routinely moderate their level of drinking in different situations. Despite these discrepancies of the Disease Model, many researchers continue to adhere to it's view of alcoholism as a disease. The model is highly acclaimed by visible reputable groups such as the American Medical Association, The National Institute on Alcohol Abuse and Alcohol Anonymous.

**Alcoholics Anonymous**

The Alcoholics Anonymous (AA) model is perhaps the most popular model of treatment. AA defines alcoholism as a disease of the body and mind. The AA model claimed that there is a qualitative difference between the alcoholic and all other types of drinkers. The Big Book (1976) differentiates between the moderate drinker as 'one who can take it or leave it alone' and the hard drinker as 'one who cannot stop or moderate their drinking'. In contrast, the drinking of the alcoholic is beyond his or her control. The essential characteristic of AA's model is the irreversibility of alcoholism. Treatment consists of acknowledgment of being an alcoholic, total abstinence from
all alcoholic beverages, becoming an active member of a local chapter of AA and adhering to the Twelve Steps Of Recovery. AA claims that one can never completely recover from alcoholism. Instead the individual is said to be recovering as long as abstinence is maintained.

Many researchers advocate AA for treatment of alcoholism. Vaillant (1983) suggested that AA is the most successful vehicle for achieving recovery from alcoholism. Brown (1985) recommended a referral to AA for anyone having problems controlling their alcohol and willing to stop drinking. Despite the popularity and highly claimed success rate of AA, several researchers question the applicability of AA as the intervention of choice for all alcoholics. The most frequently questioned aspect of AA is the belief that once alcoholism is established, it is irreversible.

Several researchers conducted longitudinal studies of the drinking history of alcoholics to examine the notion of irreversibility of alcoholism. The results of these studies suggest that persons who began drinking while young adults frequently became nonproblem drinkers as they aged (Goodwin, Crane and Guze, 1971; Filmore, 1975; Donavan, Jessor and Jessor, 1983; Vaillant, 1983).

Filmore assessed a group of college students twenty years after graduation and found that the majority did not return to excessive drinking. He found that those subjects who in the past reported drinking related offenses such as drinking and driving did not continue to be problem drinkers
twenty years later. In a study by Donovan et al, 53% of the men and 70% of the women who exhibited problem drinking in adolescence became nonproblem drinkers in their early twenties. In Vaillant's group, 25% of the blue collar sample had remitted to asymptomatic drinking before age 35.

Another criticism of the AA model is that there is no scientific evidence that AA is the ideal treatment for alcoholism. Peele and Brodsky (1991) suggested that the number of alcoholics who quit drinking on their own without therapy or joining a group is three times more than the number of successful treatment or AA success stories. Although an advocate of AA, Vaillant admitted that he found that hospitalized alcoholics fared as well as compared to those who received no treatment at all. Similarly, Miller and Hester (1983) reported that of alcoholics who were randomly assigned to either AA, other forms of treatment or to no treatment, alcoholics assigned to AA did no better and actually suffered more relapse than the others.

The Addiction - Experience Theory

Unlike the Disease and AA model, Peele and Brodsky (1991) argued that alcoholism is not a disease. Instead, they proposed that common addictive behaviors such as alcoholism, overeating, smoking and drugs are the result of an habitual response, a way of coping with internal and external pressures that are the source of gratification for the individual. They pointed out that the individual is not
addicted to a particular substance but to the experience. They observed that individuals who were continuously exposed to certain specific situations were more prone to addiction. These included; an absence of intimacy or strong connections with significant others, lack of satisfaction in life, lack of self confidence, lack of control over one's life, high level of stress and denied rewards or constructive activities. Addictive substances helped them to block out sensations of pain, uncertainty and discomfort. The individual is often left with an artificial sense of security, calm, control and self worth. Unfortunately, this is only a temporary solution, once the effects of the addictive substance wears thin, the individual is faced with the harsh reality of his or her life. The addictive experience will differ for each individual. Addiction fluctuates on a continuum of severity in response to stress and other changing circumstances.

Peele and Brodsky (1991) have suggested that people do and can recover from addiction. They proposed that addicts are motivated to change when they learn that their behaviors are harmful and that there are better ways to gain the benefits they seek in the addictive experience. They pointed out that although many alcoholics will continue to drink, a large number will stop drinking due to a maturing process. For example, some alcoholics go through an early maturing out process in which they stop or curtail excessive drinking
as an ordinary part of growing into adulthood. While others mature out in mid-career because of an increased sense of security and responsibilities for their family and career. Some will mature out at a later stage due to the onset of responsibilities of retirement and old age.

Peel and Brodsky (1991) developed the Life Process Program, a tool for recovery from addiction. The key steps to overcoming addiction in their program included; (1) a desire to change, (2) a need for things of value in life, (3) investment in close social support with family, friends and other groups of non-addictive people, (4) avoidance of situations and ways of thinking that provoke relapse, (5) developing a new self image, seeing one's self as a former rather than current addict (6) developing alternative rewards and learning new skills. The ultimate goal of recovery is a full transformation of the self.

Social Learning Model

Social learning model focuses on the interactions between the individual and the environment in shaping patterns of behavior. According to this view, alcohol is used as a generalized coping mechanism for many types of problems. In the absence of alternative coping mechanisms the individual continues to rely more on alcohol as a way to escape, avoid or regulate unpleasant situations. Alcohol is often used as a coping mechanism, (Farber, Khavari and Douglas, 1980; to relieve stress, Mulford, 1983; to relieve
psychic stress; Parry, Cisin, Mellinger and Manheimer, 1974; Marlatt and Gordon, 1979). Social learning emphasizes that alcoholics often model the drinking habits of their peers. Heavy drinking companions have been shown to increase the tendency of others around them to drink in a similar pattern. Alcohol consumption is often associated with the belief that alcohol causes beneficial and desirable effects. One of the major advances in social learning model of alcoholism is Marlatt's Relapse Prevention model.

Relapse Prevention Model

Relapse prevention is a self control programme designed to teach individuals who are trying to change their behavior how to anticipate and cope with the problem of relapse. Relapse is defined as a breakdown or failure in person's attempt to change or modify any target behavior. Relapse Prevention combines behavioral skill training procedures with cognitive intervention techniques. Relapse prevention has been used extensively with alcoholics. The abstaining alcoholic is taught techniques to maintain his or her sobriety. The alcoholic is said to be under control as long as he or she does not return to drinking. The longer the period of successful abstinence, the greater the individual's perception of self control.

Marlatt (1985) has suggested that recovery involved more than abstinence from alcohol. Recovery is an on-going process which occurs in three stages. Stage one involves
motivation and a commitment to change. The second stage involves the act of abstaining. Stage three involves skills training, cognitive restructuring, lifestyle modification and other skills development. Marlatt (1983) in a one year follow-up reported that alcoholics who have received skills training showed a significant decrease in the duration and severity of relapse episodes.

Social learning theory is an effective model to provide behavior strategies to counteract the perceived beneficial effects of alcoholism. However, the model is limited because it does not take into account the differences across individuals in response to cues and behaviors. A large number of alcoholics drink in isolation are not reinforced by their peers or the environment.

**Family-Systems Theory**

Systems theory emphasizes the importance of the interactions between the individual, the family, community and larger organizations. A change in one element of the whole system often leads to changes or reactions in other elements in the whole system. Alcoholism is a major stress on the family and other members of the larger systems.

Usher, Jay and Glass (1982) have noted that the family must be involved in the alcoholic's treatment for change to take place. This comment echoes that of Kaufman and
Pattison (1981) who have suggested that the first goal of family therapy with alcoholics is to persuade the family to support the alcoholic to begin the detoxification process. Detoxification may occur on an in-patient basis in hospitals, day programs or in residential therapeutic settings. The type of treatment chosen will depend on the theoretical orientation of the family therapist. Without family support, it will be difficult to maintain abstinence.

Although it has been argued that alcohol is extremely destructive, Steinglass and Weiner (1971) suggested that drinking often also serves an adaptive purpose in the family. When alcohol is removed it often reveals problems in communication, alienation, loneliness and emptiness in the alcoholic family. Usher, Jay and Glass (1982) concurred and pointed out that alcohol is often used as an escape from emptiness or as a means to avoid conflicts in the family. Drinking is often associated with the expression of warmth, affection and caretaking; the diversion of attention from other problems within the family and often serves as a means of stability and predictability of behaviors. These adaptive consequences act as reinforcement for further drinking. Once alcohol is removed then the therapist can begin to treat the family system to function without alcohol.

Researchers such as Berenson (1976) and Davis, Berenson, Steinglass and Davis (1974) have attempted to develop interventions to help the alcoholic develop adaptive behaviors within the family while sober instead of through
drinking. Meeks and Kelly (1970) described a systems approach that focused on conjoint therapy for the alcoholic and the family. They reported that there was improvement in the family interaction and decreased drinking by the alcoholic family member. They emphasized the importance of redefining alcoholism from an individual problem to a family issue.

John Friesen (1993), one of the most innovative family theorist has developed the Existential Systemic Therapy (ExST), an integrative approach that involves individual and family therapy concepts and techniques. Friesen is currently working on an alcohol recovery project using Supported Feedback Therapy (SFT) and ExST with 150 alcoholic families. The participants in this study will receive one of the three treatments; SFT which involves individual therapy for the alcoholic father, ExST individual therapy for the alcoholic father or ExST couples therapy.

Other approaches to the treatment of alcoholism include; group or individual approaches, concurrent therapeutic work with other family members, specialized techniques for spouses and supportive approaches to assist the children of alcoholics.

Although treatment of alcoholism in Family-Systems theory is fairly new, it has opened up a new perspective on alcoholism. The model encompasses a wide scope of variables associated with alcoholism. However, it fails to take into account the alcoholic who is not a part of an intact family,
such as skid row alcoholics or families in which family members do not want to participate in family therapy. Clinicians attempting to work with alcoholic families must be knowledgeable about family treatment and assessment instruments.

**Summary**

The survey of the literature clearly indicates the differences in the theories. Alcoholism can best be viewed as a multidimensional rather than a unidimensional problem. The complexity of the vast literature is often a source of confusion for researchers as well as the alcoholic client. Presumably, one's view of alcoholism will correspond with the type of treatment chosen. For example, the notion that alcoholism is a disease implies that the physician should provide the treatment. Clinicians should be knowledgeable about the different theories and treatments and refrain from making hasty decisions without first understanding the life experiences of the alcoholic. Without a thorough understanding of the alcoholic's life experiences, it will be difficult to plan an adequate model for recovery. There are a myriad of factors that are involved in recovery. Accordingly, theorists hold varying views on the process of recovery. Therefore the question, how does one recover from alcoholism?
Literature on Recovery

The literature on alcohol recovery is divergent and reflective of the various models of alcoholism. A substantial number of alcoholics claim membership and adherence to the AA philosophy as the predominant factor that helped them in their recovery. Others claim that they improved after participating in behavioral treatments (Miller, Taylor and West, 1980); milieu oriented and other comprehensive residential programs, (Bromet, Moos, Bliss and Wuthmann, 1977); outpatient and day treatment centers, (Armor, Polich and Stambul, 1978). Many persons claim to recover from alcoholism without any formal treatment (Polich, Armor and Braiter, 1981; Armor et al., 1978). Other factors leading to recovery are: the development of a positive self concept, learning new pleasures, social integration and life style rehabilitation (Zachon, 1986) and development of spirituality (Rogan, 1986). Other alcoholics claimed to maintain long term recovery while they continue to drink alcohol (Moos, Finney and Chan, 1981).

Most researchers agree that recovery is often a long and difficult process. Mumme (1991) proposed that stable recovery generally takes three to four years to develop and a lifetime to maintain. Many of the interventions often use abstinence as their criteria for recovery. Moore (1960) pointed out that although a person may become abstinent, he
or she may not function better in other areas of his or her life in comparison to pre-alcoholic functioning. Abstinence does not equate with recovery. Some individuals who abstain from alcohol for long periods will simply replace alcohol with other addictive behaviors such as compulsive gambling, over eating and chain smoking (Vaillant and Milofsky, 1982). Abstinence or moderation of drinking are simply prerequisites to recovery. Even while abstinent, some alcoholics never enjoy their sobriety. Melvin (1984) examined the quality of life of abstinent alcoholics. She reported that alcoholics experienced a myriad of abstinent related problems such as increased anxiety, stress, increased sensitivity to body pain and insomnia. Although these reactions are often seen as normal disturbances in the early months of abstaining, they still affect the quality of the person's life.

The reasons for recovery vary from person to person. Throughout my search of the literature on recovery there was no evidence of a specific treatment that works for all or even the majority of alcoholics. Gorski (1986) suggested that all alcoholics do not recover in the same manner. He described three groups of alcoholics. The first group in which approximately 40% of all alcoholics are recovery prone. While 20% are described as transitionally relapse prone and the other 40% as relapse prone. Gorski has noted that some alcoholics will 'sail through recovery' without
complications, while the majority of alcoholics will experience some difficulty.

**Summary**

It is my assumption that despite the variation in individual recovery, there must be an individual internal motivating factor that contributes significantly to recovery. I believe that one internal motivating factor involved in recovery is one's search for meaning in life. Existing models of recovery have not explored the role of individual meaning in life. The integration of alcohol recovery and meaning of life is quite complex. This complexity is reflected in the scarcity of research in this area. Throughout my intensive search of the literature, I only found two articles that attempted to integrate both concepts. Therefore, in order to shed some light on this subject I will begin by reviewing the general literature on meaning of life.

**Literature on meaning of life**

The concept of meaning of life as an important component of emotional well being is a central aspect of existential theory (Frankl, 1963; 1969; 1978; Yalom, 1980). Empirical research on how we give meaning to our lives has been relatively neglected. One of the major difficulties with research in this area has been the difficulty and inconsistency in the operationalization of the construct.
Many of the terms involved in the meaning of life are in need of explanation.

Throughout my search of the literature on the meaning of life I did not find any concrete definition of the term. In many instances, the term 'meaning of life' is often used interchangeably with 'purpose in life'. Ebersole and Quiring (1991) pointed out that researchers often confused the terms. Webster's Dictionary defines purpose as "That which a person sets before himself as an object to be reached or accomplished; aim; intention; design". Reker, Peacock and Wong (1987) defined meaning as making sense, order, or coherence out of one's existence while purpose refers to intention, functions to be fulfilled, or goals to be achieved. Hepburn (1980) suggested that life can be purposeful and yet be meaningless. "One may fill one's days with honest, useful and charitable deeds, not doubting them to be of value but without feeling that these give one's life meaning (p. 116)".

Edwards (1981) has suggested that there are two types of meaning, cosmic and terrestrial meaning. Cosmic meaning relates to the presence of an all encompassing master plan devised by a creator and the promise of an after life. In contrast, terrestrial meaning refers to specific, individual, personal goals and purposes that are of central importance only to the individual concerned. In this paper, I will focus predominantly on terrestrial meaning.
Researchers have attempted to understand the concept of meaning of life by using concrete, objective measures. Crumbaugh is perhaps the most often cited author on measures on meaning of life. Crumbaugh and Maholick's (1964) Purpose in Life (PIL) and Crumbaugh's (1977) Seeking of Noetic Goals (SONG) test were developed to measure the strength of the individual's motivation to find meaning and purpose in life.

Yalom (1980) suggested that the PIL's validity is questionable. Over the years other instruments have been developed to measure meaning of life. Hablas and Hutzell (1982) developed the Life Purpose Questionnaire (LPQ) to assess the degree of life meaning. Reker and Peacock (1981) developed the Life Attitude Profile (LAP) to measure the nature and degree of existential meaning and purpose in life. The LAP examines seven dimensions of meaning; life purpose, existential vacuum, life control, death acceptance, will to meaning, goal setting and future meaning. Ebersole and Sacco (1983) developed the Meaning in Life Depth (MILD) as an alternative approach to the PIL. They suggested that the MILD can be used in gerontology in conjunction to the life review and for cross cultural comparisons of categories of meaning.

Shapiro (1976) developed the Life Meaning Survey. They defined four areas of meaning; intentions, significance, symbols and sense. Intentions refer to the aims, missions and goals which give direction to a person's life. A significant life refers to 'a consistent ability to believe
in the truth, importance, or interest value of the things in which the individual is engaged or can imagine doing.' Symbols include 'rituals, ceremonies and signs that convey meaning.' Sense refers to finding order, patterns and coherence in existence.

Selzer and Troll (1986) described the Expected Life History (ELH) originally described by Bortner, indicating that 'humans strive to make meaning out of their lives and that they modify their interpretations of their experiences and their behaviors to achieve this goal" (p. 125). Another measurement of meaning was the analysis of free response essays. DeVogler and Ebersole (1981) instructed college students to write essays in response to questions about what gives their lives meaning. They reported a high interrater reliability (75%) between the student's ratings and the outside rater. Categories of meaning cited by the students were: understanding; relationship; service; belief; expressions; obtaining; growth and pleasure.

In general, researchers have relied heavily on quantitative measures of meaning of life. This approach is limited because it does not allow for a thorough examination of a full life experience. Very little has been done on the qualitative perspective of meaning of life. What is needed is a clear understanding of what it means to search for a meaning in life.

Victor Frankl is one of the few writers who has consistently focused on the subjective understanding of the
meaning of one's life. Frankl (1963) draws heavily on his experiences in a concentration camp as described in his popular book *Man's Search For Meaning*. Frankl proposed that man's search for meaning in life is a primary force in our lives. "Man's heart is restless unless he has found and fulfilled meaning and purpose in life" (p. 55). He suggested that this restlessness is a result of an existential vacuum which many people in our society experience. Existential vacuum is defined as a syndrome characterized by boredom, emptiness, lack of direction and ignorance regarding what to do with one's life. We attempt to quench our thirst for meaning, our restlessness and boredom by resorting to temporary pleasures. Frankl stated, "Such widespread phenomena as alcoholism and juvenile delinquency are not understandable unless we recognize the existential vacuum underlying them" (p. 169).

Frankl suggested that meaning in life is discovered through a responsible and conscious search. Each person must accept responsibility to find meaning in his or her life. Similarly, Fromm (1947) pointed out that "Man must accept the responsibility for himself and the fact that only by using his own powers can he give meaning to his life" (p. 45).

Frankl proposed that meaning in life is subjective and different for each individual. "The meaning of life, differ from man to man, moment to moment" (p. 122). Paramount to his experiences in the concentration camp is the importance
of suffering to finding the meaning of one's life. Throughout the book, *Man's Search For Meaning* he described how he and other prisoners suffered.

I had terrible sores on my feet from wearing torn shoes ... I kept thinking of the endless little problems of our miserable life. What would there be to eat tonight? ... Should I trade my last cigarette for a bowl of soup? How could I get a piece of wire to replace the fragment which served as one of my shoe laces? I became disgusted with the state of others which compelled me daily and hourly to think of such trivial things (p. 116).

Frankl (1963) suggested that one's ability to transcend above these situations can be enlightening. He stated:

I forced my thoughts to turn to another subject. I saw myself standing on the platform of a well-lit warm, and pleasant lecture room. I was giving a lecture on the psychology of the concentration camp! All that oppressed me at that moment became objective... by this method I succeeded some how in rising above the situation, above the sufferings of the moment. (p. 117)

He explained that for many of the prisoners the degradation of their lives and intensification of emptiness and desolation lead them to look beyond the basic needs of survival. He stated:

"As the inner life of the prisoner tended to become more intense he also experienced the beauty of art and
nature like never before. Under their influence he sometimes even forgot his own frightful circumstances" (p. 62).

On the contrary, those prisoners who could not transcend the conditions of the camp were more likely to die. He stated: "Instead of taking the camp's difficulties as a test of their inner strength, they did not take their life serious and despised it as something of no consequence" (p. 114).

Frankl suggested that attempts at fighting the camp's pathological influence lead to an inner strength by pointing out to him the future goals he could look forward to.

Although Frankl's work has added richness and insight into the experience of searching for meaning of life, a misleading assumption is that people are only inclined to search for life meaning in times of illness, suffering, death and during extreme traumatic circumstances. Isherwood (1977) suggested that when all goes well, few people are concerned with the meaning of their lives. While other researchers such as Missinne and Willeke (1985) suggested that only the middle aged and older people are concerned with the meaning of life. On the contrary, Isherwood argued that many young people are also asking 'What does my life mean? What is it for?' The capacity of perceiving ones life as meaningful varies from age to age and from individual to individual. Much of the general research on meaning of life suggests that there are many ways apart from suffering and
negative experiences to find meaning in life. The implication is that at various times in one's life, people will search for their life meaning. Meaning in life can be found through various sources.

Chamberlain and Zika (1988) suggested that life meaning is a multidimensional construct. They proposed that meaning may be gained through many ways: goal achievement and fulfillment; through an orientation that views life as exciting; through having a clear philosophy of framework; or more simply through contentedness and satisfaction with one's life. Similarly, Hepburn (1980) pointed out that for a life to be meaningful, one must be purposeful or pursue valuable ends. One has to be actively involved in the activities that one judge to be worthwhile and fulfilling.

Battista and Almond (1973) has described four criteria for a meaningful life. First, the individual must be positively committed to some concept of meaning of his life. Second meaning of life provides one with some framework or goal from which to view one's life. Third, the person has the perception that one's life is related to fulfilling this goal. Fourth one experiences this fulfillment as a feeling of integration and significance.

Baird (1985) identified three dimensions for a life to be meaningful. First, the individual must be involved in a relationship that allows for honesty, openness and support. Second, the individual must be committed to a goal or project that gives a sense of doing something worthwhile
that contributes to oneself and to their society. The third component is the ability to create a meaningful life story. He stated:

Our way of being in the world will be determined by the story or stories in which we interpret our life. Our consciousness of the past ... our consciousness of the present ... our consciousness of the future ... all of these modes of being in the world are influenced by the story or stories in terms of which we define ourselves in terms of which we create meaning for our lives (p. 123).

Humphrey (1989) also explored the experience of searching for meaning in life. He outlined several key components of a meaningful life. First, the search for meaning in life is an ongoing process. Second, the ability to reduce stress facilitates positive search for life meaning. Third, the search for life meaning can be enriched by exposure and access to new ideas, beliefs, people and cultures. Fourth, the effective searching for meaning involves active engagement. Fifth, the longing for inner peace and a sense of being connected with the universe can serve as an underlying goal of life meaning. Sixth, searching for one's meaning in life takes place both alone and with others. Seventh, when an individual searches for meaning there is a shift from a self reliant phase to a need to give to others.
Ayer (1990) proposed that there are many ways in which a person's life can have meaning. An individual may find fulfillment in one's work or in his or her domestic life. Some may find meaning in the pursuit of making money and the luxury, prestige and power that the possession of it brings. Others may find meaning in the pursuit of fame.

Evidently, there is no general answer to the question of what constitutes a meaningful life. A life lived in one culture at a given social and economic level which appears meaningful to one person might not be meaningful to another person in the same environment. The individuals' meaning of life will be affected by their experiences in life.

Frankl (1963) stated: "What matters, therefore is not the meaning of life in general but rather the specific meaning of a person's life in a given moment" (p. 171). He explained: "One should not search for an abstract meaning of life. Everyone has his own specific vocation or mission in life. Everyone must carry out a concrete assignment that demands fulfillment" (p. 172). It is to this value that I seek to discover the meaning of life for the alcoholic in recovery. The case study approach is of great value because it is dynamic and thus makes possible the longitudinal study of change in meaning of life. This research will attempt to uncover the process through which an alcoholic recovers.
**Summary and Conclusions**

The overall review of the literature revealed that alcoholism is a complex subject. Whether one believes that alcoholism is a result of genetics, disease, influences of social environment that encourage drinking, habituation to the addictive experience or problems in the family, one must not overlook the active role the alcoholic plays in his or her recovery.

Like the many views of alcoholism, there are several explanations for recovery. Common views of recovery include: use of a variety of therapeutic interventions, acquisition of a positive self concept, learning new pleasures, social integration of healthy values, creating new goals, life style rehabilitation, spirituality or acceptance of a 'higher' power.

Likewise, the pursuit of meaning in life is a sophisticated and complex activity. Meaning in life is characterized by several themes. These include: acceptance of responsibility to find meaning, acceptance that meaning will differ from person to person, the pursuit of worthwhile projects and goals, commitment to these projects and goals, acceptance of suffering and other negative circumstances as a place to find meaning and an inner longing for meaning and peace.
I believe that once an individual begins to search for and find meaning in life this will eventually lead to self acceptance. As alcoholics begins to accept themselves and acknowledge responsibility for their behavior, then they will begin to accept responsibility for their recovery. It is my hope that these themes in conjunction with the information gained from the present study will extend the existing knowledge in this area.
Chapter Three
Methodology

Research Design

A multi-case study research design was selected for this study. The choice of this methodology follows directly from the research question: "What is the meaning of recovery from alcoholism as it is experienced by the alcoholic?". The question suggests the need for a descriptive and subjective approach. Case studies offer unique and individual portraits of the individual and the phenomenon being investigated. Thus, case study is an acceptable and valid tool for this study. Yin (1984) described a case study as: "An empirical inquiry that investigates phenomenon with its real-life context". Case studies answer questions of "how" and "why" a particular phenomenon occurred. Following Yin (1984) using replication logic, convergent evidence is sought regarding the findings of the individual cases. The findings of each case are tested for replication in the next. Each account of the experience is depicted in a narrative framework. All the narrative accounts were examined for commonalities of experience which formed a general story reflective of their recovery. There were four major steps involved in this
Selection of the Co-researchers

The co-researchers constituted of a sample of convenience. They were recruited through a network of personal contacts. The criteria for selection included:

1. A history of alcoholism for a minimum of five years.
2. A minimum score of 5 on the Michigan Alcohol Screening Test to fulfill the criteria of alcoholism.
3. Abstinence from all alcoholic beverages for a minimum of three years. On average it takes at least three to five years for recovery to be established.
4. Proficiency in the English language and ability to clearly articulate their story.
5. The co-researcher must be twenty one years of age or older.
6. Decision and commitment to participate in the study as stated by the conditions of the consent form.

In addition to these criteria, two participants were not included in the study because of a recent history of drug abuse. On the advice of my supervisor, I limited the number of participants affiliated with Alcoholics Anonymous (AA). This decision was based on the fact that most alcoholics
from AA do not define themselves as 'recovered' but as being in a state of constant recovering. At the end of the screening process seven participants were included in the study. The first one was chosen as the pilot to pre-test the methodology of the study. One co-researcher dropped out of the study after the first interview due to illness. Therefore the final general story consisted of the stories of five co-researchers.

**Characteristics of the co-researchers**

The five co-researchers ranged in age from 43 to 49 years old. Three were married and two single. All were Caucasian Canadian with various European ancestry. All five co-researchers were employed in the social services field. Specifically three were counsellors, one was a minister and the other worked as a volunteer in a non-profit agency. Responses to the Michigan Alcohol Screening Test (MAST) confirmed a history of alcoholism. Their scores for the MAST were 19, 29, 29, 31 and 39. A score of five is indicative of alcoholism on the MAST. As stated by the criteria for selection, all the co-researchers had more than five years of recovery. Their recovery periods were 6, 8, 8, 15 and 19 years. In this group most subjects had some family history of alcoholism.
Procedures

Preparation for the collection of data

Preparation for this phase of the research involved several steps. First, I spent several months reviewing the literature on alcoholism and recovery. In addition, I attended two Alcoholics Anonymous meetings. While at these meetings, I had an opportunity to speak candidly with alcoholics, share in their storytelling and learn some of the alcohol related dialect. Thirdly, the co-researchers were each sent a package which included: a copy of the letter of recruitment, consent forms, the Michigan Alcohol Screening Test and a sample of the life line exercise. Approximately one week before the scheduled interview, each co-researcher was contacted to confirm details of the meeting. In consultation with my supervisor specific questions were designed to be used at the conclusion of the interview. The aim of these questions was to provide clarification and add richer and deeper levels of insight in regards to their recovery. As a final preparatory step, a pilot study was conducted using one co-researcher to pre-test the material, interview process and analytical procedures.
Designing the interview

The main objective of interviewing the co-researchers was to gain a thorough description of their subjective experiences. The quality of this subjective description is dependent upon the type of interview the researcher chooses to use in the study. In designing the interviews several factors were taken into consideration. The first concern was in regards to the structure of the interview, the amount and type of information sought. Unlike simple journalistic interviews which are usually very formal and structured, I chose to use an informal, interactive open-ended approach. This decision was based on the assumption that interviewees are more likely to feel free to share personal information in a casual relaxed manner instead of in an interrogative question and answer approach. Second, in regard to the amount of time available, each interview was scheduled for a two hour period to allow time for recall and storytelling. A third area of concern was the environment in which the interview would be conducted. All interviews were scheduled to be conducted in mutually agreed upon locations that were conducive for communication, privacy and audio-taping. The fourth area of concern was the role of the participant in the research. The role that the researcher gives the participant affects the information given in the interview.
According to Mischler (1986):

If we wish to hear the respondent's stories then we must invite them into our work as collaborators, sharing control with them, so that together we try to understand what their stories are about (p. 249).

Thus the term 'co-researchers' instead of subjects appropriately describes the interactive relationship in this study.

Data Collection Phase

The first interview began with the establishment of rapport, a review of the purpose and conditions of the study (specified in the consent form). Once rapport was established the co-researchers were invited to tell their story. Instructions were as follows:

I would like you to describe your recovery in as much detail as possible, as if you were telling a story. Include your thoughts, feelings, behaviors and experiences that led to your recovery. Start at the beginning and progress through to the present.

This instruction was modified for clarification as needed. Unlike the typical AA storytelling that focuses on 'what we used to be, what happened and what we are like now' they were encouraged to focus on the 'hows' and 'whys' of their recovery. Using probes and the predetermined questions, I attempted to guide the dialogue toward richer descriptions
of their experience. Examples of these questions were as follows:

1. What was the most rewarding aspect of your recovery?
2. Who and what most influenced your cessation of drinking?
3. Would you say that you have regained control of your life?
4. If yes, in what areas have you regained control?
5. How has your attitude towards life changed?

The complete list of questions are located in Appendix E.

The interview ended when the co-researchers felt that they had completely told their stories and all related questions were answered. I then thanked the co-researchers for their participation and informed them of the validation interview that would follow within a few months.

At our second meeting, the co-researchers had an opportunity to give feedback on the narrative which was formulated from the transcripts of the first interview. They were asked to review the narrative to determine whether it accurately related their experience. Overall all the co-researchers were pleased with the narratives. In fact, very few inaccuracies were identified. The changes were made in the final draft of the narrative.
Analysis

Analysis is an on-going process that begins from transcription of the audiotapes of the interviews and follows through to the final write up of the document. Ten basic steps were involved in the analysis of the data. They were as follows:

1. All interviews were transcribed verbatim.
2. I read and re-read all the transcribed data in order to get acquainted with the material.
3. As I read the material I highlighted statements that appeared to have some significance in relation to obstacles, strategies, people, places or things that contributed to their recovery.
4. I then went through each transcript and numbered all these statements. The statements were initially organized in the order of the story telling then later reorganized to reflect a clearer chronological order of events.
5. Further analysis was effected through the search for themes and patterns. Agar and Hobbs (1982) defined a pattern as 'any persistent, conspicuous relationship or portrait feature influencing the plot and moving the character in a discernible direction'. In the end I identified several significant themes. All the above steps were repeated for each transcript.
6. The total information from the above steps were integrated into a narrative description for each co-researcher (See Chapter IV).

7. I then returned to each co-researcher and asked them to validate the narrative.

8. I reread the narratives in an attempt to identify commonalities, contradictions and inconsistencies in their experiences.

9. All the commonalities of the narratives were merged to form a general story of their recovery from alcoholism. (See Chapter V).

10. External criticisms were sought from my supervisor, spouse and colleague to review the general story for inaccuracies, logic and clarity.

**Final Considerations**

After the study was concluded, I asked myself several questions. First, were my findings consistent with my research question? At the beginning of the study I had no specific assumptions on what if any relationship meaning of life had on recovery from alcoholism. However as described by the co-researchers having sources of meaning in their lives had a tremendous impact on their recovery.
The second area of concern is whether the findings of this study can be generalized to other alcoholic populations. The answer to this question is complex as generalization of any study is dependent on several factors. One such factor that influences generalization is the sample. The characteristics of the sample should be similar to those of the larger population to which the study aims to generalize. The sample in this study was small and unique. Specifically all five co-researchers were in their forties, had middle incomes, were all Caucasians and worked predominantly in the social science field. Therefore in short I could somehow claim that this study generalizes to a population of middle class, Caucasian professional ex-alcoholics. However this claim would be incorrect as the co-researchers were not randomly sampled from this population. Since this was a case study generalizing was not a major concern. Rather, the main aim was to obtain a clear description of recovery from alcoholism.

Polkinghorne (1991) suggested that generalization can be viewed in three different ways; 1. the findings are the case for all human beings; 2. the findings are not common to all people; 3. the findings are not generalizable and are unique, as in case studies. He pointed out that although researchers strive to claim generalization to a whole population, for example teenagers, very few studies can accurately make this claim. Other researchers argued that
there are other ways to evaluate the trustworthiness of a study beyond reliability and validity. For example, Guba and Lincoln (1985) and Krefting (1991) pointed out that most of the criteria used to evaluate studies are reflective of quantitative research. In defense of this argument they presented a variety of criteria specific to qualitative research. These criteria included credibility, applicability, consistency and neutrality. Sandelowski suggested that a study is credible 'when it presents such accurate descriptions or interpretations of human experience that people who also share that experience would immediately recognize the descriptions (p. 216).'

Several steps were taken in this study to ensure the credibility of the descriptions of the co-researchers. First, peers independent of the study were asked to read the transcripts and point out significant statements and themes. I then compared their findings with my own and made the suitable changes. Secondly, the co-researchers were also asked to verify the accuracy of their stories. A third means of ensuring accuracy of information was through reframing of questions and probing.

The second criterion, that of applicability was not relevant to this study. Applicability refers to the degree to which the findings can be generalized to other contexts, situations or groups. Again due to the uniqueness of the small sample and the non random sampling technique, the
findings of the study would not be generalized to a larger population. It was not the researchers' intention to generalize to other contexts or situations.

The third criterion of trustworthiness concerns the consistency of the data, specifically whether the findings would be the same if the study were replicated with the same subjects or similar contexts. Although the steps taken throughout the study were clearly outlined, it would be difficult to replicate this study with identical findings. It is unlikely that the co-researchers would not tell their story in the exact same words or manner. In addition, the themes identified would be affected by the researchers definition of 'significant statements'.

The fourth criterion to determine the trustworthiness of the study is the level of neutrality of the researcher from the findings. Guba defined neutrality as 'the degree to which the findings are a function of the informants and conditions of the research and not of any other biases, motivations and perspectives'. Steps were taken to increase the neutrality of the study. Since I had no prior knowledge or close association with the co-researchers I had no knowledge about the process of their recovery. Secondly, I tried to suspend my own perceptions on recovery while conducting the interview. I refrained from sharing my views on recovery with the co-researchers before the interview was conducted. Thirdly, I separated my self from the data over a
two month hiatus from the study. After this extensive period I developed new perspectives on the data.
Chapter Four

Case Studies of Recovery from Alcoholism

Case 1

Ivan is 48 years old. He abused alcohol from age 14 to 29 and has been sober for 19 years. Over the past 19 years, Ivan has developed a clear understanding of both his drinking and recovery. Although Ivan freely labels himself as a recovered alcoholic, his recovery has not been easy. The process has been marked by struggles, emotional upheavals and periods of self doubt. Today he can be found speaking openly of his recovery at seminars. Although outspoken and clearly articulate, Ivan had some difficulty telling his story. His reminiscence was filled with insights and poignant moments.

Like many young men in his community, Ivan chose to work in a logging camp. Initially this seemed like the ideal job, a good salary, many friends and a fun filled social life. However, once the initial excitement faded, he soon became aware of the other side of the logging camp. He recalls the environment of the logging camp.

It's a very egotistical environment, you make lot of money ... and live like a king for a day ... We
thought we were hot stuff. My life was getting less and less satisfying. It took about 8 to 10 years before you realize the cost and the sacrifice were enormous because we never got to be real people, we operated like machines ... I lived in hotels, ate in restaurants ... A lot of us hung out together so that there would be somebody to communicate with. The loneliness was intolerable. So in that we fed our self esteem ... how we kept ourselves alive.

Although Ivan functioned adequately in this lifestyle, a part of him yearned for something different. Like most alcoholics, he did not seek help himself, but was encouraged by a friend. He chuckled, "I met a friend, he asked me if I wanted to go to an AA meeting, I went, I was willing to do something different with my life." It was this yearning for something different that motivated him onto his first step on the road to recovery. In fact it took about 2 years before he had a true desire to change.

His first encounter with AA was a positive experience. He felt at home among the members and began attending meetings zealously, two to three times weekly. Frequent attendance at AA meetings filled his spare time which would otherwise be spent in drinking. "I got to know some really good people and they got to know me. I learned a different way than before." AA soon became the center of his life. He recalls receiving his first year cake as a landmark in his
soberly. He acknowledged that although he was committed to being sober, the first few years of sobriety were extremely difficult and at times frustrating. He recalled one incident when he drove to a bar to have a drink but instead had a soda. This was his turning point.

I had a different attitude after that and I didn't struggle and fight so much. Once you get through the turning point, then the sobriety has a different meaning ... I believe more an unconscious acceptance.

By leaving behind the alcoholic lifestyle, Ivan had to face several losses. "One can't take out parts of your life without certain regrets ... I realize that the friends I had weren't friends and I think that's a loss... It's really lonely... To break off these relationships and then start over from square one and begin a new life." He had to accept the reality that the drinking environment would continue with or without his presence. "Nothing has changed at all, they are still having the same conversations I had years ago... it doesn't change in that respect."

With these losses came a new measure of satisfaction. Within his AA fellowship he developed new relationships that would last for several years throughout his recovery. Each subsequent year of sobriety brought new realizations and insights about himself. Of the most impact was the realization that he could not find self esteem in a bottle or among fellow alcoholics. " I couldn't buy self esteem...
I had to learn to grow a new self esteem." In developing this perspective he made several changes, specifically in his environment and choice of friends.

"I moved out of the area of town to avoid going there ... it was strong anchors to people I knew." He moved off the logging camp and had an apartment in town. The move out of the logging camp was a positive experience for Ivan. Being away from the drinking environment allowed him to reach out to more non alcoholics. "This is where the fellowship of AA is so important... It supplements and supplants the old friendships." Hearing stories of recovery from long term sober friends contributed to his understanding of the recovery process.

A second realization was the fact that he had did not want to die from alcoholism. He paused as he recalled this time in his life.

I knew with no doubt to keep drinking I would die, I didn't want to die, not yet... I don't think that I could have made it without that intention... Intention is really important. You got to want to do it, your own desire to recreate your life.

This desire to recreate his life became his driving force for change. Through his continued association with AA, he began to draw on the positive attributes of long term sober members. "I learned to live and cope and recreate life without using those old life long strategies... Trying to communicate to break the many old behaviors and habits."
Other people's experience was really important."

For the recovering alcoholic, life can be very stressful and filled with difficulties. Not only is the alcoholic dealing with the physical manifestations due to lack of alcohol, he is also struggling with some of the typical life problems faced by non alcoholics. For Ivan, certain areas seemed extremely challenging. As he began to develop some self confidence and communication skills, he decided to enter the dating scene. However, even with his newly developing skills, dating was extremely difficult. "I did date some girls, it didn't work out so well ... One is emotionally one way one minute and emotionally another way another minute ... So dating and getting comfortable with women was a struggle for me and that didn't go away for a long time."

Over the following years sobriety seemed to take on a more natural feeling and a deeper meaning. Other people began to notice changes in him and soon even he was aware of the tremendous changes he had made.

I remember receiving my six year cake, I was finally comfortable to speak to groups. So it was a shift in level of thinking and level of being. Other people say, 'wow you have really changed, you really put your life together'. My overall health improved. I could communicate and get what I wanted without going into a tantrum about it. I had tangible assets that were
noticeable. It was a real shift in priorities about money ... able to carry out goals and see things completed. I took on responsibility of my first home. There is a change in your perception and mind as well. Unlike the generalized notion of the transient nature of recovery, Ivan by working hard and concentrating on his commitment to sobriety did not relapse. By focusing and abstaining from the contributing factors of his alcoholism Ivan became in charge of his destiny.

In fact, Ivan continued to make significant changes. Not only did he maintain his sobriety but he has developed far beyond his own expectation. He recalls the past years with a confident smile.

So It's really about growing up and being an adult. I took a course ... it woke me up on the capabilities of the human being. My world view has changed enormously. I got rid of that turtle shell, I was able to declare my recovery and own it, own the recovery. I'm a recovered alcoholic and lot more.

Throughout this growing up process he came to the realization that his destiny to drink or not to drink is in his control. Sooner or later the alcoholic comes to see his behavior as childish, that he must grow up and take responsibility for his life and make decisions for himself. Ivan realized that the things he sought in drinking could now be found in other ways. His deep fear of abandonment
which existed from childhood is now gone. His insight is quite clear.

Paradoxically what you fear seem to manifest itself and that’s what happened ... I became so isolated that no one on the globe really wanted to hang out with me. With the fear gone, there is a great freedom, a real sense of self and free of fear of abandonment. This new found freedom gave him an opportunity for further self exploration and broaden his understanding of alcoholism. He began to see improvement in his self esteem, self worth and confidence. He allowed himself to take on new responsibilities, a new home and a wife.

I no longer believe that I'm a victim... I can take on the risk that life offers... I can love, love myself, love others. I don't have to control them all. I'm now competent and I'm confident, it's a huge shift and I enjoy it immensely.

Despite these changes, Ivan admits that this is just one part of his growth. He believes that life is only beginning to unfold. He explained, "I don't believe that I'm fully grown as a human being. There is more to be explored, developed."

While Ivan's recovery has been guided by his determination and commitment to his sobriety, he acknowledged that he could not have gone through the process alone. He drew heavily on the help of the AA fellowship and
special friends he has developed throughout the years. Most significant has been his relationship with his wife since 1987. "That's been a real significant shift on how I think, feel and the relationship with her is really different... Rather than controlling and domineering there is a sense of freedom."

Ivan has aspirations for the future. He is now in the process of expanding his counselling service. Working as a counsellor allows him to be less self centered and gives him an opportunity to give back to society. The ability to view his life from a broader perspective has been an asset in Ivan's recovery. "Being able to serve other people is extremely rewarding. I think that the essence of spirituality is to be at service, there's got to be a purpose, that's what the whole thing is all about."
Case 2

Larry is a 36 years old drug and alcohol counselor. He abused alcohol from age 18 to 28 and has been sober for almost 8 years. Although he is proud of the changes he has made throughout these years he admits that his recovery was not very easy. In fact, the past 8 years have been filled with emotional ups and downs.

Like most alcoholics Larry did not initially admit that he had a severe drinking problem. His acceptance of his alcoholism was not realized until after a drinking episode during which time he physically abused his wife. After being given the ultimatum to stop drinking or lose his family, Larry reluctantly went to an AA meeting. In the midst of facing this problem, his mother died a few months later. This was a devastating experience and he quickly slipped into relapse. Five months later out of desperation to save his marriage he returned to AA. "The longer I went to AA and the more I needed help more and more. That's when my recovery started."

For Larry, AA was initially a scary experience. He recalls his first meeting.

I did not know who I would find there. I was very troubled, just basically an unknown frontier, virgin territory if you will ... They had clear eyes and they were laughing and had a glow about them that I hadn't
had for a long time and I knew that they were not on drugs and alcohol. So that was something that inspired me and that I knew that I could possibly have.

Like most members of AA, Larry has fond memories of his first year cake. The achievement of one full year of sobriety was a significant milestone. However, this and subsequent years were not easy. Larry's first few years of sobriety were plagued with difficulties. Some of the consequences of past behaviors while drinking suddenly came to the forefront.

I got fired for the second time and that was traumatic for me... I was living alone for the first time in my 35 to 36 years, my social habit had been to be with someone or with a family member. I was alone and it was very frightening.

Looking back, he acknowledges that although he felt overwhelmed by these events, he believes that these difficulties were a driving force towards his recovery.

Although Larry had begun to make drastic changes he did not seem to recognize the depth of his alcoholic problems. He was simply sailing on a sense of false security which recovering alcoholics sometimes feel in the early years of sobriety. He plunged himself into several projects aiming towards self improvement. He attempted to start his own small business but this quickly failed. He then bounced
around from one sales job to another. Again after these failures he returned to the safety of AA.

Several factors have facilitated Larry's recovery over the past eight years. The first step was his acknowledgment that most of his alcoholic behaviors were simply childlike. "There I was, I didn't know what I wanted to do. You heard the saying, what do you want to do when you grow up, well I hadn't grown up yet. I didn't know what I wanted to be ... So there I was scared, lonely, low self esteem, guilt and trying to find a path for me." Fundamental to his growing up was his acknowledgment that recovery did not equate a quest for perfection.

As Larry reflected on his own experience he emphasized the importance of taking inventory of his past. Specifically he had to confront his past shortcomings and lack of responsibility. "Looking back now and owning my own defects and everything I could see that the disease had taken me and that I had to face up to my own stuff." Not only did he have to face his defects but he also had to face the results of his irresponsible behaviors.

I hadn't paid income tax for over a year, I had a loan outstanding ... so getting honest and paying people back. There was emptiness, loneliness, those were some of the boogie men that I had to face and the skeletons
in the closet that I had to face as well, it was not fun.

Through the evaluation of his defects, Larry developed a new awareness of himself. "So realizing that I am not a bad person and that I can make mistakes. The main thing I had to do on myself was my ego and drop my ego and become vulnerable and realizing that I am not going to break. It will hurt but life is like that sometime, but I know that I am not going to break and that I am going to live through it."

By dealing with his problems, Larry found that he had begun to experience a new sense of freedom. "Through that I am getting more freedom, emotional, spiritual freedom ... and trying to run my life appropriately for me so that I don't have to run away from people and certain places ... face the boogie man." The ability to view his life from a broader perspective has been an asset in Larry's transition into adulthood. Through this introspective phase, Larry realized that along with making changes within himself, he had to make changes in his friends and environment. This was particularly significant for Larry. "Today I hang around with a different set of people, a more mature crowd, more supportive. A total different change of friends when I started to where I am today."
It wasn't long before others began to notice the changes he had accomplished.

People noticed the changes in me first. They noticed that I wasn't as angry. There were people in AA that saw me when I just started and they told me a few years ago that they were really worried that if I didn't get rid of the anger against my first wife and against the world I was going to explode. The biggest thing they noticed about me was the peace and calm and the anger dissipate... I socialize more, went to dances, sober dances. I found out that it was ok to have free time for Larry, that it was ok for Larry to have time for himself. I would walk along the beach or along the river or what I considered peaceful. It was ok for that to happen.

This sense of personal accomplishment was very rewarding for Larry as he began to see the results of his efforts to change. While his recovery was guided by self determination, Larry drew inspiration from others. One of the most significant people to assist him through his recovery is his present wife whom he met in 1988. This relationship was remarkably different from his first wife or other women. The ability to have a meaningful relationship with his wife was a significant milestone. He recalled:
Today I have much more respect for women. They are not just objects, when I was in relationships, even early in my sobriety I took hostages and today I have a lot more respect for women in my life. My attitude has changed substantially ... I have never felt support from a woman partner or from all the women I had taken out. I could sense her support. Today I have a really good relationship with my present wife. She is one hundred percent supportive. I respect her wants and needs, so we meet her needs. It is a more balanced relationship.

Not only did Ruth support Larry through his sobriety but she also encouraged him to continue to grow. "We talked about going back to school... I started school in August 1991." Ironically, Larry decided to pursue a career as a drug and alcohol counsellor. His return to school proved to be a challenging and rewarding experience. He was soon employed as an alcohol counsellor.

Along with help from his wife, Larry admits that he could not have gone through the process without the constant support of AA. He has a lot of regard for the AA steps and traditions and respects the contribution the many members made in his life. Even today, AA attendance is still a main priority. He continues to attend meetings on a regular basis.
Another factor that contributed to Larry's recovery was a new found meaning in his life. For Larry meaning comes from many sources. He stated:

The fact that I have a woman in my life that loves me. The fact that I have a sense of spirituality today that helps me along. The fact that I think for the most part I am liked for who I am and the facades don't have to be there. People like me and accept me for who I am. Probably for the first time in my life I am learning to live and have an appreciation for everything around me. The fact that I can take the time to look at a landscape and have some serenity in my life. I am a good husband, a good part time father that gives meaning to my life. My job gives meaning to my life. The fact that it is important to know that I am loved gives me meaning too.

Throughout the past 8 years, Larry has arrived at a deeper understanding of himself. He explained:

All the way through my history I had to learn about myself... my self esteem has risen to the point that I think well enough of myself... The quality of life I had before was not very good, today it is much better. I don't have to lie, I can be honest with people and not worry about what they think of me and do not cover up.
The past 2 years have been exceptionally stressful for Larry. His wife had an attack of Multiple Sclerosis and was quite ill. Not surprising, he did not return to drinking as a way to cope with the stressful situation.

Although he draws satisfaction from his past accomplishments, he is not content to sit dormant. He is concerned with the future and feels that he has a long way to go. "I am satisfied right now but I don't accept that recovery is a destination. I think that recovery is a journey not a destination. I don't arrive there, it is a continuum."

Year after year his life brings new experiences which allows him to continue to grow. His plans for the future include returning to school to get an international certificate as a drug and alcohol counsellor as well as pursuing a university degree. His decision to work in the alcohol field is highly influenced by his need to give back to society. He concluded:

Initially I was very bitter and very angry and still not taking responsibility for my actions for what I was doing, very self centered, very selfish type of thing. It wasn't until I had the opportunity to be sober and the longer I stayed sober the more I realize that my recovery is my responsibility. That has changed to where I am responsible for my recovery... The more I
learn about myself the more I understand that I don't need alcohol. It doesn't add anything to my life.
Case 3

Bob is 46 years old. He abused alcohol from age 22 to 40 and has abstained for 6 years. At our first meeting Bob was hesitant about participating in the study. He felt he had little to offer to a researcher about recovery. However he was willing to meet for the first interview. At the onset of the interview he was nervous but as time unfolded, he was warm and told his story quite easily. His recall of his alcoholism and recovery was quite clear and punctuated by sparks of his colorful humor. Although Bob refused to see his recovery as an unique success story, he admits that he has made tremendous changes over the past six years. As he tells his story it is obvious that Bob has gained new insights about himself. Bob recalls his alcoholic days.

When I drank I would go downtown to sleazy bars. I was Mr. Jekyll and Mr. Hyde when I drank. After three drinks I would be Mr. Smooth, charming and funny and then 6 beers later I would turn into rude and totally obnoxious. I would insult good friends. I would be physically, violently and verbally abusive. I thought that alcohol would give me strength. Most of the time it didn't.

Bob describes himself as a 'binge drinker'. "I didn't drink every day but would consume at specific times and especially when I got my welfare cheque. I would blow most
of my money on alcohol and half way through the month I had to borrow money to pay my bills."

Unlike the other participants in this study, Bob did not follow the usual path to abstinence through AA. In fact, he admits, "I just decided to quit, that's it, no more drinking, I had one drink too many and a million was not enough." Although I have heard this simple explanation before, I was quite startled and prompted him further for an explanation. As he continued to tell his story it became apparent that it was not that simple. His need to quit alcohol was initiated by several unpleasant circumstances.

One of the last times I was drunk I got into a fight with these guys, one guy punched me in the mouth and my tooth went through my mouth. Instead of going to the hospital for stitches, I went home. Now I have a terrible scar and every day I look in the mirror and look at my lip and say do you want another one on the other side. I look at it and remember what drinking did to me.

Not only did alcohol abuse leave its permanent presence on Bob but he was also left with the possibility of other losses. It was the awareness of some of these losses that propelled him into making that final step to abstain. Of particular importance was the threat that his relationship with his girlfriend would end because of his alcohol abuse.
My girlfriend didn't like me drinking. I remember once I was so drunk I crawled home in the pouring rain on my bloody knees, soaking wet, people went by and said get up buddy but I didn't care. I would try to be loving with her but she knew that I was not sincere. She threatened to leave me if I didn't go for counselling. Scared of losing his relationship, Bob quickly went to an AA meeting but admits that even at this meeting he was drunk. He received counselling for eight months. This counselling was not effective as Bob had not made the commitment to abstain and simply went through the motions. After much soul searching, he made his ultimate decision to quit completely and started counselling at another agency. Soon after Bob received Jesus Christ in his life and made a commitment to become a Christian. It is this commitment that has sustained him over the past 6 years. He explained:

I trusted in the Lord and at times I could have gotten drunk but I don't. There isn't a lot of idle time to drink or even debate about drinking. Drinking is intoxication, poison, I was tired of poisoning myself.

Over the years Bob has made tremendous changes. At first those changes were more obvious to his friends than to himself. "My friends said you've changed a lot, you calmed down a lot." Over time he began to notice the changes. Of particular significance for Bob was the process of regaining parts of himself. Specifically his self confidence. As a
child Bob suffered a permanent disability. This disability left him scarred and feeling inferior. He explained:

Alcohol gave me a false confidence. I didn't know that I had a natural confidence until I stopped drinking. I had a lot of anger from my childhood that I turned on myself and the world. I didn't love myself. Hollywood perpetuates this image of how we should look like Arnold Schwarzeneggar or Marilyn Monroe. That was a silent burden that I carried around, it used to hurt.

Today he no longer hides his disability behind the safe clutches of alcohol. As a teenager he enjoyed playing the guitar and held a secret fantasy of becoming a great rock star. Although this fantasy did not come through, he now plays in a small band once a week in a local club. "I see my music as a way of giving back to God, the talents he has given me. I still get scared performing because in the past when I played I use to have a few drinks before I would go on, now I don't drink before performing." He has stopped associating with fellow alcoholics and spends most of his leisure time among Christians.

Being sober has opened up several aspects of his personality that lay buried and silent while drinking. "I can deal with all kinds of people, pets, whatever. With alcohol I covered up a lot of the natural me. Bob is just
coming out, it's not overnight, it is the unstripping of several layers of drinking."

When asked what maintains his sobriety today, Bob explains that he has a better life, one that now has a meaning and purpose. His primary source of meaning is his personal relationship with God. Having God in his life has brought Bob a sense of peace and acceptance of self and others. Bob admits that it has taken a long time for this realization. As a child and young adolescent he was forced to attend church by his mother. "Back then church was a place I had to go every Sunday, God was a person to punish us. Today I am a Christian by my own choice." Bob sees the changes he has made as a result of being a Christian.

When I drank I used to be very angry, I could scare people away, I was very rude, loud and obnoxious. Deep down there was a lot of shame. Early in my sobriety when I saw drunks I would look down on them, now today I might stop and say hello and even smile. If people don't return my smile there is lots more to give to someone else, I don't get mad anymore.

Not only has Bob's relationship with God made him calmer but it has opened up new sources of meaning in his life. One such source of meaning is his new found ability to take risks and step beyond his usual boundaries. In the past while drinking, the only risks Bob took was to get into occasional bar brawls. Today Bob no longer hides in the
shadow of false assertiveness and strength from alcohol. Instead he has taken the plunge to take risks despite his disability. A prominent feature of risk taking is to be visible. This is particularly evident at his place of employment. Although Bob works voluntarily as a supervisor he often finds himself taking on the role of counsellor, manager and role model. Through these roles he is constantly giving of himself. "I get a lot of satisfaction from helping and counselling others."

Another source of meaning for Bob is his relationship with his girlfriend. Through counselling he believes that his relationship is improving, especially in his ability to clearly communicate his needs. He is quite optimistic that the relationship will continue to improve and plans to be married in the near future.

He admits that although his life is more fulfilling he has a long way to go in his recovery. Through counseling he has gained awareness of other problems he still has to face. The main problem is his unemployment. Although he has completed high school and some college, he classifies himself as 'unemployable' this was based mainly on his disability. Bob would like to hold a full time paid position in the future. He plans to return to school to study Broadcasting and Computers. In addition he would like to produce his own original music track. Another problem he is still struggling with is his inability to say no to others.
Through his counselling he is now aware that he has gone from a self centered alcoholic to one who constantly gives of himself and his time. He admits that presently he has too many volunteer commitments.

In closing he commented, "I have eternal life and it's not just me in the world, I enjoy life abundantly without drugs and alcohol."
Case 4

Audrey is a beautiful, warm, soft-spoken forty-nine year old woman. Like the other participants in this study, Audrey shows no physical evidence of the effects of long term alcoholism. Audrey abused alcohol for many years and proudly claims fifteen years of sobriety. Audrey feels that she has recovered completely from alcoholism. When asked for her definition of recovery she explained:

First coming to the end of myself then discovering that there was help for me and my life could be turned around to be meaningful, happy, peaceful. Discovering a walk with God through the Lord Jesus, my higher power and recovery is freedom from alcohol with absolutely no desire for it and no problem refraining from it.

Being a Reverend has given Audrey deep insight into her alcoholism and recovery. Working in the ministry had not been a career aspiration for Audrey. In fact, as Audrey reflected on her past she emphasized that as a child and young adult she was not an angel. Her arrival at this point in her life has been a long and difficult journey. Audrey was raised in a poor family of seven sisters and one brother. Her childhood was plagued by low self esteem which was reinforced by a domineering father who constantly told her she was ugly. Yearning for attention and love she married at fifteen years old. This marriage tragically ended
when her young husband died five years later. Left with four young children and no financial resources she remarried. Two marriages and two divorces later at age thirty nine she was drinking excessively and came close to ending her own life. Ironically it was this contemplation to end her life that propelled her into recovery. With a soft glow in her eyes and sipping on her tea she recalled this crucial incident.

It was the morning after a big drunk. At that time I had threatened to take my life after drinking. I woke up the next morning realizing that if I had another drink I might have killed myself and the somber thought of how it would affect my children made me think and realize that I had to do something. Something had to be done. They call it reaching your bottom. So I phoned for help. The first thought came to my mind was to phone AA.

Like a few of the participants in this study, Audrey found that AA did not meet her needs. Instead she was able to find help through a local church. Of particular impact was the message that God loved her. The female minister at the church gave her a new insight and hope for the future. If there were a single turning point, it would have been on that day when she walked into that small church. She explained:
I was 38 years old and never heard that God loves me. She had her hands up in the air and she said three times "Jesus loves you." Here I was trying to find my knight in shining armor and here I had based my whole life if I could find the right man to take care of me and the burden to find that right man left me from that day to now seventeen years later.

Audrey proudly proclaim that her recovery was instant. She explained:

I feel a bit shy to say, but nothing, it was an instant miracle. I think the first night I went to that first service and cried out for help it was gone. I desired the strength to be sober and God gave me the strength to set me free. I didn't have any side effects or reactions.

It would not be cynical to assume that Audrey's miracle was an overnight 'religious conversion'. But as time progressed it became obvious to Audrey and others around her that this was not a temporary conversion. As she continued to attend the church, she began to see changes in her life. No longer did she yearn to be the belle at the ball. She returned to school and received her high school diploma then later a college diploma in business. A short time after, she accepted Jesus in her life and became a Christian. This was the landmark of her recovery. Within two years of becoming a Christian she joined the ministry.
Unlike most skeptics, Audrey did not question the power of God. Instead she opened her heart and mind to the reality that she was completely free of the burdens of alcohol. It soon became evident to her family and close friends that Audrey truly believed in her miracle of recovery. "I have love and respect from my family. My father is very proud of me. In fact my daughter suggested that I should be nominated as mother of the year."

As she embraced the non alcoholic lifestyle she gave up other parts of her life. She cut off all association with her drinking friends and found new friends in the church. I am encompassed with friends who are trustworthy and kind. Like where I had one or two, now I have a hand full, easily up to 12 people I can phone and open my heart and that's something you don't have when you are an alcoholic. Before it was like the party circle, it's like you change paths.

Unloading the baggage of alcoholism has given Audrey a sense of freedom and a new lease on life. Not only did she grow spiritually but she could see physical changes. I used to have headaches and used to take tranquillizers and I don't anymore. It's like I used to have a whole bunch of garbage in my life and I don't anymore. I am no longer depending on others for my personhood.
With each passing year of her sobriety, Audrey developed a more positive attitude and a feeling of accomplishment. Her life focus switched from simply learning to be a good and sober mother, to being a responsible adult contributing to society. Like the other subjects in this study, Audrey gained a great deal of satisfaction from giving back to society. Being free of alcohol, she became less concerned about meeting her personal and often selfish needs.

My life in the past was quite aimless apart from raising my children. Other than hanging on as best as I could as a drinking person, as a drinking mom that was the extent of my life. Since my sobriety my whole life has opened up like a rose, like a flower blossoming. Not only am I more effective and stronger in relating to my family but I'm helping the community at large. This is far different from what an alcoholic can do, they barely hold up their own life let alone help the community.

With recovery, Audrey acknowledged that without alcohol her life is more satisfying and rewarding. For Audrey satisfaction came from many sources.

Satisfaction is knowing that I'm loved and forgiven when I blow it. Satisfaction is seeing other people have what I have found, that they can step out of their self centredness and discover that there is more to life than just me and my needs. I have satisfaction
that God has healed my marriage. My husband and I were alcoholics together. It took 10 years for my marriage to heal. Another thing that gives me satisfaction is introducing other people to the Lord.

Over the years, Audrey has gained new insights and has widened her horizons bringing forth a depth of meaning and a new mission to her life.

My view of the world has changed in that I wasn't so self and family oriented, I'm more open to life. I have a more caring heart for the world... I find that I am very concerned about the world, now I keep informed about my nation, provincially, federal. I am really concerned about the standard of morality in our nation.

Listening to Audrey's story it is obvious that she has gone through a genuine change. As she reviews her life, Audrey's long journey from a young girl with low self esteem to being a widower, an alcoholic and later a reverend is truly remarkable. Through these changes, Audrey has grown into a person that she can be proud of. As she continues to give of herself she is also regaining parts of herself that in the past lay dormant during her difficult life. "When I was a young girl, I had a real desire to be a reporter and a radio announcer. Now I have articles printed in the newspaper and I have my own radio ministry."

Determined to give back to others Audrey has saturated herself in her ministry. Today she runs a full time
ministry, hosts a radio program, supervises a food bank, Christian social groups and several other programs. In closing she added:

The most rewarding aspect of my recovery is peace in my heart, peace in my emotions, a feeling of stability and clear thinking, clear mindedness without having the kind of periodic feeling that I am loosing it.
Case 5

In 1979 after twelve years of alcohol abuse, Michael decided to quit drinking alcohol. "I'm just going to quit completely. Things were not going to get any better... career and social life were not going to improve until I dealt with the drinking."

Michael is a soft spoken and clearly articulate man of age 45. Not surprising, like three other participants in this study, Michael works in the counselling field. It is ironic that individuals such as Michael who have had extremely stressful and or abusive childhoods tend to pursue careers in the helping profession. Recalling his story of recovery was initially disconcerting for Michael. However as he reflected on his past he spoke with relative ease about himself and his experience. The telling of one's story of recovery can be difficult as it compels the individual to review not only the positive changes they have made but also to review their painful past.

Unlike the stereotypical skid row alcoholic, Michael comes from a well established middle class background. As a child Michael had most of the material wealth that should have contributed to a stable and comfortable childhood. However, he recalls that life was not always pleasant. "I am an only child and felt isolated. I was the model child who adults liked and kids didn't." This theme of isolation and aloneness prevailed throughout his childhood into adulthood.
and perhaps contributed to one reason for later abusing alcohol.

Although Michael was exposed to alcohol at an early age within the family home, he did not begin to excessively abuse alcohol until his undergraduate years in university. Like many of his peers in university, alcohol was at the center of socialization and friendships. Fortunately for Michael, his alcohol abuse did not drastically affect his studies. He completed his degree and graduated on schedule. Unfortunately, despite the four years of social interaction with his peers Michael left university like he began, socially inhibited, afraid to reach out particularly to men. Alcohol became a panacea for his problems and allowed him to unconsciously create a false sense of security.

In the past while I was drinking, I had an unlimited future. I was more unhappy then... I lived in a fantasy ... I spent a lot of time fantasizing about luxury homes ... I lived in a fantasy world that I would have millions of dollars. There was absolutely no question that I would have these things.

Realizing that he had a problem and that his life was not progressing according to his fantasy of success and wealth, Michael moved to Vancouver hoping that a change in environment would be the solution to his problem. However Michael's problems were only exacerbated by the move to Vancouver. Like most young university graduates, Michael
quickly realized the harsh reality that the possession of a degree did not guarantee success or wealth. In fact, the only job Michael could get at that time was at the local post office. "On my God, I'm this person with an education what am I doing sorting mail. It was a whole lot of resentment and bitterness a whole lot of drinking". The combination of stress from this job, low self esteem and isolation pushed him further into the depths of alcoholism. Even though he knew that his alcohol abuse was making his life unmanageable, Michael continued to drink.

Quitting alcohol was a slow and difficult process for Michael. He explained:

For me it had to get worst before it got better. It took a whole bunch of awful circumstances... I went to one AA meeting ... we went for drinks afterwards... I was seeing a psychiatrist for about 2 1/2 years of therapy. She challenged me about the alcohol... it became real evident to the shrink that nothing was happening.

Like most alcoholics Michael realized that he could not quit abusing alcohol on his own initiative. He was ultimately forced by his psychiatrist to see a drug and alcohol counselor. With the help and constant support of his counselor Michael made the final decision to completely quit 'cold turkey'. He later joined a TA group. "It was wonderful hearing the experience of other people's lives ... normalizing what you always knew, I was moved to tears." Not
long after the completion of the TA group Michael began to see positive changes occurring in his life. He left the job at the post office for a better position at another company. A year later, he returned to university to pursue his second undergraduate degree.

As time progressed Michael realized that although he had stopped drinking and felt that he was on his way to recovery, the road ahead was a long and difficult one paved with ups and downs. He soon realized that recovery was not simple maintenance of sobriety but encompassed many aspects of change and growth. It became clear to Michael that although he had learned a lot of powerful and applicable techniques for a better life in his TA group, there was no full proof formula for recovery from alcoholism. In fact, he discovered that recovery meant a full investment of oneself into the process of life.

Like the other participants in this study, Michael's recovery progressed from one small step to another. He began by breaking all association with fellow alcoholics and refrained from going to bars and other places that served alcoholic beverages. However, like most recovering alcoholics, Michael was constantly confronted with the risk of relapse. With the help of his counselor and integration of the TA principles Michael learned to set and keep boundaries around alcohol. He stated:
I made it very clear to friends that I don't drink. Really purposeful planning. I had an unconscious map of where everybody's wine is... what they were drinking, probably taking it to the extent like a checking disorder. I was a connoisseur of wine and I had some very expensive vintage wine in the basement I never got to drink. I miss cold beer in the summer time and there are times when I say 'wouldn't it be nice'. I really can't afford to take the chance.

Not only did he have to change his friends but he had to begin changing himself. "I made the effort to eat better, started to exercise, I dressed better, doing things for myself." As his physical appearance improved Michael began to notice changes in his perception of himself. "When I saw myself as capable then I became more capable, now I know. My self esteem rose to unbelievable heights. I used it to propel me. I changed the minus to a plus."

Over the years Michael went through a gradual healing of the emotional and psychological wounds he suffered as a result of alcoholism. Shedding the burdens of alcohol abuse freed Michael and left him with a sense of peace, happiness and time to indulge in many pleasant activities he neglected while drinking. "The quality of my life improved because I had more time to read all the great books I hadn't read... I took a few nice vacations. Now I can sit back and enjoy life for what it is." As his life improved so did his
relationships. "My relationship improved with my parents after years of simmering and melting resentment. The relationship improved with other people." In his quest for self fulfillment and self awareness, Michael developed a new perspective on his life. His interests switched from selfish self gratification and cravings for accumulation of material wealth to a drive for meaning in his life. "I'm happier and I have more of the things that I want in life. I'm happy that I'm not covered in shame and guilt. I feel like I have some morals, I don't have to feel immoral about it."

Like the other participants in this study, Michael's satisfaction in himself and his life comes from several sources instead of only from the bottle. He stated:

Some satisfaction that I can change. Satisfaction that I can find good people and good friends. Satisfaction that ok I'm not as bright as I wanted to be but I am capable at doing the work I have chosen to do. Satisfaction that there is a lot of confidence and mastery.

Another contributing factor for meaning for Michael was his ability to take on responsibility and take risks. He came to the realization that he had to accept responsibility for his life. "When I was drinking, I was childlike and blamed the world for my problems. I became certainly more responsible, balancing a full time job and school. Compared to drinking, I acquired a house, responsibility of not lying." It was a
relief not to constantly apologize for parts of himself. Michael was slowly awakening from a life of unhappiness and dull existence to one of hope and meaning. Over the next year Michael began to take on more responsibilities and with these came the risk of moving beyond his comfort zone. Even tasks that seemed overwhelming in the past became challenges he was ready to face. Michael took the major risk of attempting to connect with men in close relationships. He explained:

Doing the type of work I do is important to me. I have connected with men the way I never thought it could be, that was a huge problem in my life and I'm sure that was part of my drinking. It seemed really important to be able to connect with men. I feel connected with people, before it was like a glass wall between me and the world. I rediscovered my humanity. The privilege of being allowed into other people's lives was a powerful impact.

Being connected is particularly meaningful and important for Michael as it forced him out of his self imposed isolation. However with this brave step came painful consequences. "It is scary, I'm more vulnerable. I'm more on the road now, making new friends, meeting people, showing more of myself and I'm scared."

Looking over his years of sobriety Michael admits that although he has made tremendous changes, he still has a long way to go on the journey of recovery. He stated:
With all the frustrations, I don't want to look back.
Life actually looks good. I am trying to cope with what I'm doing. I am not going to get everything. I really feel that I should have more and make more money. I will learn to cope with that I don't have as much.
It's not going to lead to depression or catastrophe. In the past I had depression for extended periods of time. The future looks good. For a long time I always thought that my tomb stone would only say one thing that I stopped drinking and I held onto that until just recently. I now feel that I have made changes that I didn't think were possible.
Introduction

In the preceding chapter individual narratives have been presented. Examination of these narratives reveal that the process of recovery varies from person to person. This finding is consistent with the literature which shows that alcoholism does not follow one single course from its onset to recovery. Jellinek, (1960) a pioneer in alcohol research, found that alcoholism is manifested in various ways. This is reflected in his clinical typology of alcoholism including alpha, beta, delta and gamma alcoholism. Although Jellinek's typology is helpful, it is limited because it does not take into consideration individual differences. There are differences such as: the use of alcohol; individual reactions or tolerance to different alcohol levels; differences as a function of genetic, biological, sociocultural and psychological factors. Cumulatively, these factors will influence the experience of recovery. In fact, the progress into and out of alcoholism differs both qualitatively and quantitatively among alcoholics. This is remarkably clear in the stories of recovery for the five co-researchers in this study. Although the co-researchers differed in their experiences of recovery, they all share common themes of recovery. After a thorough comparative
analysis of all the stories I have identified sixteen main factors that contributed to their recovery.

The aim of this chapter is to integrate these common themes into one general story of recovery for all the co-researchers. In order to understand the complexity of the story, it is helpful to conceptualize recovery as occurring on a continuum with a beginning, middle and end. According to Sarbin (1986) "a narrative or story is a symbolized account of actions of human beings that has a temporal dimension... a beginning, a middle and an ending... The story is held together by recognizable patterns called plots. Central to the plot structure are human predicaments and attempted resolutions (p. 3)".

The following story will illustrate the various stages along the continuum. Since the focus of this study is specific to recovery, there will be limited reference to the individual history of problem drinking before achievement of abstinence. Therefore the beginning will start at the prelude to abstinence and will conclude with the establishment of abstinence for at least one year. The middle involves changes in attitude, self, environment, friends and the development of characteristics that help maintain long term sobriety. The story will end at the present time with a focus on the experience of growth, self exploration, meaning of life and future goals.
Beginning

Realization that they have a drinking problem and the decision to quit drinking

For most alcoholics, the realization that they have a drinking problem occurs after long term alcohol abuse. Whether the alcoholic describes himself as a social, heavy or binge drinker, the long term consequence is that alcohol becomes one of the main controlling factors in life.

After their first terrible hangover, most alcoholics make an oath to stop drinking, "This will be the last time". However this oath is usually quickly broken and forgotten. In fact, for most alcoholics throughout their years of alcohol abuse they have made this oath several times with no success. Most will go through a period of 'dry drunk' which is quickly followed by relapse. Alcoholics frequently go through cycles of decision to quit followed by short periods of abstinence and indecisiveness throughout their years of drinking.

A question frequently asked of recovered alcoholics is 'What led to that final decision to truly quit abusing alcohol?' A common answer is that they quit after going through the experience of 'hitting bottom'. Examination of the precipitating factors to abstinence for the five co-researchers in this study revealed that the picture is much more complex than simply hitting bottom. A variety of
personal experiences contributed to their final decision to completely abstain. For example, Ivan's decision to stop abusing alcohol was developed from a need for a change in his life. "I was yearning for something different with my life... I knew with no doubt to keep drinking I would die, I didn't want to die, not yet... I don't think I could have made it without that intention." His decision was not made overnight but was arrived at after a thorough evaluation of his life. This point is further reflected in the experience of the others. Another factor that contributed to the decision to consider abstinence was threat from significant others. Bob explained: "My girlfriend didn't like me drinking... she threatened to leave me if I didn't go for counselling... I was tired of poisoning myself." Like Bob, Larry considered abstaining from alcohol because of fear of losing a significant relationship. His wife threatened to leave the marriage if he did not seek help for his drinking. Another factor leading to the decision to abstain is the realization that life is not progressing according to life plans as illustrated in the case of Michael, "In the past while I was drinking, I had an unlimited future... I lived in a fantasy world that I would make millions of dollars... There I was this person with an education. What am I doing sorting mail? For me it had to get worst before it got better and it wasn't necessarily the notion of hitting bottom. It took a whole bunch of awful circumstances." Of the five co-researchers, Audrey was the only one that
claimed to have hit bottom. "It was the morning after a big drunk... I threatened to take my life after drinking. I woke up the next morning realizing that if I had another drink I might have killed myself and the sombre thought of how it would affect my children made me think and realize that I had to do something." Despite their differences the underlying factor was that they were not content with their lives and made the decision to abstain. This is contrary to AA's philosophy: Step one which states, 'We admitted we were powerless over alcohol and that our lives have become unmanageable'. In fact, all five co-researchers were living fairly manageable lives, that is they were able to carry out their routine of work and family responsibilities while drinking. The decision to quit drinking in the present cases is a result of clear-eyed analysis and deliberation of their lives. The alcoholic has made the bold step of movement from being a passive spectator of his self destructive life to that of an active participant and agent of change.

Wavering

At this point the alcoholic begins to feel a sense of hope that this time the decision to quit is really the right decision. However even after the decision has been made this does not mean that this will automatically lead to change. Often times the intention leading to the process of change is interrupted by periods of indecisiveness. Some alcoholics
go through a period of wavering over this decision. Wavering involves anxiety, fear and confusion. One way the alcoholic attempts to deal with these negative feelings is to rationalize that his alcoholism is not as severe as significant others perceive it to be and subsequently try to beat the problem without actually facing it head on. Those who perceive that their alcoholism is not detrimental are more likely to waver for longer periods. For example, both Bob and Michael described their alcoholism as 'Not too serious'. Not surprisingly, both had the least time of recovery. The longer they wavered, the more prolonged their progress and subsequent recovery.

**Seeking Help**

After they have gone through the period of wavering and are still committed to their decision to abstain, one of the first steps towards recovery is to seek help. This can be a very overwhelming process as they wander through a maze of self-help books or groups, twelve step groups, individual or group therapies aimed at resolving alcoholism. Given the varying nature of alcoholism there is no one full proof method to treat all alcoholics. Like the varying manifestation of alcoholism so too are there different sources of help. The most common and controversial source of help is Alcoholics Anonymous (AA). Of the five co-researchers, four initially sought help from AA, but only
two completed and benefited from the AA program. Both Larry and Ivan indicated that AA was a positive experience that contributed to their recovery. Ivan stated, "I went to AA meetings on a regular basis, probably two to three times a week ... I got to know some really good people and I learned a different way than before... The fellowship of AA is so important... It supplements and supplants the old friendships." Larry described his experience in AA. "The longer I went to AA the more I needed help more and more. That's where my recovery started." For both Larry and Ivan, AA became a source of support. Contrary to the criticism that AA encourages passivity and acts as a crutch, Larry and Ivan reported that AA allowed them to take an active role in their recovery.

Despite the positive experiences of Larry and Ivan, AA is not always the preferred method of choice for everyone. For those individuals who are private and selective about disclosure of their alcoholism, the open sharing format of AA may not be ideal. These individuals are more likely to benefit from private therapy. For example, Bob attended AA for a short period and repeatedly relapsed throughout this time. He eventually left AA and made the decision to quit on his own. His strategy was simple, stay sober and take it day by day. He stated, "I just decided to quit, that's it, no more drinking, I had too many and a million was not enough". Bob's resolution to stop drinking was strengthened by his recommitment to his Christian faith. With the assistance of
a supportive counsellor he was able to maintain his sobriety. Like Bob, Michael attended AA for a short period but felt that the AA philosophy did not meet his needs. For Michael, one to one counselling proved to be the most helpful. With the help of a concerned counsellor Michael made the final commitment to quit completely. In a more dramatic help seeking account, Audrey went through a spontaneous transformation from alcoholism due to a spiritual conversion. She believes that coming to know and accept Christ was the key to her recovery. She stated, "I feel shy to say ...it was an instant miracle. I think the first night I went to that first service and cried for help it was gone. She said let me pray for you and I was touched by her kindness... I desired the strength to be sober and God gave me the strength and set me free."

**Developing Relationships with Mentors**

Regardless of the source of help one important factor that helped them keep their commitment to sobriety was the development of significant relationships with mentors. Of particular impact was their relationship with former alcoholics who had over ten years of sobriety. For example, both Larry and Ivan spoke with pride when they referred to their sponsors. Ivan stated, "There was one character who was really, really important, it was my sponsor, he was with me for over five years, he had an overview and philosophy of
life that gave me the seed to explore who I am ... he steered me to books and ways of thinking that helped me develop". Although four of the five co-researchers chose ex-alcoholics to be their mentors, this does not mean that only ex-alcoholics qualify as good mentors. For example, Audrey's mentor was the female minister that first convinced her that her life was worth living. The mentor acts as their friend, confidante, advisor and teacher.

**Facing the past - Examining the reasons for drinking**

Despite help in the early stages, the first year of sobriety is extremely difficult and stressful. Of particular importance at this stage is the need to explore the reasons for excessive drinking. Although the core reasons for drinking varied between the co-researchers they shared several common contributing factors. These included: loneliness, inability to relate to people, low self esteem, insecurity, depression and difficulty communicating and socializing. The underlying factor to these negative conditions is a feeling of meaninglessness and lack of direction. For most alcoholics drinking provides an easy way to overcome these problems. However when drinking has ceased and the false confidence has worn off, the alcoholic is faced with the reality that their problem is still present. One challenge for the counsellor is to help the alcoholic understand that their problems are not reflective of
permanent characteristics. These problems are often by-products of difficulties experienced in the past, particularly unresolved childhood issues. For example Audrey's low self esteem and Michael's difficulty communicating with others existed from early childhood. Instead of drowning themselves in alcohol they begun to learn to face their problems and develop other strategies to deal with these problems. This is reflected by Ivan as he described his experience, "I had to solve problems rather than run away from them... I had to think my way through my problems and get some control of my life".

**Facing Limitations**

Another aspect of facing the past is the need to acknowledge some of the consequences of their self-destructive lifestyle. All the co-researchers admitted that the ability to face their limitations was an important hurdle to cross in their journey to recovery. For example, Larry stated, "There I was, I didn't know what I wanted to do... I was scared, lonely, low self esteem... Looking back now and owning my own defects... not only did I have to face my defects, I had to face my irresponsible behaviors, face the boogie man." For Bob, facing his limitations meant coming to terms with his physical disability and his vehement outbursts of anger during his drunken rages. Over time Bob learned to face his self-directed anger
associated with his physical limitations and learn other outlets for his catharsis. For Audrey, facing limitations meant acknowledging that she had to end her search for the perfect father figure through remarriage.

By virtue of going through this process of facing their limitations the co-researchers became extremely vulnerable to relapse. All five co-researchers admitted that although they did not relapse during this period, they all had to struggle with the temptation to resist drinking again. This self examination and acceptance of their limitations was a turning point in their recovery. Learning to accept themselves with their imperfections laid the groundwork for growth and change. For example, Michael stated; "Although there are a lot of limitations... a lot of it is self imposed... I think letting go, sort of landscaping for me, a few brush strokes here and there that it was possible to do things and not blame the world for not providing them for me". Echoing similar feelings, Audrey stated "I knew that I'm not perfect. In the early years I thought I was an angel and it was so hard to live with myself but now I know that I can make mistakes. I am not perfect. I know that I am human and that I can blow it". While Larry stated: "It is all right to make mistakes. I am not perfect and when I realize that was a great relief off my shoulders " . The acknowledgment and acceptance of their limitations allowed the co-researchers to proceed to the next stage in recovery.
Reconstruction of Life

Up to this point the co-researchers have managed to maintain their commitment to sobriety with the help of others. Although this is a major accomplishment, the progress through the other stages of recovery is still very difficult. Success through the following stages will now depend on the degree of self involvement in the process. A view commonly held by alcoholics is that for drastic change to occur there must be a symbolic death of the old alcoholic self. In its' extreme this seems to be a detour and is not very productive. Instead there needs to be a reconstruction of aspects of the self that are dysfunctional and self- destructive and thereby leading to the creation of a new self. Reconstruction at this stage involved a change in friends, environment, means of socialization, attitude and values. The result of this reconstruction is the rebuilding of a whole non-alcoholic person.

Change in attitude

One significant change that occurred was the development of a new attitude of themselves and to life. The realization that they have the power to change the original plot of their life story is a milestone. Throughout this stage they are constantly faced with the struggle to develop and maintain this new attitude. They must examine old habits
and assumptions that are no longer functional and beneficial. One important factor that led to a change in attitude was the realization that they were no longer victims of alcoholism. This is particularly difficult for those alcoholics who have convinced themselves that they have a 'disease'. Over time they must learn to challenge and reject this belief. For example while Michael was drinking, it was easier for him to blame the world for all his problems. With each passing year of sobriety he began to change his negative beliefs. He stated: "Today I am more optimistic in a lot of ways. It was all down hill when I was drinking... Letting go... it was possible to do things ... and that the world did not have to provide for me." Larry described his experience: "I came from a sense of hopelessness to a sense of worth to where I am today".

**Change in friends and development of significant relationships**

As the co-researchers begin to develop a clearer perspective on their drinking, they begin to evaluate other aspects of their lives particularly focusing on the type of friends and places in which they socialize. By virtue of making a resolution to maintain their sobriety, they must break ties with those individuals who are still abusing alcohol. The less time they spent with these individuals the easier it was to maintain their sobriety. They gradually
began to lose their desire to associate with fellow alcoholics. On one hand they realized that they have to face and mourn the loss of these long term alcoholic friendships. Not only were they breaking off long term meaningful relationships but they were also losing social outlets and sources of pleasure. For example, Ivan stated, "I realize that if you're not going to drink with them, they didn't want to be around you so I realize that the friends I had weren't friends... that's a loss I had to grieve. It's really a lonely time to learn to cope". Looking back at the past they were able to replace the old alcoholic friendships with meaningful relationships. For example, Larry stated: "The quality of individuals around me today are different... a transition in my friends". While Michael stated, "I am very discerning about people so I don't have a lot of friends, the few I have are good and they have respect for alcohol". Similar views were expressed by Audrey. She explained, "I am encompassed with friends who are trustworthy and kind. Before I had one or two now I have a handful, easily up to twelve people I can phone and open my heart and that's something you don't have when you are an alcoholic."

For the alcoholic who drinks in isolation, breaking ties with other alcoholics is only one part of their struggle to change their drinking patterns. For example because Michael drank in isolation he had to set boundaries
around public sources of alcohol as well as in his private life. It became apparent to him that in order to maintain his sobriety he had to set standards for his relationships, particularly with those who would respect and support his non-alcoholic lifestyle. "I made it very clear that I didn't drink. Really purposeful planning. I decided that I did not want alcohol in the house... I was a connoisseur of wine and I had some very expensive vintage wine in the basement I never got to drink". For some individuals setting boundaries with friends is not enough and maintenance of sobriety involves relocation to another neighborhood away from the usual friends and reminders.

**Seeing changes within themselves**

Over time, the co-researchers and others around them begun to see changes in themselves. Being unburdened of the guilt and shame associated with their alcoholism, they began to experience a sense of relief. Initially they were unaware of the changes they had made, and were often surprised by the reactions of others around them. They found it challenging to accept and even believe the new positive feedback from others. There is a shift from stereotypical labels such as 'aggressive, hostile and lazy bum' to 'calm, trustworthy, confident, capable and dependable'. For example, Bob recalled that he experienced a profound change from being a very angry and aggressive person to a sense of
calmness and peace in his life. While Michael stated: "For a long time I always thought that my tombstone would only say that I stopped drinking and I held onto that until just recently, I now feel that I have made changes that I didn't think were possible... my self esteem rose unbelievably. It shot up incredibly. I changed the minus into a plus. When I saw myself as capable then I became capable". Similarly Audrey stated: "My life in the past was quite aimless apart from raising my kids. That was the extent of my life. Since my sobriety my whole life has opened up like a rose, like a flower blossoming... I am no longer dependent on others for my identity". While Larry stated: "The quality of life I had before was not very good, today it is much better. I don't have to lie, I don't have to steal. I can be honest with people and not worry about what they think about me". Similarly Bob stated: "When I drank I used to be very angry, I could scare people away, I was very obnoxious and rude... My friends say that you've calmed down a lot... With alcohol I covered up a lot of the natural me. Bob is just coming out, it's not overnight, it's the unstripping of several layers of drinking".

As time passed they begin to appreciate and believe the new labels. They noticed that with each subsequent year, they became genuinely pleasant and were surrounded by people who cared about them. There is a change from self deprecation to self acceptance and development of new skills once considered to be only a fantasy. For example, as a
child Audrey dreamt of working in broadcasting and now years later she has realized this dream. While Ivan, who always had difficulty communicating in groups was able to overcome this problem and now is a frequent guest speaker at alcohol recovery seminars. Other changes they experienced included: improved health and appreciation of a healthy lifestyle; renewed capacity to set and accomplish goals; openness to communicate and associate with various groups of people. Over time these changes became integrated into their new selves.

**Turning Point - Realizing that they can control their drinking**

At this point something significant happens, there is the realization that they can control their drinking. This turning point may be obvious while for others it quietly creeps up unannounced. For example, Ivan recalled his turning point. He stated: "I drove to a tavern I was going to have a few drinks, so I got there and I ordered a seven-up to give me about an hour to think it over and I looked around and saw some people drinking and I knew that I was in the wrong place... I had a different attitude after that, I didn't struggle and fight after that. Similar experiences were reported by all the other co-researchers who proudly related incidents of attending social events with available alcoholic beverages and being able to decline with grace and
confidence. Their recovery is no longer ruled by specific recommended strategies or dominated by tokens such as anniversary cakes but now becomes a personal journey.

**Middle**

Stage two is marked by becoming less self centered, more responsible and a willingness to trust and serve others. Those who have successfully mastered the challenges of the earlier stage are now able to move on through the process. Although no longer plagued by the physiological reactions of withdrawal, recovery still requires commitment to their original decision. Changes now take on a personal nature.

**Development of Intimate Relationships**

Alcoholics are often portrayed as poor candidates for intimate relationships. One reason for this is that they can be unreliable, selfish and abusive when under the influence of alcohol. However with recovery comes improvement in interpersonal skills and a need for intimacy. Out of the circle of new - found non-alcoholic friends they are now able to carefully choose a significant other. Unlike their past relationships they don't have to hide under the illusion of love which was simply a camouflage of pain and anger. For example, in his first marriage Larry admitted that while he was an alcoholic he was incapable of having a loving, mature relationship with his wife or other women.
However years later in recovery he has made tremendous changes in this aspect of his life. He explained: "Early in my sobriety I took hostages and today I have a lot more respect for women in my life. My attitude has changed substantially".

**Developing New Perspectives - Being Responsible**

There is a point when the recovering alcoholic become aware that they can function beyond the safety of their individual recovery program. They realize that life offers many avenues and that the key to further change is their ability to make a choice of which route to pursue. Rather than wait for others to make this decision, they accept the responsibility for this choice. Life is no longer seen as a complicated maze of decisions but as a challenge of choices. Not only do they have to make choices but they must accept the possibility that they might make the wrong choice. Responsibility then begins to take on a personal meaning. This is a major step in recovery. For example, Ivan stated: "So it's really about growing up and being an adult ... I got rid of that turtle shell and I was able to declare my recovery and own it, own the recovery... In really owning my sobriety is like taking your life instead of something taking you through life ... I think the most important aspect of my recovery is to build self esteem, self worth and take on responsibility and make a commitment." While
Michael stated: "In the past, life was something that happened to me... I became more responsible, balancing a full time job and school... I acquired a house, and responsibility of not lying, now I own two houses". Similarly, Larry stated: "Initially I was very bitter and angry, still not taking responsibility for my actions, for what I was doing... It wasn't until I had the opportunity to be sober... the more I realize that my recovery is my responsibility that has changed to where I am responsible for my recovery and I now know that when I make a decision I am responsible for the decision". As they became more responsible, there is a shift from the silent hostility and blame they have projected on society to an acceptance of self responsibility. Each admitted that although they have become more responsible, they needed the help and support of significant others to survive this stage of recovery.

**Change in the role of work and shift in values**

A major aspect of being responsible is to be a contributing member of one's society. Contrary to the stereotype, a high percentage of alcoholics are not 'lazy bums on welfare' but are in fact hard working individuals. A smaller number of alcoholics see work as a burden, a frustrating task needed to maintain their alcoholic habit. Like most alcoholics, the co-researchers were able to stay in the same job for several years without their alcoholism
being detected or problematic. Although they stayed in these positions for long periods, they all admitted that they were bored and highly dissatisfied in these jobs. Acceptance of responsibility for their lives motivated them to seek out new positions that were not based predominantly on the financial rewards but also provided intrinsic satisfaction. In particular, all the co-researchers grew up in the era when slogans such as 'Hard work leads to success' was embraced by most people. Over time they realized that success was not limited to monetary rewards. They experienced a shift in values. For example, work was no longer pursued solely as a means to an end for traditional rewards such as cars, a house in the suburbs, vacations or upward mobility. They enthusiastically embraced a new meaning of work as a personal challenge and opportunity for growth. As the incentives of society's success symbol began to diminish, so did their pursuit of it. For example, Michael the counsellor stated: "Doing the type of work I do here is really important ... I have connected with men the way I never thought it could be, that was a problem in my life." Over time after some retraining they all changed their jobs. Their new jobs gave them an opportunity for self expression, fulfillment and enjoyment. Ironically they found themselves asking," Is it possible to make a living and actually enjoy it"? They all admitted that past jobs did not give them such enjoyment. Although enjoying life became a
priority they realized that work brings not only pleasure but also pain. For Michael this was a real growth experience. He worked for several years with people with AIDS, he explained: "I learned something about fighting, grace, dignity... before I was like a glass wall between men and the world. I rediscovered my humility. There were lots of tears, happiness and pain". The co-researchers realized that happiness and enjoyment was not something to be pursued but was gained as a by-product of doing something fulfilling with their lives.

**Concern for others**

With further exploration and appraisal of their lives they realized that enjoyment comes from many sources. One such source of enjoyment is being of service to others. The need to help others is motivated by a need to give back to society. Often alcoholics are portrayed as selfish and self centered individuals whose sole purpose is self gratification. However over time as they grow and change they begin to shed this egotistical need. For example, Larry and Ivan admitted that although giving back is a part of AA's philosophy, they felt a personal need to move beyond the call of duty to a fellow alcoholic. Ivan stated: "When I was drinking, I was not capable of giving back to anyone, there were always strings attached. Being able to serve others is extremely rewarding." While Larry stated: "I'm
grateful that I can participate in society and give back a little of what I was granted." Similarly Audrey and Michael also realized that although they worked in the counselling field, they were motivated to move beyond their career obligations. The main point at this stage is transcendence for the sake of someone or something beyond themselves. Not only did helping others give them an opportunity to give back to society but it allowed them to develop new social skills and friendships.

**Living on a New Edge**

As they progress through their recovery each passing year continues to bring new discoveries. One such discovery is that they have lost much of the insecurities they felt in the past. There is a new sense of boldness. In varying degrees they begin to personally test the strength of their recovery. For example as in the case of the co-researchers they begin to attempt to do things that in the past would have been difficult and even risky. In the past while drinking, risky behaviors included drinking and driving or drinking on the job which resulted in negative consequences. On the contrary in recovery, living life on the edge leads to positive feelings and further growth. For example, Bob recalled: "In the past, the only risk I took was to get into a bar brawl, today I take so many risks... I say hello to people and if they don't respond, there is still plenty more
smiles and hello for someone else". For Michael this was a turning point. For years he had difficulty relating to men and today he works predominantly with men in his counselling service. He stated: "It was a huge problem in my life and I'm sure that was part of my drinking... I was always suspicious and guarded around men... I'm on the road now, making more friends, meeting new people, showing more of myself and I'm scared."

**Ending**

The third stage of recovery is characterized by the experience of freedom, self exploration and discovery of meaning. With long term sobriety the co-researchers began to experience a new freedom to explore areas of life they once thought beyond their reach. With each new exploration, came new insight, anticipation and a need for adventure. For example, Ivan stated: "With the fear gone, there is a great freedom, a real sense of self and free of the fear of abandonment." Similarly Larry experienced a new sense of freedom. He stated: "Through that I am getting more freedom, emotional, spiritual freedom... I socialize more, went to sober dances, I found that it was ok for Larry to have free time for Larry, that it was ok for Larry to have time for himself."
Self Exploration

Freedom brings exploration of their external surrounding but it also allows for internal self exploration. Much of the process of self exploration occurred in the form of self questioning. One fundamental question that arose was 'Who am I?' In attempting to answer this question another arises, 'Who I was'? At this point the individual goes through a life review. The life review involved looking back at the past difficulties, struggles and accomplishments. At the end of this review they are left with an extensive list of both positive and negative aspects of their lives. The negative aspects are not devalued but seen as a part of their growth experience. They realized that many aspects of the previous self are no longer present. By knowing 'who I was' they have a comparison of 'who I am today'. The challenge at this stage is to understand and accept the 'new non-alcoholic self.' The evolvement of the new self includes the extension and development of previous positive characteristics which replaced the 'old alcoholic self'. Ivan's experience reinforced this point. He stated: "The purpose is to get in touch with yourself. The thing to do is to find yourself and develop that." While Larry stated: "Initially I was with a lot of people ... I was not happy being alone with myself because I didn't know me... Today it is ok to be by myself."
In the course of developing this 'new non-alcoholic self', there is an appreciation of 'little' things that added great value to their lives. For example, the co-researchers experienced happiness from nature, reading, travelling and sharing special moments with family and friends. For example, Larry stated: "I would walk along the beach or along the river or what I considered peaceful ... I have an appreciation for everything around me. The fact that I can take time to look at a landscape and have some serenity in my life." While Audrey stated: "I get satisfaction in sitting in my rocking chair or just sit quietly listening to the rain fall by the fire place".

**What is the meaning of my life**

With this self knowledge emerged a deeper level of questioning, specifically, 'Is the direction of my life leading me towards a satisfying and meaningful life?' For the co-researchers the pursuit of meaning is not a new experience. Like many of their cohorts they went through a period of searching for fulfillment and meaning in the 1960's. Unfortunately most of the methods chosen at that time to answer this question of meaning of life were fruitless. For example some sought answers from self help books, groups, so-called 'deviant' behaviors such as expression of sexuality (nudity, and open marriages), preoccupation with their body and fitness, yoga, meditation
and psychedelic drugs which often left them empty and confused. Unlike the generation of the sixties, most alcoholics while in the depth and daze of drinking do not question whether their life is meaningful. In fact, for most alcoholics the years of alcoholism is overshadowed by a cloud of meaninglessness. Once they come out from under the cloud of alcoholism, they begin to notice the emptiness in their lives. With each subsequent step in their recovery they realized that life was becoming meaningful. For each co-researcher there were different sources of meaning.

Michael " Meaning comes from my work, the need to persist and to experiencing more intensity. It's a sense of being connected. Relationships are also becoming important".

Ivan - " To get connected with myself is important. It was more meaningful to be with people although I enjoy being alone. Anything that creates a meaning for me to be able to take on the risk that life offers. To be of service".

Bob - " Meaning is having a personal relationship with God which has brought me a sense of peace and acceptance of myself. The giving of myself and the relationship with my girlfriend".

Audrey - " The Lord, my family and my ministry gives me a reason to be here. To see people whole and set free from drugs and alcohol, my grandchildren".
Larry - "The fact that I have a woman in my life that loves me. The fact that I have a sense of spirituality that helps me along. That I am liked for who I am and the facades don't have to be there. People like and accept me for who I am. I am a good husband, good part time father gives me meaning to my life. My job gives meaning and that I'm loved gives me meaning". As they examined all their accomplishments during the years of sobriety they realized that having personal sources of meaning have begun to fill the void of emptiness and replaced the need for alcohol.

**Spiritual Awakening - Developing a relationship with God**

In stage three the co-researchers have began to experience meaning in their lives. For most recovered alcoholics meaning is usually found in external sources such as in relationships, work and play. However these sources are highly dependent upon the cooperation of significant others. Unfortunately over time some of these sources of meaning lose their significance.

At this point, some of the co-researchers began to questions whether there are other sources of meaning beyond what they have already attained. They began to look to a higher source of meaning, namely a higher power, God or some form of supernatural cosmic force. For three of the co-researchers, their main source of deeper meaning came from a relationship with God. For some recovered alcoholics this
movement towards God or a higher power was prompted out of desperation after exhausting several treatments, or through programs such as AA or church affiliated recovery programs. This was true for Larry. He explained, "I tried going to various church groups... just about anything, nothing seemed to satisfy me. I had to learn to look within then I could look outward". A major part of looking inward was to examine the role of God or a higher power in their lives. For both Bob and Larry, God did not play a positive role in their past. Larry explained: "As a child through adolescence and early adulthood I believed that God was punishing and not forgiving, I thought that I was going to hell, I thought that there wasn't enough room in heaven." Similar sentiments were expressed by Bob. He stated: "When I was a teenager I never believed in God, I was forced to go to church. When I got old enough I wouldn't go. Religion was a punishment". Throughout their recovery they changed their views of God. Through exposure to Christian friends and activities Bob has developed a new perspective on God. He continued: "I realized that I couldn't rely on anyone, I trusted in the Lord... I am a born again Christian... Now I go freely to church, there is no stipulation". Through AA and other religious affiliations Larry's view of God has also changed tremendously. He explained: "Today I have some faith in humanity and firmly believe that there is a guiding force involved... God gives us road maps, he doesn't do the
driving... When I found a greater understanding of God, I found that I could have peace, some kind of guidance I was receiving". Over time their relationships with God began to take on personal significance and meaning. For example, as a minister Audrey's role and motivations were quite different from the others. She stated: "I have an evangelistic zeal, I want to see everybody get saved. I delight to win souls for Jesus. To see everybody become whole and get set free from drugs and alcohol... That gives me a reason to be here". Bob described his view: "I know that God loves me, I have eternal life. It is not just me in the world, I have a purpose to expand God's kingdom." Larry's sees his relationship with God more like a one to one friendship." I see God as if he were an individual, not a spirit, someone I can talk to, get mad at... His basic commandment was to love, I can love and this allows me to have a tolerant understanding of others... everyone has to choose, I don't think that it is something you can force onto people". For Larry, Audrey and Bob the presence of God in their lives has made a tremendous effect in their recovery.

The Future - Setting Goals

After years of struggling through the process of recovery, the co-researchers considered themselves to be recovered from alcoholism. Alcohol and all it's effects on their lives is now a thing of the past, a clear memory of
something left behind. Today they can set goals to be attained in the future. For Michael, future plans includes the possibility of going back to school for another graduate degree, expanding his counselling service, developing meaningful relationships and being happy. He stated: "I'm semi happy with my life... I'm not where I want to be. So I'm still engaged in the process. I have a lot of shields for what I want and where I am. There is no road back, even if you decompensate you got to keep moving through life with all the frustrations. I don't want to look back. Life actually looks good". While for Larry his future plans include returning to school to further his counselling career, spending more time with his wife and more time working on himself. Similarly Bob plans to return to school while Ivan has plans to expand his counselling service.

**Summary**

For each co-researcher, the road of recovery has been long and challenging. Today alcohol has no place in their lives and they are no longer saddled with the problems associated with alcoholism. Instead they have recovered and transcended even beyond their early expectations. Unlike the stereotype, the co-researchers do not reflect the slogan, "Once an alcoholic always an alcoholic" nor do they fit the AA concept of always being in a state of 'recovering'. This is reflected in the statements of the co-researchers. Larry
stated: "The more I learn about myself, the more I understand that I don't really need alcohol... So it doesn't add anything to my life ... I know what it did for me and I really can't think of anything it can do for me today". While Bob stated: "I enjoy life abundantly without drugs and alcohol". Similarly Audrey stated: " I have the victory over alcohol. I am satisfied with my recovery to the extent that I don't need to stand up and say that I'm an alcoholic. I am not an alcoholic".

The impact of their changes is evident in their definitions of their recovery. Ivan who has been sober for nineteen years stated: " Recovery is about a desire to change your life. Recovered is a destination, recovery is a process whereby you set out parameters of where you want to go. Only the individual can say I'm recovered from alcohol". Michael, who has fourteen and a half years of sobriety, stated: " To be able to lead a full integrated life without dependencies on chemicals or alcohol. To stop looking to alcohol or drugs as a vehicle to cope. Recovery is more than abstinence, it is being self actualized with respect to career, relationships, personal issues and one's relationship to the planet". Audrey has been sober for fifteen years, she stated: " First coming to my bottom (end of myself) then discovering that there was help for me and that my life could be turned around to be meaningful, happy, peaceful. Discovering a walk with God through Lord Jesus my
higher power and recovery is freedom from alcohol with absolutely no desire to return to it and no problem refraining from it". Larry has eight years of sobriety. He stated: "Abstinence from the drug of choice coupled with a desire to work on one's own self worth". While Bob who has six and a half years of sobriety stated: "Not drinking period, getting counselling and new healthier activities".
Chapter Six
Discussion

Introduction

The process of recovery like that of the development of alcoholism is a very complex process that has some variability across alcoholics. Through examining the five accounts, sixteen common themes were identified in recovery from alcoholism. In this study theme refers to 'the experience of focus... the form of capturing the phenomenon one tries to understand" (Van Manen, 1987, p. 87). These themes seem to constitute a longitudinal pattern in which the beginning involves the realization that drinking is a problem and subsequently make the decision to quit drinking; the middle involves the development of significant supportive relationships and development of new perspectives, values and goals; the end involves self exploration and development of deeper meaning in life. All sixteen themes were evident in the accounts of the individuals except for spiritual awakening which was common for three of the five accounts.

Relevant Research Findings and Implications for Theory

The findings of this study are consistent with some aspects of theories of alcoholism and recovery. One theoretical perspective that is consistent with this study is the social learning theory. This theory emphasizes the
importance of learning through group interaction, modelling and observation. Social learning theory as applied to alcoholism holds that some drinking habits are developed through observation of drinking behaviors of peers. It follows that modelling and reinforcement from non-alcoholics or recovered alcoholics would prove invaluable in recovery. Three of the co-researchers indicated that group interaction with non-alcoholics was a major contributory factor in the early stages of their recovery. Not only is drinking affected by observation of peers but the level of drinking is also affected by the social setting.

Therefore one central theme was the need for change in friends and places of socialization. This is perhaps the most recommended change for alcoholics in the early stages of recovery. This is consistent with researchers such as Barnes (1991) who pointed out that alcoholics need to change friends and environment and develop new types of interactions and social skills. Similarly, Tuchfeld (1981) indicated that alcoholics needed to make lifestyle adjustments and establish friendships with non-alcoholics and participate in non-alcohol related activities. These changes are imperative for the maintenance of sobriety. Some individuals will immediately break off all ties with fellow drinkers while others will try to secretly cling to them. In either cases this separation is difficult and adequate time is needed to deal with the loss. Peele (1991) indicated that
quality time with non alcoholics was an important factor for
recovery from alcoholism.

Within the extensive body of literature some
researchers have attempted to present a portrait of a
classic "alcoholic personality". A central assumption is
that people tend to possess certain stable and generalized
personality traits that determine behaviors in a variety of
situations. Thus the assumption is that if there are
alcoholic specific behaviors then helping professionals
should be able to detect these behaviors in individuals and
possibly attempt to treat the problem before further
complications develop. As Miller (1989) pointed out, no one
alcoholic personality has been identified. On the contrary,
profiles that have been identified as classic to alcoholics
are also found in the general population (Loberg & Miller,
1986). The findings of this study disconfirms any
supposition of generalizable alcoholic traits. In this
respect, although commonalities were identified, the co-
researchers also differed in their individual experiences.
One such area of difference was their reasons to stop
drinking.

In this study all the co-researchers arrived at their
decision to quit drinking because of various personal
reasons. Researchers such as Brown (1985) suggested that
this decision is often triggered by external events such as:
an unhappy or confronting spouse; loss of job; divorce and
public humiliation. Similar findings were reported by
Tuchfeld (1981) who cited events such as: personal illness; illness or death related to alcoholism; educational material related to alcoholism; financial and legal problems as precipitating factors that lead to abstinence. This study does not support the notion that life crises are the major contributory factor to the decision to quit drinking. Instead the findings of this study are consistent with Ludwig (1985) who suggested that these external events serve to 'dramatically capture' the alcoholics attention and subsequently suggests a need for change from problem drinking.

Another significant aspect of change from problem drinking was the role of decision making. The decision to quit drinking is not easily arrived at and involves a period of wavering. Four of the five co-researchers arrived at their decision after periods of wavering and appraisal of their lives and the consequences of their alcohol abuse. This is consistent with Prochaska and DiClemente's (1982) model of change. In this, change is seldom a sudden reaction to external events but instead occurs in stages over time. The stages involves periods of precontemplation in which change is not even considered; contemplation; determination, action, maintenance and relapse. These stages are compatible with Miller (1989) who pointed out that change from drinking involves recognition that a problem exits, searching for a
way to change, beginning, continuing and commitment to the strategy of change.

Once the decision is made, then the alcoholic needs to put this decision into action. The first major step is the attainment of abstinence. However as this study indicated recovery does not end with the ability to abstain from alcohol use. Chambers (1992) indicated that abstinence is simply the beginning of the goal to the end state of recovery.

The findings of this study disconfirmed aspects of some alcohol related theories. This study did not support several tenets of the Disease Model. First, the assumption that alcoholics must hit bottom or experience physical, mental or emotional collapse as suggested by Alcoholics Anonymous or the Disease model was not confirmed in this study. Only one of the five co-researchers claimed to hit bottom. The experiences of the other four co-researchers is similar to Klingemann (1991) and Miller (1989) view that there are variations to hitting bottom. They indicated that some alcoholics either mature out of drinking or develop a new perspective on their lives before reaching a bottom. Secondly, this study did not support the disease model's view that alcoholism is a progressive, irreversible process. The experiences of the co-researchers clearly indicate the opposite view, specifically that alcoholics can recover from alcoholism. Another tenet of the disease model is that alcoholics are not responsible for the origin or solution of
their alcoholism. The main agent of change is the medical expert. On the contrary, the co-researchers in this study stressed the need to take responsibility for their recovery. In relation to attribution and helplessness theory, individuals who believe that they can control the outcome of problematic situations are more likely to endure in the long term. Miller (1989) indicated that alcoholics are more motivated to change when they make the personal decision to abstain in comparison to those who are coerced into treatment.

The view that alcoholics spontaneously recover from alcoholism was not found in this study. Instead the findings indicated that recovery is a longitudinal process that occurs subtlety and progressively over time. Stall (1983) referred to spontaneous recovery as 'the modification of extended periods of drinking without formal treatment. The cases in this study revealed that some type of formal treatment is significant in recovery. This is consistent with the literature that treatment is needed for recovery from alcoholism (Polich, 1980; Milam and Ketchum, 1981). In this study the five co-researchers used a variety of interventions in their recovery programs. An important finding in terms of treatment was that there must be a genuine and warm relationship between the alcoholic and the helping professional.

Two new areas of research are introduced; spirituality and meaning of life. The existing literature has examined
various aspects of recovery. This study differs as the relationship between recovery and meaning of life has not been sufficiently reported. As reported in Chapter Two there is a scarcity of research in this area. In this study three major areas of meaning in regards to recovery were identified; family and friends, work and spirituality. This is consistent with findings by De Vogler and Ebersole (1981) who reported that highest meaning in life was found in relationships, belief, health, work, service and understanding. Klinger (1977) also reported similar sources of meaning in life. The five co-researchers indicated that not only did the new relationships fill the gap of loneliness and separation in the early stages but over time these new relationships added immense meaning to their lives. A number of studies have noted that involvement in personal relationships with others as a primary source of meaning in life (Baird, 1985; DeVogler and Ebersole, 1981, 1983; Klinger, 1977).

The second primary source of meaning was realized as a result of change in attitude and development of new perspectives, values and goals. The co-researchers experienced a shift in goals from the pursuit of hedonistic pleasures to seeking goals that brought meaning into their lives. For example, the co-researchers realized that money, status and enjoyment were no longer primary goals for work and subsequently four of the co-researchers changed careers.
Their new jobs brought immense satisfaction and meaning to their lives.

Several researchers indicated that spirituality plays an important role in recovery from alcoholism. The findings of this study are consistent with this notion. Three of the co-researchers indicated that spirituality played an important part in their recovery. Chambers (1992) suggested that the key ingredient that gives completion to one's recovery is found when the recovering alcoholic realizes that there is a need for a 'higher power' or God in his life. This is consistent with the findings of Vaillant and Milofsky (1982) who reported that a large portion of recovered alcoholics attributed their recovery to an increased faith in a 'higher power'. Similarly Ludwig (1985) indicated that alcoholics reported that spiritual experiences were the most important factor in leading to their recovery. Bateson (1971) suggested that central to recovery is a belief in a higher power, this higher power is seen as the driving force for permanent change. He reported that the higher their level of spirituality, the more content they were with their recovery. The three co-researchers indicated that a relationship with God not only helped them through their recovery but also added meaning to their lives. This is consistent with Sodestrom and Wright (1977) who indicated that a mature religious commitment lead to greater meaning in life.
Limitations

The major limitation of this study is that the findings cannot be generalized to the population of alcoholics. The sample was fairly small (five co-researchers; four males and one female) and narrow in terms of age, race and socio-economic level: 40 to 49 years old, all Caucasians, worked predominantly in the counselling profession and from middle-class backgrounds. In regard to the narratives of recovery, there is some limitation in terms of articulation and influences beyond their awareness that they were not able to state.

Implications for Practice

The themes identified in this study could be used as a guide to help others recover from alcoholism. Practical issues were raised that might help in practice. For example, in regards to therapeutic intervention the co-researchers indicated that the warm, supportive relationships with their therapist, mentors or sponsors was significant to their recovery. As Miller (1989) pointed out a supportive relationship is more helpful than a confrontational approach which often leads to poorer long term results. This is opposite to helping professionals who advocate a tough love approach. Another area of importance was the need for the co-researchers to be encouraged and allowed to take responsibility for their recovery. For the co-researchers the development of a sense of personal agency was an
important part of their recovery. Rogan (1986) indicated that alcohol recovery programs should focus on ways to help the alcoholic take responsibility for their recovery which in turn leads to development of better self esteem.

Another implication is that counselling of alcoholics can be better facilitated by the integration of family members or significant members in the treatment of the alcoholic. Although this study did not focus on the effects or role of family members or significant others, those co-researchers who had supportive spouses or friends were reportedly more successful at their recovery when compared with the co-researchers who did not have close supportive help.

In this study none of the co-researchers claimed victory for their recovery due to any one specific method. What seems apparent was regardless of the model chosen, the primary agent of change was the recovering alcoholic himself. Researchers such as Miller and Hester pointed out that no one method had been proven as the best method of change from alcoholism. They advocated that helping professionals need to take an eclectic approach to the treatment of alcoholism. This is consistent with this study in which the co-researchers drew from a variety of treatment methods. For example, they all stressed the importance of learning new skills as recommended by social learning model; need for peer support and group fellowships as stressed by
need for spiritual direction like that suggested by the Moral model and AA and need for family involvement like that of family systems approach.

A further implication is that recovery from alcoholism is a process with no set time limit. The time frame of recovery varied immensely for the five co-researchers. Therapists need to be sensitive to the individual alcoholic's pace of recovery and not try to set a specific time limit on recovery. It is unfortunate that due to financial and time constraints, some programs have a limited time frame. In these cases, therapy is often discontinued after the admission of abstinence and some semblance of return to normal state. However, therapy should be provided on a long term basis to support the alcoholic throughout the recovery process.

Implications for future research

Several implications for future research arise from this study. First of all, the study could be extended by further replication to support or refute the commonalities of experience. This study could be extended by using questionnaires that employ more alcoholics to test the individual themes identified. It would be of some interest to conduct longitudinal case studies, as well as studies with younger or older recovered alcoholics from different socio-economic backgrounds and races. Additional future research would include the role of decision making in recovery. Another area of future research possibility is to
include family members or significant others as collaborators of the stories of recovery. I hope that this study has generated questions regarding meaning of life and recovery which will inspire other researchers to extend research in this area.

Summary

A multiple case study approach was used to examine in depth, the process which individuals undergo in their effort to overcome alcoholism. Descriptive accounts were obtained from five recovered alcoholics (four males and one female). The data was collected by means of minimally structured interviews with an emphasis to draw forth their description of their subjective experiences. The interviews were transcribed and analyzed for commonalities. Sixteen themes were identified throughout the process of recovery from alcoholism. They were synthesized into a general story of recovery.

The findings of this study suggests that recovery from alcoholism is a longitudinal and progressive process. The development of sources of meaning in their lives was significant in their recovery. The major sources of meaning were: family, work, contributing to others and the world and spirituality. More research is needed in this area to extend these findings. A major implication of this study is that
the findings can be helpful as a practical guideline for recovery.
References


Appendix A

Alcohol Dependence

Pattern of use. There are three main patterns of chronic Alcohol Abuse or Dependence. The first consists of regular daily intake of large amounts; the second, of regular heavy drinking limited to weekends; the third, of long periods of sobriety interspersed with binges of daily heavy drinking lasting for weeks or months.

Course. The natural history of alcoholism seems to be somewhat different in males and females. In males the onset is usually in the late teens or the twenties, the course is insidious, and the person may not be fully aware of his dependence on alcohol until the thirties. As people drink more over days, months, and years, they gradually need to drink more to obtain the same effect. This is called tolerance. A person with severe Alcohol Dependence may be able to drink, at most, twice as much as a teetotaler of similar age and health. The course of the disorder is more variable in females. (p. 173).

Appendix B

Letter of Recruitment

Date:

To: (Volunteer Participant)

I am seeking volunteers to participate in my research project entitled: Alcohol Recovery: A Search for Meaning of Life. This research project is a part of the requirements for the completion of my Masters program in the above department. The purpose of this study is to examine and describe the experience of alcohol recovery.

As a participant, you will be asked to recall your recovery from alcoholism. The criteria for participation in this study is a history of alcoholism and recovery for a minimum of two years. The study will take approximately six hours, over a series of three interviews. You will be given an opportunity to read and review all personal information. Your input and suggestions will be greatly appreciated. All participants are free to withdraw from the study at any time without fear of repercussion.

People who participate in studies such as this often find it a challenging and rewarding experience to recall and share their stories. In addition, it is my hope that knowledge gained from your story will contribute to the research on alcohol recovery. All participants will be asked to sign the attached consent form.

I hope that this study will be of interest to you and that you will participate. Thank You.

Researcher
Paula Da Ponte
264-9170

Supervisor
Dr. Larry Cochran
822-6139
Appendix C

Consent to participate in research on
Alcohol Recovery: A Search For Meaning Of Life

Researcher
Paula Da Ponte
264-9170

Supervisor
Dr. Larry Cochran
822-6139

Purpose of the study: To obtain, describe and examine the detailed story of how people recover from alcoholism. In addition, the research will strive to identify (1) the factors which facilitate or inhibit recovery, (2) strategies people use to cope during the recovery process and (3) the significance of personal life meaning in recovery. This research project is a part of the requirements for the completion of my masters program in the above department. I hope that information gained from this research project will contribute to both theoretical and practical knowledge on recovery as well as contribute to the general literature on alcoholism.

Procedures: Participants will be asked to recall and describe their experience of alcoholism and recovery. Individual interviews will take approximately six hours, the interviews will be conducted in private, in a mutually agreed location. All interviews will be audio-taped and transcribed. All information will remain confidential, personal references to names or identifying features will be deleted or disguised. All tape recordings of interviews will be erased upon completion of this study.

Right of refusal: Your participation in this study is voluntary, you may withdraw from participation at any time.

Consent: Your signature below acknowledges consent to participate in this study and receipt of a copy of this consent.

Name:

Signature:

Date:
Appendix D

Life Line

To help you to tell your story of recovery I would like you to draw a straight line on a blank piece of paper, starting at the far left point on the line, then mark anywhere along the line significant times in your recovery.

SAMPLE

A B C D E F

A= Age 21, Break up with family because of drinking
B= Age 24, Lost job, dropped out of school
C= Age 26, Returned to school
D= Age 28, Started counselling for drinking
E= Age 30, Realization that can be in control
F= Age 32, New job, relationship, etc.

* This is only a sample of series of events, take your time to think back to your own recovery and mark on the lines the significant (events, persons, circumstance etc.) that helped you through your recovery. During our interview we will use this as a guide to help you tell your story.
Appendix E

Michigan Alcohol Screening Test

Please take a few minutes to carefully recall your history of alcoholism. Circle yes or no to the following questions as they applied to your past drinking behavior. Your honesty to these questions is highly appreciated.

1 Did you feel your were a normal drinker? Yes No

2 Did you ever awaken in the morning after drinking the night before and found that you could not remember part of the evening? Yes No

3 Did your wife, husband or parents ever worry or complain about your drinking? Yes No

4 Did you stop drinking without a struggle after one or two drinks? Yes No

5 Did you feel badly about your drinking? Yes No

6 Did you ever try to limit your drinking to certain times of the day or to certain places? Yes No

7 Did your friends or family think that you were a normal drinker? Yes No

8 Were you able to stop when you wanted to? Yes No

9 Have you ever attend a Alcoholics Anonymous meeting? Yes No

10 Did you get into fights when you drank? Yes No

11 Did drinking ever create problems with you and your wife or husband? Yes No

12 Did your wife or husband or other family members seek help from others about your drinking? Yes No

13 Did you loose friends because of your drinking? Yes No
14 Did you get into trouble at work because of your drinking?     Yes  No

15 Did you loose a job because of your drinking?     Yes  No

16 Did you neglect your obligations, family or work for two days or more in a row because of your drinking?     Yes  No

17 Did you ever drink before noon?     Yes  No

18 Were you ever told that you have kidney trouble?     Yes  No

19 Did you have delirium tremens, severe shaking, heard voices or see things that were not there after heavy drinking?     Yes  No

20 Did you seek help for your drinking?     Yes  No

21 Were you ever hospitalized for your drinking?     Yes  No

22 Were you ever a patient in a psychiatric hospital on a psychiatric ward of a general hospital where drinking was part of the problem?     Yes  No

23 Were you ever seen at a psychiatric or mental health clinic, or gone to a doctor or clergyman for help with an emotional problem in which drinking played a part?     Yes  No

24 Were you ever arrested, even for a few hours because of drunken behavior?     Yes  No

25 Were you ever arrested for drunken driving or driving after drinking?     Yes  No


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
If you would like to participate in this study please take a few minutes to fill out the following information so that I may contact you for an interview.

Name:__________________________
Address:________________________

________________________________
Phone:__________________________
Employed: yes____ no ____________
Occupation: ______________________

**Brief Personal History**

How many years did you abuse alcohol? ______

How many years have you abstained from alcohol? ______

What is your definition of recovery?

________________________________
________________________________
________________________________
________________________________

Family history of alcoholism:
Father _____
Mother _____
Siblings _____
Grandparents _____
Other family members _____
Appendix F

Interview Questions

1. What was the most rewarding aspect of your recovery?
2. To what extent are you satisfied with your recovery?
3. Who and what influenced your cessation of drinking?
4. Would you say that you have regained control of your life?
5. If yes, in what areas of your life have you regained control?
6. What is (are) the most significant change(s) you have made in your recovery?
7. How has your attitude towards life changed?
8. Have you developed new habits, or ways to deal with stress and difficult situations?
9. Have you developed new friendships and relationships?
10. What gives satisfaction or value to your life now?
11. Have you pursued new goals, activities or hobbies?
12. Has your relationship with your spouse, family, co-workers or friends changed? If yes, to what degree?
13. What gives your life significance now?
14. What keeps you going now?
15. What gives meaning to your life now?
16. Has your meaning in life changed over the years?
### Appendix G

<table>
<thead>
<tr>
<th>Meaning Unit</th>
<th>Sub Story</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sentence</strong></td>
<td><strong>Sub Story 1: Decision to sober up</strong></td>
</tr>
<tr>
<td>1</td>
<td>- to begin with I sobered up when I was 29</td>
</tr>
<tr>
<td></td>
<td>- I met a friend, he asked me if I wanted to</td>
</tr>
<tr>
<td></td>
<td>- go to an AA meeting.</td>
</tr>
<tr>
<td>2</td>
<td>- I was willing to do something different with</td>
</tr>
<tr>
<td></td>
<td>- my life.</td>
</tr>
<tr>
<td>3</td>
<td>- The following day we went to an AA meeting.</td>
</tr>
<tr>
<td>4</td>
<td>- I had lots of time on my hands and went to</td>
</tr>
<tr>
<td></td>
<td>- AA meetings 2 to 3 times a day, that gave me</td>
</tr>
<tr>
<td></td>
<td>- me enough to do.</td>
</tr>
</tbody>
</table>

**Sub Story 2: The AA Experience**

| 5 | - I met enough people and interest in that I |
| | - could actually recover and rebuild my life. |
| 6 | - I became involved in other activities. |
| 7 | - I got to know some really good people and |
| | - they got to know me. |
| 8 | - I learned a much different way than I had |
| | - before. |
| 9 | - They help me in many, many ways. |

**Sub Story 3: Learning to live sober**

| 10 | - In not having the lifestyle of drinking |
| 11 | - ... I actually got in touch with my emotions |
| | - I had to learn to deal with life on a daily |
| | - basis, I had to solve problems... to relearn |
| | - how in live. |
| 12 | - I had to think my way through problems and |
| | - get control of my life. |
| 13 | - So by changing activities, it was |
| | integrating |
| | - into socializing, being able to have |
| | - conversations with people. |
| 14 | - Learning not to be right about everything. |
| 15 | - I had to accept that I had to work in town |
| | - it was a different structure. |

**Sub Story 4: The drinking environment**

| 16 | - It's a very egotistical environment... lot |
| 17 | - of money and live like a king for a day. |
| | - We pursued... we were hot stuff... the |
| | - cost and sacrifice was enormous because we |
| | - never got to be real people. |
| 18 | - we operated like machines. |
| 19 | - The money and the lifestyle was hedonistic,
- I lived in hotels, ate in restaurants...

20 - I lot of us would get together... so at least there would be somebody to communicate with.
21 - The loneliness was intolerable.
22 - A lot of us took pride in drinking, a status symbol.
23 - So in that we fed our self esteem... how we kept ourselves alive.

Sub Story 5: Meeting New Needs
25 - I couldn't buy self esteem.
26 - I had to learn to grow a new self esteem.
27 - To get my needs met rather than those behaviors, those inappropriate behaviors.
28 - Trying to integrate with myself into society was a mega project.
29 - To learn to live and cope and recreate life without using those life long strategies.

Sub Story 6: Recreating life
30 - I was learning a new process... you try something different and see how it works in the real world, if it doesn't work, try something else.
31 - It is important to talk to different people, and hear how they live sober.
32 - Trying to communicate to break the many old behaviors and habits.
33 - Other people's experience was really important.
34 - I don't think I could have made it without that intention and support.
35 - Intention is really important.
36 - You got to want to do it, your own desire to recreate your life.
37 - I knew with no doubt to keep drinking I would die... motivation not to die.
38 - I didn't want to die, not yet.
39 - No matter what it was to rebuild my life.

Sub Story 7: Turning Point
40 - I went to a bar... I was going to have a few drinks... ordered a 7 up... so I left.
41 - I had a different attitude after that... I didn't struggle and fight so much.
42 - I believe more an unconscious acceptance.

Sub Story 8: Developing Strategies
43 - I moved out of the area of town to avoid going there... it was very strong anchors
- to people I knew.
- I realize the friends I had weren't my
- friends... that's a loss ... had to grieve
- It's really a lonely time to learn to cope
- Fellowship, the visiting of friends is so
- important.
- To break off those relationships and start
- over square one and begin a new life.

Sub Story 9: Dealing with struggles
- I did date a few girls, it didn't work out
- too well.
- One is emotionally one way one minute and
- emotionally one way another minute.
- Dating was a struggle for me.
- I was still trying to hold onto the old life.

Sub Story 10: Being Responsible
- We moved to town and bought a place.
- Able to improve in our sober lifestyle.
- It was really difficult to see myself making
- milestones.
- Working 9 to 5 was actually a break for me.
- I'm still with the same company.

Sub Story 11: Seeing Changes
- It was a realization that I have made some
- progress.
- I remember receiving my first cake ... able
- to speak in groups, I became comfortable.
- My 6 year cake... I was really comfortable
- speaking to the group.
- So it was a shift in level of thinking and
- level of being.
- Other people say "wow, you have really
- changed, you really put your life together."
- I could communicate and get what I wanted
- without going into a tantrum about it.
- my overall health improved.
- I had tangible assets that were noticeable.
- It was a real shift in priorities about
- money.
- To be able to carry out goals and see things
- completed.
- I took on responsibility for my first home.
- I had to learn how to be comfortable with
- that.
- There is a change in your perception and
- mind as well.
Sub Story 12: Growing up/Being Recovered

- So it's really about growing up and being an adult.
- I took a course... it woke me up on the capabilities of the human being.
- My world view has changed enormously.

- That program... I got rid of that turtle shell, I was able to declare my recovery and own it, own the recovery.
- I am a recovered alcoholic, I'm a lot more than that.
- In really owning my own sobriety is like taking your life instead of something taking you through.
- You really take control of your life.
- The intoxicating effect for me was to be in a state of enjoyment... now I can finally achieve that.
- I enjoy being me and the fear is gone... to live without fear.
- There is great freedom to that, a real sense of self and free of the fear of abandonment.
- I met Patricia, my present wife at a course.
- Rather than controlling and domineering, there is a sense of freedom.
- Overall there is a sense of freedom.
- I think the most important aspect of my recovery is the ability to build self esteem, self worth and take on responsibility and make a commitment.
- I believe that I am fully recovered.
- I don't believe that I'm fully grown as a human being... more to be explored, developed.
- I'm very satisfied with where I am now.
- I have regained control of my life.
- My view of the world is much different, much more expanded, I no longer believe I'm a victim.
- All my relationships and who I choose to hang out with have changed a lot.
- I can love, love myself and others.
- I'm developing my counselling business.
- I don't have to control them all.
- I'm now competent and I'm confident, it's a huge shift and I enjoy that immensely.
- I look forward to challenges of the future.
Sub Story 13: What gives me meaning

100 - Able to take on the risk that life offers.
101 - Able to serve other people is extremely rewarding.
102 - The essence of spirituality is to be at service, there's got to be a purpose, that's what the whole thing is all about.
Appendix H

Overview: Markers of Transformation From Alcoholism To Recovery

Beginning
Realization that they have a drinking problem
Decision to quit
Wavering
Seeking Help
Developing relationships with mentors
Examining the past - examining the reasons for drinking
Facing limitations
   Reconstruction of life
Change in attitude
Change in friends and development of significant relationships
Seeing changes in themselves
Turning point - Realization that they can control their drinking

Middle

Development of intimate relationships
Development of new perspectives
   Being responsible
Change in the role of work
   Shift in values
Taking risks

Ending

Self Exploration
What is the meaning of my life
Spiritual awakening
   Development of a relationship with God
The future - setting goals