Using Metaphors to Explore the Experiences of Powerlessness Among Women in Twelve-Step Substance Abuse Recovery

Jennifer L. Matheson

Dissertation submitted to the faculty of the Virginia Polytechnic Institute and State University in partial fulfillment of the requirements for the degree of

Doctor of Philosophy

in

Human Development

Committee Chair: Eric McCollum

Committee Members: Fred Piercy, Karen Rosen, & Peggy Meszaros

April 8, 2005

Falls Church, Virginia

Keywords: substance abuse; women; Twelve-Step; powerlessness; metaphor

Using Metaphors to Explore the Experiences of Powerlessness Among Women in Twelve-Step Substance Abuse Recovery

Jennifer L. Matheson

(ABSTRACT)

Twelve-Step programs of substance abuse recovery are the most popular and most used mutual-help model in the U.S. One of the pivotal aspects of Twelve-Step is the often controversial idea of powerlessness. While a few recent dissertations have been conducted to look at issues related to women in Twelve-Step, most of what has been published in the literature on powerlessness in Twelve-Step is hypothetical, anecdotal, and theoretical. There is debate about the usefulness of the concept of powerless, especially for women in recovery, though no research was found specifically exploring this issue. The current study examines the experiences of powerlessness among women who are using Twelve-Step substance abuse recovery. Because experiences of powerlessness are abstract and may be difficult to articulate, a data collection method called ZMET (Zaltman, 2004) was utilized. This method helped women discuss their thoughts and feelings about powerlessness through the use of images of representative metaphors and analogies. Participants were 13 women who were in various stages of recovery using Twelve-Step. In-depth interviews were used to understand women's experiences of powerlessness in their recovery while two surveys were used to determine women's levels of affiliation with Twelve Step programs and their level of agreement with the First Step of Twelve Step. Overall, women felt positively about powerlessness in their recovery and felt it provided a sense of relief. Eleven of the 13 women felt powerlessness was an important aspect of their recovery while two felt it was either not relevant or not something they fully embraced. In exploring the metaphors women had for their experiences of powerlessness, a number of themes emerged. Many of the metaphors indicated processes while some were static. Themes also included metaphors of current events, nature, and babies. Other themes were: Higher Power; a general sense of powerlessness over many things in life and; choosing not to share certain experiences in Twelve-Step meetings. Implications for women in recovery, clinicians, and future research are included as well as strengths and limitations of the study.

Dedication

I dedicate this dissertation to David who has been my rock when I needed strength, my light when I needed to find my way, and my cushion when I needed a soft, safe place to land.

Table of Contents

List of Figures

Chapter 1

Introduction

This study is an exploration of the experiences of powerlessness among women in Twelve-Step substance abuse recovery. Twelve-Step recovery programs are the most widely-used mutual-help program for people with substance abuse problems in the U.S. Because of its low cost and high availability all across the country, service providers are increasingly encouraging people to use Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) as one way to gain support for addictions recovery. In addition, formalized substance abuse treatment facilities often incorporate Twelve-Step principles or suggest that their clients attend regular meetings (Cloud, 1999). In the U.S., therefore, Twelve-Step principles are used by a large proportion of people in recovery.

Powerlessness is one of the most pivotal concepts in Twelve-Step recovery programs. In terms of women's involvement, however, there are both supporters and critics of the concept of powerlessness in Twelve-Step. While much as has been written on the topic from a theoretical perspective, very little published research examines how it impacts women's recovery. In addition, substance abuse and its treatment are largely understudied considering the large number of women who suffer with addictions and the high personal cost they and their families pay. In the remainder of the introduction, I will provide context and background information on substance abuse, Twelve-Step recovery models, other treatment options, issues that specifically pertain to women in recovery, and the specific techniques chosen to collect data for this study.

Drug Dependence/Substance Abuse

According to the Diagnostic and Statistical Manual (APA, 2000), drug dependence is "a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues use of the substance despite significant substance-related problems. There is a pattern of repeated self-administration that can result in tolerance, withdrawal, and compulsive drug taking behavior" (p. 192). Drug abuse often becomes a chronic, debilitating issue that impacts not only the individual but their families and communities as well. In addition, substance abuse is a serious public health problem that contributes annually to some 500,000 deaths and more than $400 billion in economic costs in the U.S. alone (Horgan, Skwara, Strickler, 2001).

Also commonly referred to as drug abuse or substance abuse (and used interchangeably in this dissertation), drug dependence is a problem that affects hundreds of thousands of women

every year in the U.S. alone, millions worldwide. In 2003, 650,300 women (5.9%) age 18 and older surveyed in the U.S. met the criteria for drug abuse or drug dependence (SAMHSA, 2004a). Of those women, only 91,500 (0.8%) reported that they attended substance abuse treatment in the past year (SAMHSA, 2004a). This is a tiny percent of all women with substance abuse issues, and while a few are able to reduce or stop their drug use by themselves, most go untreated for years or for life. Of the 1.88 million people who were admitted to substance abuse treatment facilities in 2002, just over 30% were women (SAMHSA, 2002). The vast majority of people in treatment (estimates suggest approximately 86%) report they are in outpatient settings (Fuller & Hiller-Sturmhofel, 1999).

Research on substance abuse is critical in order to discover prevention, moderation, or cessation strategies and to reduce potential harm to the user, their family, and their communities. Historically, however, there has been vastly more addiction-related research on men compared to women. While women make up a substantial number of substance abusers, research on women and addictions only emerged on a large scale in the mid-1970s (Saulnier, 1991). Since then, experts have begun to realize that they can no longer study samples of men alone and then hope to generalize the findings to women (Hatsukami, Perkins, Lukas, Rukstalis, Brady, & Wetherington, 1997). According to Copeland and Hall (1992), "In 259 studies reporting drinking-related outcomes published between 1972 and 1980, only 7.8% of the subjects sampled were women" (p. 1293). The authors continue,

> The paucity of research on the treatment needs of women with substance abuse problems has been a serious impediment to the development of empirically validated treatment programmes. Women continue to be seriously under-represented as research subjects and clients of treatment services… This failure to identify and address the potentially crucial treatment concerns for women may, in turn, explain the ongoing failure of traditional services to attract women into treatment. The possibility of special treatment needs for women is frequently ignored by both researches and clinicians, despite strong arguments for their development and evaluation (Copeland & Hall, 1992; p. 1293).

Research has been published outlining some of the risk factors impacting women with substance abuse. Understanding more about these differences can be valuable for structuring treatment for women and understanding gender differences in treatment outcomes (Dawson,

1996). One relatively recent development in the understanding of addictions is that, while men and women may have some differences, there are as many differences among women as there are between men and women. The interplay of sociocultural, psychological, and neurobiological processes as well as age, gender, sexual orientation, SES, ethnicity, and cultural contexts impact each person differently (vanWormer & Davis, 2003). Others such as Murphy and Rosenbaum (1997) believe that race, gender, and class are actually more important to the trajectory of addiction among women than the drug itself. In addition, race and class can be protective factors against some forms of substance abuse for some women. Age has also been found to be a protective factor with older women using far fewer illicit drugs than their teen counterparts (SAMHSA, 1999).

Other issues that appear to be more of a concern for women than men include reproductive and biological factors. Women's drug use during pregnancy is a major concern for women as well as the short- and long-term health of their children. Alcohol and drug use during pregnancy poses numerous obstetrical risks, and drug use during pregnancy is a common problem for the treatment of addictions among women (Amass, Elk, Svikis, Schnoll, Johnson, & Finnegan, 1997). Recent behavioral and pharmaceutical interventions have been developed to deal with these issues and have been shown to have promise for treatment outcomes.

Agencies like National Institute on Alcohol Abuse and Alcoholism (NIAAA) have devoted resources to looking at the biological differences between men and women who are abusing substances. Some of the conclusions from these studies include: the time between onset of drinking and entry into treatment is longer for women; women experience physiological harm earlier in their drinking history such that consequences to their liver, heart, or reproductive organs may be accelerated; and women have a higher rate of mortality from alcohol abuse stemming from organ damage (NIAAA, 1993). Because of biological differences in their body composition and chemistry, women also experience intoxication after drinking smaller quantities of alcohol than men because of their higher body fat and water content ratios (Graham, Wilsnack, Dawson, & Vogeltanz, 1998; NIAAA, 1993) Gender differences are also present at the cellular level in women's responsivity to drugs as well as in response to pharmacological treatments (Hatsukami, Perkins, Lukas, Rukstalis, Brady, & Wetherington, 1997).

Another marked difference between men and women in terms of substance abuse is the prevalence of other forms of abuse in childhood. According to Commerse (1997), "Addiction

and abuse go hand in hand" (p. 76). There is a higher likelihood that substance abusing women have been physically abused as children and as adults than men. These and other traumas can lead women to experience PTSD, and they are diagnosed at higher rates than men. PTSD has been shown in research to be related to substance abuse in women (Teets, 1995). It is believed that many women become addicted to substances as a way to "emotionally numb" their past or present experiences of abuse (Commerse, 1997).

Some research shows that women are more likely than men to report current or past depression and other co-existing mental health issues in addition to their substance abuse (Brown, Melchior, & Huba, 1999; Hatsukami, Perkins, Lukas, Rukstalis, Brady, & Wetherington, 1997; Wallen 1992). These other mental health issues may include but are not limited to anxiety disorders, panic disorders, phobias, antisocial personality disorder, affective disorders, and eating disorders. In addition, psychoactive drugs are prescribed to women at a higher rate than men leading to women being at greater risk of cross-addiction.

Divorce rates are higher for alcoholic women than for alcoholic men because women typically stay with alcoholic male partners while non-addicted male partners are less likely to stay with their female partners (Blume 1986; Gomberg, 1991). Women are often introduced to drugs and are maintained in their addiction by their addicted male partners (Anglin, Kao, Harlow, Peters, & Booth, 1987; Gomberg, 1993; Wilsnack, Wilsnack, & Klassen, 1984). This makes treatment significantly more complicated when a partner is contributing to or reinforcing a lifestyle conducive to drug use and is not actively engaged in her treatment efforts.

A few social consequences seem to be more pervasive for women substance abusers. The stigma related to women who abuse substances continues to be far worse than for men, not only in the U.S. but in other countries and throughout history (Blume, 1997). Substance abuse carries tremendous guilt, shame, and stigma for many women, making it difficult to convince women to seek treatment or support. Women with children and families, especially, may feel particularly blame-worthy and fear being treated by health care professionals with less empathy. Some of the important implications of this stigma against women include women's reluctance to seek treatment for their alcoholism as well as a serious underestimation of the actual prevalence rates of women's drug and alcohol abuse (Wilsnack & Wilsnack, 2002). Finally, some (i.e., Kasl, 1992; Krestan, 2000; vanWormer & Davis, 2003) would agree that one of the determinants of substance abuse in women is the oppression that women have endured due to the pervasive

patriarchy under which our society operates. Oppression is a factor for many mental and physical health ailments in both childhood and adulthood.

Substance Abuse Recovery and Treatment

Recovery is a broad term referring to the period of time beginning when a person contemplates reducing or quitting the use of substances through the stages where they are actively attempting to limit or stop their use, whether by themselves or with the help of a program. Theoretically, recovery continues into a period of abstinence where people are better able to work on issues associated with their addiction. Some believe that, in order for recovery to occur, a person must experience a transformation or have a change of heart (Clemmons, 1991). According to those who use Twelve-Step, recovery continues throughout the life of the member because their addiction is a disease that has no cure. Recovery is different from treatment, however, in that treatment is a formalized period of therapeutic intervention that may occur once or multiple times during the course of recovery. Not all people who are in recovery have experienced treatment.

Twelve-Step Recovery Programs

Mutual-help and self-help programs are abundant in the U.S. Self-help and mutual-help are terms that are often used interchangeably in the literature, and refer to "non-professional, peer-operated organizations devoted to helping individuals who have addiction-related problems. The term 'mutual help group' is also sometimes used to reflect the fact that group members give and receive advice, encouragement, and support" (Humphreys, Wing, McCarty, Chappel, Gallant, Haberle, et al., 2004; p. 151-152). The most accessed of all self-help models in the world is the Twelve-Step model of recovery (McCrady & Miller, 1993), the original and most popular of which is known as Alcoholics Anonymous (AA). AA is considered the cornerstone of alcoholism recovery in the U.S. (Fuller & Hiller-Sturmhofel, 1999; Humphreys et al., 2004). Narcotics Anonymous (NA) has become the second most well-known of the Twelve-Step programs and relies on the same basic tenants as AA, only designed to help those with addictions that also include narcotics and other illicit drugs. Twelve-Step models of recovery focus on acceptance of addiction as a disease that can not be eliminated but can be arrested, thereby enhancing maturity, growing spiritually, minimizing selfishness, and helping others with addictions (Humphreys et al., 2004). An estimated 18% of American adults have attended a Twelve-Step meeting at least once in their life. In the U.S. alone, an estimated 2 million people

consider themselves current members of AA, and estimates have reached as high as 15 million members worldwide (Shadley, 2000). An estimated 30% to 35% of those who consider themselves members of AA are women (AA, 1999).

According to the AA World Services (1976), AA's primary purpose is, "to carry its message to the alcoholic who still suffers" (p. 564). The success of AA's members in spreading the word and accessing the people who are suffering with addiction can be seen in its wide-reaching presence across the world. AA and its affiliate groups span well beyond the community meetings. The majority of formalized substance abuse treatment programs in the U.S. embrace a Twelve-Step approach and recommend their clients regularly attend groups such as AA or NA (Fuller & Hiller-Sturmhofel, 1999; Miller & McCrady, 1993). Judges and probation officers routinely send people with drug- and alcohol-related charges to Twelve-Step meetings as well.

While Twelve-Step programs of recovery are used throughout the U.S., some evidence suggests that many people are not successful in maintaining sobriety using AA alone, and that it is no more effective than other forms of treatment (Miller & Hester, 1986; Peele, 1992). It is difficult to get sound estimates on the actual numbers of AA attendees who remain sober for life, though a 1990 article suggested that 65% of respondents said they were sober for one year or more (AA, 1990a). On the other hand, it is clear that most of those who attend AA do not continue long-term (Galaif & Sussman, 1995; Miller & McCrady, 1993). Researchers suggest that half of those who attend their first AA meeting drop out within three months, and 90% drop out by 12 months (AA, 1990b).

On the whole, correlational studies do show some moderate and positive drinking outcomes (i.e., days sober) associated with participation in AA (Humphreys, Moos, & Cohen, 1997). The few studies that use random assignment, however, do not (Cloud, 1999). While much more research is needed to determine actual success or failure rates of Twelve-Step program involvement, there is evidence to show that many people who are trying to end their addiction can improve their lives with the help of Twelve-Step programs (Chappel, 1993). Reviews of specific research studies on AA and NA effectiveness can be found in the Literature Review in Chapter 2.

Twelve-Step models of recovery work on the premise that addiction is a disease of the body and spirit (Shadley, 2000). This disease concept of addiction is also supported by the American Medical Association and the American Psychiatric Association, and some have

suggested that it has had a dramatic effect on public attitudes toward alcoholism as well as treatments and policies (Burman, 1994). This disease concept can be valuable in that it provides clear guidance about the path to recovery, especially early on in recovery. On the other hand, the disease concept of Twelve-Step models has also been criticized (for example, see Rhodes & Johnson, 1994; Riordan &Walsh, 1994). The criticisms often come from therapy models like feminist, solution-focused, narrative, and motivational interviewing (Davis & Jansen, 1998). The disease concept has sometimes been negatively described and criticized for, "emphasizing the pathological, not the healthy; physicians and clinicians assume an expert role; clients are in denial and not responsible for their predicament; and recovery goals are designed and directed by treatment staff" (Davis & Jansen, 1998; p. 6). Many of those who would prefer a strengths perspective over the disease concept believe that: a strengths perspective emphasizes wellness, frames helping relationships as collaborative and nonhierarchical, and suggests recovery goals are co-constructed by clinicians and clients (Evans & Sullivan, 1990; Rapp, 1997).

In addition to believing that addiction is a disease, another foundational concept to the Twelve-Step process is that people who are afflicted with the disease are powerless against it and must turn their energy to a Higher Power and to abstinence in order to maintain recovery. This "powerlessness stance" has been both embraced and criticized by people, but the fact remains that it is one of the foundations of the Twelve-Step recovery program (Davis & Jansen, 1998). The members of Twelve-Step programs also believe that if someone with an addiction accepts powerlessness over substances and is willing to reach out for help, the "program" can help (Shadley, 2000).

Besides accepting powerlessness, Twelve-Step expects that a person with an addiction will feel a sense of relief from the fellowship of one addicted person helping another, and from embracing some kind of Higher Power (Shadley, 2000). While the concept of God was present in the original development of AA, it has since grown to embrace a multitude of concepts. Now, the term Higher Power is often embraced in Twelve-Step and can take any form. Griffin (2004), for example, has written about Buddhism and the Twelve-Steps. He notes that in the newer versions of Twelve-Step literature, people are encouraged to "turn to a power greater than ourselves" (p. 30). A spiritual life is encouraged, but members do not have to embrace this notion immediately but to see if they can envision a life not controlled only by desire and will, but by being in touch with some greater entity (Griffin, 2004). Immersion in the Twelve-Step model is emphasized and

active members are encouraged to attend support group meetings, read AA literature, obtain a sponsor, and "work" the Twelve-Steps. This total approach has been designed and modified by people who themselves struggle with addiction in order to help willing others achieve sobriety and the spiritual transformation needed to have a sober life worth living (Davis & Jansen, 1998).

Both support and criticism abound for Twelve-Step recovery. Some of the advantages experts (e.g., Davis & Jansen, 1998; Shadley, 2000; vanWormer & Davis, 2003) have cited for Twelve-Step recovery are: it is free and widely accessible; members help provide transportation to meetings if needed; there are a wide range of groups for various types of people; it is well-known in the U.S.; and it incorporates numerous rituals, adages, and networks of non-using members which can be comforting for people who feel their lives have become unmanageable. These rituals and easy-to-memorize catch phrases help people who are in early stages of recovery to feel part of the greater whole of the AA community, stay cognizant of important recovery attitudes and beliefs, and begin to gain some mastery over their recovery process. Because so many people who abuse substances feel isolated and different from the general population while they are actively using, the parts of the program that encourage strong bonds and common experiences are very attractive to the recovering person.

In addition to benefits of the program, critics also point out some of the problems and conflicts in the program. Some of the criticisms include that Twelve-Step: takes power away from people who are already disenfranchised (e.g., women); embraces a medical or disease model, not a strengths or wellness perspective; is a replacement addiction; requires complete abstinence; is cult-like with a white, male, dominant-culture, Christian God; is degrading to the people who are expected to always introduce themselves as alcoholics or drug addicts; and that because meetings are run by non-professionals, they are not dependable (Davis & Jansen, 1998). While these advantages and concerns are important, they need to be empirically researched to confirm or dismiss.

The research literature on substance abuse treatment outcomes indicates that there is no treatment approach that works for all people, instead an array of promising approaches exist (Hester & Miller, 1989). Statistics show, however, that men and women in the U.S. join Twelve-Step programs in large numbers, with women representing just over a third of the membership (Davis & Jansen, 1998). While it continues to be the most popular of the recovery models in the

U.S., there are alternatives to the Twelve-Step model of recovery for those who want options (Davis & Jansen, 1998; Miller & McCrady, 1993).

Other Forms of Mutual-Help

Other types of self-help or mutual-help substance abuse recovery are more popular than Twelve-Step in Europe and Australia than in the U.S., though they are also present in the U.S. and can be accessed in person or via the Internet. Many of these programs have common elements, though the differences might include less of an emphasis on spirituality, no focus on a Higher Power, focus on moderation instead of sobriety, or gender exclusivity (such as only for women). Rational Recovery, for example, is a cognitive-based program developed in 1988. It is an approach to addictions recovery for people who do not want to incorporate aspects of spirituality and powerlessness in their recovery (Shadley, 2000). It is largely sobriety-focused, though people can embrace a moderation approach if they choose. Similarly, Secular Organization for Sobriety (also known as Save Our Selves or SOS) is a non-spirituality-based program developed in the mid-1980s for people who wish to achieve sobriety. It rests on the core beliefs that there is a physiological need, a learned habit, and a denial of the need and the habit that keeps people in an addictive cycle (Shadley, 2000). It also embraces a stance of rationality and scientific knowledge (Humphreys et al., 2004). Similarly, SMART Recovery is a cognitive-behavioral technique that is informed by science and promotes techniques to enhance people's motivation to abstain, provides tools to cope with cravings, and alternatives to irrational thinking (Humphreys et al., 2004). While most of these alternative forms of mutual-help programs are choices available to those who want a non-spirituality-based program, they are all small and lack guidance and accessibility in the U.S., making them less than ideal alternatives for the majority of people.

Some programs, such as Moderation Management (MM) (Moderation Management, 2003), are solely focused on teaching people how to modify their substance use (when the substance is legal such as alcohol) and do not promote life-long abstinence as a requirement for a healthy life. People who join MM are encouraged to abstain from alcohol for the first 30 days of their recovery, but then are guided through a process that includes tools for using alcohol in a controlled fashion. Developed in 1993, MM hopes to reach people who may experience problem drinking before it gets completely out of control (Shadley, 2000). Moderation programs have begun to gain some popularity in the U.S., though access is difficult in that there are relatively

few members and even fewer groups, most of which are located in large cities. Online access to meetings and chat rooms is available for those able to access MM from the Internet (Moderation Management, 2003). Moderation programs are the ones most likely to attract people who have relatively mild to moderate drinking problems (Humphreys et al., 2004).

There are a number of programs that also embrace some elements of spirituality. Women for Sobriety was founded in 1976 and focuses on personal control, empowerment, and self-esteem (Shadley, 2000). It views recovery from a holistic perspective and incorporates the spiritual, physical, cognitive, and emotional aspects of a woman's life. Unfortunately, like MM, its availability for women is limited due to the relatively small number of members and groups across the U.S. While not exclusively for women, the program called Many Roads, One Journey (Kasl, 1992) is a program that does not embrace the notions of powerlessness or conformity for minorities and women. It is a 16-Step program intended to allow for varied spiritual images, increased sense of self-power, and less structured meetings. This program too has limited availability for those wanting to join person-to-person meetings. The Calix Society is another spiritual-based program of recovery that was formed in the late 1940s for Catholics hoping to reconnect to their spiritual roots. Members incorporate prayer and spiritual growth in their attempts to gain sobriety. Overcomers Outreach is an Evangelical Christian group that links the Twelve-Steps with Bible verses (Shadley, 2000). Finally, the Red Road is a program that uses Native American spirituality to give guidance to those who are searching for recovery from addiction (Shadley, 2000). While AA may be the most popular, most widely-used recovery program in the U.S., it is clear that there are other options that exist for people with varying needs and desires.

Although there is anecdotal information and clinical impressions about Twelve-Step in the published literature, professionals have identified a lack of scientific research on Twelve-Step recovery for six decades (Miller & McCrady, 1993). In the early 1990s, a group of 35 researchers from around the world came together to discuss "Research on Alcoholics Anonymous: Opportunities and Alternatives." Most researchers interested in studying Twelve-Step recovery agree that, since it is a widely used tool for recovery, it deserves thoughtful attention from those who wish to understand the process of recovery (Miller & McCrady, 1993). Some experts assert that what happens in the process of Twelve-Step recovery needs to be researched since, "there is the phenomenal growth and popularity of the Twelve-Step

fellowships, and the passionate testimony of countless member that AA has helped them" (p. 6). An important contribution to this line of thinking is an article by John P. Allen (2000) that summarizes six measurement instruments for empirically examining treatment process variables in AA. Allen says that some of the process variables most important to studying AA include, "…variables reflecting how actively the patient is 'working' the program, the extent to which he or she is incorporating AA concepts and belief systems in daily living, and the degree of attendance and participation in AA" (p. 227). Another important contribution is the research that has been done by the Project MATCH Research Team (1997), trying to identify the effectiveness of AA with various groups of people. This and other research studies that have been conducted on Twelve-Step treatment effectiveness can be found in the literature review.

Substance Abuse Recovery among Women

While evidence from population surveys suggests that up to three times the number of men seek treatment for substance abuse, a significant number of females seek recovery from their addictions (Copeland & Hall, 1992). The published empirical estimates show that a small percentage (15%) of women who have had substance abuse problems ever enter treatment at some time in their lives (Dawson, 1996). It is believed that an increase in facilities dealing with substance abuse recovery in the early-1980s is one of the factors that led to an increase in numbers of women in treatment since then (Saulnier, 1991).

A number of factors can prove to be barriers to substance abuse treatment for women. The reasons vary, but studies indicate that some women do not enroll in treatment due to personal characteristics that they believe will have an adverse effect on their recovery (Cuskey & Wathey, 1982). These may include child care or parenting issues, partner issues, work conflict, stigma, and fear of rejection or harassment.

Women substance abusers have a number of recovery-related barriers associated with parenting. The vast majority of programs in the U.S. do not provide services for the children of women in treatment. Programs that serve women who have dependent children must take into account the particular needs of these families (Cuskey & Wathey, 1982). Studies have indicated that children are an important part of the lives of women who have an addiction, and they are likely to become even more important as women gain recovery and find new, healthier ways to live. In addition, when children are not considered in treatment, it is probable that women will avoid or leave treatment prematurely. Programs that provide not only child care but residence

opportunities for mothers and children have been shown to be helpful for women in recovery. Programs that incorporate parenting classes and family therapy can also be desirable and helpful to women and their families. These services have the potential to affect the rate of admission, retention, and success in treatment programs.

In addition to relationships with their children, women with partners may refuse treatment due to fear of separation (Cuskey & Wathey, 1982). Lesbian, bisexual, or transgendered women may also avoid treatment due to fear of discrimination, judgment, isolation, or lack of services focused on their particular set of needs. Programs need to address situations specific to women with a range of relationship orientations, especially including a focus on the personal struggles with marginalization such as depression, low self-esteem, anger, and family cut-offs. Psychoeducation as well as couples or family therapy in addition to treatment can be helpful to women in relationships. For women who are not in romantic relationships, a different set of stressors may need to be addressed such as family and societal expectations, pressure from a proverbial "biological clock," or worried about finances as the independent financial contributor.

While some women with addiction problems have committed crimes, women are convicted of crimes less frequently than men. This provides fewer opportunities for women to be given the option of treatment in lieu of an extended jail or prison sentence (Cuskey & Wathey, 1982). Using substance abuse treatment as an alternative to jail or prison time for women who have drug-related charges would increase the admission rates for women. In addition, women with probation or parole officers who can aid in monitoring women's treatment progress from a legal point of view can also be additional external motivation for women to remain in treatment until the end of their required or recommended treatment course. This has the potential to positively impact short- and long-term outcomes due to extended treatment exposure.

Powerlessness in Twelve-Step

Women who choose a Twelve-Step recovery model will experience a number of pivotal concepts that drive the program and the people who embrace it. Admission of powerlessness over substances is one of the foundational concepts of the Twelve-Step mutual-help recovery model. It is one half of the first of the Twelve-Steps ("We admitted we were powerless over drugs and alcohol…") and has a pivotal role in the overall recovery process. Because it is the First Step and it is recommended that each step be satisfactorily "worked" or accomplished

before going on to the next step, people who plan to use Twelve-Step need to have some level of admission of powerlessness. There is anecdotal evidence that powerlessness is embraced by the majority of people who successfully use Twelve-Step. Attend any Twelve-Step meeting and you will witness people who embrace the concept. Speak to nearly anyone who is a faithful member of a Twelve-Step group and they will often praise the idea of powerlessness. For many it seems to be an important concept that aids in their recovery. For others, however, it is not so easy, especially some who are in denial about their addiction, according to Twelve-Step member and author Kevin Griffin (2004). Griffin believes it is denial that prevents people from accepting the First Step and achieving recovery. Besides powerlessness over substances, Griffin mentions that the Steps imply that people are powerless over a lot of things in their lives. He argues that some people hear the word powerless as it relates to Twelve-Step and think passive, victim, letting life just happen to you. He asserts that he is powerless over the disease of alcoholism but not over his decision of whether or not to pick up a drink. Relating this to his interpretation of teachings from the Buddha, "we are responsible moment to moment for our words and actions, not just victims of destiny or hidden forces; we have an element of free will" (p. 16).

VanWormer and Davis (2003) are the only published authors I found to speak about the metaphor of powerlessness in Twelve-Step, though their writing on this topic is not research-based. They acknowledge that for many professionals or outsiders, AA's concept of powerlessness may appear to push women to admit something they already experience in the dominant culture. But they assert that it is important for those who do not have an addiction to understand Step One from inside the circle of addiction where they can see "the miserable state of affairs most women and men face when they first begin the road to recovery" (p. 380-381). The author supposes that powerlessness for people in Twelve-Step equates to having your life in shambles because of how out of control life is with the addiction. Accepting the metaphor of powerlessness means accepting individual limitations, but the authors acknowledge that this goes against the dominant Western philosophy of independence, will power, and competition.

According to Gregory Bateson (1972), AA provides a paradoxical metaphor in that "the experience of defeat not only serves to convince the alcoholic that change is necessary; it *is* the first step in that change…to be defeated by the bottle and to know it is the first 'spiritual' experience" (p. 313). It is through this metaphor of powerlessness as connectedness that group and personal narratives transform from the competitive stance into a complementary relationship

with people who have similar struggles with addiction (vanWormer & Davis, 2003). Riessman (1985) refers to this reauthoring experience as self-help induced empowerment. According to vanWormer and Davis, it is important to understand this alternate view of powerlessness to avoid oversimplifying and misinterpreting AA language in terms of oppression, discrimination, and victimization instead of a language of transformation.

In contrast, however, others criticize Twelve-Step's focus on powerlessness as a foundational concept of recovery and believe that is unhelpful and disempowering to women (Rhodes & Johnson, 1994) who already live in a patriarchal society where they experience powerless in their daily lives. According to Kasl (1990), AA was designed for men who needed their over-inflated egos broken down. However, she points out that women in a patriarchal society often suffer from the lack of a healthy, aware ego and would be helped by strengthening their sense of self by reaffirming their own inner wisdom. Instead of feeling empowered, developing a sense of internal power, and using that feeling to set them on a drug-free path, a program with the foundation of powerlessness may contribute to women's sense of subordinate status, oppression, and insecurity. Kasl points out that women who are chemically dependent often use in excess because they feel powerless and this can lead to feelings of depression, anxiety, fatigue, and low motivation. Though the concept of powerlessness is foundational to Twelve-Step programs, there is no published research investigating women's lived experiences of powerlessness through the process of their recovery.

Some experts suggest that the issue of powerlessness in the First Step is a paradox (Herndon, 2001). The paradox theory asserts that one who admits powerlessness over a substance then gains power over their lives. Put another way, letting go of power brings power. Others, including some feminists, are critical of the concept of powerlessness in Twelve-Step recovery (Berenson, 1991) and promote the notion that women should embrace the powerful part of themselves to gain control over their addiction. Therefore, critics believe that admitting powerlessness is not helpful for women in a patriarchal society and who have experienced oppression and powerlessness throughout history. They are concerned in particular about the emphasis on powerlessness as liberating (Berenson, 1991). Others have pointed out that women who are in Twelve-Step and question the tenants of powerlessness are often shamed, threatened with abandonment, and called resistant (Kasl, 1990). The fact remains, though, that many women in the U.S. successfully use the Twelve-Step model of recovery more than any other form (Miller

14

& McCrady, 1993). Many questions remain, however, about how women conceptualize power and powerlessness as it is stated in the first of the Twelve-Steps. It is important to discover how they experience and make meaning of the Twelve-Step form of powerlessness as well as the experiences they may have had feeling powerless in society. Understanding how women experience powerlessness in their recovery may encourage service providers to try to understand their clients' experiences of powerlessness and be curious about the struggles and triumphs they experience throughout their Twelve-Step recovery. In addition, those who develop treatment programs for women will be better informed about the experiences of women they are likely treating. This study also offers the first empirical exploration of a phenomenon that is anecdotally discussed but largely unresearched. It will begin to fill the gap in understanding of the meaning women make out of their experiences of powerlessness in the First Step.

Theoretical Frameworks

Not surprisingly, the theories used to understand women and addiction have been extracted from research on and for men. Many researchers and organizations that fund research agree that research for and on women from a variety of backgrounds is needed to better understand the specific processes of addiction and recovery among women. For example, the National Institute on Drug Abuse (NIDA) now requires that drug-related research includes women as part of the sample unless they are specifically deemed inappropriate for that particular study. No published studies have explored the meanings women make of their recovery, the experiences they have had during their recovery, and the processes that lead to positive outcomes. Before we can come to a more full understanding of how women recover from addictions, it is important to more carefully examine women's experiences with the pivotal concepts in programs of recovery such as Twelve-Step. With more empirically-focused research on women and recovery, there is the potential to provide the guidance that women and their treatment providers need to create opportunities that lead to better overall outcomes for women, their families, and their communities. In addition, more research has the potential to shed light on the ongoing arguments about whether Twelve-Step recovery is helpful for women, why and how women choose Twelve-Step programs, and what are the viable alternatives should they want to explore those. Finally, additional research may provide needed answers to the Twelve-Step community about whether or not the foundational concepts such as powerlessness are in fact

useful and helpful to its members. In the long term, more empirical studies on women and recovery could provide women with more and better options for their future well-being.

Twelve-Step has been framed as a narrative community (Rappaport, 1993), and experts have called for a reframe of the meaning of mutual-help groups in terms of a narrative perspective (Davis & Jansen, 1998; Rappaport, 1993; vanWormer & Davis, 2003). According to Rappaport, "…the narrative approach means understanding life to be experienced as a constructed story. The stories that people tell and are told are powerful forms of communication to both others and one's self. Stories order experience, give coherence and meaning to events, and provide a sense of history and of the future" (p. 240). Hearing the stories of other Twelve-Step members can provide hope that one's own life can be positively changed (Davis & Jansen, 1998). According to Davis and Jansen, "Understanding AA in a narrative framework – as a context where people tell stories about their lives within a community – implies a conceptual shift from a rational model to a metaphorical understanding. This shift to the metaphorical is the framework for the following interpretations of the meanings of AA" (p. 4). Seeing AA as a language of narrative and metaphor, says vanWormer and Davis (2003), means understanding it through the context of lived experience and meaning-making of the members as an entity. According to some supporters, because AA is so often misunderstood by its critics, many people "fail to understand the subtleties of the AA program and often erroneously attribute qualities and characteristics to the organization that are one-dimensional, misleading, and even border on slanderous" (Flores, 1988; p. 203). Understanding the subtleties of the program means listening to the stories told in communities and viewing members as storytellers who are transforming their lives through telling and listening (vanWormer & Davis, 2003). Specifically, the storytelling can lead to a restorying from "the hopeless alcoholic" to a person with experience, strength, and hope. This may help others secure the hope they need for their own changes.

In order to more fully explore women's narrative experiences of powerlessness in Twelve-Step and to embrace their lived experiences, a triangulation of theories guided this research including symbolic interactionism, phenomenology, and feminist theory. In addition, theories related to the symbolic and metaphoric construction of knowledge will be used as a tool for exploration of experiences.

Symbolic interactionism is based on the following principles: 1) human beings act toward things on the basis of the meanings that those things have for them; 2) meanings are derived

from the social interaction between people; and 3) meanings are interpreted by people in interactions to effectively deal with their encounters (Blumer, 1969). Thus, meaning is only created through social interactions with others, and experiences of powerlessness as they relate to Twelve-Step groups are subject to the same interpretation and creation of meaning. Meanings are created within a social context and are the result of how people feel they are perceived, how others interact with them, what they are told, what they see others do, and what they perceive as "norms." This fits with the structure of Twelve-Step in that, within the context of group meetings and sponsor/sponsee relationships, a woman's perception of powerlessness depends on the way she interprets her own experience and those of people with whom she comes into contact. In addition, symbolic interactionism embraces the idea of meaning making through the interactions with others in groups such as AA or NA, thereby having a natural connection to the narrative framework described above.

While symbolic interactionism speaks to the meaning women make of powerlessness in Twelve-Step based on their interactions with others, phenomenology plays a role in framing the research in this current project. Inaugurated by Edmund Husserl over a century ago, phenomenology is concerned with carefully describing ordinary conscious experiences of everyday life and as one experiences them (Schwandt, 1997). The focus is on "exploring how human beings make sense of experience and transform experience into consciousness, both individually and as shared meaning" (Patton, 2002; p. 104). Phenomenologists focus on people's or groups' perceptions, beliefs, memories, decisions, feelings, judgments, evaluations, and bodily actions. These things are applied to aspects of a person's experience, making them meaningful (Holstein & Gubrium, 1994). "The aim is to determine what an experience means for the persons who have had the experience and are able to provide a comprehensive description of it. From the individual descriptions, general or universal meanings are derived, in other words the essences or structures of the experience" (Schwandt, 1997; p. 13). Phenomenology also assumes: knowledge is socially constructed, therefore inherently tentative and incomplete; researchers are not separate from the phenomena they study; knowledge can be gained from art and science; bias is inherent in all research regardless of method; everyday knowledge about people's lives is epistemologically important; language and meaning of everyday life are significant; objects, events, or situations can mean a variety of things to a variety of people (Boss, Dahl, & Kaplan, 1996).

Phenomenology aims to describe peoples' experiences and the meaning they make of them, not to explain the experience (Schwandt, 1997). A primary element to finding this meaning of the human experience is recognizing the context in which a situation occurs. In addition, because people's descriptions of experience and interpretations are so intertwined so as to become one, their interpretation of an experience is often difficult to articulate (Patton, 2002) and may benefit from the use of metaphor and analogy to begin to more closely examine the meaning made of the experience. I use phenomenology in this research as a methodological framework in that it is useful in exploring how people make sense of their experience of powerlessness in recovery, and transform experiences into consciousness. Phenomenology will help capture and describe how women experience issues of powerlessness through their recovery from substance abuse and the meaning they make of those experiences.

A final element of phenomenological theory that fits for this study is the one dimension that differentiates phenomenology from other theoretical and methodological approaches (Patton, 2002). That is the assumption that some elements of people's experiences are shared with others who are also involved in the experience. This can be family, friends, community, or an entire society. In the case of this research, the common, underlying "essence" that women describe exists because of their shared experiences of being women, living in the Washington, D.C. metropolitan area, addicted to a substance, and working a Twelve-Step recovery program. Part of the work to understand women's unique experience of powerlessness will involve also dissecting what parts of their experiences are shared as part of the group they represent (i.e., women in Twelve-Step Recovery). Phenomenological theory will provide one piece of the whole framework aimed to incorporate both the individual's experience as well as the larger group's experience of powerlessness in Twelve-Step recovery.

Feminist theory is the third component of the triangulated, integrated theoretical approach to this study. Foucault (1980) drew attention to the way in which meaning-making and language were important resources possessed by people of power in a society. It is through examining certain discourses and social practices of power that we can better "understand how women resist, subvert, and succumb to power in a patriarchal society" (Hare-Mustin, 1991; p. 40). In addition, Allen and Walker (1992) assert that sociological theories such as phenomenology and symbolic interactionism are not an acceptable substitute for feminist theory because they do not create sufficient space to incorporate women's voices. Feminist research is a worldview, not just

a method (Nielsen, 1990). Many researchers have used feminist theories and methodologies to incorporate voices of women previously unheard (Allen & Walker, 1992; Westkott, 1979). This study will fill the gap in the literature on women in recovery by magnifying their voices as they tell of their lived experiences of powerlessness as it relates to their Twelve-Step recovery.

Besides the three core theoretical frameworks guiding this research, a fourth guiding concept, the use of metaphor and analogy, was pivotal to this study. Metaphor is the representation of one thing in terms of another, and it is fundamental to human thought and knowledge (Zaltman, 1996). Metaphors actively shape thought. It is estimated that people use six metaphors for every minute of speech, indicating the importance of metaphor in the shaping of our verbal language representing our figurative and literal thought. Attending to the metaphors people have allows researchers to learn more about their inner, subconscious thoughts and feelings. It also is part of the narrative community approach that embraces the story-telling aspect of women's experience in Twelve-Step recovery.

Metaphors and analogies were used in this study to shape the structure of the research protocol, the research questions, and the methodology used in this study. Qualitative researchers are often concerned with how best to get interviewees to articulate their thoughts, feelings, and responses during interviews. This is especially concerning when the topic of inquiry is particularly difficult to conceptualize and articulate. Due to major advances in disciplines such as the social sciences, biological sciences, and humanities, there is a growing understanding of how human thought occurs and how it can best be communicated. Estimates vary, but it is believed that approximately two-thirds of social meaning is received nonverbally (Zaltman, 1996). Consistent with that statistic is the estimate that two-thirds of the stimuli that reaches the human brain is visual (Zaltman, 1996).

The vast majority of all research methodologies that aim to learn the thoughts and opinions of participants, however, rely on literal, verbal language. On the contrary, though, people think in the form of images, not words (Zaltman, 1996). Brain researchers have found that memory storage areas in the front of the brain activate the "mind's eye" in the back of the brain (Zaltman, 1996). After the brain interprets these images, they are transported to the language centers of the brain where verbal information is attached and then relocated to where decisions are made. When people are able to use images to represent their thoughts, then, they are closer to the state where thoughts occur and bring them closer to understanding how they think and feel

about a phenomenon. While verbal language is an important part of this process, linking it with the images that exist allows the respondent to communicate their meanings and representations more deeply and fully to the researcher (Zaltman, 1996). The paradox of thinking in images but reporting with only words could be remedied with the inclusion of images that elicits metaphoric language people use as a way to better articulate their deeper, less cognitive experiences.

To that end, the main methodology used in this study was based on a qualitative research technique called the Zaltman Metaphor Elicitation Technique (ZMET), a technique that enables the researchers to explore people's thoughts, feelings, and experiences using verbal language coupled with symbolic or metaphoric images. This technique will be reviewed later in the literature review and in the research methodology sections.

The overarching theoretical concept of the narrative community discussed in this section combines a range of approaches in a synthesized way that creates the structure for this study. Linking the theories of symbolic interactionism, phenomenology, feminist critique, and those that guide the ZMET technique create a metaphorical springboard to explore the lived, narrative experiences of powerlessness among women who are using Twelve-Step substance abuse recovery.

Research Questions

While powerlessness in recovery has been understudied and the voices of women in recovery are conspicuously absent from the published research literature, this study begins to remedy the situation using multiple data collection modalities including in-depth interviews and survey instruments. The following are the broad categories of research questions that guided this study.

1. How do women experience powerlessness in their recovery?
2. What images, metaphors, similes, and analogies do women have of powerlessness as it relates to the First Step of their recovery?
3. How do women's concepts of powerlessness change or remain the same over time in their recovery?
4. How do women's concepts of powerlessness in the First Step relate to feelings of powerlessness in other aspects of their life?
5. How helpful or not helpful is the concept of powerlessness in women's recovery?

6. How do women discuss the topic of powerlessness with others such as sponsors, sponsees, or other members?

7. What advice would women give to new AA members about powerlessness in the First Step?

8. What do women wish they had known about powerlessness in the First Step that they know now?

Chapter 2

Literature Review

Of the 1.88 million people in the U.S. who entered substance abuse treatment in 2002, approximately 30% (just over half a million) were women (SAMHSA, 2004b). This percentage of women in treatment compared to the total number of people in treatment has remained relatively unchanged over the course of the past 15 years (SAMHSA, 2001). Women are more likely than men to enter treatment due to hard drug abuse such as cocaine, heroin, and methamphetamines. The majority of treatment programs and referrals made for women who are seeking recovery are made to Twelve-Step treatment programs or mutual-help groups, though the majority of those end up relapsing or rejecting many of the tenants of the Twelve-Step model. There are critics who speak out against Twelve-Step recovery programs for women due to the emphasis on powerlessness, though there are even more proponents who strongly support it. The following sections provide the background from the published literature for these key issues regarding women in Twelve-Step recovery and powerlessness as well as key research on Twelve-Step recovery, effectiveness of Twelve-Step-oriented treatment, powerlessness among women in Twelve-Step recovery, and the metaphors.

Twelve-Step Recovery

While the definition of treatment is the use of professional mental health and medical services provided by trained professionals aimed toward reducing or eliminating unwanted symptoms, recovery is an evolving process of awareness, acceptance, and change leading to a healthier state of being. Twelve-Step is a broad term used to describe a mutual-help-based recovery modality that began as Alcoholics Anonymous (AA) back in the 1930s. AA is the original prototype for mutual-help groups that use the Twelve-Steps and Twelve-Traditions model (van Wormer & Davis, 2003). It was developed by two late-stage alcoholics, known as Dr. Bob and Bill W., at a time when alcoholism was considered hopeless by the medical profession and a moral failing by society. While it was originally developed by men with men in mind because men were the only people whose alcoholism was socially recognized, it quickly grew to welcome women as well.

According to the AA World Services website, "Because A.A. has never attempted to keep formal membership lists, it is extremely difficult to obtain completely accurate figures on total membership at any given time" (AA World Services, 2004). Based on membership reports

from the AA General Services Office, however, it has been estimated that just over 2 million people considered themselves AA members, over 50% of who live in the U.S. (AA World Services, 2004). While NA reportedly has no estimates for the number of its members (NA World Services, 1999) reports from a large-scale membership survey conducted during a recent world-wide NA conference where nearly half of the 13,500 attendees responded indicated that 44% of attendees were female (NA World Services, 1999).

At its core, Twelve-Step is a mutual-help recovery model with non-professionals leading groups and providing all administration for the organization. The Twelve-Step model grew from an organization in support of alcoholics in recovery to one that supports people coping with many different forms of addictions as well as their families and loved ones. Twelve-Step is seen by many professionals as one of the most effective, user-friendly resources for helping people who abuse substances through the process of recovery (Riordan & Walsh, 1994).

Addiction (specifically alcoholism) has been considered a disease since the late 1700s. This has led to the medical model of recovery which holds that the individual is not responsible for having the disease of alcoholism but only for seeking treatment to overcome it (Peterson, Nisenholz, & Robinson, 2003). Twelve-Step embraces the disease-model and is the most widely sought form of self-help for those with substance abuse problems in the U.S. (McCrady and Miller, 1993). Many treatments facilities and programs, especially in the U.S., operate within the broad context of the Twelve-Step model of recovery (Wallace, 1996). Twelve-Step can be used solely as a mutual-help or self-help program for those with substance abuse problems and their families, though therapists and doctors often prescribe attendance at these groups in conjunction with psychotherapeutic or outpatient drug treatment.

There is some evidence that Twelve-Step involvement has been shown to increase the effectiveness of substance abuse treatment (Humphreys, 1999). In addition, managed care organizations encourage involvement in Twelve-Step because, as shorter lengths of treatment become the norm due to increasing healthcare costs, Twelve-Step is thought to be a more cost effective method of maintaining long-term treatment gains (Humphreys, 1999). However, most of the research on the efficacy of Twelve-Step recovery has focused on men. More research is needed to determine how effective Twelve-Step recovery is for women, and how women experience the Twelve-Step process.

The decision whether or not to enter a Twelve-Step-oriented recovery program may have to do with proximity of a program, the environmental and personal characteristics of the individual, and how well those match with the philosophies of Twelve-Step (Mankowski, Humphreys, & Moos, 2001). Some research suggests that people who are older and who have higher levels of education (Luke, Roberts, & Rappaport, 1993) are more likely to enter Twelve-Step recovery. Similarly, those who report having more severe addictions and psychosocial problems are more likely to attend Twelve-Step self help groups (Humphreys, Mavis, & Stofflemayr, 1991; McKay et al., 1998). A study by Mankowski et al., (2001) showed that "people who at intake had more prior Twelve-Step mutual-help group involvement, religious beliefs and behavior, belief in the disease model of addiction, education, and abstinence as a goal for treatment were more likely to be involved in Twelve-Step groups 1 year later" (p. 556). The authors suggest that the compatibility between treatment and personal belief systems is an important factor in predicting involvement in mutual-help groups.

While AA was the original Twelve-Step recovery model developed in the U.S., offshoots of the program began to emerge that focused on other forms of addiction such as Narcotics Anonymous (NA), Overeaters Anonymous (OA), and Al-ANON for family members of people with addiction. None are as popular or well-attended as AA, though together they have formed a network of recovery programs based on the same Twelve-Steps laid out by the founding members. Together, this series of steps makes up the recovery process. The entire set of the Twelve-Steps is included in Appendix A.

According to the founders and followers of the AA, each of the Twelve-Steps must be completed before the next step may be attempted. The process of progressing through the steps is designed to be done with the person seeking recovery and their sponsor who is further along in their own recovery process. Once each step is complete, the person may move to the next, progressively higher step. After all Twelve-Steps have been successfully "worked," most members return to the beginning of the Twelve-Steps and move through them again to reacquaint themselves with the major tenants of their recovery. Attending regular AA or NA meetings and reading AA or NA literature are other ways that people in recovery can remind themselves of the important aspects of recovery, no matter what step they happen to be on. The majority of people who enter formalized treatment for substance abuse in hospital or outpatient settings are often

introduced to the first few steps of the Twelve-Step recovery process and then are referred to a Twelve-Step program for ongoing support and recovery after discharge (Humphreys, 1997).

Each of the Twelve-Step programs begins with Step One which reads, "We admitted we were powerless over alcohol -- that our lives had become unmanageable" (AA World Service, 2004). (For a list of all of the Twelve-Steps of AA, see Appendix A.) All Twelve-Step recovery programs use a version of this same First Step, only they replace the word alcohol with one that better fits the group's intent, such as "substances" in NA or "food" in OA. The only one of the Twelve-Steps that is specifically "worked" daily, regardless of what steps are complete or how long a person has been in recovery, is Step One. This step is considered the foundational step that carries the recovering person through each day of recovery. It could be said, therefore, that this is the most present and familiar of all the steps, considering it is the one that is supposed to be "worked" every day. A number of noted experts in the field of addictions treatment have highlighted the importance of this first step for dismantling an addict's "neurotic pride" (Horney, 1937). The term "neurotic pride" is used often in the literature associated with AA and means shifting the addict's perspective from domination over the self, others, and surroundings to an acceptance of the reality of limitations (Bateson, 1972; Krestan, 2000).

The second of the Twelve-Steps follows from the first in terms of the concept of powerlessness (See Appendix A). It reads, "We came to believe that a Power greater than ourselves could restore us to sanity" (AA World Service, 2004). This step introduces the notion that once a person admits powerlessness over their addiction and their life, another, more powerful force will heal them. It also extends the notion of "neurotic pride" mentioned by Krestan (2000) in that it specifically points to a Higher Power as the most important source of help and support in recovery. According to Clemmons (1991), the recognition of a Higher Power takes on many forms for the members of Twelve-Step. "That Higher Power might be the awesome majesty of nature as found on the Big Sur Coast, a rainbow, or a raging summer thunderstorm, or it may be the more traditional conceptualization of God" (Clemmons, 1991; p. 98).

The third of the Twelve-Steps states, "We made a decision to turn our will and our lives over to the care of God as we understood Him" (AA World Service, 2004). This step extends the notion of powerlessness that began in the First and Second Steps (See Appendix A). It further takes from the participant the power of change and control over their addiction. According to

some critiques of the Twelve-Steps, the Higher Power that is described in the original form of Steps Two and Three is more defined as masculine, reaffirming a patriarchal view of spiritual guidance (Herndon, 2001). More recently, a few individual and local groups have changed the verbiage to be more inclusive of other ways of knowing a Higher Power, though for most it remains in the masculine version and may reinforce an inherent gender inequality for some women.

The Twelve-Step process continues through nine more steps that lead a person to acknowledge the harm they have done to themselves and others, to amend many of their mistakes, and to commit to helping others who are in need of recovery. According to the literature of AA, all of the remaining steps are dependent on the first three steps in order to achieve success. These remaining steps can be seen in Appendix A.

Research on Twelve-Step Recovery

There is relatively little published empirical research on AA due to many of the difficulties inherent in doing so such as recruitment problems, the issue of anonymity of members, and the skepticism many outsiders are met with by some members and the larger Twelve-Step organization. Because of these and other issues, some researchers may feel discouraged to conduct research on Twelve-Step programs. Some additional reasons why researchers avoid research on Twelve-Step include: membership can vary widely from group to group; and no standard member-type exists, and it is difficult to know whether a researcher is getting a sound cross-section or representative sample (Fuller & Hiller-Sturmhofel, 1999). While all of these barriers make it a challenge for researchers to conduct research on Twelve-Step, there is even less research that focuses on women's Twelve-Step processes and experiences.

Although AA is the most popular of the mutual-help groups in the U.S., its efficacy has rarely been assessed using randomized clinical trials (Fuller & Hiller-Sturmhofel, 1999). The majority of research on AA efficacy has compared people who use and who do not use AA. Findings show that people who voluntarily enter AA are consistently more likely to report abstinence (Fuller & Hiller-Sturmhofel, 1999). Due to a lack of randomization, it is unclear whether this trend is due to AA attendance or other factors such as a predisposition of people with certain personality characteristics to join AA.

Many treatment modalities have been developed for alcoholism and substance abuse over the course of the last century including both outpatient and inpatient settings (Miller et al., 1995).

In 1990, a summary of effective treatments was published indicating that there is no one treatment approach that stands out as significantly more effective than the others (Donovan & Mattson, 1995; Institute of Medicine, 1990). At the same time, research has begun to emerge examining the effectiveness of self-help groups such as AA and NA (Humphreys et al., 2004). The vast majority of these focus on AA with NA in second (Humphreys et al., 2004), and most either combine women and men in the sample or include just men.

Experts caution about the utility of research on any substance abuse treatment modality because: 1) addictions are difficult to treat and no treatment permanently cures addiction all or even most of the time; and 2) constraints on financial resources for treatment should lead to caution in interpreting the relative value of intervention success or failure (Humphreys et al., 2004). With those caveats in mind, effectiveness of self-help or mutual-help programs can be conceptualized in terms of how fast a self-help organization grows, levels of satisfaction among members, etc. The most common measure of effectiveness from a clinical standpoint, however, is whether or not group participation reduces substance abuse and at what cost, and whether group participation benefits members and their communities as well as reducing addictions. The following are some of the studies that provide important insight into effectiveness of Twelve-Step recovery programs.

Overall, there is evidence to show that AA is a useful approach for alcoholics to stop drinking (vanWormer & Davis, 2003). A review of surveys and outcome evaluations of AA alone or AA combined with formalized treatment indicates that between 40% and 50% of people who are long-term, active members of AA can expect several years of abstinence (Emrick, 1987). Soon after, Emrick, Tonigan, Montgomery, and Little (1993) conducted a review of 107 studies and found that greater AA involvement could modestly predict positive outcomes on alcohol consumption. Active participation in both meetings and other AA activities predicted reduced alcohol consumption.

According to Humphreys and his colleagues (2004), there are only three randomized controlled trials of self-help groups as of 2004, all of which focused on AA. The first was conducted by Ditman and colleagues (Ditman, Crawford, Forgy, Moskowitz, & Macandrew, 1967) and showed that a court order to attend five AA meetings failed to reduce the number of arrests for drunkenness (Humphreys et al., 2004). This study did not gather information on alcohol use, however.

The second two randomized controlled studies (e.g., Brandsma, Maultby, & Welsh, 1980 and Walsh, Hingson, Merrigan, Levenson, Cupples, et al., 1991) that were identified by Humphreys and colleagues (2004) assessed a set of outcomes and compared AA involvement to professional treatments combined with AA attendance. Both studies indicated that people in the AA only group fared worse on clinical outcomes, one in terms of higher rates of drop-outs and the other in terms of higher numbers of relapses. It is equally important to note, however, that the people who were in the AA only group did improve from baseline and spent significantly less money over time than those assigned to the AA plus treatment group.

Besides the two randomized controlled studies mentioned above, a few other non-randomized studies have been conducted to compare Twelve-Step modalities to other treatment methods or to control groups of individuals in the general population. Humphreys and Moos (2001) conducted a quasi-experimental study of substance dependent male patients in Twelve-Step-oriented inpatient treatment and non-Twelve-Step inpatient treatment. The vast majority were African-American or Latino. Each of the two group included 887 patients (N=1774). Patients in both groups were comparable at intake on variables such as treatment history, alcohol and drug problems, mental health problems, demographics, and motivation to change. After one year, those who joined self-help groups were significantly more likely to report they had abstained from drugs and alcohol and relied less on further treatment for support after discharge contributing to a $5,000 savings. Humphreys and Moos (1996) conducted a similar study years before that resulted in very similar findings, but this study was conducted with several hundred patients (as opposed to N=1774 in the later study), most of whom were Caucasian and about half of whom were women.

Correlational studies have been conducted examining self-help group involvement and addictions. Nearly all of them show that AA attendance is associated with better alcohol- or drug-related outcomes such as lower consumption and fewer symptoms (Humphreys et al., 2004). These studies also indicate that members who engage in other AA-related activities such as reading AA literature, becoming involved with sponsorship, and applying the steps to daily life, are more likely to report abstinence than are members who do not. It is important to note that these studies do not prove that it is membership and affiliation that caused these outcomes, but they begin to fill the gaps in the literature.

A study well-known to the substance abuse research field is Project MATCH (Project MATCH Research Group, 1997). In this study, researchers randomly assigned alcoholic patients to three treatments delivered over a period of three months. Twelve-Step facilitation therapy, cognitive-behavior therapy, and motivational enhancement therapy were the three treatment conditions (Humphreys et al., 2004). Findings indicate that patients in each of the three conditions had similar outcomes on increased days of abstinence and reduced average number of drinks consumed each day at one-year follow-up. Patients in the Twelve-Step facilitation therapy attended more Twelve-Step meetings and were more likely to have continuously abstained from alcohol. They also had higher rates of continuous abstinence three-years post treatment.

A number of other studies have been conducted that demonstrate positive outcomes for Twelve-Step. McAuliffe (1990) studies drug dependent patients and found that those randomly assigned to an aftercare program with a self-help style group and support network were 40% less likely to experience a relapse in the six months after treatment than those receiving aftercare without self-help style interventions. Galanter (1984) showed that alcoholic patients assigned to a treatment program emphasizing peer responsibility and mutual help enjoyed higher treatment engagement at follow-up. These studies taken together show some support for the idea that involvement in Twelve-Step programs reduces substance abuse, costs, and negative outcomes.

In his unpublished thesis, Albert (2001) compared measures of self-esteem, social anxiety, and locus of control among a sample of volunteer AA members and individuals from the general population. Results from this very small quantitative study showed no differences on social anxiety and locus of control between the AA group and the at-large group. Self-esteem, however, was found to be lower in the AA group, though it only accounted for 5.76% of the variance between the study groups. The findings of this study should be interpreted with caution, however, considering the extremely low number of subjects surveyed (N=29), thereby resulting in extremely low numbers in each group (15 AA members, 14 at-large members). In addition, the sample was strictly voluntary, and no data were reported on the breakdown of gender. The author did report that sample was overwhelmingly Caucasian and most were employed. It is also unclear what factors lead to the findings. It could be that people who are alcoholics have lower self-esteem than people who are in the population at-large, therefore their scores prior to beginning AA might be lower. Or it could be that there is something about the process of being involved in AA that leads to lower self-esteem than the general population.

A recent study using data from a nationally representative survey on alcoholism found that more than one third (35.9%) of alcoholics who began drinking more than one year prior are currently in recovery. In this study, Dawson and colleagues (2004) used data from NIAAA's 2001-2002 National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). The analysis was done on a subsample of alcohol dependent people from the study of 24,000, though the majority were male. The researchers found that the likelihood of abstinent recovery increased over time and with age. Abstinence was higher among women, individuals who were married or cohabiting, individuals with an onset of drug dependence between ages 18-24, and those with more addictive symptoms. The authors also note that the greater the peak quantity of alcohol consumed during the drinking phase, the lower the likelihood of recovery.

One important clinical study examining the efficacy of AA was conducted by Walsh and colleagues (1991) and included 227 alcohol-abusing participants in an employee assistance program. They were randomly assigned to one of three treatment groups: 1) 3-week inpatient treatment followed by Twelve months of AA (hospital group); AA meetings only (AA group); or participants' choice of treatment (choice group). Researchers found that the AA and choice groups did worse than the hospital group on drinking measures such as abstinence. Participants in the AA group relapsed more often than those in the other two groups, and two- to three- times as many of the AA group members had to be hospitalized in the study period compared to those in the other two groups. Therefore, due to the additional treatment costs incurred by the AA group, total costs incurred by the hospital group was only an average of 10% higher than the AA group. This is contrary to the studies and anecdotal impressions that Twelve-Step recovery provides a massive reduction in costs. While this and other studies provides needed data on AA and other issues pertinent to Twelve-Step recovery, more information is needed on these topics generally and on women specifically.

According to Humphreys et al., (2004), these studies taken together lead to reasonable conclusions about the effectiveness of Twelve-Step program involvement. While improvements are needed in self-help-related research, some basic conclusions from the authors include:

- AA and NA are associated with greater likelihood of abstinence, greater self-efficacy, and better social functioning in longitudinal studies.
- Randomized trials suggest that AA combined with treatment leads to better outcomes than AA alone.

- Twelve-Step groups can be seen as a form of continuing care, not a substitute for formalized treatment such as hospitalization for people with acute symptoms.

- Mutual-help groups reduce health care costs.

- While other forms of mutual-help have not been studied as much, it is reasonable to believe that they also benefit their members in similar ways.

On the other hand, there are many skeptics and plenty of research that leads to questions about the true effectiveness of Twelve-Step recovery. While some studies show up to 50% drop out rates from AA (Chappel, 1993; Galaif & Sussman, 1995), others indicate that AA works no better than comparable approaches or no treatment at all (Miller & Hester, 1986; Peele, 1992). Much more research needs to be done to determine with confidence if Twelve-Step recovery is effective and under what circumstances with what type of people.

Women and Twelve-Step Recovery

Women make up an estimated 33% of the people who are in AA according to a 2001 membership survey of 7,500 AA members (AA General Services, 1999). That is approximately the same ratio of men to women in the general U.S. population who are coping with addictions. All of these women, and those uncounted others in the rest of the Twelve-Step groups (i.e., OA, NA), have entered programs that were designed for men and by men (Cuskey & Wathey, 1982). Very few treatment programs have been designed from their inception for and by women, and most programs do not have the capacity, resources, and knowledge needed to meet women's special needs (Cuskey & Wathey, 1982). Some experts are concerned that AA is too tied to a white, heterosexual, male dominant culture so as not to be palatable to other groups such as women (vanWormer & Davis, 2003). A number of authors have called for more research on women's treatment and recovery processes to begin to understand what needs and theoretical formulations are particular to women.

Research on Women in Twelve-Step Recovery

While research on women in Twelve-Step has largely been ignored since AA's inception in the 1930's, AA has made efforts to collect and publish data on women's attendance. Their membership data show that women comprise a steadily increasing membership in AA (vanWormer & Davis, 2003). In 1992, for example, women made up approximately 35% of AA membership compared with 30% in 1980 and 22% in 1968 (AA, 1992). Perhaps the increasing

numbers of women in Twelve-Step has sparked increased interest among researchers. The following are some of the studies found on the topic of women and Twelve-Step.

A number of recent dissertations have been written on the topic, all of which address issues consonant with the current study. One of those dissertations examined issues of empowerment among women in Twelve-Step, a topic very closely related to that of powerlessness. This dissertation by Sanders (2004) examines how women in AA empower themselves. Among the 164 women surveyed, this study found that the majority of the women stopped drinking and bettered their lives. In addition, despite AA's strongly male culture, these women held strong gender-role attitudes (such as disagreeing that women should focus on their husband's career interests in lieu of their own), maintained feminist beliefs (such as equity in the workplace), and actively participated in feminist activities (such as giving money to women's organizations). Another finding is that having completed the Twelve-Steps is associated with high self-esteem. This is a significant finding because self-esteem among people with addictions is notoriously low (Baumeister, 1991). In addition, this notion of completing Twelve-Step is different in that many people do not see working Twelve-Steps as having a finite ending.

Another important finding is that empowerment among the women interviewed is a process they see as happening over time. Baumeister (1991) comments that people who enter AA initially resist the idea of powerlessness but then overcome their addiction. Through that process, they learn that they can change their lives slowly, using the progression of steps and other tools. As they grow in recovery, people gain the "power to" confront their addictions and develop a "power from within" that helps them continue on the ongoing path of recovery.

Another dissertation that examines the experiences of empowerment among women in Twelve-Step recovery was reviewed. This study by Hansen (2001) is a qualitative study of seven women who had abused crack cocaine. He found that psychosocial conditions, both before and during their addiction, supported women's utilization of Twelve-Step recovery models. This was especially true in regards to the Twelve-Step focus on a persons' powerlessness to control their addiction. The participants also reported examples of empowerment as a result of their association with Twelve-Step programs.

A third dissertation on the topic of women in Twelve-Step also examines women's experiences in their recovery. This study by Rice (1996) is one of the only studies that reports women's stories in a way that highlights the metaphoric content of their thoughts and feelings of

their mutual-help process. In this ethnographic, participant observation study, Rice combines four recovering alcoholic women's stories into themes. Some of the themes include the idea that Twelve-Step involvement was pivotal to their recovery, the idea that humor is necessary, and the notion that women get a sense of belonging by knowing others who struggle with addiction which are not commonly talked about outside of AA. One woman described her alcoholism as a monster, others depicted deep struggles to become sober, while others still indicated having to cope with poor self-esteem. There are themes of the initial experiences of women in AA, turning points of women's recovery, the importance of interactions with people of similar experience, difficulty in relating to AA's Higher Power concept, and the need to obtain other forms of therapy or treatment while in recovery. This study emphasizes women's own experiences and provides important insight into the metaphoric images women use to describe their experiences as members of AA.

In addition to the above-mentioned dissertations focused on women and substance abuse, another study examined the difference between women who chose AA versus other forms of recovery (Kaskutas, 1994). This study showed that Twelve-Step recovery programs are used by women because it helps ensure against relapse, it is widely available, and it provides support and sharing (Kaskutas, 1994). On the other hand, the same study determined that the women surveyed also chose other forms of self- or mutual-help groups such as Women for Sobriety because they received support and nurturance, a focus on women's issues, positive emphasis, and focus on self-esteem. These women said they chose not to go to AA because they felt the never fit in there, there was too much emphasis on the negative and on the past, and they thought it was geared toward men.

A final aspect of Twelve-Step Recovery that is an important component is that of spirituality or a Higher Power. This is a pivotal concept in Twelve-Step but has seen few published studies on the topic. Some who theorize about how spirituality is helpful to those in Twelve-Step recovery believe it helps to increase personal power and creates an opportunity for healing (Commerse, 1997). According to Commerse, "Spirituality put into practice overrides victimology" (p. 67). Much more research is needed before any conclusions can be made about how spirituality is helpful in people's experiences.

A number of cautions must be made when considering the body of Twelve-Step research. Because the program is anonymous, it is difficult if not impossible to get a representative sample

drawn for any large quantitative study. Even Alcoholics Anonymous World Service admits that conducting truly representative research on its membership is nearly impossible because of the anonymous nature of the program. In addition, many members of AA or its affiliate groups are inherently suspicious of research being conducted by supposed outsiders. Therefore results should be considered cautiously since many respondents may modify their responses, choose to leave out key aspects that may not be as well embraced by the general public, or may diminish their views on certain issues that they may deem difficult to understand by researchers.

Powerlessness in Twelve-Step Recovery

While there is almost no published empirical research on powerlessness as it relates to Twelve-Step recovery, there are some who have commented on, criticized, touted, or theorized about it. Some have criticized Twelve-Step recovery programs for being too dependent on the image of God or a higher power, overly-committed to abstinence regardless of individual goals, and ineffective in the long-term for the majority of people who enter. Others criticize the model for its emphasis on powerlessness, especially for women.

Definitions of powerlessness vary. For some, such as Commerse (1997), it clearly carries negative connotations and is synonymous with dependency and having authority kept external from the self. She and others see it as the opposite of powerfulness and believes it carries connotations of things that may be considered oppressed, weak, and marginalized in our culture. Commerse continues that people or things that are powerlessness are thought of in our society as feminine, childish, homosexual, old, sick, poor, deprived, Eastern, flesh, the lost, sinner, etc. In contrast, she states that the term powerful is often related to characteristics that are celebrated in our patriarchal culture such as masculinity, adult, heterosexual, young, wealthy, healthy, professional, science, scholars, religion, etc. When compared as a dichotomy in this way, it is common to view powerlessness as negative and powerfulness as positive. This thinking leads to over-valuing stereotypically masculinized traits such as linear, rational, objective thinking and devaluing anything outside this narrow box. On the other hand, powerlessness can also be viewed as a positive phenomenon, often attributed to personal freedom of thought, beliefs, emotions, and behavior. Those who see powerlessness as a positive often also describe it as a paradox. The following section includes some of the published thinking and research on the issue of powerlessness.

Commerse (1997) makes a link between abuse, addiction, and powerlessness. She states that women are not inherently powerless as a state of being, but as addiction takes hold, an addicted woman relegates "her power to the substance, person, or thing, and is powerless until power is retrieved" (p. 78). In her personal experience, this occurs when women are aiming to numb and thereby protect themselves from emotional pain. She goes on to say that relegating power to another is a choice women make, not a statement on who they are as people. This is one of many views of powerlessness as it relates to addiction and recovery.

Some feminists such as Kasl (1992) assert that a recovery program that emphasizes powerlessness does not serve the same purpose for men and women. She goes on to say that those who are underprivileged and who already are aware of their powerlessness in the larger society are not helped by adding another admission of powerlessness in their lives (Kasl, 1992), especially in the context of a program where individuals seek empowerment and transformation (Herndon, 2001). Kasl argues that, "The last thing women and minorities need to do is hand their wills over to others to control. To do so is at the heart of oppression" (p. 313). Krestan (2000) agrees that it is problematic to ask of a person who is a member of a powerless group to embrace and accept powerlessness.

According to Herndon (2001), people who have felt powerless in their lives and who have had their power and autonomy restricted may be wary of situations that appear to further reduce their power. In a patriarchy, power is associated with masculinity and maleness and is often related to rationality, objectivity, and strength. In the same context, powerlessness is seen as emotional, subjective, and weak and is associated with femaleness (Herndon, 2001). Powerlessness may be a difficult concept to embrace for those in a culture that celebrates being in control and powerful. Power, in contrast, has traditionally been viewed as power and control over and against others, exploitative, manipulative, and competitive (Rush, 2000). The Western view of power, prevalent in mainstream American culture, is dichotomous (e.g., one wins and one loses) and rarely conceives of power's complementary or self attributes (Berenson, 1991; Herndon, 2001).

From a treatment perspective, focusing on power and powerlessness is thought by some to be helpful for people using Twelve-Step recovery. Renowned family therapist and addiction specialist Jo-Ann Krestan (2000) suggests that therapists need to examine the core ideas of power and powerlessness that have historically guided addiction treatment in the U.S. She also

asserts that "Feelings of powerlessness are significant stressors in the development of addiction" (p. 28). It follows, therefore, that, "…addiction becomes a means of overcoming feelings of powerlessness" (p. 29). While Krestan's suggestions make some theoretical and anecdotal sense, there is no research to support her assertion, making it difficult to determine with what people, in what context, and under what circumstances therapists should discuss powerlessness with their recovering clients.

While there are plenty of criticisms about the concept of powerlessness in women's recovery programs, others have theorized powerlessness as a strength in recovery. One theory is that women who have experienced powerlessness in their daily lives may find it easier to embrace powerlessness as it is understood in Twelve-Step recovery (Herndon, 2001). Krestan (2000) theorizes that the principles of Twelve-Step recovery are more in line with the values of marginalized groups and those who are outside the domain of the stereotypically powerful. This has the potential to make Twelve-Step recovery easier to accept and embrace for those who are not part of the culture's dominant white, middle class, educated, heterosexual group. On the other hand, this suggestion comes from theory and anecdotal information, not from empirical research.

The powerlessness of Twelve-Step recovery has been framed by theorists as a paradox, an irony, and a contradiction (Herndon, 2001). This notion of powerlessness as a paradox has also been explored in relation to vulnerability in that people who are in positions of power have a tendency not to see their own vulnerabilities and powerlessness (Pinderhughes, 1989). In her article on the paradox of powerlessness in Twelve-Step, Herndon (2001) points to Buddhist thinking and teaching about power: yield and overcome. From the view of the Buddhist tradition, "powerlessness my result in a sense of power—flexibility may provide strength, yielding may 'get' us what we cannot get through force" (Herndon, 2001; p. 9). As influential as Buddhist and Eastern religious thought is in many parts of the world, however, the culture in the U.S. remains one steeped in Western tradition and embracing the idea of powerlessness suggesting loss, domination, and defeat. It remains unclear, then, how women in the U.S. who are using Twelve-Step recovery experience and conceptualize the First Step's assertion that they must admit powerlessness in order to recover.

Krestan (2000) examined four kinds of power and how each may be perceived by people with addictions. Those include individual, interpersonal, socio/cultural, and spiritual forms of

power. Krestan's theory is that people who are addicted to substances identify with the dominant discourse of "power over" and need to learn to see the discourse as "power to" if they are to be successful in recovery. "Power to" is synonymous with empowerment, self control, subjectivity, and self-definition. In much the same way that Herndon (2001) viewed powerlessness in Twelve-Step as paradoxical, Krestan (2000) views "power to" as the paradoxical power to surrender in recovery, to make healthy choices, and to amend relationships in sobriety. Other forms of "power to" include sociocultural and spiritual. "Spiritual 'power to' is the ability to transform the self....For the addict, it is the ability to, in the face of powerlessness, find the spiritual strength to exert power to obtain a whole, healthy, sober life" (p. 18). Her view of the paradoxical nature of powerlessness comes from the Eastern philosophies that are often attributed to Gandhi and the Dalai Lama.

Krestan (2000) acknowledges that people entering recovery in the U.S. will be exposed to the "hegemony of the Twelve-Step approach," regardless of their "values of origin" (p. 19). This approach requires of its members to admit powerlessness over a drug and an unmanageable life, but Krestan notes that what powerlessness means to each individual is inextricably linked to their ideas about power. She calls for a deeper understanding of the often equivocal uses of power in the dominant cultural discourse.

While these issues of powerlessness for women are compelling and are grounded in sound theory and scholarship, almost no published research exists on the issue among women (Rush, 2000) or of how women using Twelve-Step recovery actually experience the issue of powerlessness. While a few recent dissertations have explored related issues (Hansen, 2001; Sanders, 2004), recovery experiences are rarely investigated in the published literature. When they are, they are measured in terms of absolutes of abstinence or of length of time spent abstaining from substances. According to Krestan (2000), "Understanding addiction requires us to recognize power and powerlessness on all levels and in all their complexities" (p. 28). An important next step, then, is to conduct and publish research examining women's actual experiences, thoughts, and feelings about powerlessness and how it relates to their Twelve-Step recovery process. This proposed research begins to address this gap in the research literature.

Metaphors and Twelve-Step Recovery

While there was no published research found on the issue of metaphors and Twelve-Step substance abuse recovery, Davis and Jansen (1998) and vanWormer and Davis (2003) discuss

this issue. People who struggle with the First Step's focus on powerlessness often reinterpret it to fit their own needs as a way of continuing in the program. These reinterpretations can also be viewed as metaphors used to frame one thing in terms of another. For example, Buddhists might translate the First Step as, "giving in is the greatest form of control" as a way to better embrace the notion of powerlessness in recovery (Berg & Miller, 1992). In another example, Christians might embrace a parallel metaphor such as, "to gain your life you must first lose it" (Davis & Jansen, 1998; p. 4). Whichever way a person chooses to reinterpret the First Step, it is often done from a metaphoric point of view. In fact, Davis and Jansen actually conceptualize powerlessness as a metaphor itself, and believe that acceptance of powerlessness allows people to embrace their limitations. They recognize that this goes against the dominant Western cultural message about power. It is often believed that Twelve-Step's vision of powerlessness is quite different from the meanings of powerlessness associated with contemporary social and behavioral sciences, such as alienation, anomie, victimization, oppression, discrimination, and poverty (Borkman, 1989; Davis & Jansen, 1998).

Chapter 3

Methods

To investigate the experiences of powerlessness among women in substance abuse recovery, I conducted a predominantly qualitative study using multiple forms of data collection. While two surveys were given to women at the beginning of data collection, the majority of the time was spent during an in-depth interview using an innovative data collection method called Zaltman Metaphor Elicitation Technique (ZMET) (Zaltman, 2004). Issues of my developing theoretical sensitivity, data collection methods, issues of recruitment, and descriptions of the participants will be discussed in the following sections.

Theoretical Sensitivity

According to Strauss and Corbin (1990), enhancing theoretical sensitivity is an important issue in qualitative research. Theoretical sensitivity refers to the ways in which a researcher immerses herself into the area of inquiry before and during the study. This can take on various forms such as reflecting upon personal experience, conducting preliminary and exploratory research on a closely related topic, familiarization with the literature, attending activities that increase exposure to the phenomenon under study, informally discussing the issue with people who have a stake in the project, and articulating biases and assumptions in order to challenge them. There are a number of ways in which I developed my theoretical sensitivity before and during the research. First, the prior literature on Twelve-Step, powerlessness, and women and substance abuse has prepared me for many of the issues that may be of importance for this study. Second, my experience as a family therapist intern in a substance abuse treatment center has given me the language and the background to be able to speak with women about these issues. It also gives me credibility with women in that I can understand what they are talking about in regards to Twelve-Step. For the same reason, I also attended numerous AA meetings in different locations as a way to become sensitized to the program and some of the ways in which it operates. My own reaction to AA is one of the factors that led me to do the current study. As a feminist with strong beliefs about the benefits of empowerment as an alternative to powerlessness, I wondered how feminist members of AA managed the notion of powerlessness. In talking to people about this issue, it seemed there was no clear conclusion about how issues of feminism and the more traditional notion of powerlessness co-existed. Still, I knew there were

many women with strong feminist ideals using the program well, therefore I was curious about how they resolved what seemed to me to be conflicting values.

Focus Groups

As one way to increase my theoretical sensitivity (Strauss & Corbin, 1990) to how women conceptualize the phenomenon of powerlessness in their lives, I conducted two focus groups with women. These focus groups were intended to elicit women's ideas and concepts of powerlessness in order to inform this study. Both focus groups were conducted in Blacksburg, Virginia. One group was of undergraduate women while the other was of women in the community and graduate students. The questions and the protocol for the focus groups are included in Appendix B. The questions are focused on general issues of powerlessness and are meant to explore how women think about and articulate issues of powerlessness. The results were used to sensitize the author to the ways in which women talked about powerlessness in their lives, and the vocabulary they used. In addition, it was used as a test to see how easy or difficulty it would be for women to articulate the abstract concept of powerlessness in their lives. Finally, I anticipated that the topic of powerlessness might be particularly sensitive and evoke some level of emotion from women. I wanted to see whether women would be willing to talk about times in their lives when they felt powerless before embarking upon a full research study on the topic with women in recovery.

The results of the focus groups were enlightening. It was true that women found the topic to be a sensitive one, but they seemed able and willing to discuss it, even in front of strangers or mere acquaintances. In some cases women did have trouble articulating feelings and thoughts about powerlessness, though asking about the metaphors they used brought more and deeper insight and explanation. Most of the emotion that was shared was while women discussed powerlessness in the context of metaphors and analogies, thereby pointing to the power of the technique of articulation through metaphor.

One activity we asked women to engage in during the focus group was to describe their concepts of the word powerlessness and powerfulness. As expected, the word powerfulness conjured up mostly stereotypical images of masculinity, strength, influence, and freedom. Some added a few thoughts about the negative connotations of powerfulness and described it as having to do with lack of control. On the other hand, when asked about their concept of the term powerlessness, most women said they thought of submission, vulnerability, passivity, weakness,

and being quiet. These concepts certainly fit with the Western philosophy of power and reinforces the critique that many people have about the use of the concept of powerlessness in Twelve-Step.

The notion that powerlessness is a paradox came up in the focus groups. A few women agreed that in knowing one has no power, that gives power. Another theme was that powerlessness is experienced in context. It was clear from the discussion that what one person felt powerless about someone else could find another related example in a different context and the group agreed that would not feel powerless. This led to a discussion about the variable nature of powerlessness from person-to-person and situation-to-situation.

After the focus groups were complete, the facilitators discussed some of their impressions. One observation was that the younger women tended to focus on feelings of powerlessness that seemed oriented outside of themselves, whereas the older women tended to focus on internal experiences of powerlessness.

Reflexivity

As another way to increase theoretical sensitivity, Strauss and Corbin (1990) encourage the use of what they call adjunctive procedures as part of qualitative research. This includes the use of memos, code notes, theoretical notes, operational notes, diagrams, and logic diagrams. I kept a researcher's journal during the data collection and analysis stages of research. These memos also included my thoughts and feelings about the topic and the women with whom I spoke. They cataloged new ideas and theories that I formulated and included questions on which to follow up in this project or future research. I included strengths and weaknesses of the interview questions and research method as well as potential ethical issues. As Strauss and Corbin suggest, these notes grew in complexity, density, clarity, and accuracy throughout the research process and became the foundation for the overall analysis. In addition, these memos lead to insights about other questions that would be helpful to ask in subsequent interviews. When it was clear that a pattern was emerging in early interviews, I was able to check with other women in later interviews to collect additional data on these issues that I had not anticipated. This is one of the many strengths of using semi-structured, in-depth qualitative interviews for topics that are exploratory and where depth and breadth of understanding are needed.

In addition to keeping memos and notes of thoughts, feelings, and emerging conceptualizations, I also attended open Twelve-Step meetings to familiarize myself with how

groups operate. I focused some of my attention on women-only groups, and listened for times when concepts of powerlessness emerged in conversation. I also met informally with women who were active members of Twelve-Step prior to data collection, just to sensitize myself to their language, their beliefs, and their experiences of recovery. All of this information was useful in informing the data collection and analysis.

Researching Sensitive Topics

Based on Renzetti's and Lee's (1993) edited book "Researching Sensitive Topics," this study would be considered a sensitive research topic, defined as "one that potentially poses for those involved a substantial threat, the emergence of which renders problematic for the researcher and/or the researched the collection, holding, and/or dissemination of research data" (p. 5). Because this research has the potential to evoke feelings of guilt, shame, or embarrassment, I consider it a potential sensitive topic. While all research participants are guaranteed confidentiality, Renzetti and Lee assert that maintaining confidentiality of research data is additionally important where participants are revealing intimate or incriminating information. Participants were assured that the information they shared would never be linked to them personally. Their names were never used and all identifying information has been changed to protect their confidentiality.

In addition, Joan Sieber (1993) asserts that it is important to accurately assess the potential for risks and sensitivities throughout the research process. This includes recognizing how issues may arise in all phases of the process from theory to dissemination of results. It also includes recognizing the vulnerability of each of the participants, families, or agencies that may be affected by the research. Some of the ethical issues I was aware of throughout this research included: privacy and confidentiality; safety of participants; validity of the research; respectful communication of consent and debriefings; avoidance of deception; equitable and respectful treatment of all participants, organizations, and ways of knowing; careful analysis and storage of data and the knowledge that is gained; responsible relationships with relevant gatekeepers and opinion leaders; and cultural and sub-cultural sensitivity (Sieber, 1993). I was careful to preserve women's confidentiality throughout the process. I created procedures not only to ensure their names would not be seen by others, but that I never disclosed who I had contacted or who had contacted me. I also respectfully asked the professionals who were helping me recruit not to inquire about who contacted me and who did not so that I could ensure women would not be

harassed or penalized for having participated or not. Further, all data were kept in secure locations and recordings of interviews were erased from the recording unit immediately after being transcribed. Identifiers were scrupulously removed from all transcripts, and when sharing the transcribed data for cross-coding, I was able to keep careful control over it.

Research Design

For this study, I incorporated multiple forms of data collection as a way of triangulating data (Denzin, 1970). Triangulation creates a synergistic interplay between the various approaches to research (Sprenkle & Moon, 1996). In other words, the various forms of data collected compliment and strengthen one another to create a more complete and well-rounded picture of the phenomenon under study.

Many authors have touted the benefits of data triangulation (e.g., Gilgun, 1992; Sandelowski, Holditch-Davies, & Harris, 1992; Strauss & Corbin, 1990) as a way to provide additional confidence in the validity of research findings (Cook & Campbell, 1979; Denzin, 1978; Rubin & Babbie, 1989). Findings emerging from multiple sources of data are judged in social science research to be more valid than single-source findings. For this study, I used in-depth interviews and survey instruments as the two methods of data collection. Because I used a variety of tools, I was better able to understand women's experiences of recovery, thereby maximizing the benefits and minimizing the weaknesses of each individual method of data collection. In addition, data collection methods are best used based on the needs of the researcher and the type of data to be collected. Interviews are best for in-depth information while surveys are well served when ratings are needed and when additional descriptive information is desired. This form of mixed method research is embraced by many family researchers as a way to address different types of questions with different strategies (Denzin, 1970; Sprenkle & Moon, 1996).

According to Wiebel (1990), "Qualitative research is often the only means available for gathering sensitive and valid data from otherwise elusive populations of substance abusers" (p. 5). Five years later, researchers and policy-makers at the National Institute on Drug Abuse (NIDA) compiled a monograph and conducted meetings to highlight the use of qualitative methods as key to the future of drug abuse research (Lambert, Ashery, & Needle, 1995). According to these experts, qualitative methods are uniquely well suited to examine the dynamic nature of drug abuse (Lambert, Ashery, & Needle, 1995). In their NIDA research monograph, they went on to assert that each of the separate articles in the monograph demonstrated the

significance of qualitative methods in preventing disease and promoting public health. The authors also stated,

> Theoretical and methodological research paradigms should be expanded wherever possible to incorporate multiple quantitative and qualitative methods. Methodological choices must be based upon the research question(s) under study, but such choices can be strengthened by triangulation; that is, the sequential or concurrent use of qualitative methods will inevitably improve the validity, generalizability, and confidence in research findings and their implications for prevention (Lambert, Ashery, & Needle, 1995; p. 3).

Following their sentiment and continuing in that spirit, the current study is a predominantly qualitative study that also triangulates the data collection method to incorporate quantitative data. It is my hope that, "through their capacity to expose the hidden worlds of drug users and those close to them in their holistic contexts, qualitative and quantitative methods can complement one another" (Carlson, Siegal, & Falck, 1995).

Survey Instruments

In order to better describe the women I was interviewing and understand their experiences with powerlessness, I used two measurement tools to collect additional data on key aspects of their recovery. These two scales were included in a recent article summarizing some of the best measures currently in use in the field for examining treatment process variables in AA (J. P. Allen, 2000). First I wanted to measure how affiliated women said they were to AA or NA. According to Cloud (1999), affiliation to AA or NA refers to the major domains of attendance and involvement, both in meetings and in activities outside of meetings (i.e., sponsorship, reading the literature). For this study, I measured affiliation using the Alcoholics Anonymous Affiliation Scale (AAAS) (Humphreys, Kaskutas, & Weisner, 1998). This survey is a short, nine-item questionnaire with close-ended response categories, most of which are either yes/no responses or simple four category responses. The full scale can be found in Appendix G. Sample items from the AAAS scale include, "Have you ever considered yourself a member of AA/NA?" and "How many AA/NA meetings would you estimate that you've gone to in your lifetime?" I modified the wording of the items slightly from the original instrument by including NA in addition to AA since many of the women I was going to interview attend both. Because AA and

NA groups run the same way and people often use them interchangeably for recovery, this change is not substantive, only clarifying.

In terms of psychometric testing, J. P. Allen (2000) suggests that the AAAS (Humphreys et al.,1998), "reflects a superb level of psychometric expertise as well as employment of a large, varied subject sample" (p. 229). The authors of the scale (Humphreys et al., 1998) agree. The items cover a range of AA and NA experiences. It is internally consistent across a range of demographic groups, nearly 37% of whom were women. This is comparable to the percent of women versus men in the general population and in treatment who are alcoholics. The internal consistencies of the scale are .85 in the alcoholism treatment sample and .84 in the sample of community-based individuals who had alcohol problems. Factor analysis revealed that the AAAS measures a single dimension, that of AA affiliation.

I also used Gilbert's Steps Questionnaire (GSQ) (Gilbert, 1991) in this study which measures participants' acceptance of the first three steps of a Twelve-Step model. The GSQ has been shown to correlate with factors powerlessness, higher power, and surrender (Allen, 2000). However, it has not been used widely enough to have published norms or formalized psychometric properties, therefore interpretation of the results are tentative. The GSQ is a 42-item survey with a seven-point Likert-type scale. The survey items can be found in Appendix H and contain items such as "I admit I am powerless over alcohol or drugs," "It is hard to admit I have no power over alcohol or drugs, and "As an alcoholic or addict, I cannot manage my own life." The responses for each item include disagree strongly, disagree moderately, disagree somewhat, neither agree nor disagree, agree somewhat, agree moderately, or agree strongly with what the statement says. While preliminary testing shows that the items have been shown to correlate with the underlying factors of powerlessness, higher power, and surrender, it needs additional testing to determine its predictive and construct validity for a more demographically diverse set of people. The initial testing that was done at the time the scale was developed was on data from 183 male veterans. They were able to show that the items for powerlessness approached significance in distinguishing between alcohol abstainers and relapsers. For its use in this study, however, only the eight items that make up the powerlessness construct were examined, summed, and reported as a way to further describe the group of women being interviewed.

Zaltman Metaphor Elicitation Technique (ZMET)

Because the topic of this research was deemed sensitive and potentially difficult to articulate, I chose an innovative interview methodology that would explore the mental images, analogies, and metaphors that women have for powerlessness in Twelve-Step recovery. The methodology is called the Zaltman Metaphor Elicitation Technique (ZMET) (Christensen & Olson, 2002; Zaltman, 1996; 2003). ZMET is a qualitative methodology developed in the early 1990s to help marketers understand the perceived personal relevance of their products from the consumer's perspective (Christensen & Olson, 2002). Applying this idea to people who are addicted to drugs and seeking recovery, ZMET was used to investigate the perceived personal relevance of aspects of a Twelve-Step program from the perspective of women who use Twelve-Step for their own recovery.

It is believed that approximately 95% of thought, emotion, and learning occur in the unconscious mind without our awareness, while only the remaining 5% is available to us in our conscious thought (Zaltman, 2004). Most research, however, is based on knowledge and information gathered through verbal protocols such as interviews and questionnaires that rely on the mere 5% that is available through self-awareness and self-reflection. According to Zaltman, this represents only "the tip of the iceberg" in terms of actual experience, thoughts, and feelings. Because so much of our knowledge is unconscious, and revealing this knowledge is difficult, Zaltman developed ZMET to provide an avenue for eliciting both conscious and unconscious metaphoric processes to discover people's inner cognitions. He built this technique on the premise that a person cannot directly say how she or he really feels about something because those thoughts and feelings lie too deep to access on demand and are often subconscious (Eakin, 2002). Zaltman borrowed ideas from the fields of cognitive neuroscience, neurobiology, literary criticism, visual anthropology, visual sociology, semiotics, art therapy, the philosophy of the mind, and psycholinguists to better understand people's unconscious thoughts (Zaltman, 1996).

As a marketing researcher, Zaltman believes that the voice of the customer must be more fully understood (Zaltman & Higie, 1993), a sentiment that is shared by many qualitative researchers in the social sciences. In order to help people articulate their cognitions on a topic of interest, ZMET elicits people's visual and other sensory input along with the more traditional qualitative methods of in-depth interviewing to capture the underlying mental configurations that lead people to act and feel the way they do (Zaltman & Coulter, 1995). ZMET is the first

patented U.S. research tool (Eakin, 2002) and been used with over 6,000 people from 20 different countries. Some of the topics explored using the ZMET technique include product packaging, customer satisfaction, and a company's emotional connection to its customers, just to name a few.

One of the most important elements of ZMET is the use of metaphor as a tool to better understand people's mental models. Metaphors have been used since the time of Plato as way of making unfamiliar concepts familiar (Fain, 2001). Lakoff and Johnson (1984) first wrote about the notion that metaphors are pervasive, an integral part of the way we view the world, and part of our conceptual system. According to Lakoff and Johnson, metaphors used in common American English such as "love is war" and "time is money" are part of the human thought process representing an underlying metaphorical concept that informs the way we view the world. Metaphors "work because people in the culture understand the underlying concepts, even if they cannot articulate them" (Fain, 2001; p. 40).

There are a number of metaphor categories that have been found to apply across many cultures (Goatly, 1997). The are so embedded in our cognitions and in our speech, we often do not even notice their power or existence. Some of the categories of metaphors include:

- **Human qualities** such as dead, flesh out, heart, backbone, hand
- **Plants/vegetables** such as take root, uproot, transplant, blossom, grow
- **Games** such as volley, kick off, goal, strike out, win
- **War/fighting** such as battle of wits, truce, strike, fire away, bombard, shoot down
- **Liquids** such as leak, pour, dry up, against the tide, hold water, test the waters
- **Walking/running** such as run over, stop, wander, stumble, find your way
- **Food/drink** such as food for thought, spill, chew on, digest, regurgitate
- **Money** such as rich, cheap, payback, bank on it
- **Clothes** such as texture, weave, tailor, fabricate, decorate, embellish
- **Movement** such as drop, release, throw, pass, gather, find, store, hold, advance
- **Vehicles** such as launch, crash, embark, pilot, wreck, harbor
- **Weather** such as climate, sunny, gloomy, hot, cold, frosty, storm
- **Vision** such as see, overlook, watch, transparent, picture, sparkle, short-sighted
- **Places** such as lot, spot, near to, away from, exit, occupy, abandon, sucked into

Metaphor such as these are used over and over in daily language to represent in a different way something a person is thinking, feeling, or experiencing. These have also been used extensively in qualitative research as a way to elicit people's thoughts and feelings about a topic of interest. Especially in cases where a topic is difficult to articulate, the use of metaphor, simile, and analogy can be a powerful research tool. In addition, because it was designed as a marketing tool, ZMET can also be used to uncover the true feelings of a subculture's members toward an aspect of a given organization (Vorell, 2003) such as women's thoughts and feelings about one of the Twelve-Steps of AA. Zaltman (1996) outlined seven assumptions that are the foundation for ZMET. According to Vorell (2003) those include:

1. **Most social communication is nonverbal**. Different aspects of nonverbal communication include facial expressions, physical gestures and space, attire, scent, touch, as well as aspects of paralanguage like pitch, timbre, and rhythm. These nonverbals are communicated as symbols from one organizational member to another. By understanding the role of an organization's symbolism, researchers will be more able to see the values of the organization.

2. **Thoughts occur as images and those images are usually not words**. When verbal language is connected with nonverbal information, communication comprehension is greatly increased. Signs are not only verbal expressions but also appear in the forms of symbols, stories, metaphors, ideologies, rituals, rites, and sagas. By understanding both verbal and nonverbal symbols, that pattern of how cognitions become socially constructed becomes more lucid.

3. **Metaphors are central to cognition.** On average we use about six metaphors per minute we speak. Thus, by listening and analyzing the metaphors different people use, we can learn more about them.

4. **Cognition has its basis in somatic experiences.** The information that the senses detect and interpret from the environment serves as raw data for the mind to understand and comprehend.

5. **There is a deep comingling of reason, emotion, and experience.** During the cognitive process, each of these types of information influence one's reactions and thoughts.

6. **The deep recesses of thought can be reached.** Cognitive processes are often so complex that the average person is unable to call upon them without serious reflection. These thoughts are still accessible through methods aimed at listening to the person's inner voice.

7. **All people have underlying thoughts.** Through understanding their fundamental metaphors, bridges of reason can be established between what people feel at their core and how those feelings manifest themselves into external actions and attitudes.

Clearly, then, ZMET is a technique that provides people a method for expressing their underlying thoughts and feelings in a way that incorporates visual and verbal information, thereby providing an optimal setting for describing difficult-to-articulate matters. The researcher provides an opportunity for people to explore their thoughts and feelings using multiple forms of thought, recall, and expression, thereby achieving a more robust description of their ideas.

Recruitment

I used purposive and snowball sampling techniques to recruit participants for this study. The purposive criteria were that they had to be women, they had to be adults over the age of 18, and they had to be using a Twelve-Step program of recovery currently, regardless of how they felt about the program. The women had to live in the Washington, D.C. metropolitan area and had to be available to meet face-to-face for an interview. All women who fit those criteria were accepted for an interview.

In addition to purposive sampling techniques, I used a snowball sampling method, encouraging participants to tell friends who fit the recruitment criteria to contact me if they were interested in participating in the study. Word of mouth, informational flyers (Appendix B), phone calls, emails, and visits to AA and NA meeting sites were utilized as recruitment methods. In addition, I contacted therapists working in the field and asked them to pass out flyers and spread the word for colleagues, clients, or friends to contact me. I asked women who I interviewed to contact other eligible woman to request their participation. All participation was voluntary.

The participants for this study were women in the Washington, DC metropolitan area who were currently attending Twelve-Step mutual-help group meetings and working a program of AA or NA. A number of the women were recruited by word of mouth and snowball sampling from a local substance abuse treatment facility. Some women were recruited from the Twelve-Step group meetings that are run in conjunction with Vanguard's regular substance abuse

program. All participants had used a Twelve-Step recovery program even if they had also used other methods of recovery.

Procedures

As women were initially recruited, there were given a packet of information and asked to review the information, sign the consent form, and fill out the surveys prior to the interview. One piece of information in the packet was instructions for the interview task. This form can be found in Appendix D. The instructions for the interview task included an introduction to the idea of powerlessness in the First Step of Twelve-Step. The woman was instructed to think about how she thinks or feels about powerlessness and find a number of pictures, photos, or objects that do a good job of representing how she thinks and feels about the topic. An example was given to illustrate the instructions, and they were asked to bring the objects with them to the interview in order to discuss them.

Next an interview was scheduled. The interview was either set up at that time, the potential interviewee could call the researcher at a later time to schedule an interview, or the researcher offered to contact them to schedule a meeting day and time. Overall, the strategy of calling the interviewee to schedule a meeting was the most successful. Women who scheduled a meeting immediately were most likely to not show up or to call and cancel. This may have because some women did not want to say no in person but had second thoughts or no initial intention of following through with the interview. While it was rare for women to call for an interview, a number of women did follow through on their own.

Women were asked where they wanted to do the interview. Options such as at my office, at a local library, at their home, at their office, or at another private place that was convenient for them was offered. Seven women preferred to be interviewed in their home, four women were interviewed in my office, and two asked me to meet them at their place of work. This method worked well since my equipment was very small and portable; it removed a potential barrier to participation for women who had limited time, mobility, or transportation; and it allowed women to take some control and ownership over another aspect of the interview and research process.

Once the interview began, each participant was asked if she reviewed and signed the consent form and if she had any questions. The informed consent forms and the completed surveys were collected and numbered consecutively based on the interview number (1 through 13). All signed consent forms were placed in an envelope and deposited in a secure, locked

location after the interview where they will remain until all requirements for the research are complete. After all interviews were complete, the survey data were entered into an electronic spreadsheet.

The interviewer began by confirming that taping the session was acceptable. All participants agreed to be recorded, and the recorder was started. The interview protocol can be found in Appendix E. The interview began by restating the main topic of the interview; powerlessness in the First Step. Women were asked if they had brought objects, pictures, or photos that represented how they thought or felt about powerlessness. Women were asked to show the images they brought and select one to begin to discuss. Once one was selected, I began by asking the participant to describe for the recorder what the image looked like.

At this point, the ZMET technique begins to be employed by the interviewer. I proceeded with the laddering questions that are part of the ZMET protocol. For the entire set of laddering questions used with the ZMET technique, see Appendix F. This technique is used to delve deeper in a sequential way into the metaphors women have. The questions are supposed to lead the interviewee to gain more insight into their thoughts and feelings, as well as to reveal increasingly more intricate details about the metaphors. Examples of some of the laddering questions include: How does this image relate to your thoughts and feelings about powerlessness? What do you mean by [METAPHORIC CONTENT]? What does [METAPHORIC CONTENT] give you? While there is no set way in which the ladder questions must be asked, ZMET trainers demonstrated the way to proceed through the questions based on the responses you are getting from the participant. This general technique is meant to help the interviewer guide the interviewee to further articulate their thoughts and feelings about the phenomenon under study. For the laddering questions most often used in the current study, see the research protocol in Appendix E.

After the first image was explored using the laddering technique, I asked the participant to choose another image to discuss. The same laddering technique was used on each image, and when there were clear links in what the participant discussed between multiple images, those were also highlighted. After a number of images were explored, the final protocol questions were asked. Those questions included things such as "Finish this sentence for me. Powerlessness in the First Step of AA or NA is…" and "How helpful is the idea of powerlessness to you in your recovery?" The entire set of questions can be found on the protocol in Appendix D. The

51

questions were designed to be a guide since and the interview was semi-structured, so additional questions were asked as appropriate. Probes were used liberally as the interview proceeded in order to elicit deeper, more detailed responses to the questions.

After the interview was over, I asked participants if I could take a picture of the images they brought as part of data collection. All women agreed. Any pictures of individuals that could be identifiable were covered with paper to preserve confidentiality. I also retained their magazine pictures as part of data collection, with permission. These images were used in the analysis to further explore the meanings women discussed in their interview.

In the event that a participant was unable to find an object, picture, or photo that captured their metaphors or mental images, they were able to explain their images and metaphors successfully using words and thick description. They were asked to provide the same information for their verbal manifestation of their images as if they had brought an object or picture.

After the interview was complete, I asked women if they knew of other women in Twelve-Step who they knew who might be interested in participating in this research study. This included a sponsor, a sponsee, friends, or family. I requested that they contact at least one person as a potential participant and provided each participant with a few copies of my flyer and business card where others could reach me. This method worked well about a third of the time.

I asked women if they would be willing to be contacted by me by phone or email to receive information on the findings of the study. All women expressed interest and were sent a copy of the executive summary. Their phone numbers and emails were kept with only their first name and last initial in a locked location where only the primary researcher could access it. It will be erased as soon as the research is complete.

Transcription of Data

After the interview was complete, the digital recording of the interview was copied to the researcher's laptop computer. No names were used in naming the files. The files were then permanently deleted from the digital recorder. The interviews were then transcribed for analysis. Instead of using a traditional mode of transcription, I chose to use voice recognition software as my transcription method. Voice recognition software can only recognize one voice, therefore I began by training the software to recognize my voice. I then used an integrated headphone/microphone to simultaneously playback the digital recording of the interview while speaking the exact content of the interview back into the voice recognition software. The

software automatically transcribed my words into a text document. In order to improve accuracy of the transcript and to ensure the content was exact, I replayed each interview after the initial transcription was complete to make corrections. The reason for using this innovative method of transcription was twofold. First, digital recordings are far more reliable and the quality is far advanced of traditional tape recordings. This enhances the transcription because the transcriptionist has improved clarity in the recording and is better able to determine exactly what is said. Other nuanced speech such as sighs, mumbling, laughter, and inflection are also much easier to hear in digital recordings. In addition, typing transcripts can be difficult physically with wrist, back, and eye strain always being a factor. This method of transcription was far less physically and mentally taxing. This method has just begun to be attempted by qualitative researchers and, while the technology is beginning to emerge, the quality of voice recognition software and the hardware needed to accomplish this task needs to improve significantly.

Interview Procedures

Prior to conducting each interview, I arranged a pre-interview meeting with women either over the phone or in person. I provided information about the study including an informed consent form that explained confidentiality and potential risks and benefits of participating in the study. I explained to each woman that part of the interview would involve them thinking about the issue of powerlessness in the First Step of Twelve-Step before the interview. I gave them instructions verbally and on paper (Appendix D) asking them to spend time between then and the actual interview date thinking about the powerlessness in their recovery. I explained that the interview would focus on the First Step and on how they have experienced that First Step through their recovery. I also provided women with the survey instruments and instructed them to take them home and fill them out at their leisure, then bring the completed forms with them to the interview. If women forgot to return with their instruments completed, I administered the surveys at the time of the interview. I then arranged a day and time for the interview, provided my contact information, and requested the participant's phone number so I could call to confirm the interview the day before it was scheduled. This also provided me with another chance to remind them to be thinking about the First Step and to bring the survey instruments back with them.

I asked women prior to the interview to select a number of pictures, photos, or objects from magazines, the Internet, or around their environment that did a good job of representing

some of their thoughts or feelings about powerlessness in the First Step. These objects represent the images, metaphors, similes, and analogies participants have about powerlessness in recovery I instructed women to bring those images with them to the interview so we could discuss them together.

Data Analysis

I transcribed all interviews myself as a way to grow closer and more familiar with the data. Like some qualitative researchers (Lapidat & Lindsey, 1999; Tilley, 2003), I believe in the practice of the researcher transcribing her own interviews as much as possible as a way to build in additional theoretical sensitivity (Strauss & Corbin, 1990). I find that during transcription I write more memos than when the actual data collection occurs, thereby giving me the opportunity to see the data as a whole as I prepare the transcripts.

While ZMET is a data collection technique, Zaltman (2002) uses a streamlined form of analysis for the data where the researcher simply examines the data and comes up with themes that are then combined with the pictures into a report. He recommends using either a word processor or a qualitative analysis package to find themes. I took this analysis one step further by conducting line-by-line coding of all of the data. This allowed me more flexibility to explore embedded themes as well as to have all data completely coded for future analysis purposes.

Coding

I analyzed the data using the constant comparative method, open coding, and axial coding (Rafuls & Moon, 1996; Krippendorf, 1980; Strauss & Corbin, 1990) to determine themes within the data. I enlisted the help of others to cross code the transcripts with me to gain additional perspectives of the data. I discussed my analysis and code set with my doctoral advisor and another committee member throughout the process in order to gain still more perspectives and additional insights into my developing analysis. This is consistent with the beliefs of other feminist researchers such as Demo and Allen (1996) who encourage the use of "multiple and often competing perspectives" as a wise approach for theory development and more accurately representing the ways multiple factors intersect in people's lives. Demo and Allen also state that this collaborative approach is important when studying groups whose members have been stigmatized or about whom new knowledge is needed. Women who are in recovery are certainly in a group that fits this description.

Once all of the data were cleaned, I wrote a short summary of each interview and continued to journal about the emergent themes. I provided the summaries to two committee members for review and comment. This enabled me to read through each transcript again carefully before beginning to code the data. Because I was teaching a qualitative research class at the time coding began, I enlisted the help of the 25 students in the class to participate in the early coding of the data. During one class period I lectured on the process of coding qualitative interviews, demonstrated coding procedures, and had three person teams share two interviews and practice cross coding the data under my direct observation and with assistance. Each class member wrote their experiences of this coding assignment along with the code list, and coded transcripts as part of their course requirement. I randomly selected a number of their coded interviews to cross-check my own emerging coding of the data and to further inform my own thinking based on the insights and interpretations of others. While in theory this was an interesting approach, it did not achieve the desired result of validating the main coding activities. The difference is striking between the primary researcher coding the entire set of documents after conducting, transcribing, and reviewing all transcripts and an outsider coding one or two interviews with little background into the larger set of data. The transcripts that were coded by themselves by students lacked the depth of understanding of the larger study, therefore the codes were often too superficial. While I was interested in what aspects students thought were code-worthy, the level of insight their codes provided for single interviews was not instrumental to the overall coding process.

After the transcripts were complete and cleaned, I downloaded them into the qualitative analysis software package NVivo Version 1.1 (QSR International, 2003). NVivo is one of many software packages in use today to manage qualitative data. It enables the qualitative researcher to browse, code documents electronically and conduct automated searches of large sets of qualitative data. After I transcribed all of the interviews, I conducted electronic searches based on themes that I noted during the coding and from the memos I kept. I printed reports of the results of certain codes of interest and wrote the results section based on these printouts. I used quotes from the transcripts to illustrate the themes that are included in the results section.

I began the coding process with free or open coding followed by axial coding (Strauss & Corbin, 1990). To begin the process, I met with one committee member with whom I have had practice cross-coding data in the past. After reviewing the summaries I wrote for each interview,

we began with two of the same interviews and independently examined and coded them. We met to review what each of us had found and compared the codes. We discussed each interview at length, beginning to come together on the meanings of certain experiences. We quickly identified similar patterns. Where we disagreed or missed codes or themes that the other found, we discussed these and came to a decision whether to add them or continue to look for more occurrences as a way to confirm them. After the first two interviews were coded, I developed a preliminary list of open codes from which we began to look at the next two interviews. We met again after coding more interviews and went through the same process.

Soon the open coding process gave way to sets of codes that were clearly related. At this point, I began axial coding whereby I combined the open codes in ways that were meaningful and part of the interpretation of the data, resulting in a hierarchical set of grouped open codes. If open coding is the process of breaking down the data in a systematic way, axial coding is the rebuilding of codes to form families or trees of codes that have internal homogeneity (Strauss & Corbin, 1990). Internal homogeneity occurs when codes are combined in ways that make sense that they be related in a meaningful way (Strauss & Corbin, 1990). After the initial set of axial codes were developed, I began coding on my own. I gave my committee member two more random interviews to cross-check for consistency using the developing set of axial codes. From that process, a list of 62 codes was produced. The full list of all free and hierarchical codes can be found in Appendix I. Examples of free codes, or those that did not easily fit into a larger category of codes, include codes such as "ah-ha moment," "change," "gender issue," or "life or death." The codes remained by themselves and were not clearly able to be combined in theoretically meaningful ways. Others codes were easily combined into groups representing themes found across interviews. These hierarchical code groups are often referred to as "tree and branch" or "parent and children" codes. An example of a hierarchical grouping of codes is the tree code "feelings" and its associated branches "hopelessness," "self-esteem," "anger," "surrender," "denial," and "relief." The hierarchical codes that I was able to perform searches on and explore, examining themes. These themes became the foundation for my research results, and I incorporated illustrative quotes from the transcripts to provide the detail and examples needed to fully articulate the experiences of the women I interviewed.

A major part of the analysis involved describing the metaphors and analogies that women used throughout the interview process. According to Patton (2002), "Metaphors and analogies

can be powerful ways of connecting with readers of qualitative studies. A great deal of meaning can be conveyed in a single phrase with a powerful metaphor" (p. 504-505). The power of the metaphors women talked about in the interviews are highlighted in the results section of this report.

The survey information was used after the interviews and during analysis to provide simple descriptive statistics (i.e., frequencies) in the final results. These results were used to triangulate with the qualitative interview data. The scores on these scales also provide additional information on women's experiences as they relate to their affiliation to AA or NA and their adherence to the First Step. For example, women's scores on the AA Affiliation Scale (Humphreys et al.,1998) and the Gilbert's Steps Questionnaire (GSQ) (Gilbert, 1991) should compare favorably to women's attitudes toward powerlessness as determined by the interview. I would expect women whose acceptance of and affiliation with Twelve-Step ideals may choose metaphors for powerlessness in recovery that are qualitatively different from those with low acceptance and affiliation. Due to the small number of women in my sample, it is likely that the results of the scales will not show enough variation to make these comparisons. This study is exploratory and the first of it's kind, however. Because AA affiliation and adherence to the First Step are hypothesized to be related to women's concepts of powerlessness in Twelve-Step recovery, I will use these scales to collect additional and possibly useful information.

Chapter 4

Results

Female researchers conducting feminist-informed studies have written about the researcher being able to construct an understanding of a complex situation only through the women's willingness to be interviewed through open-ended means (Murphy-Lawless, 2002; Williams, 1990). At the same time, the researcher must use her own words and concepts in constructing the final report representing the participants' worlds. It is a delicate balance between taking over women's stories, restructuring their voices, and enabling their experiences to be heard by others, leaving the researcher in a position of power (Fine, 1994; Murphy-Lawless, 2002). This is why it is so important for women's voices to be used carefully and the report to be written respectfully. These considerations have guided the preparation of this report.

Demographics

A total of 13 women were interviewed from October, 2004 through January, 2005. Of the 13 interviewees, eight were white, four were black, and one was of mixed race. Women were between the ages of 21 and 60 with a concentration of women in their 40s. The length of time in AA varied from 1 year to 20 years with even distribution among the various lengths of time. Approximately four women considered themselves predominantly alcoholics and attended only AA, while the rest were poly-drug users during their using period. Most of those attended a combination of AA and NA meetings. Three of the women were currently in outpatient treatment for substance abuse as well as attending Twelve-Step. Three others had been in substance abuse treatment, either recently or decades ago when they first began recovery. About half of the women said they had had a relapse at some point during their affiliation with AA or NA. Eight of the women were currently married while the others were either single or dating. One of the women also was in treatment for mental health issues that she saw as a primary diagnosis with substance abuse being secondary to the mental health issues. All of the women were currently or had been sponsored by another AA or NA member at some point in their recovery. Three-quarters of the women were currently or had served as sponsors for other women in the past.

The two survey instruments that women filled out were helpful in determining the levels of affiliation women had with AA or NA as well as their acceptance of the First Step. Each item for the AAAS (Humphreys et al., 1998) was scored according to the published instructions and the range of scores was between 0 for no AA affiliation and 9 for the highest possible affiliation.

According to the literature on this scale, the higher the score the more affiliated she feels to AA or NA. Humphreys and his colleagues published norms for the scale on various demographic groups. For treatment-seeking women with substance abuse problems, the mean score was 2.89 (SD=2.57). For women in the general population who reported alcohol problems but had not sought any treatment for it in the past year, their mean score was 0.45 (SD=1.13). In my sample, the mean scores was very high at 7.7. This indicates an extremely high level of affiliation with AA or NA. This is expected among a small sample of women who are active members of Twelve-Step as opposed to women in the general population.

For the GSQ (Gilbert, 1991), only the eight items that were included in the powerlessness factor were analyzed. The GSQ was first developed and psychometrically tested on a group of 183 men. Of the men who were categorized as abstainers, the mean score on the items for the powerlessness factor was 45.47. In my dissertation study, all of the women would have fallen into the category of abstainers according to Gilbert's (1991) definition. Their mean score for those same items was 40.8. If I take out the two women who said that they did not feel powerless or for whom powerlessness was irrelevant, the mean score increased to 47.4. This is quite similar to the norms for the summed scores of the powerlessness items from the original Gilbert (1991) study.

The first GSQ item asks for level of agreement on the statement, "I admit I am powerless over drugs and alcohol." Eleven women answered that question, and two of them said they disagreed while the remaining nine agreed. The two who disagreed with the statement are the women who during the interview reported that powerlessness is irrelevant or that she did not think she had a current problem with drug addiction. On the other hand, the others scored very high on this item, indicating that they admit powerlessness over substances. Another question of interest is the one that says "It is hard to admit that I have no power over drugs or alcohol." The majority of the women (n=7) disagreed with this statement. Two of those were also the only two women who said they disagreed with the statement "I admit I am powerless over drugs and alcohol." The remaining five all agreed to admitting powerlessness. Three of the women who admitted powerlessness also agreed with the statement that it is hard to admit having no power over drugs and alcohol. One of the questions on the GSQ asked women if they thought admitting powerlessness was the same as being a failure. All of the women disagreed with this statement, yielding a mean score of -2.8 on a scale of -3 to +3 (where a mean score of -3 indicates all

59

women strongly disagreed with the statement). Finally, item 8 reads, "There is nothing I can do to change the fact that I'm an alcoholic or addict." The responses on this item were mixed. The mean score for all respondents was -0.5 because about equal numbers of women strongly agreed with this statement and strongly disagreed. Only one was somewhere in between while three did not answer this question. Clearly, this is an area where beliefs and attitudes vary from woman to woman in Twelve-Step.

The results of these survey instruments show the high level of affiliation the women I interviewed report having to AA or NA. On the other hand, it is still unknown what their experiences of powerlessness are. The survey results also indicate strong agreement with the notion of admitting powerlessness. The majority of the women are similar from the standpoint of attitudes about powerlessness, though there is some variance that is confirmed later in the qualitative interviews and analysis.

Qualitative Results

Eleven out of the 13 women brought a picture, photo, or object that represents how they think or feel about powerlessness in the First Step, as requested. One of the women who did not bring a picture, photo, or object described a picture that had been seen often in the media and was easy to locate after the interview by the interviewer. The last woman was able to articulate her metaphors adequately using words and verbal descriptions of the image in her mind's eye.

From the analysis, a number of themes about powerlessness in Twelve-Step emerged. I use quotes from the actual interviewees as often as necessary to illustrate the given themes. The numbers listed next to each quote indicates the interviewee identification number.

I will begin by describing the general findings about how women think and feel about powerlessness. Next, I will delve deeper into the actual metaphoric themes that came from the interviews. These themes will be discussed in detail and include process, static, nature, and baby metaphors. While nearly all women brought in pictures, photos, or objects to represent their thoughts and feelings about powerlessness, I could only include those for which I had permission to use or where I was able to find them on the Internet and could reference them in this dissertation. Where I was unable to use a picture because I did not know from where it came, I often found a clip art picture from Microsoft Word's clip art collection to closely represent the actual image the woman brought to show me. Where I was unable to find a picture I could use, I resorted to describing the picture in detail. After I present the results of the metaphors I will

explore the findings related to what advice women would give to other women about powerlessness, women's experience of a Higher Power, the idea that there are some things they are not willing to share in meetings, and the idea that for some, their concept of powerlessness changed over time. The results section will also highlight major methodological findings having used an innovative qualitative method.

General findings. Overall, women were favorable toward powerlessness in the First Step. This is not surprising considering all of the women in this study were active members of Twelve-Step, though it is helpful to know that this pivotal concept of recovery is generally well received by women in the program. Women had other aspects of Twelve-Step that they said were more important to them than powerlessness, but even those women felt powerlessness was helpful. Only one woman said that powerlessness to her was irrelevant. This woman has been in the program for over 10 years, and she admitted that the concept was crucial for her to maintain sobriety in her early days in recovery, though at this stage she felt it was not relevant. Additional information about her feelings that powerlessness was irrelevant can be found in the "Struggle With Powerlessness" part of the Results section. One other woman, who stated that she felt Twelve-Step was very helpful to her, did not feel that she was powerlessness over her life or her use of drugs. Even though she was currently attending Twelve-Step meetings and in an outpatient treatment facility for drug use, she only admitted to feeling powerlessness over nicotine, other people, and things outside of her control. Beyond the general findings of this study, the following sections focus on the themes that emerged from the analysis of the data.

Metaphors of powerlessness. The main purpose of this study was to identify the metaphors women use to describe their experiences of powerlessness in the First Step. The bulk of the following sections will outline the specific themes of metaphors women used. First, however, I will mention some of the general patterns that emerged during analysis.

An important finding about the way women discussed their metaphors for powerlessness is that many metaphors were embedded within each other. Sometimes as women were telling their stories about a given metaphor, they would add other related metaphors within the same story. There are many examples of this that will be clear as the results are reported in the following sections. In addition to metaphors being embedded in other metaphoric content, metaphors were not categorized into mutually exclusive themes. A nature metaphor could also be a process metaphor, or a baby metaphor may also be seen as a static metaphor. Finally, the

majority of the women interviewed had multiple metaphors that represented aspects of their deeper thoughts and feelings about powerlessness.

Process metaphors. One key finding regarding the metaphors that women have for powerlessness in Twelve-Step is that the majority of metaphors are what can be considered process metaphors. This means that some metaphors are indicative of a series of events or actions that, as a whole, indicate a process that relates to powerlessness. Process metaphors encompassed a wide range of situations from seeing one's baby and realizing that the baby would not stop growing to wait for mom's hangover to be relieved to a tornado ripping across the plains toward a sturdy concrete building.

One example of a relatively simple process metaphor was a woman that said powerlessness in AA is, "Like traveling down a dirt road, not knowing where it's going to end." (#10) She went on to describe the experience of powerlessness using the dirt road metaphor when she said, "…you're going down a dirt road, you know, it's very uncertain. It's very unstable, and you're not real sure where it's going to end up." (#10) She added, "So I guess you know, if you're unfamiliar with the road and there's a lot of uncertainty, there's also fear, but you just keep going." (#10) I began the ZMET laddering technique and asked what happened after she is not sure where it's going to end up and she said that you are met with challenges. After you are faced with challenges she reported there could be rewards at the end. She personalized this metaphor when she reported that she had been through many trials and much sadness in her life and that she hopes that there are rewards for her at the end. She said she believed life's purpose was to learn lessons, whether we think we deserve them or not, so to keep going and accept that the lessons are sometimes difficulty is how she makes it through.

The interviewee continued to describe deeper and deeper images surrounding the metaphor of going down the dirt road with the help of the laddering technique. She described how difficult her life had become as a drug addict and how aware she was that she was powerless. She said,

> Because there was a time when I didn't want to keep going. I wanted to die, I
> wanted to end it all. Because I did not understand it, I did not accept it, and I did
> not want it. I thought, if my life was only this way, you know, I might have done
> so many things different. And it hasn't been. And I have to look at, OK, well this
> is the way my life is. I can't change it. But maybe I can hope for different things

beyond, you know, I don't want to look at it in a negative way anymore. Because
from what I understand there is hope and there is a light at the end of the tunnel.
And eventually I will see that. (#10)

Interestingly she described elements of hope as she described feelings of powerlessness. This hope is related to the expectation of her drug use subsiding or ending. This interviewee first introduces the idea of acceptance in this quote, an issue that she describes in more detail as being an important first step before one can accept powerlessness in the First Step. Acceptance is one of the themes that emerged many times in the interviews. It is notable that yet another metaphor emerged toward the end of the above quote when she described the light at the end of the tunnel. This is an example of how many metaphors people use in basic communication.

Another process metaphor was reflected in a picture of a group of women who looked to the respondent like a group of zombies. The women were completely covered from head to foot in bright blue, green, pink, or purple shrouds with their arms crossed underneath. Their faces could not be seen, only the shape of their forms walking in unison down a street. She reported that she had searched for a picture of a puppet, which was her original metaphor, but was unable to find one. The picture of the colorful female "zombies" that she found in a magazine did a good job of showing the powerlessness she thought was represented in her original image of a puppet. In describing the picture to me, she said, "It's a picture of, it seems to be women covered in some kind of cloth, their face and their entire body wrapped around them and they are marching… Which means they have no control over where they're going or their arms look tied like a straitjacket. But they can walk, their feet are able to move." (#7) When I asked her how this related to how she felt about powerlessness she said,

That's how I felt. I could do basic stuff, I felt like a zombie. Like a puppet. Like I
did the motions, but something else was in control of my inner self that was
pushing me, um, my self-self. I'm taking psychology, so my subconscious, knew
that I had to do the basic stuff like eat, sleep, go to work, you know. But
everything else was just the motions. It was just motionless. Like I was just...that
picture, that's what it means to me. (#7)

It becomes clear from this quote how well some pictures evoke feelings that represent certain abstract phenomena like powerlessness, especially the powerlessness she felt prior to entering recovery. While she was unable to find an actual picture of a puppet, she incorporated the puppet

metaphor into the zombie metaphor to create a vision of her innermost feelings related to powerlessness. Those feelings became increasingly vivid as she described,

> My emotions were frozen. I had none…I felt like there was no one I could talk to, no one could help me, that I was different from everyone, that this only happened to me, I was the only one going through this, and I didn't know where to turn. So I just felt motionless, and I just went through the motions of doing the daily routines to try to pretend to be normal. Because I didn't want anyone to know my secret. If I told them they would think I was crazy. So I functioned, went through the motions, and I knew I was different, well I felt I was different. And I was putting on this big act to fit, to look normal, and I wasn't. (#7)

While she admits that not all of these feelings, thoughts, and reactions have dissipated since beginning her recovery process, she clearly talks about these ideas in the past tense. This is an important finding that many women mentioned, the difference between powerlessness while fully addicted and after entering recovery.

Some of the process metaphors were very simple, and very simply stated. One woman, for example, said that one of her images of powerlessness was like perpetually being on a ferris wheel that you can never get off of (#8). From the same respondent, another simple metaphor to describe the feelings and thoughts associated with powerlessness was, "The genie and the lamp. You rub the magic lamp and the genie pops out and you make a wish and the genie let's you know." (#8) Figure 1 represents a similar picture to the one the woman brought of the genie in the bottle. Note the size difference between the genie (alcohol) and the person who is facing the genie (herself). This metaphor was an example of how little decision-making power she felt in her life when she was drinking. To her, alcohol was the genie in the bottle. Interestingly, the image of something all-powerful coming out of a bottle to control her life is a concrete metaphor of her actual experience being an alcoholic where beer, wine, or liquor represents the all-powerful.

(Microsoft clipart)

Figure 1. Genie in the bottle.

In the same interview, she later described the image of a bottle of alcohol being a metaphor for the powerlessness she experienced when she realized it had become the God she worshipped while she was drinking. These metaphors link together to provide a fuller picture of her experience of powerlessness. In addition, the metaphor of the bottle came up a number of times in this interview. She also talked about seeing life through two bottles of alcohol as well as While it is not the metaphor for the experience of powerlessness itself, it is clearly related in that it is part of the process, directly relating to the object of greatest powerlessness, alcohol.

Static metaphors. In contrast to the overwhelming number of process metaphors, some women described their experience of powerlessness (or an aspect of it) using a static image that represented a metaphor. In other words, the image was an object or entity that did not include movement, motion, involvement with other elements, or processes. An example might be something such as, "Powerlessness is a brick." This metaphor and image is not in motion and is not being described as an element in a larger process. It is simply a brick and represents something by as an entity in and of itself. The static image often represented a single image for the experience of powerlessness. There were far fewer of these static images than there were images that by themselves indicated processes, but they are important to mention as a contrast to the process-oriented ones. An example of this in one interview from the current study included the glass of wine as well as a bed. The pictures are in Figure 2.
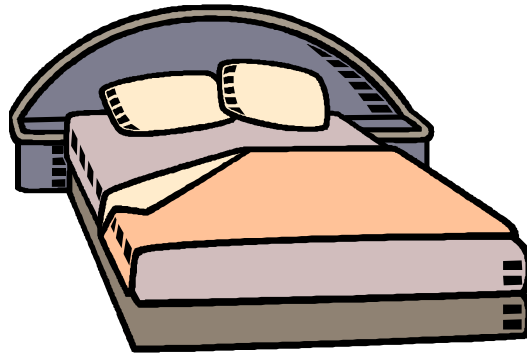
(Microsoft clipart)

Figure 2. Examples of static metaphors.

The woman who brought these pictures explained that the pictures reminded her of her days of using. The wine simply represented her addiction in a very concrete way, and it was indicative of how much she loved white wine, especially Chardonnay. Even her description of how the image related to powerlessness was not very complex or process-oriented. It was simply an image that to her represented her addiction to white wine. Similarly, she explained that the bed was a metaphor for powerlessness in that it represented promiscuity during her using days. Again, the image itself is not showing or illustrating a process, therefore it is considered in this study to be a static metaphor. One final example of a static metaphor was a picture identification card that a woman showed me that represented powerlessness to her. The picture itself and her description of how it was related to powerlessness indicated no clear processes. It was a simple, straightforward object representing something else, in this case a memory of the hardship and pain of being drug addicted.

Nature metaphors. As women discussed their metaphors for powerlessness in the First Step, it became evident that many of the metaphors were nature-related. This is not surprising considering metaphors often represent objects or phenomena around us, and nature is omni-present. The nature metaphors women used were varied and ranged from water to land to air metaphors.

One nature metaphor that was used more than once was a metaphor of large expanse of water. Whether it was the ocean, a lake, or a river, powerlessness was often related to water. One participant showed me a picture of a large, calm lake with a person sitting serenely on the edge of a long pier. The following picture in Figure 3 is similar to that of the one she brought to show.

Figure 3. Nature metaphor of a vast expanse of calm blue water.

The participant explained that the picture related to powerlessness in the following way:

> …it's a wide open space. There's not much out there, and it's so big that it engulfs you. You know, and it made me think about myself, how I would feel if I were sitting on the dock. I mean, if I look at this picture and like oh my gosh, this is the beauty of God's coloring book, you know? I feel that way when I look at pictures of the Grand Canyon. It's a very overwhelming experience. Where it's the same as that. Where, you know, your surroundings can be beautiful and can be just huge, but it can still give you that sense of powerlessness. I can't control my surroundings… (#10)

Notice that within the metaphor of water she embedded another nature-related metaphor of the Grand Canyon. Interestingly, she is not the only participant who used the metaphor of the Grand Canyon. She was also not alone in describing the enormity of nature and the feelings of powerlessness that came from witnessing an element of nature. The participant indicated that the feelings of powerlessness associated with the enormous lake was a positive type of powerlessness. When asked about the type of feeling that emerged when she thought about this picture, she said,

> When I looked at the picture [of the person on the dock], I felt the emotions coming up and welling up. Because you can think about just the other beauties in the world that you have no power over. And it makes you feel powerlessness…
> It's an overwhelming experience, an overwhelming amount of emotions all

flooding in at once. And I don't have control over it, you know? I don't have

control over the way I feel. I don't have control over my surroundings. I don't

have control over drugs. It engulfs me. It surrounds me. And it leaves me

feeling powerless… I guess just the emotions behind it. You know, I don't feel

negatively when I think or see these images. Because it's beautiful. Because, and

then it sends me the good emotions, even though I still feel the sense of

powerlessness, it's not something that is self-defeating. (#10)

The picture of the enormous expanse of water represented to this interviewee a sense of calm that she felt after having accepted her own powerlessness over drugs and alcohol. Combining this with her earlier statement about the enormity of the wide open space shown in the picture, I interpret this picture as also representing openness to her recovery instead of being trapped in her addiction.

Another interviewee used the metaphor of water to discuss her feelings of powerlessness in the First Step. She encapsulated her feelings about how powerlessness is linked to water by saying,

It's such a mighty force, a mighty force. Like the force of water, and just like

being in a powerlessness state. It's actually like life-giving. It gives you energy

and a sense of freedom to know that you could just enjoy this. You don't have to

feel like you have to control the situation, you can just let that go and just enjoy it

for what it is, for whenever it means to anybody. So it just means like a very

mighty force to me. (#5)

Much like the metaphor of the wide open water mentioned above, this interviewee described her image of nature as awe-inspiring. She said of her feelings of nature, "it brings more a sense of awe." She indicated that this sense of awe was a positive feeling.

An important element of the nature metaphor used above are the words "a mighty force," a metaphor in and of itself. As mentioned earlier, many metaphors are embedded within others. In addition to the metaphor of water as a mighty force, another type of nature metaphor that was described by the same woman was that of a rock. She said,

But I guess in one sense it's kind of like a big rock, alcohol. Like a big, huge

rock. That could fall on me and crush me if I got too close to it. So I have to be

careful of it. So I am kind of in awe of alcohol. I mean, just like I wouldn't go

climbing some of those rocks that I saw. Because you know I'm just me… but there is no way that I would scale that. I think I was looking down on it. See it does look like the water is running down here. And I would not climb that rock… I mean, I would look at this from a distance, like the alcohol. (#5)

This metaphor for powerless seems to be quite negative at first, though the interviewee suggests that it is more something to be in awe and careful of. She described knowing that the enormity of it was something not to be reckoned with. Notice that she continually refers back to how this metaphor of a rock is like alcohol, further demonstrating how well metaphors can capture how someone thinks or feels about a phenomenon. She further described the picture she was using as one of her nature metaphors and added of the rock face, "it's a very sharp, steep cliff, it looks very slippery, and it has water running through it, a crevice. And down onto the ground." (#5) The photograph can be seen in Figure 4 and is one she herself had taken.
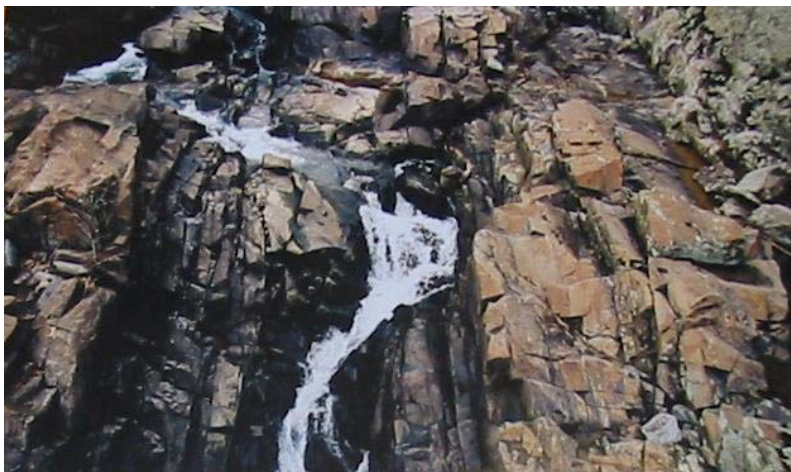
(interviewee's photograph, reprinted with verbal permission)

Figure 4. Metaphor of a rock face.

She later continues to describe the rock in increasingly negative ways by saying, "Well, it would be a pretty menacing black rock. Menacing, threatening rock." (#5) On the other hand, as she continued to explore the metaphor, it became evident that the rock-as-metaphor was not clearly positive or negative. She seems to contradict her last statement about the menacing, threatening rock when she later states,

And it's a freeing thing too. It's not a negative thing. I mean, at first it was negative thing or a denial. I wanted to do it, I was mad at myself. You know, I tried other ways to climb the mountain. I tried other ways to drink safely. But

69

none of them worked. And I kept trying because I thought surely I can conquer

this, I'm better than that, I can do that. (#5)

Clearly, the rock represents both something menacing and something freeing. This may be an indication of the paradox that many people describe regarding powerlessness in Twelve-Step. As part of the laddering technique, I continued to explore the metaphor of the rock by asking the interviewee what feelings the picture evoked for her related to powerlessness, and she said,

Well, for one thing I would never try to climb that because I would probably die.

And so that is definitely more powerful than me. There is no way that I would

even think of that. Even if I was a rock climber, which I'm not also. You know,

they might be looking at some other huge mountain and going I could do that.

But for me no. You know, I just know that that would be my downfall. Just as

alcohol would be. (#5)

She continued to explore the metaphor of the rock in terms of how she viewed the rock and how she thought it best to approach it. She said, "Well something definitely to be in awe of, you know? It's power. It's power over me. And the fact that I cannot conquer, that no matter how hard I try. And it's best just to let it stay there." (#5) I asked her about the idea of not being able to conquer the rock, how she felt about that, and she added, "Well, just like so what? There's something else I can conquer. Maybe there's something else I can do. Why waste my time? Why waste my time, I mean, just do something else." (#5) She went on to say,

…like the rock. It would be like saying, 'come climb me.' But I admit, when I

admit it's mightier than me I'm actually getting control over myself. So I'm

saying I can't climb, you. So I realize my limitations. I can't climb, you. I can't

take a drink. So actually, I am, I mean, I'm not powerless over myself. I'm just

powerless over the effect that it has on me, because it changes me. It changes me.

(#5)

Yet another woman used a metaphor that had something to do with a rock. She reported that she was looking for a picture of a cliff that she could use to describe a metaphor she had in her head that represented well her thoughts and feelings about powerlessness. She said,

I'm just reminded of this man who got stuck in a cliff and in the rock and had to

cut off his arm to get out. And I don't know, I just, but he had to use the tools that

he had. He was a survivor, so he was able, I guess I would use, it's like, it's like

hanging out there over a cliff. And I told my husband the other night if I could

just find a cliff and I was reaching and reaching and nothing was coming and I

couldn't get there. That's the powerlessness feeling. Like I'm out and you're just

trying to reach for that grasp and it's not there. (#9)

When asked what feeling is associated with trying to grasp for something that is not there, she stated, "fear." This was a feeling that repeated in her descriptions of the feelings she felt related to her metaphors of powerlessness.

Nature metaphors were relatively common among the metaphors women used for powerlessness. Another example is a woman who used a nature metaphor of a small fish on the right side of the picture coming face-to-face with a large school of fish on the left side of the picture. (#9) The interviewee described how she felt she was the lone fish while her addiction was represented by the menacing school of fish. She described a feeling of fear as she looked at this picture and felt powerless. She described that this was like the powerlessness she feels in her addiction in the sense that it represented a constant choice to drink or turn and run. In this scenario, she said choosing to drink would be like the lone fish choosing to swim into the school of fish versus choosing to abstain would be like the fish choosing to turn and leave. Using her recovery tools such as meetings, sponsors, AA friends, and the AA literature would be the way she would be able to make the choice to abstain. This metaphor of the fish represents nature in more than one way. First, the fish metaphor is certainly part of nature. Secondly, this is one of a number of women who used a water-related nature metaphor, either by depicting the sea, a lake, or a waterfall.

Baby metaphors. Among all of the metaphoric themes that emerged during analysis, perhaps the most surprising was that of a baby. These metaphors were often also process metaphors in terms of something happening to babies, or other surrounding elements interacting with babies. The first of the baby metaphors was represented by a picture that came as a bit of a surprise to the interviewee herself. In preparation for the interview, she reported that she began browsing through magazines, hoping to find something that spoke to her about her thoughts and feelings of powerlessness in the First Step. Soon she came upon a picture that did just that and said, "This is the best one I found. Just the powerlessness of this being the disease and this is me being pulled away and having no protection and you know just helpless." (#9) While further describing the picture, she said, "I just see, helpless, frightened, baby being pulled from its safe

environment with absolutely nothing to hold on to and being pulled away by this monster-creature thing." (#9) After asking her how the picture related to her thoughts and feelings of powerlessness she said,

> …that's how I feel when, for example, I'm in a vulnerable situation and, I feel very... If for example I'm in a vulnerable position, in my former days I would drink. And now I can't or I don't, this is how I feel momentarily before I decide what I can do about it. I mean, the disease is sort of always right here [on her left shoulder] ready to take me away. And I'm just that baby. I'm just that frightened, "OK, do something." (#9)

Using the ZMET laddering technique, I was able to ascertain more information about her thoughts and feelings of powerlessness using this metaphor. The magazine image as well as the laddering technique helped this interviewee isolate the parts of her experience of the process of powerlessness. In this example of deciding whether or not to drink in her recovery, she first recognizes a feeling of vulnerability (which feels like a frightened baby), then she stops, thinks, and makes a decision not to drink. The baby metaphor is only one element of the experience of powerlessness as she describes it, and by seeing the picture in the magazine she was able to more fully imagine what happens right before and after the events represented by the magazine picture. This experience of powerlessness was not apparent to her before exploring the sequence of events that evolved from discussing the metaphor.

Another baby metaphor that is similar to the one above was a metaphor of a baby being carried out of the rubble by a firefighter after recent terrorist attacks. While the woman did not actually have the picture in hand during the interview, she had a vivid image in her head of a picture she had seen after the attacks and described it for me. This is similar to some of the other baby metaphors in that they often involve relatively helpless babies being taken by a larger figure. In one baby metaphor, the baby was being taken from a safe place (play pen) by a frightening monster. The baby second metaphor, however, has a baby being taken to safety out of something dangerous by a person in a helping profession. In describing which part of the metaphor of the baby being rescued by a firefighter best represents her thoughts and feelings of powerlessness, the interviewee stated,

> Yeah, it [powerlessness] is that child. It's like they didn't have a choice. They didn't have a choice. The decisions were made for them. I'm sure that is really a

lot of it for me is being trapped in the rubble. You know, being trapped in that

devastation. It's the same thing. It's just nowhere else to go. So…[begins to cry].

(#11)

This photograph of a baby's vulnerability and lack of choice is an example of her experience of powerlessness. She quickly personalizes this metaphor and puts herself in the place of the baby being pulled from the rubble. In her scenario, the rubble is a metaphor for her addiction which causes devastation and a sense of being trapped. Carrying on with the laddering technique, the interviewee describes the end result of being trapped, like the baby in the rubble. When I asked her what happens after she is trapped and has no where to go, she stated, "You either die, or you make changes." (#11) In her case, she went on, she chose to make changes. So often the metaphors women chose were easily personalized, demonstrating how well these metaphors represent their own personal experiences or internal states.

In other instances of a baby metaphor becoming deeply personalized, some women relayed stories of their own babies in articulating their innermost thoughts and feelings about powerlessness. Another woman said,

When I looked at the picture [of the man on the dock represented by Figure 3], I

felt the emotions coming up and welling up. Because you can think about, you

can think about just the other beauties in the world that you have no power over.

And it makes you feel powerlessness. A new baby, you know what I mean.

Sometimes when I'm with my kids, I feel that sense of powerlessness. (#10)

This is also an example of how multiple metaphors are often linked by women in a way that appears to broaden and more fully paint a picture from their mind's eye. While these two metaphors seen vastly different, they are linked by the common emotion behind powerlessness. They also identify the various ways the feeling of powerlessness can be felt, then expressed using images with words.

Current event metaphors. A number of metaphors women used to describe what they thought or felt about powerlessness in Twelve-Step were what could be considered current events. They are metaphors that represent things that have happened in the women's lives or that they have read or heard about through the news media. These include metaphors I have already focused on in previous sections. One example is the September 11, 2001 terrorist attacks on New

73

York and Washington, D.C. Others are events that may not have played out in the media, but that were reminders of things that had recently happened in the woman's personal life.

One example of a current event metaphor is the tsunami that caused massive devastation in and around the Indian Ocean on December 26th, 2004. This was the first image one woman described as we began the interview. The picture she chose and presented to me was a black-and-white photograph she obtained on the Internet showing the tsunami coming on shore. The photograph was taken from the Internet and can be seen in Figure 5.

 (University of Ulster, 2004)

Figure 5. The tsunami in the Indian Ocean on 12/26/04.

After asking her how the tsunami related to powerlessness in her recovery, she said,

> Well, in regards to the tsunami, it's when it came in and it just swept everything out. It just wiped out, they said, when it pulled back it was like a desert. It was like that's how it was. And for myself, taking that drink would change me physically, emotionally, spiritually probably. And I could say, you know drinking would totally make me turn into a desert in a certain way. That it would just wipe out all of my, it covers up or shields all of my good, all of my characteristics, all of my human characteristics. (#12)

She continued, "…like the tsunami. You have no idea it's going to happen. Just all of a sudden it slaps you up against the head." (#12) This metaphor shows both the force of the feeling and the devastation of the tsunami coming in and going out. Notice that this tsunami is both a current event metaphor, a process metaphor, and a nature metaphor. She carried this metaphor even further into the interview as she was describing the pressure of going out to dinner with family members who "romance" alcohol. She said that, much like the tsunami came in with great force and the people involved felt they had absolutely no control over its power, so too was the action of her hand reaching out to take the glass of wine that had been so discussed and considered by

74

everyone at the table. While she did not drink any of the wine, it reminded her of the power of her addiction. The link with the metaphor of the tsunami that she described at the beginning of the interview was a concrete example of how well metaphors can describe an abstract phenomenon like powerlessness in recovery. This was another example of an insight a respondent got through the process of being interviewed. She was not aware of how the metaphor of the tsunami would relate to another experience she had of feeling powerless over her addiction.

The same woman described yet another current event metaphor. This was of the terrorist attacks on September 11, 2001. The picture she chose was a distant shot of the smoke billowing out of the top part of both buildings as they stood after being hit by the airplanes. In the foreground of the picture was the blue water around Manhattan and the underside of a large bridge into New York City. Of the picture and the metaphor, she said, "The other one I had is 9/11. And I felt totally powerless with that. And totally, you know, there's just nothing, there's nothing any human could do to deal with, to resolve any of this or to prevent it from happening." (#12) Interestingly, this respondent differentiated between the powerlessness she felt before recovery versus the powerlessness she embraces now that she is in recovery. This happened on a number of occasions as women described their experience with powerlessness. About the metaphors of the tsunami and 9/11, she stated, "this is the powerlessness I would describe as feeling before I got in the program or like the day I decided I needed to go to meetings." (#12) On the other hand, the powerlessness she felt after she began recovery and once she admitted her powerlessness over alcohol was of a similar and related metaphor. While this was also a current event metaphor, it was a current event in her personal life, not in the media. She had recently gone to the beach and had a picture in her bathroom of a beach scene that reminded her of the feelings and thoughts she has of the second type of powerlessness. The picture had white sands, calm blue water, and a white beach chair in the foreground. In describing it, she said,

> This to me is serenity and peace. To sit on a beach and it's just to have a nice,
> warm breeze and peace. And it's still, I mean, really the waves are powerless. I
> mean I'm powerless of the waves. But this is to me the sobriety, and working the
> steps, and being in the program and changing my life, versus this which is the
> chaos and the turmoil. (#12)

75

This is an indication that powerlessness can mean different things to the same person, and that it changes over the course of the process of going from a person who is abusing substances to one who is in recovery from substance abuse. In addition, it is interesting how both of these metaphors were of events current to the woman's life, indicating that recency may play a large role in some people's choice of their metaphoric images.

One woman used a metaphor that came from a story she had heard on television and in print about a man who was recently hurt in a rock climbing accident. She explained that he cut off his own arm in order to free himself and survive the accident. To her this represented the feeling of powerlessness in not being able to reach for help but instead to have to go to extreme measures to free himself. She stated,

> I'm just reminded of this man who got stuck in a cliff and in the rock and had to cut off his arm to get out. And I don't know, I just, but he had to use the tools that he had. He was a survivor, so he was able, I guess I would use, it's like, it's like hanging out there over a cliff. And I told my husband the other night if I could just find a cliff and I was reaching and reaching and nothing was coming and I couldn't get there. That's the powerlessness feeling. Like I'm out and you're just trying to reach for that grasp and it's not there. (#9)

She is clear that this metaphor is directly related to feelings of powerlessness. She went on to say that the feeling of fear was associated with the feeling of trying to reach for and grasp something that is not there. She had described three other metaphors before this, all of which had the feeling of fear associated with it. This shows the consistency with which people can explore metaphors and come up with similar inner thoughts and feelings. It is evident that multiple metaphors can be used to explore inner thoughts and feelings about complex, abstract concepts.

Another current event metaphor specific to one woman's personal life is about a friend who was struggling with her life and having to watch the process unfold. The interviewee stated,

> I mean, there are like powerlessnesses and there are like almost unbearable powerlessnesses. Like I have a friend right now that's going through something. And I just…she makes all the wrong decisions, she's going to ruin her life. And I'm powerless over it. And that's like a heart-wrenching powerlessness. And it's a complete helplessness. A complete, like, it's heart-wrenching. (#2)

In this example, the respondent describes powerlessness as something that is on a continuum. She notices that some feelings of powerlessness are worse than others. She goes on to relate her feeling of powerlessness in this situation to how it must feel to be her mother, watching her make poor decisions throughout her life and not being able to stop it.

   Struggle with powerlessness. All but one of the women I spoke with felt that powerlessness was a helpful concept in their recovery. Only one woman said it was irrelevant to her, though she admitted it was an important element to her early recovery process, and an important component for anyone else starting their recovery. In describing how her feelings toward powerlessness changed over time as she got more stable recovery, the respondent said, "Or maybe it dissipated. Maybe it just kind of went away. Or became less important at that time. Because I did feel like I can do whatever I want to do as long as I have the right mindset, and as long as I operate within the guidelines of the law." (#13) She added that it took somewhere between three and five years for her concept of powerlessness to really change to the point where she began feeling it was irrelevant. Probing further, I asked if there were other things going on in her life at the same time that may have impacted her feelings toward powerlessness. She added, "I went back to school. I think it was my second, maybe third-year in my recovery. And I think I learned a lot. And too, I think that helped me to grow. So, and maybe that was just it. Because the school thing, I mean it was just awesome for me." (#13) Because I did not explicitly ask women about other life events that occurred in their lives that may have impacted their thoughts and feelings about powerlessness, I am unable to determine if this is a trend. She is not the only person who went to college after beginning recovery, so that may not be a significant factor for all women.

   In addition to one woman who felt powerlessness was irrelevant, a few women said that at some point during their recovery, they either did not believe in powerlessness, struggled with the concept, or did not like the idea. Most of those have found some sense of peace with the idea, though others have continued to feel conflict over acceptance of powerlessness. For example, one of the respondents said, "…when I read the First Step and I had to admit I was powerless over alcohol or drugs to move on to the next steps and to grow as a person, that certainly was the hardest one…" (#2) Other women agreed that the notion of powerlessness could be a struggle, especially in focusing on the part of themselves that are used to being in control. One woman said of powerlessness, "It doesn't necessarily take the responsibility off of you, but it lets you

realize that you don't always have to be in control. You can relax. You can focus on…when I think about it, like I'm a control freak. I'm a complete control freak. So powerlessness is such a hard thing." (#2) Yet another woman articulated the conflict in how to think and feel about the idea of powerless in recovery when she said, "…on the one hand, powerlessness was a bad thing, because it caused you to lose everything. But on the other hand, it's the only way that you can…get the help you need." (#6) This is an indication of the paradoxical nature of powerlessness, even though she did not explicitly state that. It also represents the conflicting views and the confusion that can surround the idea of powerlessness. Still another woman who struggled with the notion of powerlessness said, "It was hard. And it has taken time. It was really, really hard at first. And it's taken a lot of time, a lot of patience. Sometimes a lot of suffering. But eventually it will sink in." (#10) The same woman is very articulate about the ongoing struggle she has with powerlessness. She continued,

> …a lot of us feel we need to be in control of our lives. And it's hard to give that over to somebody else. You know, thus so far I've screwed up my life, I'm going to give you my life now and see what you can do with it. And I'll just hang on for the ride and do the work. And that's totally against what we as humans believe. So you have to do so many retraining of your mind and your ways when you hit recovery. And it's not in one area, it's in a variety of areas. You have to believe in a Higher Power, and that's hard for people. It's hard for me, because I've been very angry at God for most of my life. And I'm faced with that daily…There's just too much resentment there and I want to hold on a little bit longer before I give up everything. (#10)

This quote provides important information about how much the idea of powerlessness can be a struggle for some women in Twelve-Step. This woman, however, has found some benefits to the struggle and has been successful in the program for many years.

Not powerless/feeling empowered. In addition to the women who struggled to embrace the concept of powerlessness during their recovery, there were also women who felt empowered during their recovery process. This is different from struggling with the concept of powerlessness, as the women above described, because the following women said they did feel powerless at times over certain things, but at the same time they also felt empowered. This is in contrast to women who said they always felt powerless over many things in their life. The

following section outlines many of the ways women discussed also feeling empowered in their lives.

Some women actually used the word empowerment when they discussed different experiences of their recovery. One woman who discovered the empowered part of herself during her recovery said,

Well, I feel empowered by what I had done in my life since I quit drinking…I've followed my dreams. I mean, I came to Washington DC, not knowing a soul. I didn't know anybody; I quit a job where I was a [JOB NAME]. I took a $15,000 pay cut because this was my dream. And I never would have done it. I mean for years I remember sitting on bar stools, talking to my friends in bars saying I was going to go to Washington. And I didn't do a damn thing. And I got sober, and I followed my dreams. So to me, getting sober is the most empowering thing I've ever done. And you know, I finally feel like, like the anxiousness... Like I still have anxiety, but the more I try to do sober, like even like the speaking across the country. Like when I first had to do it I was very nervous about it. And each time I do it I am just, it's building my confidence in so many areas. And then not having the shame in my life is very empowering. (#4)

Those who critique the concept of powerlessness as it relates to women in recovery contend that admitting powerlessness may increase depression, lower self-esteem, and lead to more reliance on external entities. There is evidence from this current study, however, that powerlessness as a part of recovery can enhance some women's inner concepts. While AA/NA does not explicitly talk about recovery leading to a sense of empowerment, it is clear that for some women that is what happens. The theme of empowerment or powerfulness was seen a number of times throughout the interviews. One woman said,

I didn't feel like I was not powerful, though. I felt more powerful actually, realizing that I had finely figured this out. You know, like a relief. Like 'thank God I finely figured this out.' I'm grateful…So I realize my limitations… I can't take a drink. So actually…I'm not powerless over myself. I'm just powerless over the effect that it [alcohol] has on me, because it changes me. It changes me…. I'm just realizing…I'm not powerless. I'm just realizing that that thing has more control over, that is something for me to fear. So it's like a healthy

fear…like if I drink, it's going to control me and change my thinking and my
behavior. And if I don't drink, that's not going to happen. So I'm not going to
drink because I don't like the behaviors and my patterns of things that I did…So
I'm not powerless over myself. I just recognize that that is a threat to me. And so
to live, I don't want to go there. (#5)

Yet another woman described a similar sentiment about how empowerment occurred during her
recovery. She stated that one of the most important parts of her recovery was having learned
strategies to remain sober. These strategies that she constantly depends on make her feel "more
powerful" as well as less powerless. When I asked what feeling more powerful and less
powerless meant to her, she said it made her, "…able to help people. Able to share my
experience, which then adds to the less powerlessness. Those are the tools, I guess." (#9) In
using the laddering technique to explore this issue further with her, I asked what being more
powerful gives her. To that she stated, "I can cope, I have the feeling I can cope with things that
might come down. I mean, not that I'm totally 100% sure, but I have more of the feeling that
when a death for example happens, I wouldn't have to drink. I could use the tools." (#9).
Another way to look at this feeling of powerfulness is increasing confidence in her ability to
make healthy choices not to drink. As she indicated, this does not mean she is 100% confident in
her ability to refrain from drinking. This is one of the women who relapsed once during her
recovery, even after having used all of the strategies that help her feel less powerless. But she
admits that she never will feel completely recovered.

Not all women saw the benefits of powerfulness as clearly as others. For some it was
both liberating and somewhat frightening at the same time. One woman demonstrated this when
she said,

But you know you're in control of your decisions and the choices that you make.
And that's a little bit liberating. And that's kind of how I was built up from finally
recognizing that I'm not the driver of everything. You know, and it was terrifying
to think, "Oh, but I controlled myself!" (#2)

This sense of confusion may come from the messages women get as active members of Twelve-
Step that they should not embrace the idea that they have power over substances. This can
sometimes be confused as a message that there is nothing in their lives they control. Most

women I spoke with admitted that had some power over a few things that they themselves could control, such as their own choices and their responses to other people.

Always powerless over many things. Another finding from this study is that for many women who fully embrace the notion of powerlessness, they feel that they will now and always be powerless over certain parts of their lives. One woman said, "I don't know how long it's going to be before I go to a club again. I'm powerless over those things and I will always be powerless over that. So I have to understand that powerlessness is going to be a part of my life for the rest of my life." (#3) For women such as this one, the notion of being omni-powerless was not problematic. In fact it seemed to simplify their understanding of their current and future life. They expressed relief knowing they did not have to fight the urge to struggle with trying to have power over things.

It was not only drugs and alcohol that they felt powerless over, either. It was often things like other people, weather, world events, and sometimes even their own feelings. Many women expressed similar understandings of their powerlessness as something they experienced over multiple aspects of life. One woman said,

> The only thing I can control are my actions, my behaviors. So I think that I've
> accepted the powerlessness in a lot of areas of my life. I mean I'm powerless over,
> I'm the oldest, I have three brothers, I'm always worrying about them. So many
> things now I'm handing over to God, which is really more I think part of the third
> step. Because I'm just realizing they God is in control of my life, and I'm not.
> And I'm powerless. The only thing I really have control over it is myself and my
> emotions and my reactions, my behaviors. (#4)

Another woman made the connection between her Higher Power and powerlessness when she said,

> I'm turning over my will to God, and God is the one that cleanses me. And when
> I become powerless I actually gain strength, because I'm open, like the literature
> says, I'm open, I'm willing…for that dross to start…coming off and…to get clean.
> Not only in the physical sense but in the mind and in an emotional sense. (#6)

In this case, she combined a number of images to better represent her thoughts and feelings about the metaphor of being cleansed by God. As well as pictures, this interviewee also brought objects. First she brought a bible and talked about how that combined with a bar or Dove soap

that she brought represents being cleansed. This is another example of how objects can represent thoughts and feelings about a phenomenon and how they can combine to represent the larger picture. Again, this is an example of how a metaphor is representing a process, not something stagnant or static.

Paradox of powerlessness. While anecdotally it is common for people to raise the theory that powerless in Twelve-Step is a paradox, no published empirical research is available to confirm or disprove this notion. Many of the theories about why powerlessness is helpful to people in Twelve-Step stems from the idea that powerlessness is a paradox. While I did not explicitly ask women if they thought their experience of powerlessness was paradoxical, a few women did discuss their ideas of the paradoxical nature of powerlessness. The results I present here are both when women specifically talk about the paradox as well as when they talk about feeling powerful or empowered once they accept powerlessness. This is at the heart of the theory of the paradox. It is important to note that not all women talked about powerlessness as a paradox.

One woman described feeling empowered after embracing the notion of powerlessness. Notice too the metaphors she uses as she tells her story of empowerment. She said,

> So, I felt empowered knowing that I had tried as hard as I could and it just wasn't going anywhere. It was just like pushing a truck. You know, I can't push a semi tractor-trailer down the street. See just give up and then you go, "I tried and it just didn't work." So it's kind of like, let's go on to something else. So I did feel an empowering feeling from that. (#5)

This short quote is an excellent example of how many metaphors people use in everyday language. Notice that embedded in this description are a few metaphors including: 1) it just wasn't going anywhere; 2) just like pushing a truck; 3) I can't push a semi tractor-trailer down the street; 4) it didn't work; and 5) let's go on to something else.

According to the above quote, the woman indicates that it was in giving up the struggle with her addiction that she felt empowered. This is the essence of the theory of the paradox of powerlessness in Twelve-Step. Another woman described a metaphor of an unrefined piece of gold that is covered in dirt from all of life's trials. But beneath the dirt is the potential for the gold to shine and be beautiful. She said it has the potential to be it's essence, and that it gives her hope to believe that the unrefined piece of gold can become beautiful. During the laddering

82

technique, I asked her why having hope was important to her. Her response gave an indication of the paradox of powerlessness. She said,

> I feel as though until you can become powerless nobody can help you. Whether it be God or another person, or whatever. Until you have exhausted all your efforts, and see that all your efforts aren't good enough and you are willing to let something else or someone else lead you and guide you out, then nothing is going to happen. You know the cleansing, the growth, or just coming out of that addiction or whatever. You have to become weak so that you can become strong. You know, you have to be...without powerlessness you can't be open or willing. (#6)

The same respondent also talked about the way in which hope comes from admitting powerlessness followed by positive outcomes. She uses more metaphors when she added, "Well, yes, it opens up a window, or it opens the door for me. You know, that I have, I can actually be or have some power over something." (#6) She specifically states the ability to have power over something after she admits powerlessness in her life. This is an example of the paradox of powerlessness. She went on to continue to explain the essence of the paradox of powerlessness when she said,

> Oh, because powerlessness is actually strength. Because you're actually saying, you're humbling yourself, humility. And you're saying OK. To me it's always been strength. I know some people that are real loud and walk around. They have so much strength. But sometimes those people crumble. You know, the minute they don't have a big entourage of people around them and stuff like that, they crumble because their strength is in everything out there and it's not inside themselves. And powerlessness is really strength because you're at least humbling yourself to say I might not know all the answers, and so maybe I'll let You lead me around for a while. (#6)

Her explanation above incorporates her sense of how her Higher Power influences her experience of powerlessness.

Each woman had a slightly different way to describe the paradox of powerlessness, and each used slightly different words, however there is a common theme indicating the process. That thematic process involves first struggling, then giving up or letting go, followed by feeling

83

relieved, empowered, or stronger. Again, this is at the heart of the theory of the paradox of powerlessness, and without asking women specifically about it, a few of them articulated it.

Another example of the paradox of powerlessness is evident in the following quote by one respondent:

> I think you almost have to be powerless to be empowered. You have to feel the powerlessness to be empowered, to want to do the program. And that's why it's so important to get over that step… I had to feel so powerless and so low and unable to reach for anything to even get that 'whatever.' It was an awakening for me. It was a real kind of awakening for me to then go into the program and be empowered by it. (#9)

She, as many of the other women, embeds an addition metaphor here of "an awakening." It is clear from her and all of these accounts of the paradox of powerlessness that it is often the way in which women in Twelve-Step make sense of this phenomenon. Some of them clearly experience powerlessness as part of a process of eventually feeling more powerful or empowered in their daily lives.

Higher power. The idea of a higher power came up over and over in the interviews. In fact, during coding, it was a code that appeared in each and every one of the 13 interviews, even though it was never explicitly asked about. Clearly, this is an important issue in terms of women's experience of powerlessness in their Twelve-Step recovery.

For a couple of women, the idea of a Higher Power was more foundational to their recovery than the idea of powerlessness. For others these two concepts went hand-in-hand. Still a few others did not embrace a religiously-based concept of a Higher Power, though they felt there was something bigger than themselves that they were able to defer to in times when they needed guidance in their recovery. An example of how one woman viewed her Higher Power's impact on her recovery is evident when she said, "That He gives you the power to relax. The power to feel that everything is going to be OK. And He gives you that will to want to live and to want to get to the top." (#3) She continued, "…you're never really in control of anything. Even when you're clean and sober. I truly believe that God is in control. And whatever happens to me happens because he or she wants it to happen. Not because I willed it to happen."(#3) Another woman who felt that the steps about a Higher Power were the most important steps to her achieving sobriety said, "I'm not powerless. I can do all things through God who gives me the

strength." (#13) The same woman is clear that her recovery is a direct function of her Higher Power's influence in her life. She added, "You know on a daily basis I think that, you know, only by the grace of God. Because a lot of times people say, how do you do it? And I say I didn't do anything. It was Him." (#13) This is the same person who felt that powerlessness to her was irrelevant. She explains how that is related to her belief in a Higher Power when she states,

> I can do all things through Christ who strengthens me because I am not powerless.
> I am one of God's children, and he protects me…He's my father, and he's
> watching over me…He's not going to allow me to do anything that's going to
> damage me anymore. He has given me free choice, and yes, I can, but not
> without a fight. Not without a fight. He's there... (#13)

A couple of women described the influence their Higher Power and other people have had on their recovery. In terms of her decision not to use drugs again, one respondent said, "…I just feel like, if I make the decision not to go there, my Higher Power is helping me more than I could ever help myself." (#1) She went one step further to explain just how her Higher Power influences her recovery when she stated, "Because me, I would talk myself into going there. But see you have to, I have to have a God. And God works through people. So you need plenty of people in your life." (#1) Another woman echoed some of those sentiments when she reported, "God speaks through people. And it was just, whatever somebody said at that moment hit the nail on the head for me to help me release, you know, my impending thinking that I was in control." (#11)

The vast majority of the women I interviewed described spirituality or belief in a Higher Power as a very positive aspect of their recovery. For example, one woman gave credit to her Higher Power for leading her out of the addiction that she reported almost ended her life. When I asked her why she thought she made the decision to seek treatment when she had hit "rock bottom," she said, "No clue. [I] didn't do it. [I] will never take credit for it. A power greater than myself did that." (#8) Occasionally, however, a woman spoke about her struggle with this concept of a Higher Power in Twelve-Step. One woman who was raised in a very religious home who reported that she has spent many years being angry with God said,

> It's interesting to listen to other people and hear what their experiences are with
> spirituality. Other times you're like, "I don't believe that that's ever happened to
> me. I haven't received any of the miracles of this program that we're supposed to

85

have." I'm skeptical about the whole, you know, because I guess if I hadn't had an

idea of religion and God and the whole issue of walking on faith before I got to

the Twelve-Step program, I might have accepted it a little bit better. (#10)

She added that the parts of Twelve-Step that focus on spirituality are the hardest part of the

program for her. Interestingly, however, she chose a picture of Jesus carrying the cross as one of

her two images representing the metaphor of powerlessness. This picture is in Figure 6.

(http://hoseaintercessorswarriors.bravepages.com/D03BAE319A.jpg)

Figure 6. Jesus carrying his cross.

In her second image of a large body of still water (Figure 3), she describes seeing the beauty of

God's coloring book. Clearly the idea of God and spirituality continues to be a conflict for her in

the program and something that she is still grappling with.

As an example of varied understandings of a Higher Power and how difficult it can be to

understand in Twelve-Step, one woman stated, "It's not logical. It's such a mystery about how

this thing actually happens. Some people don't even believe in a God, they believe in the rooms

of AA as their God. So it's a mystery that really I haven't heard anybody who knows how to

explain it." (#9) She went on to personalize her own struggle with a Higher Power, including her

admission that it was through involvement with Twelve-Step that she developed her first concept

of a Higher Power in her own life. She said,

And so there's this God I'm believing in for the first time. Really, I was not, I

mean I did not have a belief in God before I came into this. And I can't describe it

for you, but it's there. It's a spirit of some type. And all of a sudden four years

later this spirit wasn't helping me out. And I was praying, and I was talking, and

my sponsor was very spiritual. For the first time I had been let down. And so I

said, just screw this whole thing. It's not working for me. Why can't it take away...I'm doing all the right things. It's not working. (#9)

She went on to relapse and, though in discussing her recovery during this interview, she developed some new insights about one of the potential reasons for her relapse. She came to realize that her "spiritual condition" was critically impaired during that time of her life, and this left her vulnerable to the power of her addiction. Through her descriptions of her understanding of her own recovery and what she has observed from those around her, she provides important insight into the ways women struggle with this concept of a Higher Power.

Sense of relief. One theme that emerged from the interviews is the idea that after women accept powerlessness, the feeling that comes from it is one of relief. This was a theme that was found frequently among the majority of women interviewed. Women described relief in slightly different contexts, however. One type of relief was the feeling they got from having let go. For example, one woman said, "…once I felt powerless and I started going to AA and I started working the steps, the feeling I got was a peace and a relief." (#12). Another woman said of the metaphor she had of running from a boulder,

How could I have fought with that boulder for so long? But you're so reluctant to let it go. It's such a fight. But the feeling of once you finally got beyond the pain, it's relief. It's relief. And hope. And um things will get better. Things will change for the better. You know? Made me feel like if you got to the lowest point you can only go up from there. (#2)

The picture representing her running from a boulder was actually a picture of Indiana Jones running from a Christmas tree ornament instead of a boulder because it was an advertisement for the Indiana Jones movies in a December issue of a magazine. This metaphor links to the theme of the current event metaphors in the sense that she found this picture in December around the holiday season when the ads in the magazines were holiday-related. While she explained that she thought the boulder in this picture was huge, much like it felt when she was using or when she had her relapse, she said now "the boulder" is much smaller but still omnipresent and sitting on her left shoulder. The sense of relief she reportedly felt since the metaphorical boulder shrank during recovery was palpable.

The relief another woman felt after she accepted powerlessness was clear when she reported, "I think I kind of felt relieved. Because I think that I was always trying to be in control

of things. And then just realizing that I'm powerless over so many different things that I don't have the responsibility to take on the world. That's not my job. So I think it was kind of a sense of relief." (#4) One woman began and ended with a metaphor when she said, "…yeah, it's like a light bulb going off. And it's also like a sense of relief. You know, a big sense of relief. That you don't have to, you're powerless over it so just leave it alone." (#5) Yet another woman described the sense of relief she felt associated to the powerlessness she felt as she sat in jail for a drug-related offense. She said, "In terms of powerlessness, I think that I knew, the night that I was sitting in that jail cell, I knew the jig was up. And I felt this huge sense of relief in a sense. So maybe that was something to do that, you know, maybe I could, maybe as horrible as this was going to be, maybe I could get help." (#11) Clearly relief is a common theme among some women in recovery, and it is closely linked to acceptance of powerlessness after recovery begins.

In addition to the sense of relief woman said they felt having let go and accepted powerlessness, the other type of relief women described came from the idea that their addiction was a disease and something that was passed down from their genetic or hereditary makeup. To illustrate this, one woman said,

And I think in some ways it actually helped me to know that I was powerless, because it kind of took away my feelings of guilt or responsibility. You know, it's like I have a disease, and now I'm powerless. That's my disease; my disease is that I'm powerless over this. I didn't do anything wrong. I was born this way. There's nothing I can do about it. It's genetic. It's something in my body. But, you now, that's what I am. (#4)

After I asked this interviewee what embracing the disease concept was like for her, she said, "Its acceptance, and it's almost reassuring that it's not my fault, you know, that, it's like I'm powerless because it's a disease. You know, so I didn't do anything wrong." (#4) While not all women described their addiction as a disease, and not all women who embraced the disease model of alcoholism as leading to relief, for a few it was. For many of the women who described a sense of relief, they also described subsequent feelings associated with the sense of relief. These feelings include feeling carefree, happy, clarity, and less tense.

Something is wrong with me. Another finding of this study is that at least four of the thirteen women described feeling as if something was wrong with them when they were drinking heavily or abusing drugs. Other ways this manifested is in the feeling that they were crazy or

somehow defective. One woman said, "But in the beginning I was like, there's something wrong with me, I'm crazy, I'm not normal." (#13) Another woman echoed a similar sentiment when she said, "I do know two years prior to my last DUI, I didn't know what was wrong with me. And it was like, I would beg God, and I would say OK I am not going to drink today. But I didn't watch TV so I didn't have any exposure to alcoholism. I had spent 18 years isolating myself from my family..." (#11). Another woman described a similar feeling of isolation in her discussion of loneliness. She said, "There was always that underneath sense of loneliness, of not understanding why I'm different." (#8) After asking her to expound on this thought, she added,

> Because I could see people outside that did things. I could read like the Good
> Housekeeping magazine. I knew there was something different, I just didn't know
> what was. It was difficult because coming from alcoholic family, my friends, my
> parents' friends were alcoholic. And some of them were judges and lawyers.
> This was pretty upper middle class. But still I just knew something was not right.
> Something wasn't right. And we didn't talk, we didn't trust, and to this day we
> have trust issues, big trust issues. So it was a very, very difficult thing. (#8)

Still another woman stated,

> I felt like there was no one I could talk to, no one could help me, that I was
> different from everyone, that this only happened to me, I was the only one going
> through this, and I didn't know where to turn. So I just felt motionless, and I just
> went through the motions of doing the daily routines to try to pretend to be
> normal. Because I didn't want anyone to know my secret. If I told them they
> would think I was crazy. So I functioned, went through the motions, and I knew I
> was different, well I felt I was different. And I was putting on this big act to fit, to
> look normal, and I wasn't. (#7)

I asked the same women what were the feelings associated with feeling so different from others. She stated,

> The feeling was helpless, sad. I wanted to disappear. And that's what happened
> when I went into treatment. I told them I wanted to disappear. And they thought
> I meant I wanted to kill myself. Which I didn't, I admit, I just wanted to be like a
> genie like "Bewitched," just blink and disappear. Because situations I would get
> into were strange and people would say what happened, how did you get into

that? No one else would ever do it and I was like, "Why do they pick me to do these stupid things?" So I thought I was strange, I was different. And that's why I didn't talk to people, because whenever I did they would laugh at me or say, "Nobody would do that, why you doing that?" And so I just kept everything in. (#7)

In delving further into this issue of feeling something was different from her, I asked her how she made sense of having felt so different from others. The link she made came from her family of origin issues. She said,

And I had this thing for helping people, I guess because I'm an only child. My mother died when I was five. I didn't really know her. I didn't have any family. So that's what the psychologist told me. I'm trying to get a family, so I'd try to fit in with people. I didn't do what they did. I didn't get to the point that I did what they did to fit in, I just liked to be around people because I had my own mind and I wanted my own thing, but just to be around people because I felt lonely she says. So other people wanted to be in with the crowd, and they would do what they did. I wasn't like that. That's why my thing was I was always different... I wanted people around me just to be around people. (#7)

After feelings of being crazy, strange, different, or having something wrong with them, women sometimes expressed the opposite feeling coming from recovery, especially through the mutual-help program of AA or NA. For example, one woman said that after she joined NA it helped her to feel less different. She said, "And then knowing that there is others out there just like me whether they are crazy like me or normal. So it helps." (#13)

Change in experience of powerlessness over time. One of the goals of this research was to learn about how women's experiences of powerlessness changed or did not change over the course of their recovery process. There were mixed responses to this question, but the majority of women felt their experience of powerlessness had changed over time. Only a couple insisted that their experience was exactly the same. For many of the women who struggled with the concept of powerlessness when they entered AA or NA, their changed experience was often that they eventually came to accept and admit their powerlessness over drugs and alcohol or other parts of their lives. One woman, for example, said in her first few months of sobriety she needed not to focus on the First Step. She said, "When I first went to an AA meeting it was, I wasn't

ready then. I wasn't there for the right reasons. But when I came back for the right reasons…my decision was, 'I have to learn how to get to a meeting every day because I've got to do this, this, and this'." (#1) Exploring further her thoughts early on in treatment, she added, "I didn't even know what they were saying. I wasn't listening." (#1)

In other cases, especially where women entered AA or NA admitting powerlessness, their understanding of powerlessness changed over time. Some of the women described change in feelings of powerlessness. Less fear was one example of this. One woman stated, "I'm less fearful. Again, I know what I can do to get myself out of the situation. I'm fearful that, I never know, you have to be vigilant at all times… I learned it slowly in the program. But even though I was vigilant it still took over that night [that she relapsed]." (#9)

One woman highlights her change in understanding of powerlessness based on her beliefs while she was still abusing alcohol compared to now that she has had years of sobriety. She also incorporates the theme of her Higher Power in her explanation of how and why she has seen such a change in her understanding of herself and powerlessness. She stated, "So many things now I'm handing over to God, which is really more I think part of the third step. Because I'm just realizing they God is in control of my life, and I'm not. And I'm powerless. The only thing I really have control over it is myself and my emotions and my reactions, my behaviors." (#4) When I asked her if she was aware of this idea of having no control over anything but herself, her emotions, her reactions, and her behaviors, she stated emphatically,

> Not at all. Oh my God, I mean, I thought I was in control of everything… I think, it's funny because I don't really see how much I've changed. I mean, I do, but it's my family. Like they'll tell me. And I really have changed a lot. And it's just because of AA, I mean, I think it's the most amazing thing in the world. (#4)

While it is clear that having a different understanding of powerlessness is not the only thing that changes for women as they go from abusing drugs to abstinence, it is one of the things that changes. The above interviewee indicated that she sees it as a process that happens over time in relation to family, a Higher Power, and involvement in her mutual-help group.

Another woman who struggled with the concept of powerlessness in the beginning ended up having a different understanding of it later in her recovery. She said,

> It was crazy. You know, powerless, I ain't powerless. I know exactly what I'm doing. This is crazy. This whole program's crazy. I truly didn't believe that I was

powerless. And when I first heard it I said, these people are crazy. I'm in control over everything I do. But the more I stayed in the program, the more I went to the meetings, the more I heard people talking about how hopeless and helpless and powerless and just, just the whole gamut, I just thought, I guess I was a little powerless. I guess I was a lot of powerless. (#3)

While this woman did not embrace the notion of powerlessness when she began her recovery, she has had a change of heart. Her last phrase shows that her thoughts and feelings of powerlessness have changed over time in her recovery.

One woman whose concept of powerlessness was always a source of struggle for her in her early years of recovery described how she has changed in her understanding of powerlessness since that time. While it was a struggle early on, now it is clear it is not. She shared her current feelings about powerlessness by stating,

It's not relevant now, I remember from before. It's just not now. It's like I've grown up. Like that's when I was a baby. And now I am more mature. I'm not a baby anymore…It was a part of me growing up… I've learned from it. I grew from it. It was like OK, this is what was happening, and I'm going to change me to remedy that problem. (#13)

While powerlessness is something she needed to embrace early in her recovery, she clearly has a different view of it now in her tenth year of recovery. In fact, even though she says powerlessness for her now is irrelevant, she reports that she still thinks about powerlessness in the First Step every time she cycles through the steps as a part of her ongoing membership in NA. Though it is not important enough an element to her current recovery to have to state or embrace each and every day or even every week or month of her recovery. Notice too that this woman inserted a metaphor of a baby into this discussion of powerlessness in recovery.

Experiences not discussed in AA/NA meetings. One unexpected finding of this study is that there are some things that the women reported thinking or feeling about addiction, their recovery, or an aspect of AA or NA that they chose not to discuss generally in meetings. While these were few, and it is reasonable to expect that there are many more instances of this than women would be willing to share in a short interview with a stranger, they are worth noting. One example of a topic one woman said she would not be willing to discuss in meetings is her belief that for her in her current stage of recovery, powerlessness is irrelevant. This respondent was

clear that she felt powerlessness in her current stage of recovery after 10 years of recovery was irrelevant. However, she also indicated that there were only a handful of people she was close to in the program that knew that she felt this way. She went on to say she knew that it was perhaps not a popular way of thinking in the Twelve-Step. When I asked if she talks about her thoughts with others in meetings she said, "I don't share those views." (#13) I asked her how she feels when she is in meetings and powerlessness is discussed, knowing she has a different experience of powerlessness in her current phase of recovery. She said, "Well it's OK. If I share about, if I share, it is about the past. I don't share about now. (#13) I went on to inquire about this and she said that she chose not to share about her current ideas,

> Because I compare in, these are my people. And a lot of times when we're on
> Step One there are a lot of new people. New people need to know these things, so
> they can grow as babies. So they can grow up. They need to know these things,
> because it helps them to grow up. And first thing's first, Step One. (#13)

When she says she compares in, she is using a common phrase in Twelve-Step that indicates she sees herself as one of the group, not as an outsider. She chooses to compare herself to others and their experiences instead of distancing herself from them. Delving deeper into this idea of comparing in, I asked the respondent why she chose not to divulge her own thinking and feeling about powerlessness in meetings. She stated simply, "I don't want to scare them away… [from] recovery. I don't want to jeopardize their sobriety. I don't want to harm another human being in any way, shape, form, or fashion." (#13) When I followed up about why she thought her own thoughts that were helpful to her would be harmful to others, she said, "Because folks in early recovery, they don't wanna be there, and if I walked into a meeting and I say powerlessness is irrelevant, they would be like, 'Look at her. And ya'll tell me that I had to do 90 in 90? That stuff is irrelevant'." (#13) Clearly she distinguishes between her own stage of recovery and that of those who are new to the program. She is insightful about the metaphorically presented process of "babies in recovery" and chooses not to share her own "adult" concept of powerlessness while others are struggling to even continue to attend meetings. She continued, "Well what works for me might not work for somebody else. Especially folks who are in early recovery…Because I don't know where they are in their recovery." (#13) This statement shows a respect for and awareness of others around her and the variability of different people's processes.

A final insight into why she thinks powerlessness is currently irrelevant to her recovery is when she describes how she would be different today if she still embraced the idea of powerlessness versus feeling it to be irrelevant. She stated that she thinks her struggle with powerlessness was a struggle with her desire to use drugs. She states that now she no longer struggles with the desire to use, therefore this makes powerlessness irrelevant because that part of her recovery is over.

A second thing one woman said she was not willing to discuss in meetings is the idea that the tools she learned from AA sometimes fail to work. She added that she was taught the tools, told to use the tools, and that they would work for her to maintain her sobriety. She explained that she consistently used the tools and still relapsed. She is clear that she relapsed on a day when she was actively using all of the tools she had learned through AA, but they did not work. In terms of sharing this information, she said, "And it's hard to talk in meetings like this because in meetings you are supposed to say the tools work. But they didn't work that night, because I was doing everything I was supposed to do in the program. I was reading the literature, everything you are supposed to be doing. I had been to a meeting that morning and shared." (#9). This is another example of not being completely open with thoughts or feelings that might either damage another AA participant, give ideas to a newer member who is already feeling discouraged about their own recovery, or not wanting others to judge her less-than-perfect experience of one of the tenants of the program. Perhaps fear of being judged, rejected, or alienated from a group that one feels so a part of is more uncomfortable than the knowledge that one's relative "truth" is different than what the program touts. This finding compares favorably to Kasl's (1990) claim that women who are in Twelve-Step and who question the tenants of powerlessness are often shamed, threatened with abandonment, and called resistant (Kasl, 1990).

Advice to other women about powerlessness. A final question I asked women during the interview was what advice they would give to other women who were either struggling with the concept of powerlessness or were new to Twelve-Step and were needing guidance about what it and the First Step were all about. While there was a range of responses to this, for the most part they were all very positive. All of the women's advice was positive and supportive. Much of it indicated that while it was sure to be a struggle at first, their understanding and acceptance of powerlessness would increase and it would become easier as time went on and their investment in their recovery deepened. One woman captured the sentiments of many of the interviewees in

her response. To the question of what advice she would give to a woman who was new to recovery about powerlessness, she said,

> That life gets better. That you are not always going to be completely powerless over everything. That life gets better. As long as you put forth an effort, as long as you put forth an effort to stay clean, your life will be better. It may not come all at once; it's not going to come all at once. It's going to come a little bit at a time. But you'll notice by staying clean, life is so much better. So much better. (#3)

Another woman suggested that women should look at where they are (assuming they are in a meeting when she meets them) and consider that an indication of powerlessness. She stated,

> I would tell her the best way I can explain being powerless is think about her story and where you met me at. Because if you met me you was at an AA meeting. So your life had to be in shambles to get there, OK?... think about the pain in your life and what you want to do about it. You know. And put your blinders on, because you need some blinders now. Because you're new in the program, you can't just stray out, you need some blinders. You need not be dealing with anybody that's shaky, you know. Because this disease is sneaky. (#1)

Some women looked to their own experiences as a beginner in Twelve-Step to determine the advice they might give to another. In addition, one woman indicated how difficult powerlessness was for her to get when she first began, leading her to feel motivated to help others. She said,

> I'd try to relate it to something that I could understand. Because like I said I was completely foreign to the idea of powerlessness when I first came in. And somebody explained it to me. When you turn on a light, you're not controlling the electricity. Um. Ah. Tangible things, like physical things that I could see that I was definitely powerless, but that's how they first had to kind of acclimate me to the idea of powerlessness to begin with. Like, I didn't even understand the concept. But like, not consciously anyway. (#2)

The last line is important for this study in a second way in that it validates one of the core assumptions of this research. When she said she didn't consciously understand the concept of powerlessness when she began, that fits with my assumption that: a) women might find this to be

a difficult concept to fully articulate on the spot; and b) that there is subconscious content to be explored regarding the concept of powerlessness.

Concept Map

One element of the ZMET analysis is the formation of a concept map (Zaltman, 2003). A concept map is a visual or graphic representation of the ways in which some of the themes of the research are related. For this study, the concept map focuses on the process by which women articulated metaphors and then were able to come to a deeper understanding of their actual experiences of powerlessness through those metaphors. Figure 7 shows the concept map for this study.
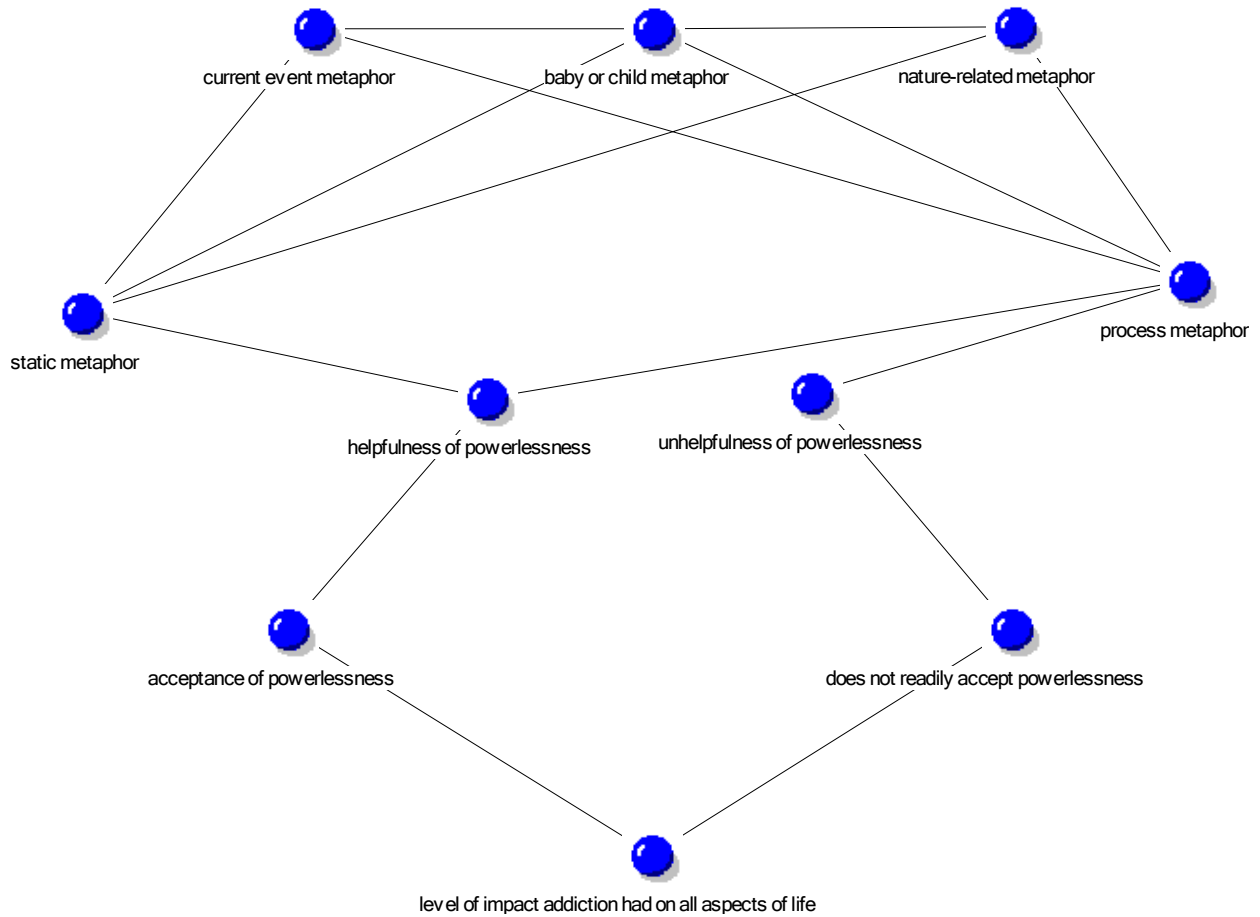

Figure 7. Concept map showing some of the links between themes.

This concept map shows that women first began by explaining their metaphors of powerlessness based on the pictures, photos, or objects they brought in. These were often interrelated metaphors. While some of them could be seen as static metaphors, most were process related.

These process-related metaphors included the broad themes of baby metaphors, nature metaphors, and current event metaphors. While there were a number of other types of metaphors, these were the main themes. From there and through the course of further discussion about these metaphors, I learned that women either found powerlessness to be a helpful or not a particularly helpful concept in their recovery. This lead to insights about their levels of acceptance of powerlessness and the notion of unmanageability in life due to their addiction, the second core concept in Step One. Finally, once women articulated their level of acceptance, I found that they often discussed the level of impact their addiction had on all aspects of their lives. For some they had few negative consequences for their addiction while others felt every single aspect of their life was completely unmanageable. This seems to have an impact on how much women accepted powerlessness both early in their recovery and later.

Chapter 5

Discussion

Many important findings were uncovered in this study, whether it be thoughts and feelings of powerlessness or the utility of a new qualitative data collection technique. Many of the findings can be linked back to important theories or research in the published literature. In addition, I will include my own reflections and conclusions based on the findings including implications of this research and future study possibilities.

What is Powerlessness?

According to the results of this study as well as the literature and past scholarship on this issue, it appears as though powerlessness is for many women a process that develops over time and has the potential to shift and change meaning depending on a number of issues. The developmental nature of it can be seen in the developmentally-related metaphors many women use to describe it. The metaphors about babies as well as those about natural forces such as tornados and tsunamis show the developmental aspects of it. In addition, one women who said it was relevant for "babies" in recovery but not as much for "adults" in recovery is an excellent example of how some people see it as a developmental process. This is an important finding because it shows that it has the potential to change and grow over time. For those who may struggle with it at first, it has the potential to be understood differently and become helpful later in recovery. It also has the ability to be malleable and change to fit an individual's specific developmental needs at any given point. This is helpful for any recovery concept considering everyone experiences addiction in different ways. Finally, if powerlessness is a developmental concept, it would behoove sponsors who are more experienced in recovery to mentor their sponsees or new members of Twelve-Step about how powerlessness can be experienced differently by various people over time. Perhaps sharing their own stories of recovery, especially the development of their experience of powerlessness, could aid those who are newer to the idea and who are perhaps struggling with it.

Powerlessness appears to be a process, as mentioned many times before. As part of the process, there are many variables that seem to impact how women experience powerlessness in their recovery. Some of those variables may include time, age, level of addiction, level of destruction felt in important areas of life, family of origin, upbringing, social experience, feminist values and beliefs, other people's feelings of powerlessness, and the amount of support

during recovery. It is not a static concept, it is in relation to other people and things that it is experienced. It is unclear exactly which of the factors has more of an impact on which women, but it is clear that it varies depending on many of these factors.

Concepts of powerlessness appear to differ depending on when it was experienced relative to active drug use. Women often differentiate the powerlessness they while they were actively using and the powerlessness they embraced after they began to experience recovery. These two times still represent processes, not finite, static experiences. For some, however, the experience seems quite different. According to the findings of this study, the experiences that women have of powerlessness during active drug use tend to be negative ones whereas those that they have after they have had some recovery tend to be more positive. Some women even have very similar metaphors for powerlessness, though they differ in their level of negativity and intensity depending on whether they represent pre- or during-recovery.

Reevaluating the Feminist Critique of Powerlessness in Twelve-Step

A number of critiques abound against powerlessness, especially by feminists. While many outsiders, like me, approach the Twelve-Step concept of powerlessness with skepticism, the results of this study show that it is very helpful to many women. Based on the results of this study, the women for whom it appears to be the most helpful are those who say that they hit "rock bottom" before entering recovery. This means they felt their addiction was so severe that they were unable to function any longer without stopping their drug or alcohol use. For these women, the idea of powerlessness was often very present to them while they were actively using and not difficult to embrace once they decided to quit. Women for whom life appeared successful except for a few areas where drugs and alcohol were problematic had a more difficult time accepting the concept of powerlessness. These are women who may not have felt they had hit rock bottom but for whom their addiction was having a significant impact on certain areas of their life. These women found it difficult to initially understand the notion of powerlessness unless they only focused on the areas of their lives where they felt drugs and alcohol were a significant problem. Clearly there is a wide range of people who enter Twelve-Step at very different places in their addiction cycle. For those who feel that most if not all of their life is out of control and falling apart, powerlessness is an easier concept to embrace. For the others, however, it can be a barrier. One suggestion is for existing members to realize there is a range of experiences of people who enter the program and not all people fit into the category of having hit

"rock bottom." These women may need help in understanding how the First Step relates better to them so they can work toward recovery based on their own reality. Counselors may need to work with people who feel that powerlessness is not completely true for them so that they can see how they can use Twelve-Step effectively while remaining true to their own experience that not all areas of their lives had become unmanageable.

Some have criticized those who critique Twelve-Step, especially feminists, by saying they often critique one small portion of the program and take it out of contexts, making it seem to be something that it is not. After studying the concept of powerlessness carefully, I agree that it is different to examine it in the context of the larger set of Steps and as a part of the entire program than to isolate it as a separate part from the whole. I believe this is where much of the criticism comes from. If one examines each element separately, it is easy to find fault and weakness in each element. It is more difficult when taken as a whole to see how the concept of powerlessness can be problematic to those in recovery. I encourage those examining Twelve-Step, then, to take each part not as separate from the whole, but a key ingredient of the whole. It must be seen in contexts in order for it to be best understood by those who use it.

Another reason many people may criticize the concept of powerlessness in Twelve-Step, myself included, is because they do not understand that powerlessness is often experienced very differently prior to recovery versus during recovery. While it may be true that carrying a negative concept of powerlessness throughout recovery is unhelpful, the women I spoke with experienced a transformation in their experience of powerlessness after recovery began. I believe this is an important shift to which many critics are not aware of due to the lack of research in this area. For example, one woman described the image of the tsunami as representing the powerlessness she felt while she was addicted to drugs. The same woman used a very different metaphor of a calm, serene beach that represented her concept of powerlessness after she began her recovery. This shift in the experience of powerlessness is rarely acknowledged. Using the second image, it is difficult to see powerlessness as negative and harmful to women in recovery. Powerlessness in this scenario has the potential to transform, much in the way these women transformed their lives through recovery. Those who have specific criticisms about powerlessness should examine whether their critique is of the concept prior to or after recovery begins, because there appears to be a significant difference to some women in recovery.

Finally, some feminist critiques of powerlessness in Twelve-Step link powerlessness in the First Step with the powerlessness that can be experienced through oppression. The critics note that people who have historically been oppressed in society (such as women) are not served well by reinforcing the concept of powerlessness in their recovery. I believe the findings of this study suggest that powerlessness in recovery may not be linked to social oppression the way feminist critics theorize it is. None of the women I spoke with connected their concept or experience of powerlessness to social oppression. I believe it is the use of the term powerlessness that for many activists evokes images of social oppression, and logically it would follow that they would criticize Twelve-step's use of this concept. One potential solution would be for powerlessness to be called something different, or to delete the word from the First Step and focus on the concept of unmanageability. While it is highly unlikely that this will happen, it may reduce the misunderstandings about the experience of powerlessness in recovery.

Personalization of Metaphoric Content

During the analysis it became clear that in many cases women who were relaying their metaphors for powerlessness in Twelve-Step began to personalize the images they used to express their thoughts and feelings. While it was not in all cases, many of the women turned a picture found in a magazine, a book, or on the Internet into a personalized account of exactly what they feel or think about their experience in recovery. An example of this is with the woman who had the cartoon of the baby being taken out of its playpen by the monster. After describing what was happening to the baby in the picture, she quickly placed herself in the picture when she said that the boulder is always sitting on her left shoulder, ready to take her away. She added that she felt she was the baby in the image and experienced fear and a need for someone to do something to help her, just as she feels in the face of her addiction. This type of personalization may be a unique feature of a qualitative interview technique like ZMET. It may help women articulate an abstract concept like powerlessness using pictures, photos, or objects such that they can place themselves in the image or attribute the features of the images to themselves. This phenomenon can be seen again when the woman who spoke about the baby being rescued by the firefighter personalized that image. After describing the picture, I asked how it related to the idea of acceptance that we had just been discussing, and asked if she saw anything about acceptance in the picture she brought. She chimed in, "If I was that child's parent, no. Powerlessness, definitely." (#11) Identifying so strongly with an image that she was able to place herself in the

context of the picture is an indication that the metaphor is closely related to her own experience. She was able to attach not just to the action represented by the image, but the emotional content as well. It is unlikely that she would be able to articulate this level of understanding using words alone without the images to support them.

Most of the theorizing about metaphors indicates that metaphors do a good job of representing internalized thoughts and feelings (Lakoff & Johnson, 1980). It is not surprising, therefore, that people would become so personally invested in the metaphor that they would literally place themselves in it or embed the metaphor into their lived experience.

Discussion of Themes Found in this Study

A number of the themes that emerged from this study and provide insights into the experiences of women in recovery. These include themes of the metaphors women used to represent their experiences of powerlessness as well as ideas about paradox, having a sense of relief, and feeling somehow different from others during their drug use period. Because of their importance for women in recovery, clinicians, and researchers, some discussion is warranted on these key themes.

Process metaphors. An important finding of this study is that many of the metaphors women used to describe how they experienced powerlessness were what I call process metaphors. While this is a new finding in both the substance abuse literature and the metaphoric literature, I believe it makes sense considering the phenomenon of powerless from which these metaphors came. Powerlessness is an experience that is found in relation to other people or other things. It is not experienced in a vacuum. People feel powerless Therefore, it makes sense that the metaphors women have for powerlessness (a process) would by themselves indicate a process. If metaphors are representations of one thing in terms of another, then for those things to be associated with each other in meaningful ways is a reasonable outcome. This research shows, therefore, that metaphors women in recovery use to represent powerlessness often are representative of processes both in form and content.

The implication for this finding is that clinicians could help women dissect each element of these metaphoric processes of powerlessness in order to locate the part that is problematic or the part that is most helpful. They could help women talk about the complexity of powerlessness with metaphors that are selected for their process-orientation. This way the metaphor has the potential to more closely-relate to the thoughts and feelings about powerlessness. Finally,

because of the idea that Twelve-Step is a narrative community, women can more fully develop their metaphors for powerlessness to help themselves in recovery as well as other women. Sharing those storied images that link in both process and content to the lived experiences of recovering women has great potential to be helpful to others members, both new and old.

Baby metaphors. A fascinating finding of this study was the recurring theme of babies or children in the expression of metaphors and images. A number of explanations may fit with this finding. While no research has been found to confirm this, scholars in the field of metaphors certainly point to certain cross-cultural metaphoric theme. According to Goatly (1997), one of the common metaphoric themes is human qualities. A baby metaphor would fit this category. In addition, it is not surprising to have a group of women, most of whom are mothers, using metaphors of babies. For one in particular, she was a grandmother who was thrilled to be providing daily childcare for her infant granddaughter while her daughter and son-in-law worked outside of the home. No wonder, then, that she would connect with her granddaughter in this way. (This can even be considered a current event metaphor in that sense.)

The metaphor of a baby that emerged as a theme in this research points to the theory that powerlessness in recovery is experienced as part of a developmental process. Some women may view the time they entered recovery as a "rebirth," though none of the women I spoke with explicitly stated this. Futher evidence of this theory can be seen from one woman who described the irrelevance of powerlessness now that she is an "adult" in the program, but recognizes that people who are new in recovery are like "a baby in recovery." These "recovery babies" need to understand and accept the idea of powerlessness according to this interviewee. She reported that she too saw herself as a baby in recovery who struggled with the idea of powerlessness from the earliest days in Twelve-Step. This idea of a baby and adult in recovery demonstrates not just the prominence of the baby metaphor, but also the idea of the metaphor indicating a subconscious awareness of recovery as a developmental process. Interestingly, this interviewee was a mother with a daughter who was pregnant and preparing to have a baby of her own. It is possible that this also had a "current event" affect on her metaphor of the baby in recovery.

Relief. One of the findings of this study was that women feel a sense of relief after they embrace powerlessness in the First Step. There were two different types of relief women described. Some women reported relief from feelings of guilt when they embraced the notion that their addiction was a disease, at it was partially responsible for having caused problems in

their life and the lives of those around them. Burman (1994) agrees that, especially due to the disease concept of alcoholism, the Twelve-Step community has done a great service to alcoholics by helping to relieve the burden of guilt from the person and their families.

Other women in this study reported feeling relief from not having to find their next high after they began to enjoy recovery. This finding of a sense of relief is consistent with writings of Shadley (2000) who notes that people who get recovery also enjoy a sense of relief. Clemmons (1991) agrees that when life no longer revolves around planning to use and using drugs or alcohol, women can balance their needs to work, play, and love the people in their lives. While no past literature containing empirical evidence has been found to confirm the idea of relief or the helpfulness of it in Twelve-Step substance abuse recovery, the current study certainly provides some important evidence of this experience of women the women I spoke with.

Paradox. One of the theories that supports the existence of Twelve-Step recovery models is the notion that powerlessness is a paradox (Herndon, 2001; Krestan, 2000). While there is plenty of theorizing about the relative truth of this idea and that it is helpful to people in recovery, no published research was found prior to this research to confirm or deny this theory. This study did in fact identify some women who talked about powerlessness as a metaphor. Some explicitly stated it while others never named it a paradox, but the description fits the definition. While there is much more research that needs to be done to confirm the experience of powerlessness as a paradox in Twelve-Step, this study shows that it is present in the minds of some recovering women.

Feeling different. Some women said they felt that they were different from those around them during their drinking or using days. It would follow, then, that in getting recovery from their addiction using a mutual-help group like Twelve-Step, they would have started to feel less different. In addition, being a member of a mutual-help group such as AA or NA would enable women to feel even more a part of a group and less different from others, especially with the routines, rituals, and common language. The current study suggests that feeling different from others is an important result of addiction that often leads to things like loneliness, depression, and isolation. Therefore, a benefit of recovery, especially recovery using a mutual-help program, is the possibility of feeling the comfort of membership in a larger group. This is one of the potential benefits of a self-help group like Twelve-Step being used alone or combined with outpatient treatment for the sense of support, camaraderie, and oneness.

Strengths of the Study

There were a number of important strengths that enhanced this study. Those include many aspects of the use of the ZMET technique as well as the overall use of in-depth interviews and focus groups. Those strengths will be discussed more below.

ZMET. The ZMET technique of qualitative data collection is new to the field of human studies inquiry. ZMET is designed to elicit the metaphors and images people have of a phenomenon in order to get a greater depth of understanding about the thoughts, feelings, and meanings people have on a specific topic. For this study, the ZMET process was extremely helpful in delving deeper into women's thoughts and feelings about powerlessness. The process of asking a progression of questions aimed to understand deeper levels of meaning and feeling is effective when inquiring about a phenomenon that is particularly abstract and difficult to articulate. One way to help people articulate what they think and feel is to ask questions that are closely related and that are representations of images they see in their mind's eye. I highly recommend the use of this technique in any case where a person's experience of a phenomenon may be largely hidden in the unconscious mind.

Some women commented to me during or immediately after the interview that they had had new insights about powerlessness or their recovery because of the process of being interviewed. Researchers using qualitative methods are trained to help people articulate deeper content, while ZMET procedures are specifically designed to begin to open the 95% of thought that is subconscious (Zaltman, 2003). One woman called me hours after her one-hour interview to thank me for the experience and to tell me that she had continued to think about the issues we had discussed. She had additional insights she wanted to relay to me and left a message with that information. This is an important component of any qualitative research, the finding that the interview itself was an instrument in helping respondents develop new and helpful insights. In addition, ZMET is designed to help participants delve deeper into conscious and unconscious thought and emotion, and to more fully articulate the emergent understandings. This was evident in the reactions some women had during and after the interview in terms of their new and developing insights. I also found that interviewees were able to uncover thoughts and feelings as I used the ZMET laddering technique to explore the images they had of powerlessness. While some people experienced the laddering to be an odd set of questions, everyone was able to

provide answers that helped to develop their thinking to both broaden and deepen their ability to articulate how they experienced powerlessness.

As well as the success of the ZMET laddering technique, asking people to describe the images they have for powerlessness was helpful during the interview process. In addition, the questions I asked helped the participants stay with their metaphors, helping them to more fully articulate their thoughts and feelings. Staying in the metaphor included asking additional questions about the exact words or phrases that the participant used in describing their metaphor. This process of questioning was repeated over and over until the participant began repeating the same thoughts or feelings, or their answers turned to the result of "life" or "death." According to the ZMET trainers, this is an indication that the interview questions have come to their theoretical end.

Another positive outcome of using this technique is that I found that the images or metaphors each individual woman used for her concept of powerlessness often were related to each other. While I had imagined inter-relatedness of images might occur due to women bringing in multiple images representing one central concept, this finding is an important one. It helped to enhance the depth of understanding of their thoughts and feelings and allowed them to more fully articulate the nuances of their experience. I found this to be a helpful outcome of the technique for a methodology that is to supposed to help produce depth of information.

Data collection methodology. One key strength of the current dissertation research is that I used in-depth interviews as a way to gain depth of insight into a relatively un-researched phenomenon. In-depth interviews are often used for this reason, and in this study it worked well. This phenomenon of powerlessness in Twelve-Step has so rarely been researched that prior to beginning the interviews I conducted two focus groups to better acquaint myself to the ways in which women in general conceptualize and articulate issues of powerlessness in their lives. This too is a strength of the present study, providing important insights into the language some women use in discussing powerlessness.

I had relatively good diversity of respondents for this study. There was some diversity in terms of age, race, and length of time in Twelve-Step programs of recovery. Some women had relapsed previously while some had not. A number of women had also experienced formalized substance abuse treatment before or during their involvement with Twelve-Step while others relied solely on mutual-help modes of recovery to cope with their addiction.

Many of the women with whom I spoke had significant personal insights during or immediately after the interview. While this was not necessarily the intent of the research, it is often a by product of in-depth interviewing. Because I was initially concerned that women would not be able to adequately articulate their thoughts and feelings about powerlessness, I chose a method that I believed would help them do this. In fact it did, and because it did women said they had insights that they had not had before. This is a strength of the current dissertation.

Finally, as part of the design of the data collection and analysis design, I was the sole interviewer and transcriber of the data. This allowed me to become very closely acquainted with the data. This helped me both see the data as a whole as well as parts of the whole. I was easily able to find quotes and themes because I had immersed myself so fully in the data. Having written memos and journal entries during the entire data collection, transcription, and analysis phases increased my immersion in the data and allowed me to more fully recall the experiences of the women with whom I spoke. This helped make the analysis phase proceed more quickly and more efficiently, and gave me a sense of confidence when the themes emerged.

Limitations of the Study

There are also a number of limitations of the study. They include recruitment issues, relatively small sample size, single interview, and some aspects of the ZMET technique.

Recruitment issues. Recruitment for this study was difficult, and the number of refusals outnumbered the actual number of interviews completed. Some women appeared interested in participating, then never followed up with me to schedule an appointment for the interview. Others actually set up an interview then never arrived for the interview. Still others expressed their disinterest in participating for a variety of reasons including having no time, feeling frustrated by their current treatment situation, or not having interest in the topic.

Difficulties in recruiting women for substance abuse or treatment-related research has historically been a problem for researchers. According to Palinkas, Atkins, Noel, & Miller (1996) three main factors contribute to this phenomenon. First, women with drug problems are often struggling with their own motivation to recover from their addiction, therefore their motivation to participate in research that focuses on their recovery is unattractive. Secondly, women who may be struggling with low motivation may not want to face the reality of an impending relapse or have to admit to a stranger that the program they believe in (i.e., AA or NA) is not enough to help them meet their abstinence goals. Finally, another factor that impacts

recruitment efforts are the often too-stringent requirements that researchers set for inclusion in a given study. These selection criteria may relate to age, sex, diagnosis, history and severity of condition, presence or absence of psychiatric comorbidity, or suitability for the issue under study. While these stipulations are often set with good intentions, it often means more people are excluded than included, impacting the overall sample sizes. In my study, I started out with criteria that were too strict, risking the loss of key participants. While I relaxed them only slightly to allow for women who were over the age of 49, I continued to not allow adolescents or women who were only days in the program. By doing this I estimate that I only lost a very small handful of women, most of whom did not seem terribly interested in participating anyway. The third factor common to recruitment problems in substance abuse research is institutional bureaucracies and red tape. These constraints can include lower number of potential available participants than expected, difficulty reaching current or past patients or clients, problems in collaborating and receiving appropriate approvals from referral agencies, and slowness in developing recruitment networks (Palinkas, Atkins, Noel, & Miller, 1996). Some of these constraints and factors impacted the current study. One reason recruitment was a longer, more difficult process was that the agency that had agreed to supply names of women to participated informed me very late in the process of significant processes and procedures that I would have to navigate, both at the agency and county levels, in order to obtain approval to interview agency clients. It was determined that I would waste precious time if I went that route, so I recruited on my own and with the informal help of counselors and staff in local treatment facilities.

While only 13 women were interviewed, approximately 34 women in total were actively recruited. It is not known why the majority of women did not follow up after initially expressing interest, though the contents of the packet of information may have been a factor. With two surveys and a "task" that each woman had to complete before being interviewed, it may have been more time and effort than they were willing to invest. In addition, it is possible that having no incentive impacted the number of women recruited.

In addition to the seemingly complex task prior to the interview, other factors may have impacted women's choice not to participate. Some women may have felt exploited in the past by researchers or treatment providers who they have opened up to. This may have lead some women to be suspicious and unwilling to contribute to this and future studies (Murphy-Lawless, 2002). Even though most women were approached through community connections and networking,

some may question the limits of confidentiality, fearing exposure to negative consequences. With the stigma against women substance abusers still alive, some women may have considered being interviewed by someone who may know someone they know to be too high a risk. Since many of the women I did interview disclosed very personal stories of many types of abuse (physical, emotional, substance, etc.), it is not surprising that many women would choose not to participate for fear of disclosing highly personal information to a stranger.

One technique that would have been helpful to use for improved numbers of participants is to have interviewed women on the spot instead of sending them away to think about the issue over time. While having women consider the topic for a number of days prior to the interview is methodologically sound for a topic that is difficult to articulate, it also meant that other priorities would interfere with women actually attending the scheduled interview.

Finally, one of the unwritten but well-known beliefs by many Twelve-Step participants is captured in the slogan "keep it simple." Many people in AA or NA embrace the notion that in order to get recovery, people need to not think too hard or too much about their drug use or recovery. This sentiment can also be perceived in the expression "one day at a time." I believe some women may have chosen not to be interviewed because they are not in the habit of what they see as analyzing their recovery. Other women may have found themselves to be in a tenuous place in their recovery at the time I invited their participation and they may have known that focusing in on it too much may have been a trigger for relapse. For some women who have not dealt with the deeper emotional scars related to their past, being interviewed about drug abuse issues may feel like a threat to their recovery.

Sample size. Although there was a big enough sample of women to develop clear themes during analysis, there were not enough women interviewed to find multiple women who felt powerlessness was not helpful (n=1). This may have provided a fuller understanding of how powerlessness was experienced by women in Twelve-Step. These women are suspected to be few. The one woman who said that powerlessness to her was now irrelevant admitted that she was unaware of other women who felt the same way she did.

One-time interview. Another limitation of the study was that I conducted one-time-only interviews with respondents. One area of interest in this study was how women's concepts of powerlessness changed over time. I was able to hear from women their memories of change in concepts of powerlessness, it would have been preferable to have interviewed women twice over

the course of a year to understand actual changes in their perceptions. This may have added an important level of understanding regarding how powerlessness develops over time. According to the theory of symbolic interactionism, it would also have helped to see more clearly how women's interactions with people and things in their lives between the two interviews might have impacted the meaning they make of powerlessness.

ZMET limitations. While there were clearly some important benefits to using ZMET for this project, there were also a number of problems associated with it. One problem is that the number of objects initially recommended to be collected was found to be excessive for a 1 to 1.5 hour interview. Once about three images were explored I found the interviewee as well as myself became cognitively exhausted by the laddering technique. I found the optimal number was between one and three objects for the purpose of this study. While the developers of ZMET might disagree for their marketing purposes, using the requisite 8-10 objects was far too many for this study.

Another potential pitfall of using ZMET for research with women in recovery is that the instructions may have been overwhelming and too complicated. Some of the feedback I got from women, both those who participated and those who did not, is that women were concerned that they would not be able to find images for powerlessness, that they didn't have access to magazines, or that they did not have time to fine images before the interview day. At least one woman postponed the interview twice because she did not have time in a seven day period to collect pictures. While other women reported no difficulty with the task, I am convinced that it is a major reason why it was more difficulty than expected to get willing participants.

One of the primary reasons the ZMET technique was chosen for this research because I believe that thoughts and feelings related to powerlessness, though a pivotal concept in Twelve-Step, is a difficult concept to articulate and one that many women had probably taken for granted yet not discussed at length before. This was confirmed after I asked women if they talked to their sponsors about powerlessness. While most said they did, it became clear through the interviews that women were not spending much time discussing these issues in-depth. While women's experiences varied, powerlessness was something that was not a major focus of most of the discussions women had with their sponsors. Evidence that women had not fully articulated their experiences with powerlessness before the interview was further discovered when many women struggled to understand what I meant when I asked them to think about their experience of

powerlessness in recovery prior to the interview. In addition, many women said they had gained insight during the interview, indicating that they had not fully examined the issues prior to the interview. The choice of ZMET as a tool to help women articulate thoughts and feelings about a conceptually abstract concept was indeed important for this study.

Future Research

While the number of studies on women and substance abuse have increased in the past few decades, many more researchers need to capitalize on the increasing funding opportunities from the federal government for empirical studies focusing on a wide range of issues. One of these is how Twelve-Step communities work for women, what types of women have the best outcomes with Twelve-Step recovery, and how each of the steps impacts women's short- and long-term recovery. For many reasons, one of the most important steps is the First Step. It has the potential to intersect with so many other issues such as locus of control, spirituality, religiosity, self-esteem, inner-power, and family of origin issues that it is ripe for inquiry. Each of these issues, taken together or separately, will provide new and important insight into the process of women's recovery in Twelve-Step. An important start for those interested in this type of research is the article by Allen (2000) that reviews six newly developed measurement tools to examine treatment process variables in AA.

While the current study focused on women who are currently using Twelve-Step and their experiences of powerlessness, future research should examine the experiences of powerlessness among women who have tried AA or NA and have chosen not to continue. This could include women for whom AA or NA did not work and who have returned to active, addictive use, those who have abandoned the idea of abstinence but are approaching their recovery from a non-abstinence stance, or those who have switched to a different kind of abstinence recovery model. There are so many models of mutual-help recovery available now, and so many are easily accessible even on the Internet, that comparing these to the more traditional Twelve-Step model could help to understand the mechanisms of change of each and to identify common or divergent factors in each approach.

Because drug use statistics vary by demographic variables such as gender, race/ethnicity, and age, more research needs to focus on the various demographic differences in the treatment and recovery process of substance abuse among women. Other variables that should be examined as they relate to women and recovery include sexual orientation, abuse history, family form,

mental health status, geographic location (i.e., rural versus urban settings), and marital and child status, just to name a few.

Finally, the current research shows that the majority of the women interviewed are helped by the concept of powerlessness in Twelve-Step. However because at least one person felt it to be irrelevant, it is important that more research be done with women in Twelve-Step to determine how useful is this concept. A longitudinal study is also indicated so that experiences of powerlessness over time and throughout recovery can be better understood. Women stand to gain from more fully understanding the processes that other women go through, and if they find powerlessness to be not helpful to them, knowing they are not alone in a program that appears to embrace the concept so fully.

Implications for Clinicians and Educators

There are a number of important insights this study provides in terms of how clinicians and educators can approach women in terms of substance abuse treatment. First, it is clear that the use of the ZMET technique is helpful in allowing people to explore the deeper, subconscious content of their experiences. ZMET could be used in therapy, not just in research, to help clients articulate deeper, underlying thoughts and feelings. Two elements of ZMET would be particularly helpful in this. First, clinicians can use pictures, photos, and objects as a way to better understand the mental images their clients have for experiences. This is already a common practice in many forms of play therapy where metaphor interventions are used such as the miniature objects to represent thoughts and feelings, the creation of collages, and various forms of creative arts (i.e., painting, drawing). Using these forms and other creative interventions with women in substance abuse treatment could provide opportunities for them to delve into deeper, underlying thoughts and feelings of their experiences of addiction and recovery.

While the use of metaphoric pictures, photos, and objects is an important element of ZMET that may be utilized by clinicians working with women in recovery, so too would the laddering technique be helpful to clinicians. Clinicians are trained to ask probing questions, and the laddering technique is certainly designed to be probing. However, using it as a way to probe about metaphoric content in a way that is not leading but to explore progressively deeper levels of subconsciousness could be of particular help to clinicians. It becomes both a data gathering technique and a potentially therapeutic intervention at the same time. Because women will gain

insights into their underlying, unconscious experience, they can grow in new ways and see themselves and their circumstances from a different perspective.

For clinicians to be able to learn this technique, it is preferable that they learn it from others who have used it. Therefore, this technique could be useful for clinical faculty or supervisors to learn so that clinicians who are going to work with women and substance abuse problems will be able to utilize it when needed. This tool could be used in the classroom as a way of demonstrating it and to help clinicians explore their own underlying content so that they may experience the power of the technique. Especially for those clinicians who have never had an addiction problem of their own, learning and using this technique could be particularly helpful to more fully understand and be able to empathize with women's deepest thoughts and feelings.

Personal Reflections

This study was enlightening for me. I came to discover that women's concepts of powerlessness were similar and varied at the same time. I saw women struggle to articulate their inner most concepts of their experiences in recovery, and I and they emerged changed by their stories. I was struck over and over again by how powerful women's story-telling was around their lives, their families, their history, and their hopes and fears for the future. Their experiences of powerlessness were highly dramatic as they described them. I was not anticipating this, and I found myself being drawn in and sometimes had to remind myself that I needed to probe more, not simply listen in awe. The strength of the metaphors, the intensity of the images, and the emotion that followed were testaments to the power of their experiences as recovering women. I found myself feeling myself changing, both in my attitude toward Twelve-Step and my deepening understanding of the impact addiction can have on the lives of women and their families.

I was touched by women's levels of openness and candor in discussing very personal, often sad times of their lives. I felt the power of transformation as women talked about their processes. I was amazed by their strength and perseverance in the face of such strong addictive cycles. Through their recovery they remained committed to self, family, and spirit, and most described themselves as stronger, more confident, and enjoying a new sense of relief. I could see this in most of the women as they described who they were and I could compare that to the evidence of who they appeared to be now.

Prior to embarking on this research, I heard people talk about how working with people in recovery makes you look at your own life and habits more closely. While I would never be considered a heavy drinker now, I have a history of family addiction and my own college experience of binge drinking. This experience, coupled with currently being a substance abuse counselor and family therapy intern at a substance abuse treatment facility, caused me to examine the relative worth of things like alcohol in my life. I found myself choosing not to drink even occasionally during my research. I was seeing alcohol and drugs differently through the process of interviewing women in recovery. Suddenly alcohol and drugs were not an innocent frivolity, but a menacing, omnipresent addictive force for the women I interviewed. I felt the power of the stories women told me about their lives and it changed my thinking in profound ways. I also see how it has impacted my treatment of other clients. I am careful to hear their stories and experiences, and I am more patient with those who at first struggle with many aspects of the treatment and recovery process. I can see that some women struggle with the concept of powerlessness, and I know that many of them will never find it as easy a concept to embrace as others. Finally, I find myself inspired by women in recovery for the ways in which they transformed themselves in the face of a force most of them thought they would never beat. Many of them do, however, and their experience is invaluable.

References

Albert, M. (2001). A quantitative analysis of the Alcoholics Anonymous' conception of alcoholism. *Masters Abstracts International, 40*(02), 515.

Alcoholics Anonymous (1990a). *Alcoholics Anonymous 1989 membership survey*. New York: Alcoholics Anonymous World Services, Inc.

Alcoholics Anonymous (1990b). *Comments on AA's triennial surveys*. New York: Alcoholics Anonymous World Services, Inc.

Alcoholics Anonymous. (1992). *Alcoholics Anonymous membership survey*. New York: Alcoholics Anonymous World Services.

Alcoholics Anonymous World Services (1976). *Alcoholics Anonymous (3rd Ed.)*. New York: Author.

Alcoholics Anonymous World Services, Inc. (1999). *Alcoholics Anonymous 2001 membership survey*. NY: AA World Services. Retrieved online 4/26/05 at http://www.alcoholics-anonymous.org/default/en_pdfs/p-48_02survey.pdf

Alcoholics Anonymous World Services, Inc. (2004). *Membership*. Retrieved on 6/8/04 at http://www.alcoholics-anonymous.org/default/en_about_aa_sub.cfm?subpageid=12&pageid=24.

Allen, J. P. (2000). Measuring treatment process variables in Alcoholics Anonymous. *Journal of Substance Abuse Treatment, 18*, 227-230.

Allen, K. R. (2000). A conscious and inclusive family studies. *J of Marriage and the family, 62*, 4-17.

Allen, K. R., & Walker, A. (1992). A feminist analysis of interviews with elderly mothers and their daughters. In J. F. Gilgun, K. Daly, & G. Handel (Eds.), *Qualitative methods in family research* (pp. 198-214). Newbury Park, CA: Sage.

Allen, K. R., & Walker, A. J. (2000). Qualitative research. In C. Hendrick & S. S. Hendrick (Eds.), *Close relationships: A sourcebook* (pp. 19-33). Thousand Oaks, CA: Sage.

Amass, L., Elk, R., Svikis, D., Schnoll, S., Johnson, R. E., & Finnegan, L. P. (1997). Behavioral and pharmacological interventions for pregnant substance abusers. In, Harris, L. S. (Ed.) *Problems of drug dependence 1996: Proceedings of the 58th annual scientific meeting.* (pp. 59).Rockville, MD: DHHS.

American Psychiatric Association (APA). (2000). *Diagnostic and statistical manual of mental disorders, 4ᵗʰ Ed., Text Revision*. Washington, DC: American Psychiatric Association.

Anglin, M. D., Kao, C. F., Harlow, L. L., Peters, K., & Booth, M. W. (1987). Similarity of behavior within addict couples. Part I. Methodology and narcotics patterns. *International Journal of the Addictions, 22*(6), 497-524.

Associated Press. (2001). Retrieved on 4/26/05 at http://www.september11news.com/AttackSkylineBridge.jpg

Baumeister, R. F. (1991). *Escaping the self: Alcoholism, spirituality, masochism, and other flights from the burden of self-hood*. New York: Basic Books.

Bateson, G. (1972). *Steps to an ecology of mind.* Chicago: The University of Chicago Press.

Berenson, D. (1991). Powerlessness—Liberating or enslaving? Responding to the feminist critique of the twelve steps. In C. Bepko (Ed.), *Feminism and Addiction* (pp. 67-84). New York: The Haworth Press.

Berg, I., & Miller, S. (1992). *Working with the problem drinker: A solution-focused approach*. New York: W. W. Norton.

Blume, S. B. (1986). Women and alcohol. A review. Journal of the American Medical Association, 25, 1467-1470.

Blume, S. B. (1997). Women and alcohol: Issues in social policy. In R. W. Wilsnack and S. C. Wilsnack, (Eds.) *Gender and Alcohol: Individual and Social Perspectives* (pp. 462–489). New Brunswick, NJ: Rutgers Center of Alcohol Studies.

Borkman, T. (1989, Spring). Alcoholics Anonymous: The stories. *Social Policy*, 58-63.

Boss, P. G. (1999). *Ambiguous loss: Learning to live with unresolved grief*. Cambridge, MA: Harvard University Press.

Boss, P. G., Dahl, C., & Kaplan, L. (1996). The use of phenomenology for family therapy research. In D. H. Sprenkle & S. M. Moon (Eds.), *Research methods in family therapy* (pp. 83-106). NY: Guilford Press.

Brandsma, J. M., Maultby, M. C., & Welsh, R. J. (1980). *Outpatient treatment of alcoholism: A review and comparative study*. Baltimore, MD: University Park Press.

Burman, S. (1994). The disease concept of alcoholism: Its impact on women's treatment. *Journal of Substance Abuse Treatment, 11*(2), 121-126.

Carlson, R. G., Siegal, H. A., & Falck, R. S. (1995). Drug abuse and AIDS prevention research: An overview. In E. Y. Lambert, R. S. Ashery, & R. H. Needle (Eds.), *Qualitative methods in drug abuse and HIV research* (pp. 6-26). NIDA Research Monograph, No. 157. NIH Publication No. 95-4025. Rockville, MD: NIDA.

Chappel, J. N. (1993). Long-term recovery from alcoholism. *Recent Advances in Addictive Disorder, 16*, 177-187.

Christensen, G. L., & Olson, J. C. (2002). Mapping consumers' mental models with ZMET. *Psychology & Marketing, 19*(6), 477-502.

Cloud, R. N. (1999). Prediction of Alcoholics Anonymous affiliation from pretreatment factors: Methods and theory to inform provider referrals. *Dissertation Abstracts International, 61*(02A), 776.

Commerse, M. C. (1997). *Landscapes of abuse: Transforming feminine spirit from powerlessness to purpose*. Pittsburgh, PA: Dorrance Publishing Co., Inc.

Cook, T. D., & Campbell, D. T. (1979). *Quasi-experimentation: Design and analysis for field settings.* Boston: Houghton Mifflin.

Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions.* Thousand Oaks, CA: Sage.

Cuskey, W. R., & Wathey, R. B. (1982). *Female addiction: A longitudinal study*. Lexington, MA: LexingtonBooks.

Dawson, D. A. (1996). Gender differences in the probability of alcohol treatment. *Journal of Substance Abuse, 8*(2), 211-225.

Dawson D. A., Grant, B. F., Stinson, F. S., Chou, P. S., Huang, B., & Ruan, W. J. (in press). Recovery from DSM-IV alcohol dependence: United States, 2001-2002. Addiction.

Davis, D. R., & Jansen, G. G. (1998). Making meaning of Alcoholics Anonymous for social workers: myths, metaphors, and realities. *Social Work, 43*(2), 169-183.

Demo, E. H., & Allen, K. R. (1996). Diversity within lesbian and gay families: Challenges and implications for family theory research. *J of Social and Personal Relationships, 13*,415-434.

Denzin, N. K. (1970). Introduction: The naturalistic perspective. In N. K. Denzin (Ed.), *Sociological methods: A sourcebook* (pp. 7-11). Chicago: Aldine.

Denzin, N. K. (1978). *The research act: A theoretical introduction to sociological methods.* New York: McGraw-Hill.

Denzin, N. K., & Lincoln, Y. S. (2000). *Handbook of qualitative research.* 2nd ed. Thousand Oaks, CA: Sage.

Ditman, K. S., Crawford, G. G., Forgy, E. W., Moskowitz, H., & Macandrew, C. (1967). A controlled experiment on the use of court probation for drunk arrests. *American Journal of Psychiatry, 124*, 64-67.

Donovan, D. M., & Mattson, M. E. (1994). Alcoholism treatment matching research: Methodological and medical issues. *Journal of Studies on Alcohol, Supplement 12*, 5-14.

Eakin, E. (2002, February 23). Penetrating the mind by metaphor. *New York Times Online.* Retrieved 4/26/05 at http://query.nytimes.com/gst/abstract.html?res=F30B17FA3B5A0C708EDDAB0894DA404482&incamp=archive:search

Emrick, C. D. (1987). Alcoholics Anonymous: Affiliation processes and effectiveness as treatment. *Alcoholism, Clinical and Experimental Research, 11*(5), 693-697.

Evans, K., & Sullivan, J. (1990). *Dual diagnosis: Counseling the mentally ill substance abuser.* New York: Guilford Press.

Fain, M. A. (2001). Metaphors for learning: A cognitive exercise for students. *Research Strategies, 18*, 39-48.

Fine, M. (1994). Working the hyphens: Reinventing self and other in qualitative research. In N. Denzin and Y. Lincoln (Eds.), *Handbook of Qualitative Research.* London: Sage.

Flores, F. J. (1988). *Group therapy with addicted populations.* New York: Haworth.

Foucault, M. (1980). *Power/Knowledge.* New York: Pantheon.

Fuller, R. K., & Hiller-Sturmhofel, S. (1999). Alcoholism treatment in the United States: An Overview. *Alcohol Research & Health, 23*(2), 69-77.

Galaif, E. R., & Sussman, S. (1995). For whom does Alcoholics Anonymous work? *International Journal of the Addictions, 30*, 161-184.

Galantner, M. (1984). Self-help large group therapy for alcoholism: A controlled study. *Alcoholism: Clinical and Experimental Research, 8*, 16-23.

Gilbert, F. S. (1991). Development of a "steps questionnaire." *Journal of Studies on Alcohol, 52*(4), 353-360.

Gilgun, J. F. (1992). Definitions, methodologies, and methods in qualitative family research. In J. F. Gilgun, K. Daly, & G. Handel (Eds.), *Qualitative methods in family research* (pp. 22-40). Newbury Park, CA: Sage.

Gilgun, J. F. (1995). We shared something special: The moral discourse of incest perpetrators. *Journal of Marriage and the Family, 75*, 265-281.

Goatly, A. (1997). *The language of metaphors*. London: Routledge.

Gomberg, E. S. L. (1991). Alcoholic women in treatment: New research. *Substance Abuse, 12*, 6-12.

Gomberg, E. S. L. (1993). Gender issues. In M. Galanter (Ed.). *Recent developments in alcoholism, Volume 2: Ten years of progress* (pp. 95-107). New York: Plenum Press.

Graham, K., Wilsnack, R., Dawson, D., & Vogeltanz, N. (1998). Should alcohol consumption measures be adjusted for gender differences? *Addiction, 93*(8), 1137-1147.

Griffin, K. (2004). *One breath at a time: Buddhism and the twelve steps*. Emmaus, PA: Rodale Inc.

Hansen, E. H. (2001). Powerlessness and empowerment: An exploratory multiple-case study on the process of 12-step recovery among women addicted to crack cocaine. *Dissertation Abstracts International: Section B: The Sciences & Engineering. Vol 62*(2-B), Aug 2001, 1080.

Hare-Mustin, R. T. (1991). Sex, lies, and headaches: The problem is power. *Journal of Feminist Family Therapy, 3*(1/2), 39-61.

Harper, D. (2000). Reimagining visual methods. In N. K. Denzin, & Y. S. Lincoln (Eds), *Handbook of qualitative research*. 2nd ed. (pp. 717-732). Thousand Oaks, CA: Sage.

Hatsukami, Perkins, Lukas, Rukstalis, Brady, & Wetherington, (1997). In L. S. Harris (Ed.) Proceedings of the 58th annual scientific meeting of the College on problems of Drug Dependence, Inc.

Herndon, S. L. (2001). The paradox of powerlessness: Gender, sex, and power in step groups. *Women and Language, 24*(2), 7-12.

Herzberger, S. (1993). The cyclical pattern of child abuse: A study of research methodology. In C. M. Renzetti & R. M. Lee (Eds.), *Researching sensitive topics* (pp. 33-51). Newbury Park, CA: Sage.

Hester, R. K., & Miller, W. R. (Eds.). (1989). *Handbook of alcoholism treatment approaches: Effective alternatives*. Elmsford, NY: Pergamon Press.

Horney, K. (1937). *The neurotic personality of our time*. New York: Norton.

Humphreys, K. (1997). Clinicians' referral and matching of substance abuse patients to self-help groups after treatment. *Psychiatric Services*, *48,* 1445–1449.

Humphreys, K. (1999). Professional interventions that facilitate 12-step self-help group involvement. *Alcohol Research & Health, 23*(2), 93-98.

Humphreys, K., Kaskutas, L. A., & Weisner, C. (1998). The alcoholics anonymous affiliation scale: Development, reliability, and norms for diverse treated and untreated populations. *Alcoholism: Clinical and Experimental Research, 22*(5), 974-978.

Humphreys, K., Mavis, B., & Stofflemayr, B. (1991). Factors predicting attendance at self-help groups after substance abuse treatment: Preliminary findings. *Journal of Consulting and Clinical Psychology*, *59,* 591–593.

Humphreys, K., & Moos, R. H. (1996). Reduced substance abuse-related health care costs among voluntary participants in Alcoholics Anonymous. *Psychiatric Services, 47*, 709-713.

Humphreys, K., & Moos, R. H. (2001). Can encouraging substance abuse inpatients to participate in self-help groups reduce the demand for outpatient aftercare? A quasi-experimental study. *Alcoholism: Clinical and Experimental Research, 25*, 711-716.

Humphreys, K., Moos, R. H., & Cohen, C. (1997). Social and community resources and long-term recovery from treated and untreated alcoholism. *Journal of Studies on Alcohol, 58*, 231-238.

Humphreys, K., Wing, S., McCarty, D., Chappel, J., Gallant, L. Haberle, B., et al. (2004). Self-help organizations for alcohol and drug problems: Toward evidenced-based practice and policy. *Journal of Substance Abuse Treatment, 26*, 151-158.

Husserl, E. (1967). The thesis of the natural standpoint and its suspension. In J. J. Kockelmans (Ed.), *Phenomenology* (pp. 68-79). Garden City, NY: Doubleday.

Institute of Medicine. (1990). *Broadening the base of treatment for alcohol problems*. Washington, D.C.: National Academy, 279-302.

Kaniasty, K. (1988). *Pretest of candidate measures: Results of two studies*. Unpublished manuscript, University of Louisville.

Kaskutas, L. (1994). What do women get out of self-help? Their reasons for attending Women For Sobriety and Alcoholics Anonymous. *Journal of Substance Abuse Treatment, 11*(3), 185-195.

Kasl, C. D. (1990). The twelve-step controversy. *Ms.*, 30-31.

Kasl, C. D. (1992). *Many roads, one journey: Moving beyond the 12 steps*. New York: HarperCollins.

Kingree, J. B. (1997). Measuring affiliation with 12-step groups. *Substance Use & Misuse, 32*(2), 181-194.

Krestan, J. (2000). *Bridges to recovery: Addiction, family therapy, and multicultural treatment.* New York: The Free Press.

Krippendorf, K. (1980). *Content analysis: An introduction to its methodology.* Newbury Park, CA: Sage.

Lakoff, G., & Johnson, M. (1980). *Metaphors we live by.* Chicago: University of Chicago Press.

Lambert, E. Y., Ashery, R. S., & Needle, R. H. (1995). Introduction. In E. Y. Lambert, R. S. Ashery, & R. H. Needle (Eds.), Qualitative methods in drug abuse and HIV research (p. 1-5). NIDA Research Monograph, No. 157. NIH Publication No. 95-4025. Rockville, MD: NIDA.

Lapidat, J., & Lindsey, A. (1999). Transcription in research and practice: From standardization of technique to interpretive positionings. *Qualitative Inquiry, 5*, 64-86.

Lincoln, Y. S. (1990). Toward a categorical imperative for qualitative research. In E. Eisner & Peshkin, A. (Eds.), *Qualitative inquiry in education: The continuing debate* (pp. 277-295). New York: Teachers College Press.

Luke, D. A., Roberts, L., & Rappaport, J. (1993). Individual, group context, and individual group fit predictors of self-help group attendance. *Journal of Applied Behavioral Science*, *29,* 216–238.

Mankowski, E. S., Humphreys, K., & Moos, R. H. (2001). Individual and contextual predictors of involvement in twelve-step self-help groups after substance abuse treatment. *American Journal of Community Psychology, 29*(4), 537-563.

McAuliffe, W. E. (1990). A randomized clinical trial of recovery training and self-help for opiod addicts in New England and Hong Kong. *Journal of Psychoactive Drugs, 22*, 197-209.

McCrady, B. S. & Miller, W. R. (1993) *Research on Alcoholics Anonymous: Opportunities and Alternatives*. New Brunswick, NJ: Rutgers Center on Alcohol Studies.

McKay, J. R., McLellan, A. T., Alterman, A. I., Cacciola, J. S., Rutherford, M. J., & O'Brien, C. P. (1998). Predictors of participation in aftercare sessions and self-help groups following completion of intensive outpatient treatment for substance abuse. *Journal of Studies on Alcohol*, *59,* 152–162.

Miller, W. R., Brown, J. M., Simpson, T. L., Handmaker, N. S., Bien, T. H., Luckie, L. F., Montgomery, H. A., Hester, R. K., & Tonigan, J. S. (1995). What works? A methodological analysis of the alcoholic treatment outcome literature. In R. K. Hester & W. R. Miller (Eds.) *Handbook of Alcoholism Treatment Approaches: Effective Alternatives* (pp. 12-44). Needham Heights, MA: Allyn & Bacon.

Miller, W. R., & Hester, R. K. (1986). Matching problem drinkers with optimal treatments. In W. R. Miller & N. Heather (Eds.), *Treating addictive behaviors: Processes of change* (pp. 175-203). New York: Plenum Press.

Miller, W. R., & McCrady, B. S. (1993). The importance of research on alcoholics anonymous. In B. S. McCrady & W. R. Miller (Eds.), *Research on alcoholics anonymous* (pp. 3-11). New Brunswick, NJ: Rutgers Center of Alcohol Studies.

Moderation Management Network, Inc. (2003). Retrieved online 12/11/03 at http://www.moderation.org/

Montgomery, H. A., Miller, W. R., & Tonigan, J. S. (1993). Differences among AA groups: Implications for research. *Journal of Studies on Alcohol, 54*, 502-504.

Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.

Murphy-Lawless, J. (2002). *Fighting back: Women and the impact of drug abuse on families and communities*. Dublin, Ireland: The Liffey Press.

Narcotics Anonymous World Services (1999). Information about NA. Retrieved on 6/8/04 at www.na.org/bulletins/berbull.htm

Nielsen, J. M. (1990). Introduction. In J. M. Nielsen (Ed.), *Feminist research methods* (pp. 1-37). Boulder, CO: Westview.

NIH. (2003). *Certificates of confidentiality: Background information*. Retrieved on 7/10/04 at http://grants.nih.gov/grants/policy/coc/background.htm

Patton, M. Q. (2001). *Qualitative research & evaluation methods*. 3rd ed. Thousand Oaks, CA: Sage.

Peele, S. (1992). Alcoholism, politics, and bureaucracy: The consensus against controlled-drinking therapy in America. *Addictive Behaviors, 17*, 49-62.

Porter, C. H., IV. (1995). Retrieved on 4/26/05 at http://www.pulitzer.org/year/1996/spot-news-photography/works/

Project MATCH Research Group. (1997). Matching alcoholism treatments to client heterogeneity: Project MATCH posttreatment drinking outcomes. *Journal of Studies on Alcohol, 58*, 7-29.

QSR International (2003). NVivo. QSR International. Retrieved on 4/26/05 at http://www.qsrinternational.com/products/productoverview/NVivo.htm

Rafuls, S. E., & Moon, S. M. (1996). Grounded theory methodology in family therapy research. In D. H. Sprenkle, & S. M. Moon (Eds.), *Research methods in family therapy* (pp. 64-82). NY: Guilford Press.

Rapp, R. (1997). The strengths perspective and persons with substance abuse problems. In D. Saleeby (Ed.), *The strengths perspective in social work practice.* New York: Longman.

Rappaport, J. (1993). Narrative studies, personal stories, and identity transformation in the mutual help context. *Journal of Applied Behavioral Science, 29*, 239-256.

Renzetti, C. M., & Lee, R. M. (1993). *Researching sensitive topics*. Newbury Park, CA: Sage.

Rhodes, R., & Johnson, A. (1994). Women and alcoholism: A psychosocial approach. *Affilia, 9*, 145-156.

Rice, L. E. (1996). The experiences of four recovering alcoholic women. *Dissertation Abstracts International: Section B: The Sciences &Engineering. Vol 56*(10-B), 5423.

Riordan, R., & Walsh, L. (1994). Guidelines for professional referral to Alcoholics Anonymous and other twelve-step groups. *Journal of Counseling and Development, 72*, 351-355.

Rotter, J. (1966). Generalized expectancies for internal versus external control of reinforcement. *Psychological Monographs, 80*, Whole No. 609.

Rubin, A., & Babbie, E. R. (1989). *Research methods for social work.* Belmont, CA: Wadsworth Publishing Company.

Rush, M. M. (2000). Power, spirituality, and time from a feminist perspective: Correlates of sobriety in a study of sober female participants in Alcoholics Anonymous. *Journal of the American Psychiatric Nurses Association, 6*(6), 196-202.

Sandelowski, M., Holditch-Davis, D., & Harris, B. G. (1992). Using qualitative and quantitative methods: The transition to parenthood of infertile couples. In J. F. Gilgun, K. Daly, & G. Handel (Eds.), *Qualitative methods in family research* (pp. 301-322). Newbury Park, CA: Sage.

Sanders, J. M. (2004). Twelve-step recovery and feminism: A study of empowerment among women in Alcoholics Anonymous. *Dissertation Abstracts International, 64*(7-A), 2663.

Saulnier, C. F. (1996). Images of the twelve-step model, and sex and love addiction in an alcohol intervention group for Black women. *Journal of Drug Issues, 26*(1), 95-123.

Schutz, A. (1967). *The phenomenology of the social world.* Evanston, IL: Northwestern University Press.

Shadley, M. (2000, April-May). Self-help support groups: AA is not the only way. AAMFT Family Therapy News. Retrieved on 7/27/04 at www.aamft.org.

Sprenkle, D. H., & Moon, S. M. (Eds.) (1996) *Research methods in family therapy*. NY: Guilford Press.

Strauss, A. L., & Corbin, J. (1990). *Basics of qualitative research.* Newbury Park, CA: Sage.

Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2001, Aug). The DASIS report: Women in substance abuse treatment. Rockville, MD: SAMHSA.

Substance Abuse and Mental Health Services Administration (SAMHSA). (2003). *Results from the 2002 National Survey on Drug Use and Health: National Findings* (Office of Applied Studies, NHSDA Series H-22, DHHS Publication No. SMA 03–3836). Rockville, MD. Retrieved 6/1/04 at http://www.oas.samhsa.gov/nhsda/2k2nsduh/Results/2k2Results.htm#chap2

Substance Abuse and Mental Health Services Administration. (2004a). *Results from the 2003 National Survey on Drug Use and Health: National Findings* (Office of Applied Studies, NSDUH Series H–25, DHHS Publication No. SMA 04–3964). Rockville, MD. Retrieved on 3/29/05 at http://www.oas.samhsa.gov/NHSDA/2k3NSDUH/2k3results.htm#ch7

Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2004b). *Treatment Episode Data Set (TEDS): Highlights - 2002. National Admissions to Substance Abuse Treatment Services.* DASIS Series: S-22, DHHS Publication No. (SMA) 04-3946, Rockville, MD.

Tilley, S. A. (2003). Challenging research practices: Turning a critical lens on the work of transcription. *Qualitative Inquiry, 9*(5), 750-773.

University of Ulster. (2004). Retrieved on 4/26/05 at http://www.ulst.ac.uk/faculty/science/crg/tsunami.jpg

Van Den Bergh, N. (1991). A feminist perspective on addictions. *Addiction & Recovery, 11*(4), 30-34.

van Wormer, K., & Davis, D. R. (2003). *Addiction treatment: A strengths perspective.* Pacific Grove, CA: Thomson Brooks/Cole.

Vorell, M. S. (2003). *Application of the ZMET methodology in an organizational context: Comparing black and white student subcultures in a university setting.* Unpublished master's thesis. Oxford, OH: Miami University.

Wallace, J. (1996) Theory of 12-Step oriented treatment. In F. Rotgers, D. S. Keller, & J. Morgenstern (Eds.), *Treating substance abusers: Theory and techniques* (pp. 13–36). New York: The Guilford Substance Abuse Series, Guilford Press.

Wallen, J. (1992). A comparison of male and female clients in substance abuse treatment. *Journal of Substance Abuse Treatment, 9*, 243-248.

Walsh, D. C., Hingson, R. W., Merrigan, D. M., Levenson, S. M., Cupples, L. A., et al. (1991). A randomized trial of treatment options for alcohol-abusing workers. *New England Journal of Medicine, 325*(11), 775-782.

Westkott, M. (1979). Feminist criticism of the social sciences. *Harvard Educational Review, 49*, 422-430.

Wetzel, J. W. (1991). Universal mental health classification systems: Reclaiming women's experience. *Affilia, 6*, 8-31.

Williams, A. (1990). Reflections on the making of an ethnographic text. *Studies in Sexual Politics, 29*. Manchester: Dept of Sociology, University of Manchester.

Wilsnack, S. C., & Wilsnack, R. W. (2002). International gender and alcohol research: Recent findings and future directions. Women and Alcohol: An Update, 26(4), 245-250. Retrieved on 3/19/05 at http://www.niaaa.nih.gov/publications/arh26-4/245-250.htm

Wilsnack, R. W., Wilsnack, S. C., and Klassen, A.D. (1984). Women's drinking and drinking problems: Patterns from a 1981 national survey. *American Journal of Public Health, 74*, 1231-1238.

Zaltman, G. (1996). Metaphorically speaking. *Marketing Research, 8*, 13-22.

Zaltman, G. (2003). Interviewing the mind/brain: Metaphor elicitation. In G. Zaltman, *How customers think: Essential insights into the mind of the market*. Boston: Harvard Business School Press.

Zaltman, G., & Coulter, R. A. (1995). Seeing the voice of the customer: Metaphor-based advertising research. *Journal of Advertising Research, 35*, 35-51.

Zaltman, G., & Higie, R.A. (1993). Seeing the voice of the customer: The Zaltman metaphor elicitation technique. *Marketing Science Institute*. Report Number: 93-114.

Appendix A

Twelve Steps of Alcoholics Anonymous

(AA World Service, 2004)

1. We admitted we were powerless over alcohol - that our lives had become unmanageable.

2. Came to believe that a Power greater than ourselves could restore us to sanity.

3. Made a decision to turn our will and our lives over to the care of God as we understood Him.

4. Made a searching and fearless moral inventory of ourselves.

5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.

6. Were entirely ready to have God remove all these defects of character.

7. Humbly asked Him to remove our shortcomings.

8. Made a list of all persons we had harmed, and became willing to make amends to them all.

9. Made direct amends to such people wherever possible, except when to do so would injure them or others.

10. Continued to take personal inventory and when we were wrong promptly admitted it.

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

12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs.

Appendix B

Focus Group Questions

We'd like to know what you think about power and in what areas of your life you feel powerful, empowered, or powerless. Some people use the word power to mean different things. Let's start by generating a list of all the other words you use to mean power as well as the ones that mean powerless.

1. I'd like you to think about the word power. Now think about all the other words you use to mean the same as power. What words did you come up with?

2. Now imagine the opposite of power. What are all the words that you use to mean the opposite of power? What words did you come up with?

3. Tell me about ways you use the word powerful in your life. What does it mean to you?

4. In what areas of your life do you feel powerful?

5. In what areas of your life have you felt powerful in the past but not now? What led to change?

6. Now let's talk about powerlessness. Now think about ways you use the word powerless in your life.

7. In what areas of your life have you felt powerless?

8. In what areas of your life have you felt powerful in the past but now you feel powerless? What led to that change?

9. Think about a time in your life when you felt powerful. Take a moment to really remember what that was like, where you were, when it was, what the context was. Now I'd like you to come up with a metaphor that describes how you felt. Take a few minutes to think about it and tell me what metaphor best captures what it was like for you to feel powerful in this situation. Describe the situation using your metaphor?

10. Now I want you to think about a time in your life when you felt powerless. Take a moment to really remember what it was like where you were, when it was, what the context was. Now come up with a metaphor that describes how you felt. Take a few minutes to think about it and tell me what metaphor best captures what it was like for you to feel powerless in this situation. Describe the situation using your metaphor

Well those are all the questions I have for you. I want to stop here and find out if [MODERATOR] has any questions about anything we've said so far to get clarification for our notes.

Before we end I wondered if there was anything else about powerfulness or powerlessness that you wanted to say before we end?

Thank you so much for the time you spent with us today. This was so helpful in helping us better understand how women think of power in their lives. Please feel free to have more to eat or drink or take something with you for your trip home.

Are you a woman in Recovery?

Do you attend AA or NA meetings?

If so, would you like to participate in a study about women in AA and NA? This study is for women age 21-49 who use or have used a Twelve-Step recovery program for drugs or alcohol dependence. You'll be asked to fill out two short surveys and be interviewed about your experiences, especially about the 1st Step. This is the first study of its kind to talk to women who are using AA and NA for their recovery!

If you would like to participate, we will meet together and I will ask you about your experiences, your ideas, and your recovery. The information you provide will be kept confidential. The interview will take about an hour.

To learn more about this research and set up an interview time, please contact:

Jenny at 703-920-1440 x28.

I work at the Vanguard Counseling Center in Arlington and we can meet there or at another location more convenient to you for the interview.

Please tell other women you know who are in recovery and ask them to call me, too.

Appendix D

Pre-Interview Instructions

You know how the First Step of the Twelve-Steps talks about being powerless over alcohol or drugs? I'd like you to think about what YOU think about being powerless against alcohol or drugs. How have you made sense of that First Step in your own life? Take some time over the next week before our interview to think about this. As you think, I'd like you to find 8-10 objects, pictures, or photos that show how you think or feel about being powerless over alcohol or drugs. Find things that will help you explain to me what being powerless means to you in your recovery. Bring those objects, pictures, or photos with you to the interview so that we can discuss them. You can find these things in your home, outside, in magazines, in photo albums, on the internet, at the library, or anywhere else in your life. So for example, if you think of powerlessness as a river, find pictures or objects that make you think of a river. Bring as many as you can so you can really help me understand how you make sense of powerlessness over alcohol or drugs in your own life. You may have many ways of thinking about powerlessness in the First Step. That would be great! Just bring objects that represent all of your different ways of thinking or feeling about it.

I'd also like you to fill out these short questionnaires over the week and bring them back with you. These will be part of the study and will help me understand you a little better. I've also included a form that explains your rights as a participant in this research. I'd appreciate it if you could read that, sign it, and bring it back with you to the interview.

Appendix E

Research Protocol

The First Step of AA/NA starts off, "We admitted we were powerless over alcohol/drugs…." I'd like to ask you some questions about that word powerlessness used in the First Step. You brought some pictures, photos, or objects with you today that represent how you think or feel about that concept of powerlessness in the First Step. Can you pick one and tell me a about it?

Possible ZMET laddering questions:

- How does this image relate to your thoughts and feelings about powerlessness?
- What do you mean by X?
- What does X give you?
- What happens after X?
- How does X feel?
- What causes X?
- What other things are Y the way X is?
- Why is X important to you?

Would you mind if I take a picture of your images so I can use it as part of the information you gave me for this project?

Questions After Pictures/Photos/Objects Have Been Explored:

1) Finish this sentence for me. "Powerlessness in the First Step of AA/NA is…."
2) How is your thinking and feelings about the First Step and powerlessness in your recovery different or the same today as when you first began your recovery in Twelve-Step?
3) What kinds of things have you and your sponsor talked about on the topic of powerlessness in the First Step?
4) What advice would you give to a woman who was new to AA or NA about the First Step?
5) What do you wish you had known about the First Step when you started your recovery?
6) How helpful is the idea of powerlessness to you in your recovery?

Closing:

Looking back on all the pictures/photos/objects that you brought, is there anything else we haven't talked about regarding how you think and feel about powerlessness as you understand it in the First Step of AA/NA that you'd like to tell me about?

ZMET Laddering Questions

START EACH PICTURE WITH…

Could you visually describe this picture for me?

How does this image relate to your thoughts and feelings about powerlessness?

DEFINE THE CONCEPT

What do you mean by X?

Since words mean different things to different people, how do you define X?

Could you explain X to me a little more?

Could you give me an example of a time when X happens/happened?

What kind of X is it? (What kind of happiness is it?)

FIND THE RESULTS OF THE CONCEPT

What does X give you?

What does X do for you?

What is the result of X?

What happens after X?

How does X make you feel?

FIND THE CAUSES OF THE CONCEPT

What leads up to X?

What gives you X?

What causes X?

What comes before X?

FIND OUT MORE ABOUT HOW ONE THING LEADS TO ANOTHER

How do you get from X to Y?

Why is Y the result of X?

EXPLORE METAPHORS

What do you mean by X?

What other things are/do Y for you the way that X does? (What other things are shocking the way that violence is shocking?)

Why is X like Y?

OTHER IMPORTANT PROBES

Why is X important to you?

What are you X in? to? From? (e.g., What are you confident in? What are you free from?)

Appendix G

AA/NA Affiliation Scale

(Humphreys et al.,1998)

Circle only one

1. Have you ever considered yourself a member of AA/NA?   **Yes / No**

2. Have you ever called an AA/NA member for help?   **Yes / No**

3. Do you *now* have an AA/NA sponsor?   **Yes / No**

4. Have you ever sponsored anyone in AA/NA?   **Yes / No**

5. Have you had a spiritual awakening or conversion experience through your involvement with AA/NA?   **Yes / No**

6. In the past 12 months, have you read AA/NA literature?   **Yes / No**

7. In the past 12 months, have you done service, helped newcomers, or set up chairs, made coffee, cleaned up after a meeting, etc.?   **Yes / No**

8. How many AA/NA meetings would you estimate that you've gone to in your lifetime?

   No Meetings

   1 to 30 meetings

   30 to 90 meetings

   90 to 500 meetings

   500 + meetings

9. How many AA/NA meetings have you gone to in the last 12 months?

   No Meetings

   1 to 30 meetings

   30 to 90 meetings

   90 to 500 meetings

   500 + meetings

Gilbert's Steps Questionnaire

(Gilbert, 1991)

INSTRUCTIONS

This questionnaire includes a number of statements about alcohol, drugs, alcoholism and addiction. You are to read each statement and decide whether you disagree strongly, disagree moderately, disagree somewhat, neither agree nor disagree, agree somewhat, agree moderately, or agree strongly with what the statement says. For each item you are to circle the number that best describes your own opinions, feelings or attitudes.

This is not a test. It is a survey of individual opinions. Consequently, there are no right or wrong answers. You simply indicate what you believe.

Use these numbers	-3	=	Disagree strongly
to indicate	-2	=	Disagree moderately
how much you	-1	=	Disagree somewhat
Agree or Disagree	0	=	Neither agree nor disagree
with each	1	=	Agree somewhat
statement	2	=	Agree moderately
	3	=	Agree strongly

<div style="text-align:right">Disagree   Agree</div>

		Disagree Agree
1.	I admit I am powerless over alcohol or drugs.	-3 -2 -1 0 1 2 3
2.	The denial of powerlessness over alcohol or drugs is the alcoholic's or addict's insanity.	-3 -2 -1 0 1 2 3
3.	My life has become unmanageable because of alcohol or drugs.	-3 -2 -1 0 1 2 3
4.	Saying I am powerless over alcohol or drugs is the same as admitting that I am a failure.	-3 -2 -1 0 1 2 3
5.	My alcoholism or addiction affects every area of my life negatively.	-3 -2 -1 0 1 2 3
6.	It is hard to admit I have no power over alcohol or drugs.	-3 -2 -1 0 1 2 3

7.	When it comes to alcohol or drugs, I am licked.	-3	-2	-1	0	1	2	3-
8.	There is nothing I can do to change the fact that I'm an alcoholic or addict.	-3	-2	-1	0	1	2	3
9.	No matter what I do, when I drink or use things get worse.	-3	-2	-1	0	1	2	3
10.	I have tried all that I know to change my alcoholism or addiction, and it's useless.	-3	-2	-1	0	1	2	3
11.	I cannot control my use of alcohol or drugs.	-3	-2	-1	0	1	2	3
12.	I am at the end of my rope because of my drinking or using.	-3	-2	-1	0	1	2	3
13.	I am ready to surrender to the fact that I can never drink or use again.	-3	-2	-1	0	1	2	3
14.	The only alternatives I have if I keep drinking or using are total insanity or death.	-3	-2	-1	0	1	2	3
15.	I can never drink or use again, not even once.	-3	-2	-1	0	1	2	3
16.	My fight with alcohol or drugs is over.	-3	-2	-1	0	1	2	3
17.	I am defeated by my drinking or using.	-3	-2	-1	0	1	2	3
18.	A Power greater than myself can restore me to sobriety.	-3	-2	-1	0	1	2	3
19.	The source of my recovery lies in a Power greater than myself.	-3	-2	-1	0	1	2	3
20.	Personal willpower is the only thing that is needed to recover from alcoholism, or addiction.	-3	-2	-1	0	1	2	3
21.	I believe in a Power greater than myself.	-3	-2	-1	0	1	2	3
22.	If there is a Power greater than myself, it certainly has done nothing for my sobriety.	-3	-2	-1	0	1	2	3
23.	Believing in a Power greater than myself is crucial to my recovery from alcoholism or addiction.	-3	-2	-1	0	1	2	3
24.	All I have to do is understand myself and my alcoholism or addiction won't be a problem anymore.	-3	-2	-1	0	1	2	3
25.	Willpower is all that is needed to control my drinking or using	-3	-2	-1	0	1	2	3

problem.

26. If you do not believe there is a Power greater than yourself you will not be able to live without alcohol or drugs.   -3 -2 -1 0 1 2 3

27. Trying to patch up my life and hold it together, without believing in a Higher Power, was a waste of time.   -3 -2 -1 0 1 2 3

28. No amount of effort on my own can return me to sobriety.   -3 -2 -1 0 1 2 3

29. No human power can relieve my alcoholism or addiction.   -3 -2 -1 0 1 2 3

30. Belief in myself is all I need to solve my problem with alcohol or drugs.   -3 -2 -1 0 1 2 3

31. When it comes to my drinking or using, self-reliance will never be enough.   -3 -2 -1 0 1 2 3

32. If you want to stay sober or clean, you have to learn to run your life by yourself.   -3 -2 -1 0 1 2 3

33. I take full responsibility for everything that happens to me.   -3 -2 -1 0 1 2 3

34. I need to let my Higher Power run my life, with no strings attached.   -3 -2 -1 0 1 2 3

35. It is not necessary to understand a Higher Power in order to let it take over.   -3 -2 -1 0 1 2 3

36. Learning to have faith in a Power greater than myself seems impossible.   -3 -2 -1 0 1 2 3

37. "Let go-let God" is excellent advice for an alcoholic or addict.   -3 -2 -1 0 1 2 3

38. The consciousness of the presence of God is today the most important fact of my sobriety.   -3 -2 -1 0 1 2 3

39. I cannot imagine sobriety without faith.   -3 -2 -1 0 1 2 3

40. Unless I turn my will and life over to a Power greater than myself, I will never achieve and maintain sobriety.   -3 -2 -1 0 1 2 3

41. As an alcoholic or addict, I cannot manage my own life.   -3 -2 -1 0 1 2 3

42. Something is wrong with my life as I have been living it.   -3 -2 -1 0 1 2 3

Final Code List

(numbers in parentheses indicate a hierarchical set of codes)

1	ah ha moment
2	change
3	choice
4	external sign of internal feeling
5	gender issue
6	had no direction
7	Higher Power
8	history of substance abuse
9	keep it up front to remember
10	life or death
11	medical problems other than addiction
12	not knowing
13	not ready
14	paradox
15	something wrong with me
16	talking about something in meeting
17	treatment previously
18	ZMET
19	(1) /metaphors
20	(1 1) /metaphors/metaphor for powerlessness
21	(1 2) /metaphors/picture, photo, object
22	(1 3) /metaphors/metaphor, random
23	(1 4) /metaphors/nature-related metaphor
24	(1 5) /metaphors/process metaphor
25	(1 6) /metaphors/static metaphor
26	(1 7) /metaphors/current event metaphor
27	(2) /12-step involvement
28	(2 1) /12-step involvement/AA/NA meeting attendance

29 (2 2) /12-step involvement/sponsorship

30 (2 3) /12-step involvement/catch phrases from AA

31 (2 4) /12-step involvement/what you wish you had known

32 (2 5) /12-step involvement/disease model

33 (2 7) /12-step involvement/steps

34 (3) /powerlessness

35 (3 1) /powerlessness/acceptance of powerlessness

36 (3 2) /powerlessness/always powerless

37 (3 3) /powerlessness/Helpfulness of powerlessness

38 (3 4) /powerlessness/powerless over

39 (3 5) /powerlessness/not powerless over

40 (3 6) /powerlessness/unhelpfulness of powerlessness

41 (3 7) /powerlessness/empowerment

42 (3 8) /powerlessness/powerlessness is…

43 (3 9) /powerlessness/struggle with powerlessness

44 (3 10) /powerlessness/power to

45 (4) /feelings

46 (4 1) /feelings/self-esteem

47 (4 2) /feelings/hopelessness/helplessness

48 (4 3) /feelings/anger

49 (4 4) /feelings/surrender

50 (4 5) /feelings/denial

51 (4 6) /feelings/relief

52 (5) /drug use

53 (5 1) /drug use/don't want to use

54 (5 2) /drug use/want to use

55 (5 3) /drug use/struggle to use

56 (5 4) /drug use/romantisizing drugs or alcohol

57 (5 5) /drug use/relapse

58 (6) /others

59 (6 1) /others/other people

60   (6 2) /others/not different from others

61   (6 3) /others/family

62   (6 4) /others/different from others

Curriculum Vita

Jennifer L. Matheson has a master's degree in Sociology from George Mason University, a master's degree in Marriage & Family Therapy, and a Ph.D. in Marriage & Family Therapy, both from Virginia Tech. She is a former employee of the Research Triangle Institute (now RTI International) where she spent 11 years as a Policy Analyst. At the time this dissertation was complete, Jennifer had accepted a job as an Associate Professor of Marriage & Family Therapy at Colorado State University in Fort Collins, Colorado.