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APPLYING THE COMMUNICATION THEORY OF IDENTITY TO MEMBERS OF
ALCOHOLICS ANONYMOUS: A PHENOMENOLOGICAL ANALYSIS OF THE
EXPRESSION OF THE RECOVERY EXPERIENCE

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ALCOHOLICS ANONYMOUS: A PHENOMENOLOGICAL ANALYSIS OF THE
EXPRESSION OF THE RECOVERY EXPERIENCE

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Abstract

The current study interviewed 24 members of Alcoholics Anonymous (AA) to analyze the expression of the addiction recovery experience. The current study also explored the theoretical boundaries of the Communication Theory of Identity (CTI) (Hecht et al., 2005) by focusing on the expression of identity-building resources drawn from the layers of CTI, and by investigating the nature of interpenetration as well as the nature of between-layer and within-layer identity gaps. Findings showed that members of AA, when talking about their recovery experience, referenced concepts that can be considered identity-building resources such as honesty, gratitude, and selflessness, relationships with sponsors and other members of AA, and relationships with friends and family outside of AA. Members also talked about enacting their recovery by identifying with the community of AA and working the 12 steps. In addition, the current study demonstrated how each of the layers and their attending resources interpenetrated to form a more complete picture of identity during recovery. For example, working the steps and learning the principles of AA fostered personal layer qualities like honesty and selflessness which helped improve relationships and, overall, helped members of AA enact their sobriety and understand themselves as successful recovering alcoholics within the community of AA. Furthermore, the current study identified and described personal-enacted, personal-relational, and personal-communal identity gaps for members of AA, along with within-layer gaps, such as personal-personal, relational-relational, and communal-communal identity gaps.

Chapter 1: Introduction

In the United States, 14 million people struggle with alcoholism ("Alcoholism statistics," 2012), and for those afflicted a solid "cure" does not exist. Alcoholism is thought to be a lifelong struggle that is manageable at best; even for those who achieve sustained periods of sobriety, The Big Book, the basic text for Alcoholics Anonymous, states "Once an alcoholic, always an alcoholic ... It has never been, by any treatment with which we are familiar, permanently eradicated" (2001; p. xxx). Treatment options such as rehabilitation centers, support groups, and 12-step programs can help alcoholics battle their addiction; nonetheless, addiction, for many, is a lifelong battle. The primary goal of this study is to explore the role of communication in alcoholism recovery with a specific emphasis on individuals who use the principles of Alcohol Anonymous (AA) to guide their recovery. AA is one of the most well-known and widely-used support systems for addiction: as of 2011 there were approximately 108,000 AA groups and The Big Book had been translated into 62 languages. My aim is to examine how members of AA express their recovery experience.

The physical toll of alcoholism is significant. Long-term excessive drinking damages the pancreas and liver, leads to immune system irregularities, and increases the likelihood of developing cancer and brain damage ("Alcoholism statistics," 2012). But beyond issues of personal health, alcoholism also disrupts families and relationships. Data shows that most alcoholics were raised without a father figure, children of alcoholics are more likely to become alcoholics, almost 50% of US adults have at least

one alcoholic relative, and 6.6 million minors live with an alcoholic parent ("Alcoholism statistics," 2012). Research on codependent couples (Le Poire et al, 1998), children of alcoholics (Menees & Segrin, 2000), and the social and relational constitution of addiction (Hughes, 2007; Koski-Jannes, 2002) draws attention to the interpersonal and communicative facets of addiction. Such research shows how interpersonal relationships and communication both influence and are influenced by addiction.

For example, according to Le Poire (2006), interpersonal relationships such as codependent couples (i.e., relationships where one member is afflicted with an addiction while the other member, the functional partner, is not) perpetuate addiction because the functional partner tends to derive satisfaction from taking care of the afflicted partner while the afflicted partner enjoys the attention of being cared for; however, the functional partner sometimes also gets frustrated with the caretaker role and withdraws support, establishing communication patterns that over time inconsistently punish and reward the addiction, thus reinforcing the addiction. The paradox is that because addiction and its accompanying caretaking becomes the foundation of the relationship, without it the relationship risks being destroyed. Drawing from such relationship-oriented applications to addiction, the purpose of the current study is to further examine the experience of addiction and recovery from an interpersonal communication standpoint. More specifically, the current study focuses on a particular addiction, alcoholism, and examines the communicative aspects of recovery in the setting of AA.

AA was chosen as the setting because of its prevalence in society and the sheer number (and popularity) of 12-step programs throughout the world. While there are many types of addictions (including food, shopping, sex, and illicit drugs), the legal

status, social acceptance, and accessibility of alcohol make it more likely to be abused. And as is apparent in AA, alcoholism does not exclude anyone or anything; members of AA comprise many different ages, genders, races, nationalities, and religious orientations. Because alcoholics are such a diverse group, AA opens its doors to everybody. In fact, "The basic principles of the AA program, it appears, hold good for individuals with many different lifestyles, just as the program has brought recovery to those of many different nationalities" (p. xxii). Therefore, because AA attracts a large number of diverse people, it is a more than suitable setting for the study of interpersonal communication and recovery.

The current study's focus on recovery specifically (as opposed to focusing on addiction initiation or escalation) helps uncover insights that make recovery more attainable for individuals in need. The focus on recovery also directs scholarly attention to this significant period of transition where potential shifts in identity may occur (Cain, 1991; Walters, 1996). Research on addiction has already highlighted the importance of identity: according to Anderson (1994) individuals seeking sobriety must redefine themselves; according to Koski-Jannes (2002) individuals seeking sobriety must recalibrate their sense of self; adjust their social involvement and lifestyle (Hughes, 2007); and be motivated to "restore a spoiled identity" (McIntosh & McKeganey, 2001, p. 57). Identity during recovery – how it changes, shifts, and gets redefined – is paramount for success and thusly warrants more investigation. The current study examines the role communication plays in identity during recovery.

In fact, communication is closely linked to identity (Hecht et al., 2005), so it can be assumed that communication also plays an important role in recovery. However, there

have been very few communication studies that have focused on addiction recovery, let alone alcoholism recovery in particular. Therefore, by exploring the role of communication during recovery, the current study adds valuable insight to our understanding of recovery.

The current study also makes theoretical and methodological contributions to communication and addiction scholarship. The following sections explain these contributions in further detail.

Theoretical Contribution

The current study makes a theoretical contribution to the Communication Theory of Identity (CTI) by further examining the interpenetration of identity, identity gaps, and within-layer gaps, which are aspects of the theory that can be strengthened through closer investigation and additional applications (Kam & Hecht, 2009). CTI is a versatile theory that seems especially suited to the study of addiction because it posits that communication *is* identity, and as indicated above and as will be made clear throughout Chapter 2, identity is closely linked to the initiation, escalation, and importantly in the current study, the inhibition of addiction (Walters, 1996). Given that relationship, CTI provides a way to apply communication to addiction.

As a brief overview, CTI is a theory that is influenced by Social Identity Theory (Tajfel & Turner, 1986) and that emphasizes social and individual aspects of identity. CTI does this by highlighting four layers of identity – the personal layer (an individual's own definition of self), the relational layer (an individual's self manifested in relationships), the communal layer (an individual's self manifested in communities, organizations, and group memberships), and the enacted layer (an individual's self as

expressed). The four layers then interpenetrate to shape a more comprehensive picture of identity. For example, in Kam and Hecht's (2009) study of grandparent-grandchild relationships, participants understood themselves as grandparents or grandchildren within the context of the family. For grandchildren, their sense of self and communication differed depending on whom they were interacting with. Another aspect of CTI is identity gaps, which are contradictions between and among layers. Kam and Hecht (2009) suggest that when grandchildren become adults they feel increasingly like leaders when they are with their peers, but still feel subordinate when they are with their grandparents, possibly creating tension in their personal and relational layers.

To understand how CTI can be applied to recovery, consider findings from Shinebourne and Smith's (2009) phenomenological study of alcohol and the self; Shinebourne and Smith did not use CTI but their findings can be used to illustrate CTI. In their study they examined one alcoholic's experience of addiction and her "accompanying feelings, thoughts and expressions" (p. 152). Through a series of interviews the participant, Allison, was found to be experiencing flux and instability and used metaphoric expressions to talk about the struggle between her alcoholic identity and her sober identity; for example, when she is drunk she is a showgirl who is free to express herself without limitation. When she is sober, she is timid and reserved. Viewing Allison's identity through the lens of CTI, her personal layer seems to sometimes contradict itself, resulting in a personal-personal identity gap between her identity when she is drunk and her identity when she is sober. When she is sober she seems to shut down, enacts much less, and probably engages less in relationships. When she is drunk

her enactment layer is much more outgoing which likely influences her to engage more in relationships.

Doing the same thing with findings from Cain's (1991) study on personal stories in AA, one alcoholic in recovery said, "AA has given me my life and my sanity, two things I hold dear today. It has been a slow process of building a new life, I am the product of many people's devotion of time and effort, and I always welcome the chance to pass on what I have to someone" (p. 227). Again, viewing this example through the lens of CTI, AA is a communal layer resource and has helped this participant build a new life and create a new sense of identity. This participant has a new understanding of their personal layer and is motivated to pass on, or enact, this new understanding to others through relationships.

These examples of hypothetical analyses only brush the surface, but they do provide brief examples of how CTI can be applied to members of AA. CTI can help shed light on recovery, and in turn, the current study furthers our understanding of CTI by exploring its theoretical boundaries. The current study does this by problematizing the nature of interpenetration; to this point, CTI research has mainly identified and described the layers of identity but has not articulated clearly what interpenetration means and how it happens. What scholars know about interpenetration is that each of the layers work together to contribute to a more complete picture of identity, but the question is, how do the layers actually come together to shape identity? Above, I gave a few, very brief surface-level examples of how interpenetration can be analyzed. Going deeper and connecting it to empirical data would be a step further.

The current study can also contribute to another aspect of CTI that warrants further investigation: identity gaps and within-layer identity gaps. The study of identity gaps contributes to an understanding of interpenetration because a more complete picture of identity requires knowing how the layers come together and how they contradict. In fact, CTI research thus far has studied interpenetration only indirectly by examining identity gaps. The current study examines identity gaps and also, at the urging of Kam and Hecht (2009), examines within-layer identity gaps, which are contradictions that occur within layers of identity. Within-layer identity gaps are new concepts in CTI and have received very little scholarly attention. Identifying and describing within-layer identity gaps and understanding how they contribute to interpenetration is an important step in the advancement of CTI. The current study addresses these issues and does so in the context of AA.

Methodological Contribution

The current study also addresses recent methodological concerns raised by addiction researchers who have called for more qualitative research that focuses on subjective, experiential accounts of the addicts' point-of-view (Larkin & Griffiths, 2002; Neale et al, 2005; Shinebourne & Smith, 2002). Thus far, much of the previous work on addiction has been quantitative and clinical (McIntosh & McKeganey, 2001). According to Neale et al., (2005), qualitative addiction research can add a more complete understanding of addiction by examining and describing "the social meanings that participants attach to drug use and the social processes by which such meanings are created, reinforced, and reproduced" (Neale et al, 2005; p. 1584). Therefore, a qualitative

approach can provide a rich, thick description of how the recovery experience is expressed by members of AA.

Qualitative approaches addiction researchers have used in the past have included phenomenology, specifically, Interpretive Phenomenological Analysis (IPA). IPA is a psychological, hermeneutic form of phenomenology used by Larkin and Griffiths (2002) in their study on experiences of recovery, and Shinebourne and Smith (2009) in their case study of an alcoholic in recovery. Addiction researchers have also used interpretive interactionism, which is symbolic interactionism combined with phenomenology. For example, Koski-Jannes (2002) used this in her study on social and personal recovery projects of addiction. Finally, narrative ethnography was used by Cain (1991) in her study on the learning and telling of personal AA stories.

Stahler and Cohen (2000) argue for the importance of qualitative approaches "as an adjunctive methodology within the context of traditional substance abuse treatment outcome studies" (p. 1) and urge such work to provide descriptive accounts of treatment, uncover processes of therapy, and help enhance related quantitative work. The current study uses hermeneutic phenomenology to describe, interpret, and understand the expression of the recovery experience for members of AA. Hermeneutic phenomenology assumes there are multiple interpretations and many possible meanings for any given phenomenon, and that through continuous interpretation greater understanding can be reached. As is made clear in Chapter 3, the hermeneutic phenomenologist is actively oriented to the phenomenon and balances the research context by investigating parts and whole; the phenomenologist gathers data by conducting interviews, making observations, and reading relevant literature, biographies, diaries, journals, logs, and art (Van Manen,

1990). The current study therefore answers Stahler and Cohen's (2000) call by conducting intense readings of AA literature such as *The Big Book* and AA pamphlets and brochures, participant observation at local AA groups, and interviews with members of AA. The current study captures subjective, experiential accounts of recovery from the addicts' point-of-view.

Specifically, the current study hermeneutically identifies and describes identity-building resources members of AA draw from the personal, relational, communal, and enactment layers; describes and interprets how resources drawn from the layers contribute to identity gaps, within-layer identity gaps, and interpenetration; and describes and interprets the implication this has on addiction, recovery, the institution of AA, and our theoretical understanding of CTI. If it is not clear by this point, CTI is the theoretical framework used in the current study. Beyond improving theory, the current study makes a social impact by increasing understanding of addiction, recovery, and AA. Perhaps a result of the current study is that medical professionals, counselors, and those in recovery have a greater understanding of the importance of communication in the recovery experience.

In Chapter 2, the Literature Review, relevant literature on addiction, identity, recovery, AA, and theoretical approaches to addiction is reviewed; and in this chapter, connections are made between addiction, identity, and recovery, and an argument for applying CTI to members of AA is made. The literature review also conjoins its arguments to interpersonal communication and locates itself in the context of AA by providing further background on AA and relating its examples to AA. In Chapter 3, the Methods, an argument is made to use a qualitative, hermeneutic phenomenological

approach in order to capture subjective, experiential accounts of recovery for members of AA, which can provide a more nuanced understanding of how the experience of recovery is expressed.

Chapter 2: Literature Review

The goals of the current study, as laid out in chapter 1, are to examine addiction from an interpersonal and qualitative standpoint while exploring the theoretical boundaries of the communication theory of identity (CTI). In this chapter, literature on addiction, addiction and identity, and addiction recovery is reviewed to build the argument that recovery is potentially enabled or constrained through communication. Additionally, because Alcoholics Anonymous (AA) is the setting of the current study, it is reviewed and summarized to establish its history and principles. Finally, various theoretical approaches to addiction are reviewed including Social Learning Theory, Communicating Social Support, Inconsistent Nurturing as Control Theory, and CTI; CTI is highlighted as the specific theoretical approach for the current study. The literature review also explains how interpenetration, which is an understudied and unarticulated aspect of CTI, is approached in the current study.

Addiction

To understand alcoholism and recovery, it is important to understand the broader concept of addiction. Alcoholism is a dependence, which is an addiction, but addiction is much larger than alcoholism. Furthermore, and importantly, addiction is a cultural and environmental affliction. It is not merely a physical and bio-medical affliction, despite that being what much addiction research has focused on to this point (Barber, 1994). The current study looks especially at the cultural and environmental aspects of addiction as it relates to communication and identity.

Addiction, in broad terms, is a pattern of behavior that repeatedly causes problems and which cannot be broken or willed to stop. Although mostly associated with alcohol and drug dependence, addiction is an umbrella term that applies to both drug and non-drug related behaviors including eating, shopping, sex, and gambling, among others. And although an alcoholic and a shopaholic can be quite different on the surface, their respective addictions share the same basic structure: a "persistent and repetitive enactment of a behavioral pattern the person recurrently fails to resist and that consequently leads to significant physical, psychological, social, legal, or other major life problems" (Walters, 1996; p. 10). To date, addiction has mostly been studied in two different ways: (1) addiction as a bio-medical phenomenon (i.e., a "physical" genetic disease) and (2) addiction as a behavior (Barber, 1994). Of interest to the current study is the idea of addiction-as-a-behavior, or, addiction as an environmental and cultural affliction. However, although the current study is interested in addiction as a behavior, it is difficult, if not impossible, to separate addiction as a behavior from addiction as a bio-medical phenomenon.

Up until the 18th century, the concept of addiction had not been widely recognized or acknowledged. It was assumed that people were responsible for their actions and any excessive behavior was free will, not compulsion (Levine, 1978). Soon after, addiction, which at that time pertained chiefly to alcoholism, started to gain earnest attention in the medical community as a disease. Importantly at this juncture, alcoholism was first referred to as a disease of the will, characterized by weak willpower and a lack of control (Barber, 1994). Even so, the disease was thought to be caused by the substance itself (i.e., it was substance-centered). Thusly, the thinking was that alcohol causes alcoholism

and its accompanying loss of control and, as such, alcoholism can only be cured by abstaining from the substance. This thinking does not take into account addictions such as shopping or gambling where there is nothing inherent in the "substance" that can cause disease, but again, at this time addiction was not yet thought of in terms much beyond alcoholism.

Following the end of prohibition the view that addiction was substance-centered shifted to a view of addiction as person-centered (Barber, 1994). This happened for two reasons: (1) many people were obviously able to consume alcohol without experiencing major life problems, and (2), more importantly Barber explains, unaffected people did not want to be deprived of alcohol, so the blame for alcoholism could not be put squarely on the substance itself. Therefore, since there is only a relatively small percentage of the population that cannot handle alcohol, alcoholism must be a result of the person and not the substance. What is noteworthy here is that this thinking, that alcoholism is a person-centered disease, sparked the beginning of Alcoholics Anonymous (AA), which views alcoholics as being alcoholic at birth and permanently doomed to a life of alcoholism thereafter. However, the only cure according to AA is still thought to be abstinence.

Both views of addiction, as substance-centered and person-centered, emphasize addiction as a bio-medical disease that is caused either by exposure or genetics. Research does indicate that some individuals are genetically prone to addiction (Barnard, 2006), as shown in an adoptee study (Goodwin et al, 1973) in which adopted children whose biological parents were alcoholics were four times more likely to become alcoholic. However, even though there are genetic and bio-medical elements of addiction, addiction is now recognized as much more than that. In fact, disease is not the term health care

professionals use today when talking about addiction or alcoholism. Instead, the Diagnostic and Statistical Manual (DSM-IV) and the World Health Organization (WHO) use the terms "dependence" and "syndrome" to describe and classify addictions (DSM-IV, 1994; WHO: "Dependence syndrome," 2013). For example, according to the DSM-IV, alcohol dependence refers to patterns of substance use characterized by preoccupation with the substance, participation in activities designed to procure the substance, increasing use of the substance, social and occupational withdrawal, physical withdrawal, and disregard for short-term and long-term injury resulting from use of the substance. Similarly, the definition of alcoholism provided by the Mayo Clinic is having "problems controlling your drinking, being preoccupied with alcohol, continuing to use alcohol even when it causes problems, having to drink more to get the same effect, or having withdrawal symptoms when you rapidly decrease or stop drinking" ("The mayo clinic", 2012; p. 1). Therefore, an alcoholic is someone who is preoccupied with alcohol, continues to use alcohol even though it causes problems, has to drink an increasing amount to get the desired effect, and has withdrawal symptoms when they rapidly decrease or stop their drinking. Simply put, alcoholics cannot control their drinking, and even members of AA who have achieved long-term sobriety, and who by virtue of their membership in AA are alcoholics, would say they cannot control their drinking and that is why they abstain.

Without question, viewing addiction as a bio-medical phenomenon is helpful in understanding addiction, and, in fact, the bio-medical approach has been the dominant way to study addiction, however, "this approach failed to deal with cravings for substances like LSD, marijuana, and cocaine which are not addictive in the physical

sense, nor did it explain addictions to things other than drugs, such as gambling or food" (Barber, 1994; p. 13). Barber goes on to say that non-biological factors of addiction need to be considered too. As mentioned earlier, addiction can also be viewed through a behavioral lens, highlighting the cultural, relational, and social components of addiction that provide the "right" environment for addictive behaviors to take root. For example, somebody (whose parents and family members have no history of addiction) might begin smoking cigarettes (and become addicted to cigarettes) because their friends at school smoke. This view would suggest that addictive behaviors can be learned and unlearned through social conditioning.

In fact, based on Social Learning Theory (Bandura, 1963), it can be argued that addiction can be caused by operant conditioning, classic conditioning, and social modeling (Barber, 1994). "Through observation and communications," Barber writes, "we learn about drinking and drug-taking (sic), repeated use becomes likely when we learn that a pleasant consequence will follow or an unpleasant consequence avoided" (p. 230). For individuals susceptible to addiction who live in environments where drinking and drug use are reinforced as pleasant experiences or as a way to cope with unpleasant feelings, addiction becomes more likely. According to George (1989), addiction is socially acquired, it occurs along a continuum (from total abstinence to dependence), and is a (mal)adaptive attempt at coping and restoring peace.

In a similar vein, Bailey (2005) writes about discourses of addiction that shape and constrain addiction in both positive and negative ways. On one hand, addiction is a measure of appreciation, fondness, and excitement; as Keane (2002) notes, there is pleasure associated with addiction ("I'm a chocoholic!" "I'm addicted-to-shopping!" "I

drink Coke like it's crack!" which are all tongue-in-cheek renderings of addiction). On the other hand, addiction is marked by preoccupation, desperation, neediness, and learned helplessness (Davies, 1992). Research has also recognized how social labeling influences addiction (Reith, 2004; Sedgwick, 1993; Walters, 1996): individuals who excessively drink, take drugs, gamble, shop, and so on, become the "type of person" who is to be termed an *addict* (Sedgwick, 1993), and addicts sometimes even "actively identify themselves" (Reith, 2004; p. 292). What all of this means is that addiction becomes "something real for those who subscribe to its deterministic influence" (Reith, 2004; p. 292). Calling on labeling theory, Walters (1996) brings up the point that something becomes *deviant* only when it is labeled deviant by society, thus creating a self-fulfilling prophecy that increases the deviant activity. Therefore, the labels "addict" and "alcoholic" can be powerful. An alcoholic can develop a stigmatized reputation, or identity, and be thought of as damaged and dysfunctional, which is hard to overcome. This brings up the next important point: addiction is closely tied to identity.

Addiction and Identity

If we view addiction as not just a disease but also a behavior, and understand it as social learning reinforced through social labeling, we can see that addiction is intricately intertwined with identity (Anderson, 1994; Koski-Jannes, 2002; Walters, 1996). The following section reviews research that links addiction to identity, which sets up the argument that addiction is linked to communication, and that communication therefore shapes and constrains recovery (and the reverse, recovery shapes and constrains communication). First, however, it is necessary to understand the concept of identity.

In general, identity is "the unique set of characteristics by which a person comes to recognize him- or herself" (Walters, 1996; p. 10). Social Identity Theory (SIT), introduced by Tajfel and Turner (1986), explains how individuals derive self-concept through personal and social identity. Specifically, according to the theory, self-concept is derived through personal traits/attributes and membership in social groups/categories. People tend to distinguish between groups they belong to (known as in-groups) and groups they do not belong to (known as out-groups). For example, people oftentimes view themselves as members of a certain race, religious group, age category, sexual orientation, etc. Thusly then, a person can identify as white, black, Asian, etc., as a Catholic, Methodist, Baptist, etc., as a member of the youth or the older generation, as straight, gay, etc., and so on and so forth. Collectively, as mentioned above, group memberships contribute to self-concept. SIT heavily influenced the Communication Theory of Identity (CTI) in that CTI sees identity as constructed, in part, by personal and social factors. However, CTI moves beyond SIT by articulating how identity is also constructed by specific relationships and enactments and by emphasizing that communication is identity. Other identity theories place more emphasis on the fluid and multidimensional nature of identity. Eisenberg (2001), for example, argues that identity is shaped when communication, emotion, and personal narrative continually adapt to changing environments. Similarly, Tracy and Trethewey (2005) compare identity to a crystal in which identity is reflected differently depending on which angle it is viewed from and how much light is being let through.

With these theories in mind, it is not a far leap to see identity through the lens of CTI: identity is a "communicative process" and "transaction" in which individual and

social roles are created, negotiated, and maintained through communication and behavior. CTI, like in the theories of Eisenberg (2001) and Tracy and Trethewey (2005), views identity as a shifting, changing, and evolving phenomenon that is shaped through communication. For example, identities like *alcoholic* and *recovering alcoholic* would be, according to CTI, fluid identities that are created, negotiated, and maintained through behavior and communication.

In the current study, identity is defined as the communicative confluence of the layers of identity – the personal layer, the relational layer, the communal layer, and the enactment layer – and their attending interpenetration and gaps as understood through the lens of CTI. In other words, being an alcoholic – despite AA’s insistence that alcoholics are born as alcoholics and will always be alcoholics – is not necessarily a whole, singular identity but is just an aspect of an individual’s identity that can change and shift.

In what would seem to support that notion, Walters (1996), in a review of addiction and identity research, found that changes in identity both facilitate and inhibit addiction. Walters argued that identity facilitates addiction by promoting and escalating behaviors that incorporate the addictive behavior; for example, some grade school students start smoking cigarettes to be perceived as cool, which can be seen as an attempt to fill an identity void or alter an undesirable identity (Mosbach & Leventhal, 1988). Then, as identity shifts, the addiction takes root. Anderson's (1994) study on identity transformation from non-addict to addict and Hughes' (2007) study on the relational constitution of drug use offer additional support for this point. In Anderson's (2007) study, 30 recovering alcoholics and drug addicts participating in a 12-step program were interviewed and results showed that micro and macro factors – specifically, "ego identity

discomfort", "status passages", and "a loss of control in defining one's identity" (micro factors), and "social appraisal sources" and a "social climate conducive to drug use" (macro factors) – worked together to propel a non-addict into an addict. This suggests that an addict identity can be a product of both individual and social factors; for example, a person who feels socially marginalized at school, experiences abuse at home, is exposed to messages that drugs are cool, and is then offered drugs by somebody in the neighborhood can become initiated into addiction and form an addict identity. Similarly, Hughes (1994) studied the relational constitution of heroin use and argued that "heroin use is predicated upon, and productive of, purposeful drug-using relationships in which users produce and reproduce the conditions for continued use" (p. 673). Collectively, these studies suggest that addiction is not only an individual, bio-medical phenomena, but it is also a social phenomenon, intricately tied to the way individuals define self and their place in the social world. The current study, obviously, is not interested in how addiction is facilitated, but instead, in how people express addiction as being inhibited.

According to the same literature review by Walters (1996) mentioned above, identity inhibits addiction when a non-addictive identity emerges and a transformation takes place. Walters explains, "identification with and involvement in behaviors incompatible with an addictive activity would decrease addictive involvement by reducing the person's opportunities for participating in the addictive activity" (p. 12). In this way, in the terms of CTI, an identity gap (which, as is explained later, is an inconsistency in identity, and on the surface seems like something inherently negative) can be a route to positive change: an alcoholic or a drug user may begin to feel like their personal layer, or self-concept, is no longer in concert with their drug or alcohol use. For

example, deep spiritual experiences and life altering events (i.e., death, divorce, overdose, etc.) can bring forth new identities that can motivate a person to seek recovery and achieve sobriety. Of special interest to the current study, participation in therapy and 12-step programs can also help addicts reconstitute their identity. Obviously, and unfortunately, creating a non-addictive identity is not easy, which is why the current study is focused on how communication might play a role in inhibiting addiction. "In what sense," Bailey asks, "can someone who has been labeled, or labeled themselves, an 'addict' ever move beyond that discourse?" (Bailey, 2005; p. 537). In other words, what is the prospect of recovery for someone entrenched in the addict identity?

Addiction, Identity, and Recovery

A number of studies have investigated the role of identity in addiction recovery (Cain, 1991; Koski-Jannes, 2002; Larkin & Griffiths, 2002). For example, as was mentioned in Chapter 1, in Shinebourne and Smith's (2009) in-depth interpretive phenomenological analysis (IPA) of one recovering alcoholic's experience of addiction, the participant, Allison, experienced an unstable sense of her identity during the recovery process. She used metaphors to express the struggle between her alcoholic and sober identities; when she was drunk she viewed herself as a showgirl, free and limitless, when she was sober she was more restricted and contained. Shinebourne and Smith's (2009) study is interesting but with only one participant it is somewhat limited.

Nonetheless, recovery studies overall emphasize identity change as a central component to recovery. Like Walters (1996) said above, in order to recover identity must become incompatible with involvement in the addictive identity. Or, as Hughes (1994) suggested, in order to recover one must believe in a future non-using self and honestly

acknowledge necessary changes in lifestyle. An individual, therefore, must create a new lifestyle and adjust social involvement and identity in order to support the future non-using self. For example, Koski-Jannes (2002) interviewed 76 respondents who had recovered from various addictions, finding that recovery efforts typically included a recalibration of both social and personal identity – social identity referring to one's position within society or their social climate, personal identity referring to one's unique characteristics or ego. In some cases, respondents found that "becoming a valuable and honourable (sic) member of a (moral) collective – be it then the 'straight society', the 'children of God', the worldwide AA movement, or whatever" were useful ways of recalibrating social identity (p. 200). Respondents also recalibrated their personal identity by trying to achieve more authentic ways of being, and doing so through creative expressions such as writing or making art. Koski-Jannes (2002) study is important in that it used a large sample size and pinpointed specific aspects of identity that helped participants transition into sobriety; however, the current study looked at recovery from a social and personal standpoint using the language of CTI – which, as is explained later, includes multiple layers of identity and the concepts of interpenetrations and identity gaps, which can pinpoint more clearly how aspects of identity help participants talk about their transition into sobriety.

Also exploring the link between identity and addiction recovery, from a psychological standpoint, is Larkin and Griffiths (2002), who conducted a phenomenological study of participants in a 12-step in-patient treatment center for addictive behaviors. Respondents talked about experiencing existential ambiguity and uncertainty, identity crises, identity as a void (in other words, feeling as if they were

empty and had no identity), concerns about being fake and having to perform phony identities, and the challenges of building and redefining identity. Among their findings, Larkin and Griffiths uncovered 6 key themes: (1) ambiguity and uncertainty (i.e., addicts seeing themselves as having an addict identity and a normal identity and being confused about how to reconcile the two), childhood experiences (i.e., memories of abuse and feelings of isolation, repression, loss, and rejection stemming from childhood events), (3) filling identity voids with the cycle of use and coping with anger, disgust, shame, guilt, and unease by using, (4) authenticity vs. performance (i.e., having concerns about real self versus fake self and being unsure how to appropriately and authentically express real feelings and emotions), (5) self-loathing and unease (i.e., distress, pain, low self-esteem, emotional numbness, fear, and isolation, and (6) 'I am an addict' (i.e., the realization and acknowledgement of being an addict). Larkin and Griffiths ultimately concluded, "One does not leave 12-step programs as a 'cured' version of the same person. In as much as one *can* leave, one does so as a new person entirely, a person who is always 'in recovery,' always vigilant for use" (p. 304). Identity transformation therefore seems to be a crucial part of the recovery process and, again, the current study explores this further by including communication, interpenetration, and identity gaps as concepts that can help explain further the expressed experience of identity transformation.

In another study that looked at AA specifically, Cain (1991) found that members of AA reconstitute their identities by learning the structure of the "AA personal story", fitting their experience into that structure, and then telling and retelling their story to other AA members. According to Cain, members of AA are encouraged to write and tell their personal AA story, which should follow the typical AA story line: "their own

drinking histories, how they came to understand that they are alcoholics, how they got into AA, and what their life has been like since they joined AA" (p. 222). Through the learning and telling of these stories, Cain argues that members of AA familiarize themselves with the principles of AA, reach greater self-understanding, and transform their identities from alcoholics into non-drinking alcoholics. The stories also serve as teaching devices for new members. The current study looks beyond the AA story and considers members' personal layer (their self-concept), communication at meetings, relationships with sponsors and other AA members, relationships with non-AA members, and other various resources drawn from the institution of AA.

CTI, and its role in the current study, is explained in-depth toward the end of this chapter, but because AA is a central feature of this study, more on its history, background, and philosophy is covered next.

Alcoholics Anonymous

AA is likely the most popular and well-known recovery program worldwide. As of 2011 there were approximately 108,000 AA groups and the "basic text" (The Big Book) had been translated into 62 languages. AA is open to anybody and strives to be free of contention: those who want to make use of it can do so regardless of age, gender, race, nationality, and religious orientation, and although spirituality is an important aspect of AA, it is not a religious association and does not endorse any one religion: "The basic principles of the AA program, it appears, hold good for individuals with many different lifestyles, just as the program has brought recovery to those of many different nationalities," (p. xxii).

AA believes that alcoholism is an allergy (in other words, alcoholics' bodies simply cannot tolerate alcohol) that affects some individuals and not others, and it cannot be cured. This understanding came from Dr. William D. Silkworth, a.k.a. Dr. Bill, who is the patron saint of AA and was an alcoholism specialist. His words and teachings guide much of the Big Book:

We believe, and so suggested a few years ago, that the action of alcohol on these chronic alcoholics is a manifestation of an allergy; that the phenomenon of craving is limited to this class and never occurs in the average temperate drinker. These allergic types can never safely use in any form at all; and once having formed the habit and found they cannot break it, once having lost their self-confidence, their reliance upon things human, their problems pile up on them and become astonishingly difficult to solve (p. xxviii).

AA members are well too aware: "Once an alcoholic, always an alcoholic" (p. 33).

According to AA, the craving for alcohol can never be eradicated from an alcoholic's psyche; chronic alcoholics are doomed. The only solution is total abstinence.

In order to achieve total abstinence, AA members must help each other.

According to The Big Book, "We are people who normally would not mix" (p. 17) yet "one alcoholic could affect another as no nonalcoholic could" (p. xvi-xvii). For AA, alcoholics with a common cause – the desire to get sober – are the best support for each other because nobody understands alcoholism better than someone who has gone through it and experienced it firsthand. There is trust and compassion between two recovering alcoholics in a way that may not exist between an alcoholic and a social worker, counselor, or parole officer. Thus, two recovering alcoholics, one of which might be a CEO and the other a construction worker, are of equal status in the realm of AA. "The conviction grew that AA's had to hang together or die separately," according to The Big

Book (p. xix). By connecting with others, sharing stories, and lending support, AA members give each other strength and hope.

Obviously, this is easier said than done, but the path of AA is simple: be honest, humble, selfless, and follow the 12 steps, which are: (1) admit powerlessness over alcohol (admit life has become unmanageable), (2) come to believe in a Higher Power (HP; any higher power of your choosing or invention, from Jesus to Buddha to Yahweh to the omnipresent God of trees and nature, etc.), (3) make the decision to put your life in the care of your HP, (4) make a "searching and fearless moral inventory" of yourself (p. 59), (5) admit to your HP, to yourself, and to other humans the sins and wrongdoings you have committed, (6) make yourself ready and available for your HP to cleanse you of your defects, (7) ask in the most humblest terms for forgiveness from your HP, (8) make a list of all of those you have harmed and prepare to make amends, (9) make amends, (10) make efforts to continually take moral inventory and readily acknowledge mistakes along the way, (11) utilize prayer and meditation to strengthen the bond between you and your HP, and (12) pay it forward; dedicate yourself to spreading the message. The goal of the 12 steps is to achieve psychic change: "unless this person can experience an entire psychic change there is very little hope of his recovery" (The Big Book; p. xxix).

In addition to the 12 steps of AA, there are also the 12 traditions of AA, which serve somewhat as the organization's mission statement. They are as follows: AA believes in (1) common welfare, (2) an ultimate authority in the form of a Higher Power, (3) a desire to quit drinking as the only requirement of membership, (4) group autonomy in the context of common welfare, (5) carrying AA's message to those who need it, (6) never endorsing in any way any outside entities, (7) groups being self-supporting, (8)

being forever nonprofessional as an organization, (9) resisting formal organization and structure, (10) not giving opinions on outside issues, (11) only being interested in attraction, not promotion, and (12) protecting anonymity.

AA serves as the setting and context for the current study, the point of which is to understand how communication shapes and constrains the experience of recovery for its members. The idea that communication shapes and constrains discourse is nothing new, but the current study applies CTI to this concept. The following section reviews various theoretical approaches to addiction research and highlights CTI – an approach that integrates communication and identity – as a suitable theory with which to study the communication of recovery for members of AA.

Theoretical Approaches to Addiction

One way addiction has been approached in the past, as mentioned above, is by using Social Learning Theory (Bandura, 1963). Social Learning Theory argues that learning is a social phenomenon that occurs through observation and direct instruction. Akers and Lee (1996) applied the social learning theory of deviance to adolescent smoking in grades 7 through 12 and concluded that the choice to smoke or abstain can be linked to social learning variables such as behavioral modeling and reinforcement, differential association (interactions with others), differential reinforcement (punishments and rewards), and cognitive definitions or attitudes toward smoking (approving or disapproving). Overall, social learning theory argues that learned behavior can both facilitate and inhibit addiction. For example, Cooper et al. (1988), studying coping, expectancies, and alcohol abuse, found that alcohol abuse can be predicted by the motivation to drink-to-cope coupled with the propensity to avoid negative emotion, and

that alcoholics learn over time that alcohol seemingly helps them cope with stress and avoid negative emotions. Collectively, such studies show that through things like direct observation, behavioral modeling, and personal experience, addiction and addiction recovery can be spurred by social learning. What social learning theory does not show is exactly how communication shapes and constrains addiction. This is problematic because communication is a vehicle of social learning; understanding the role of communication in addiction can uncover important insights about addiction recovery. Therefore, the following sections review theoretical approaches to addiction that are more geared toward communication research.

Communication approaches to addiction. The precedent for studying addiction from a communication standpoint comes mainly from research on social support and Inconsistent Nurturing as Control (LePoire et al., 1998). Considering the number of 12-step groups, online support communities, and professional rehab programs, it is easy to see the connection between social support and addiction. Social support is the feeling, whether actual or perceived, that you are valued, cared for, and given assistance by others (Goldsmith, 2004). Primarily, the framework argues that when social support is communicated there are multiple things happening: the task of support is being carried out (whether it be emotional support, instrumental support, advice, or a combination) and identities and relationships are being negotiated (2004). Gardner et al., (1983) studied social support and alcohol use in first-year medical students, finding that student drinking was lower when individuals experienced high levels of interpersonal support and communication with significant others. Similarly, Pauley and Hesse (2009), in a study of how social support, depression, and stress impacts drinking behavior in college, found

that social support negatively correlated with alcohol consumption, and increased drinking was linked to depression. Whereas these studies have found correlations between the level of perceived social support and drinking habits, they do not explicate the qualitative and subjective nature of social support in relation to drinking habits. Also, their findings inform us about the drinking habits of college students who may or may not be alcoholics.

Similar to a social support framework, Inconsistent Nurturing as Control Theory (INC) is a family communication theory that studies how patterns of communication influence behavior (LePoire et al., 1998). Specifically, the focus of INC theory is on dyadic relationships (i.e., married couples, partners, mother-daughter dyads, etc.) where one member is functional and the other is in some way afflicted with an out-of-control behavior (i.e., alcoholism, substance dependence, gambling, etc.). INC theory's primary assumption is that "functional members have competing goals; they want to control the afflicted partner's behavior, yet they feel the need to nurture the other in order to maintain the relationship" (p. 84). This leads to inconsistent reinforcement and punishment of the undesired behavior, making it difficult for the afflicted partner to correct the undesired behavior, thus inadvertently perpetuating the undesired behavior further. In fact, INC theory highlights three themes: (1) the afflicted partner has more control than the functional partner (2) the functional partner can control the afflicted partner through sacrifice and submission, and (3) the functional partner may destroy the relationship and all of its caretaking rewards if he or she succeeds at eliminating the undesired behavior. Research on INC theory has found that "consistently punishing substance abusive behavior while simultaneously reinforcing alternative behavior predicts significantly

lesser amounts of relapse" (Le Poire, 2006; p. 432) while inconsistent "combinations of supporting, ignoring, and helping should strengthen" substance abuse (Duggan et al., 2006; p. 151).

INC theory is insightful and parsimonious and it aptly highlights the role of relational communication in addiction while uncovering dark side elements such as manipulation and paradox; however, the theory's scope is very narrow: it focuses only on codependent couples whereas the current study is looking at individuals who may or may not be in codependent relationships. Some participants might very well be single or in relationships where both partners are dependent. For this reasons, INC theory is not the most suitable fit for the current study. The current study needs a framework that can be applied more broadly and that embodies communication and identity. CTI (Hecht et al., 2005) is suited to this task. Below, I make the argument that CTI is the proper framework for the study at hand.

Communication Theory of Identity

The Communication Theory of Identity provides a holistic framework that can be applied to members of AA by connecting recovery with communication during the recovery process. CTI views communication *as* identity, stating "identity is formed, maintained, and modified in a communicative process and thus reflects communication" (Hecht et al., 2005, p. 262). CTI's emphasis on identity as enacted, or as communicative, is its most unique feature, and according to CTI, identity resides in the personal, relational, communal, and enactment layers, which are made clear below.

Layers of identity. According to CTI, there are four loci of identity and each loci takes into account individual and social aspects of identity. The four layers are the

personal, enactment, relational, and communal layers. The current study understands these layers as locations that provide resources of identity people can draw from; in other words, individuals build identity through aspects of personal, relational, communal, and enacted layers of identity.

The personal layer is a personal understanding of self, or, a personal definition of self, comprising of personal values, beliefs and attitudes. The personal layer can be thought of as similar to the concept of self-concept in SIT (Tajfel & Turner, 1986), which derives, in part, from outside sources, but is an individual's own sense of self. In other words, you come to understand yourself through your perception of yourself, your perception of how others perceive you, and important relationships and group memberships, but the personal layer is ultimately your own definition of who you are. The personal layer is evident in Urban and Orbe's (2010) study of U.S. immigrants who reported experiencing changes in their personal layer when they moved to the states and started integrating with their new culture. They maintained their core values and beliefs but also became accustomed to life in a new place, and Urban and Orbe found that having a culturally integrated understanding of self was important to some immigrants because it allowed them to feel like they fit in. Members of AA may also experience shifts in their personal layer as they balance core understandings of self with new values they learn through AA.

The relational layer refers to identity that is mutually created, negotiated, and formed in relationships. There are three levels of relationships that comprise the relational layer: general interactions (i.e., interactions between you and an acquaintance), interactions with important others (i.e., interactions with partners and family members),

and relational units as a whole (i.e., marriages, partnerships). Kam and Hecht's (2009) study on grandparent-grandchild relationships demonstrates how different levels of the relational layer contribute to identity. In this study participants saw themselves as both individuals and members of relational units. For example, a grandchild may have an identity among peers that is altogether different from their identity within the grandparent-grandchild relationship; their identity with their peers might be that of a mature leader, whereas in the grandparent-grandchild relationship they are subordinate. Overall, Kam and Hecht's study shows the challenges of negotiating identities that change based on the context of the relationship at hand. Members of AA may have to negotiate relationships that are both turbulent and supportive, and they may also have to negotiate relationships – such as workplace relationships – where they have to hide their alcoholic identity.

The communal layer is group identity and/or membership-based identity. This layer refers to belonging to shared communities that have commonalities, traditions, and histories that bond people together. For example, people can identify with many different types of communities, including nationalities, ethnic and cultural groups, religious orientations, political groups, sexual orientations, organizations, etc. Faulkner and Hecht (2011) studied, in part, the experience of being Jewish and LGBTQ, finding that some participants struggled to find support in either community. In the current study, the participants will be bonded together by their membership in AA, which might be a significant aspect of their communal identity in addition to various other communities they belong to too.

The final layer, the enactment layer, is what is expressed and performed through communication and behavior. When individuals express themselves, they effectively enact their self-concept as derived through relationships and shared communities. In other words, the enactment layer embodies parts of the other layers as well. The result is an expression, or a communication, of identity, and CTI argues that the expression, or enactment, *is* identity. Going back to Kam and Hecht's (2009) study on grandparent-grandchild relationships, a grandchild may enact a different identity when with a grandparent than they would when with a peer. In the former, the grandchild might be meek and subservient compared to being more outgoing when with peers. This, again, shows how the negotiation of identity can change as it is "formed, maintained, and modified in a communicative process" (Drummond & Orbe, 2009; p. 262).

Interpenetration. Taken as a whole, the four layers – the personal, relational, communal, and enactment layers – overlap and interpenetrate to form a more comprehensive and fluid picture of identity. According to Jung and Hecht (2004), "The 4 frames of identity may be analyzed independently but are not really separate from each other, which is interpenetration (mutual interdependence), perspectives on a whole, integrated identity" (p. 267). Essentially, interpenetration refers to a comprehensive view of identity that takes into account the totality of the layers. Sometimes the layers are integrated and sometimes they contradict each other, resulting in identity gaps, which are discrepancies between or among the four layers. But even when the layers contradict they still coexist; however, in previous studies there has been very little insight offered on how interpenetration actually occurs and how to go about studying it. CTI work has mainly focused on layers of identity and identity gaps; in fact, some studies view identity

gaps as a way to think about interpenetration, so most work centers around gaps and not interpenetration. The current study puts more emphasis on studying interpenetration and proposes a way to study it by considering each layer as a location for resources from which people can draw from to express their identity. This idea is explored in more detail below, but first it is important to define and review identity gaps.

Identity gaps. Jung and Hecht (2004), in an effort to demonstrate interpenetration, studied identity gaps. They speculated that "a gap between one's self-images and the ascriptions of others" – essentially, a personal-enacted identity gap – "results from dissatisfaction, misunderstanding, and/or inappropriate and ineffective communication," reinforcing CTI's connotation that identity gaps are negative and that identity and communication are inextricably linked (p. 279). The study of identity gaps has been a popular pursuit by CTI researchers.

Studies such as Jung and Hecht (2004) and Kam and Hecht (2009) demonstrated that identity gaps lead to certain communication outcomes. For example, Kam and Hecht (2009) in their study on grandparent-grandchild relationships, showed that young-adult grandchildren – individuals who are typically going through an identity evolution of child to adult – "are likely to experience less communication satisfaction when they feel pressured to present inauthentic versions of themselves to their grandparents" who may still view them as children and "ascribe certain characteristics that do not match the grandchild's self-perceptions" (p. 457). Kam and Hecht (2009) showed that personal-enacted identity gaps between grandparents and grandchildren lead to communication outcomes like topic avoidance which hinders communication and relationship satisfaction overall. Wadsworth and colleagues (2007), in their study on international students'

educational satisfaction in American classrooms, also found that personal-enacted gaps hindered acculturation and classroom satisfaction.

The study of identity gaps has led to an increased interest in the multi-dimensionality of layers and gaps. For example, Urban and Orbe (2010) studied "how immigrants who live in the United States negotiate multiple dimensions of their identities," essentially looking to identify which identity gaps were experienced by individuals who continuously draw resources from their home country while assimilating into American culture; they found that participants experienced personal-enacted, personal-relational, enacted-relational, communal-relational, personal-communal, and enacted-communal identity gaps. Kam and Hecht (2009) said multidimensionality opens up a study of within-layer identity gaps. Kam and Hecht point toward a possible example of such a gap: the young-adult grandchildren in their study – who are in the process of developing into adulthood – may feel relationally that they are leaders among their peers, followers at home with their parents, and still children in the eyes of their grandparents, causing inconsistencies in the relational layer.

Identity gaps can lead to positive outcomes and can sometimes increase communication satisfaction by allowing individuals to blend together seemingly disparate parts of their identity. An example comes from Drummond and Orbe's (2007) study on interactions between racially similar individuals with different ethnicities, where some participants felt more comfortable when cultural lines were blurred. An Hispanic man said he feels more comfortable in interactions when he can speak Spanglish, compared to interactions where he has to speak just Spanish or just English. Similarly, it was pointed out earlier that alcoholics and drug addicts may be motivated to quit due to what could be

called an identity gap: for example, a spiritual or traumatic experience changes their personal layer which is then suddenly at odds with their drinking or drug use.

Hecht and colleagues (2002), in a study of Jewish American identity through the lens of the popular television show, *Northern Exposure*, stands as a good example of CTI applied qualitatively to a communal group, Jewish Americans. This study first observed episodes of the television show to derive themes and then interviewed Jewish Americans to further refine those themes. The study lacks discussion of how the themes represent frames of identity and how Jewish American identity is shaped through interpenetration, but nonetheless, offers an example of a CTI study that looks at both group dynamics and individual qualities.

Members of AA may be experiencing many identity gaps as they try to forge a new non-drinking identity, such as trying to identify with their local AA group or the community of AA as a whole while feeling like AA will not work for them, negotiating friendships with old drinking buddies, and enacting sober identities in the company of friends and family who still view them as alcoholic. The current study hopes to shed more light on the identity gaps and within-layer identity gaps members of AA experience.

At the same time, as past CTI studies have used identity gaps to indirectly study interpenetration, the current study hopes to shed more light on how to study interpenetration directly through the piecing together of identity-building resources.

Identity-building resources. The current study proposes that interpenetration can be studied by looking at how people talk about various identity-building resources they draw from each of the layers to piece together and form a more complete picture of identity. This idea, although new to CTI, is not new to identity theories. Social Identity

Theory (SIT) (Tajfel & Turner, 1986), the crystallized self (Tracy & Trethewey, 2005), and Eisenberg's (2001) theory of communication, identity, and mystery all hint at the idea of interpenetration, with Eisenberg's theory explicitly referring to identity being constructed through various resources.

SIT makes a distinction between an individual's personal and social identity with personal identity being personal traits and attributes and social identity being salient group classifications. According to the theory, an individual's self-concept is made up of a personal and social identity, which is not exactly interpenetration in the terms of CTI, but is a similar concept in that the individual draws from these two identities to understand self. In Tracy and Trethewey's (2001) crystallized self, identity is multidimensional and made up of many facets that grow, change, and adapt to a range of contexts, and an individual can have many different selves depending on contextual factors. Again, this is not interpenetration but it hints at the idea of identity shifting in relation to different resources and perspectives. Finally, Eisenberg's (2001) theory of communication, identity, and mystery states that identity is multidimensional and fragmented and that "people draw upon biological, interpersonal, organizational, societal, and cultural resources in the development of identity" (p. 536). Eisenberg's theory diagrams this process by placing mood and emotion, communication, and personal narrative in the center of "the surround", which is the sum total of environmental influences such as spiritual, biological, and economic factors. Mood, communication, and personal narratives continually adapt to the environment to shape identity.

Eisenberg's theory is a model for how interpenetration might work in CTI in that, in CTI, people draw upon personal, relational, communal, and enacted resources to

develop and talk about identity. One reason to adapt Eisenberg's model to CTI – instead of just using Eisenberg's model – is that CTI can present the same idea with more effective explanatory language. In Eisenberg's model, not only is the surround somewhat of a catchall of ideas, but it is unclear why mood, communication, and narrative are in the center of the surround when they could just as easily be part of the surround. The layers of CTI are general enough to include communication, mood, narrative, and the surround, but also specific enough to be distinct, and they are also not positioned in any specific way; at any given time, aspects of the communal layer may be more salient than aspects of the personal layer, or vice versa. Therefore, the current study proposes an interpretation of interpenetration where identity-building resources drawn from each the layers can be used to express a more complete picture of identity. In order to study this approach, an overarching research question along with a series of CTI-specific sub-questions is asked. The overarching research question is as follows:

RQ1: How do members of AA express the experience of recovery?

The following sections set up, explain, and present the CTI-specific research questions that apply the four layers of identity, interpenetration, and gaps to the overarching question.

Applying the Layers of CTI to Members of AA

Each layer of CTI can speak to key aspects of the recovering alcoholic's experience. The personal layer can be applied to members of AA by trying to understand what contributes to self-concept during the transition to sobriety and the maintenance of sobriety. It is important to find out how members of AA talk about how they experience, on a personal level, the transition to sobriety in the midst of ambiguity, uncertainty, self-

loathing, unease, and identity voids, which were common themes of recovery uncovered by Larkin and Griffiths (2002), and it is important to understand how AA and other resources contribute to members' sense of self. The current study looks to examine these salient aspects of the personal layer during recovery by asking the following research question:

RQ1a: How do members of AA express the role of the personal layer in the experience of recovery?

The relational layer can be applied to members of AA by trying to understand how members talk about important relationships as they transition to sobriety and maintain sobriety. Members will likely be sons, mothers, husbands, "regulars", couples, etc. and will have to negotiate these contexts as they build new relationships in AA with other members and sponsors. Deception and codependence are salient relational features of many alcoholics and drug addicts (Le Poire, 2006) and dealing with broken relationships, making amends, redefining relationships, and building new relationships may be common experiences for members; some members may be finding out who their real friends are and what the real meaning of family is, while some might be learning how to be better friends and family members; and some might have extraordinary and unlikely mentors that serve as sanctuaries and safe-havens. In general, what discursive resources of the relational layer are salient to members of AA? To delve into this, the following research question is posed:

RQ1b: How do members of AA express the role of the relational layer in the experience of recovery?

The communal layer can be applied to members of AA by trying to understand how participants talk about the institution of AA and any other community they belong to; however, it is expressly important to see how members experience themselves as members of AA. As will be shown in Chapter 4, not every member of AA initially identifies with the principles of AA; many are resistant or skeptical at first. Additionally, it will be interesting to see how identifying as an alcoholic and being a member of AA influences participants' membership in other groups. Perhaps issues of ethnicity, religion, politics, and sexual orientation play a role in a members' experience of AA just as some of these issue played a role in Faulkner and Hecht's (2011) study of Jewish identity for LGBTQ individuals. In general, the current study wants to know what resources of the communal layer are salient to members of AA? To explore this further, the following research question has been posed:

RQ1c: How do members of AA express the role of the communal layer in the experience of recovery?

The enactment layer can be applied to members of AA by trying to understand how participants talk about their behavior, expression, and performance of sobriety during the recovery phase. Members will perhaps express some of the themes uncovered by Larkin and Griffiths (2002): ambiguity and uncertainty, identity void, self-loathing and unease, etc. The current study may find additional insights as to how uncertainty and ambiguity are strengthened or weakened through certain communication practices; and how identity voids can be filled through communication and behavior. In addition, the current study hopes to understand the enactment layer more clearly in the context of the theory, as it seems to be different from the other three layers because it is such a salient

aspect of the other layers (for example, self-concept, relationships, and involvement in communities are all enacted, whereas the personal, relational, and enactment layers are all distinct from one another). To further examine these issues, the following research question has been posed:

RQ1d: How do members of AA express the role of the enactment layer in the experience of recovery?

Applying Interpenetration to Members of AA

Interpenetration, as has been mentioned, is an understudied aspect of CTI, and thusly needs to be clarified to move the theory forward. Interpenetration can be applied to members of AA by trying to understand the holistic and evolving identity of members. The current study looks at how interpenetration shapes and constrains identity for members of AA and focuses on how resources are drawn from the layers and then negotiated in varying contexts; how personal AA stories (Cain, 1991) and relationships work to shape and transform identity; and how self-concept, relationships, and communication change and take shape during recovery. Additionally, through an examination of interpenetration, the current study examines the nature of identity as something multidimensional. Do members of AA have one singular identity as alcoholics – which is important to ask because members commonly say at meetings, “I am ____ and I am an alcoholic” – or is alcoholism just an aspect of their identities that co-exists with other identities? To explore these issues further, the following research question has been posed:

RQ2: How does interpenetration shape the identity of members of AA?

Applying Identity Gaps to Members of AA

Identity gaps can be applied to members of AA by examining what discrepancies, tensions, and struggles are experienced by members. As has already been mentioned, members of AA likely experience identity gaps during recovery because transitioning into a sober lifestyle may cause members to reevaluate their self-concept, their relationships, and their group memberships. Their membership in AA may cause discrepancies with other groups they belong to and they may also be finding new ways to express themselves as sober individuals. It is important to understand how members manage ambiguity and uncertainty because these are likely reflections of gaps they are experiencing in their lives. With the work of Larkin and Griffiths (2002) in mind, members may also experience tension regarding their true self and the performance of their self, possibly resulting in personal-enacted and personal-relational gaps. Furthermore, identity gaps may lead to positive outcomes for members.

Members may also experience within-layer gaps, which Kam and Hecht (2009) urge researchers to consider: "Future research," according to Kam and Hecht "can explore within-frame gaps," which are various elements of a specific layer that are inconsistent (p. 474). In general, the current study is interested in how members of AA experience between-layer and within-layer identity gaps and poses the following research question:

RQ3: What identity gaps do members of AA experience?

Conclusion

In summary, this chapter reviewed literature on addiction, addiction and identity, and addiction recovery, and made the argument that we can better understand alcoholism

recovery by taking into account subjective experiences from members of AA and viewing those experiences through the lens of CTI. Specifically, this chapter has laid the groundwork for a study that examines the intersection of communication and identity for members of AA. From a practical standpoint, the current study can potentially lead to a greater understanding of addiction and recovery by further examining the connections between communication, identity, and addiction, and can lead to insights on how communication enables and constrains the experience of recovery.

The current study takes an alternate view of addiction: addiction not as just a disease, but also as a discourse and behavior. As a discourse, addiction shapes, constrains, labels, and stigmatizes over-consumptive behavior, potentially leading to self-fulfilling and self-defeating communication that reinforces addiction and traps addicts in destructive cycles (Bailey, 2005; Reith, 2004; Sedgwick, 1993). Addiction can also be thought of as a learned behavior (Wikler, 1965) that is socially acquired (George, 1989) and that can thusly (and potentially) be unlearned. For this reason, the current study is important because it pursues understudied aspects of the interpersonal and communicative aspects of addiction that may shed new light on how counselors, medical professionals, and addicts approach recovery. Therefore, by identifying and describing communication practices that make recovery more attainable for members of AA, the current study offers hope for a better understanding of recovery.

From a theoretical standpoint, the current study also hopes to advance CTI by clarifying the nature of interpenetration and exploring within-layer identity gaps. In general, CTI is a young but promising theoretical framework that stands to make many contributions to communication research and scholarship. As a young framework, it can

only benefit from its use by more and more scholars. The current study in particular hopes to push the theory forward in specific ways. Regarding interpenetration, the current study hopes to take its analysis beyond the realm of just identifying and describing the salient layers of identity by describing how the salient layers come together as identity-building resources that shape an overall picture of identity. How do the various layers of identity – the personal, relational, communal, and enactment – work together in harmony and clash in contradiction to comprise identity as it constantly transitions and evolves?

Regarding attention to within-layer gaps, a relatively new idea in CTI research, the current study hopes to explore the possibilities of this concept; up to this point, not much is known about within-layer gaps. As mentioned earlier, Kam and Hecht (2009) called for more research on within-layer gaps. Hopefully, such attention will make CTI more robust and comprehensive, and open up further avenues of CTI research. Within-layer gaps also relate to the goal of gaining a greater understanding of interpenetration.

Overall, the current study is important in that it explores the theoretical boundaries of CTI and, in that way, not only makes an important social contribution to addiction by improving our understanding of recovery, but also makes an important theoretical and scholarly contribution to CTI. In the next chapter, the current study's methodological approach is presented. As already mentioned, the current study will take a qualitative approach rooted in hermeneutic phenomenology. This particular phenomenological approach will be contextualized in the AA setting and rendered to address the specific research questions posed above.

Chapter 3: Methods

The aim of the current study is to examine addiction and alcoholism recovery from the perspective of interpersonal communication and to do so from a qualitative standpoint. Numerous addiction researchers (Larkin & Griffiths, 2002; Neale et al., 2005; Shinebourne & Smith, 2002) have called for more qualitative work because a qualitative approach can capture subjective accounts of addiction, which can help reveal depth and nuance in the recovery experience. Subjective accounts can also complement quantitative research on addiction and enhance addiction research overall. In fact, Stahler and Cohen (2000) argue that qualitative work can act as "an adjunctive methodology within the context of traditional substance abuse treatment outcome studies" (p. 1) and Larkin and Griffiths (2002) argue that subjective, experiential accounts of addiction retrieved through qualitative investigations can make important contributions to our understanding of addiction. Qualitative approaches give voice to those who have struggled with substance abuse, and their point-of-view can add detail to effective treatment strategies by highlighting patterns of success and failure.

In this chapter, the methodology for the current study is laid out. First, an overview of the qualitative paradigm is provided and justified for the current study; in this section I show how the philosophical leanings of the qualitative paradigm were applied to the current study. Second, hermeneutic phenomenology is reviewed and justified for the current study. Finally, details about the specific methods used are provided; this includes information about participants, procedures, and data analysis.

Qualitative Paradigm

As a methodological framework, the qualitative paradigm endorses certain philosophical assumptions and worldviews that serve to guide research. Typically, qualitative work is interpretive, inter-subjective, and constructionist; yet, qualitative researchers do not all view the world in the exact same way. To provide a clear understanding of my perspective as it applies to the current study, I will describe my philosophical assumptions in terms of ontology, epistemology, and axiology.

Regarding ontology, which is the nature of reality, I am of the mindset that reality is subjective and fractured. Reality is not representative of one universal truth, but instead there are many truths. Reality is fluid in that it is always changing and multidimensional and can mean different things to different people. Therefore, seemingly similar events can be experienced differently by different people. Participants in the current study were encouraged to describe their experiences in their own unique way and I was searching for *my* interpretation of *their* reality.

Epistemology, which is the nature of knowledge and knowing (or, in other words, how we know what we know), was gained in the current study through inter-subjective collaboration. Collaboration took place in interviews where we (the participants and me) co-constructed the recovery experience. The participants' experience with alcoholism, recovery, and AA was the main focus, and they were pieced together collectively as I asked questions and the participants responded. This type of inter-subjectivity was achieved through the use of semi-structured interviews, open-ended questioning, and probing and follow-up questioning; in this way, I adapted to each participant's unique perspective. Inter-subjectivity was also achieved through member checking in which I

asked some participants to verify my interpretations of their experiences. In total, I member checked with 13 participants of which seven responded.

Regarding axiology, which is the role of values in research (Creswell, 2007), the current study, in concert with hermeneutic phenomenology, employed an approach where the research process and writing process was not separated. The art of writing phenomenology is bringing the themes of a phenomenon to life and this requires the researcher to be actively oriented to the phenomenon. Therefore, I did not separate my values from the research, nor did I temporarily bracket them (as would be the case for Moustakian (1994) transcendental phenomenology). Instead, my values were a part of the interpretive and inter-subjective processes that guided the study.

Regarding my values relating to the current study, I approached addiction and alcoholism with sympathy and empathy. I have seen close friends and family members struggle with drug addiction and alcoholism and I, myself, have struggled with various addictions, although I have never been an alcoholic or a user of hard drugs. So I understand that, despite the stigma associated with alcoholism and drug addiction, alcoholics and addicts are not inherently bad people. I also understand that kicking a bad habit is extremely hard and challenging. So although I cannot identify with the specific struggle of alcoholism and the confusion and desperation that can go with it, I do understand on a certain level the plight of the alcoholic. I approached my participants and this research with an open and nonjudgmental mind. They are individuals who are much more than their addictions and I hope to represent them well while also doing justice to the research process and adhering to the necessary methodological practices,

which are outlined later in this chapter, and that help ensure credibility and transferability.

The overarching worldview that guided the current study was social constructionism, which means that reality is created and made meaningful through social interaction. This approach falls in line with the current study's rendering of identity and communication: identity in the current study is viewed as fluid, multidimensional, and created, maintained, and negotiated through communication. Therefore, the current study is inherently social constructionist.

Now that the underpinnings of the qualitative paradigm have been reviewed, the next section will cover the specific qualitative approach being employed: hermeneutic phenomenology.

Rationale for Hermeneutic Phenomenology

Of the qualitative-minded addiction studies that have already been published, phenomenology has been a common approach. A handful of studies (Koski-Jannes, 2002; Larkin & Griffiths, 2002; Shinebourne & Smith, 2002) used Interpretive Phenomenological Analysis (IPA) in their studies, which is like hermeneutic phenomenology but with an idiographic approach, which means that it focuses on the meaning of experiences to specific individuals in specific contexts. IPAs are typically small-scale, focusing mostly on a small number of people and sometimes even focusing on just one individual, like in Shinebourne and Smith's (2002) study of the experience of addiction and its impact on the sense of self and identity for one participant, Allison.

There are similarities and differences between hermeneutic phenomenology and IPA. IPA is "informed by hermeneutics" and "the IPA researcher is engaged in a double

hermeneutic because the researcher is trying to make sense of the participant trying to make sense" (Smith et al., p. 3). However, in contrast to hermeneutic phenomenology, IPA is idiographic, meaning it is concerned with the particular. Furthermore, IPA is "committed to the detailed examination of the particular case" (p. 3). Whereas IPA aims for a small sample size that is homogenous and looks for examples of convergence and divergence within that sample, hermeneutic phenomenology looks at larger sample sizes that are more or less homogenous but are also more than a particular case. The current study used a hermeneutic phenomenological approach, which is appropriate because it cannot only deal with the fluid nature of identity, just as IPA can, but it can do so within AA, an organization that has common principles across the board but a diverse membership; there is not a typical member of AA and in the current study there is not a particular case.

In general, phenomenology aims to understand and describe the essence of a given experience by studying individuals who have all shared, in one form or another, the experience in question (Creswell, 2007). Typically, phenomenology uses interviews and observations to uncover significant statements and meaning units that capture the essence of the experience. However, not all phenomenology is the same. As already stated, the current study used hermeneutic phenomenology, which is guided by Van Manen (1990) and which promotes action sensitive understanding in that it puts us in touch with experience "as we live it rather than as we conceptualize it," leading to a more reflective and fully aware self (Van Manen, 1990; p. 30). In other words, hermeneutic phenomenology describes and interprets the various meanings of experiences surrounding given phenomena. Furthermore, researching phenomenology and writing

phenomenology are intertwined; the art of writing phenomenology brings the essential themes of a phenomenon to life on the page. Therefore, the researcher is actively oriented to the phenomenon and balances the research context "by considering parts and whole" (p. 31). A phenomenologist tacks back and forth iteratively between big picture ideas and nuances of detail in order to capture an experience as it is lived.

A phenomenologist can study various phenomena by conducting interviews, making observations, reading through literature, biographies, diaries, journals, logs, and examining art (Van Manen, 1990). Experiences of the given phenomenon are then analyzed for themes, which are simple formulations that capture a focus or meaning point. Themes are not objects; they should be intransitive and fluid and the process of isolating themes occurs in three steps: (1) a sententious and holistic reading of the data (taking in the data as a whole), (2) a selective and highlighting reading of the data (a reading of the data that highlights significant statements and phrases), and (3) a detailed and line-by-line reading (a close and deep reading of the data on a unit-by-unit basis). Themes are chosen if they seem to capture the lifeworld essence of the phenomenon.

The results of hermeneutic phenomenology are not intended to explain causation or to generalize facts. In fact, the results are not even intended to represent any fixed or real aspect of the world. Instead, a hermeneutic phenomenology represents the lifeworld experience of a phenomenon – its units of meaning, layers of structure, and lived significance. It is intended to be rich, deep, and poetic in the sense that it describes and interprets something that cannot be fully revealed through language; but unlike poetry, phenomenology seeks to bring those abstractions to the surface. In other words, whereas a poem does not have a conclusion and cannot be summarized, phenomenology does.

The "report" so to speak is an anecdotal narrative filled with hermeneutic insights. Its structure can be guided thematically (the sections are organized by theme), analytically (the sections are organized by methodological process), exemplificatively (the sections are organized by varying examples of the phenomenon's essence), exegetically (the sections are organized by how they relate to another author's work), and existentially (the sections are organized by how they are experienced examples of temporality, spatiality, corporeality, and sociality). These approaches, of course, can be used in combination. An original approach must be invented to fit each new phenomenological project.

The following sections detail my unique hermeneutic phenomenological approach to the current study. This includes information about participants, procedures, and methods of data collection and analysis.

Participants

The current study interviewed 24 (13 male, 11 female) members of Alcoholics Anonymous. Their ages ranged from 24 to 62 with a combined 225 years of AA experience (range: 1 year – 24 years). Interviews ranged from 20 to 75 minutes, averaging 45 minutes. Interviews were transcribed totaling 209 pages. A list of participant pseudonyms is available in Appendix C.

The requirement for participation was membership in Alcoholics Anonymous but participants were not required to be actively attending meetings. According to The Big Book, a member is simply anyone with a desire to quit drinking and who uses the principles of AA to guide their recovery. Therefore, anyone who identified as a member of AA and who had at least attended meetings in the past qualified for the current study.

Defining participants as those who considered themselves members of AA made more sense than setting the parameter as only those who currently attend meetings because not everybody who attends meetings is there to make a serious effort at recovery: people attend meetings for many reasons, including to socialize, to support friends and family, and to satisfy conditions of probation. So as I recruited participants I sought out recovering alcoholics who identified as members of AA, which, as a prerequisite, meant they had a desire to quit drinking and were using the teachings of AA to do so. It did not matter how long they have been in recovery because the recovery effort in AA is considered a lifelong pursuit.

Participants were recruited through convenience and snowball sampling and through electronic advertisements that were put out on an electronic newsletter (Recruitment Script available in Appendix A).

Procedures

In this study, I utilized observations and interviews. Observations were utilized primarily to familiarize myself with the culture of AA and to help in recruiting participants (although, my observations did not yield any participants). Nonetheless, my observations took place at an open speakers meeting at a local hospital, and the reason for choosing this site was that it hosted a large group, which was more desirable because it exposed me to more potential participants and because the larger group allowed me to enter into the field without disrupting it too much. Entering into a smaller, more intimate group might have created awkward tension that would have made observations and networking difficult.

Because my research questions are geared more toward interview data than observational data, I did not stay in the field until the point of saturation. I made four observations at the abovementioned site. As an observer, I was observer-as-participant (Gold, 1958), where I was primarily an observer but could still interact casually with group members, negotiate with gatekeepers, and be forthright about the type of information I was seeking. After each observation I typed "jottings" in which I captured important scenes, interactions, and sensory details (Emerson et al, 1995). My jottings yielded 21 pages of field notes.

Interviews were semi-structured and active and took place mostly over the phone (three participants interviewed face-to-face). Active interviewing is a departure from the notion of simply "extracting" information from participants by asking the "right" questions (Holstein & Gubrium, 1997). Instead, active interviewing is interpretive and constructionist and views the interview process as an interaction where information is constructed as it develops in the "interpersonal drama" of the interview (p. 120). A semi-structured interview schedule gave interviews direction while allowing them to change and adapt if necessary (Available in Appendix B). Interviews began with non-directive grand tour type questions (Lindlof & Taylor, 2011) that aimed to tap into the general recovery experience. Along the way, I inserted tell-me-more probes, asking for specific information about the AA experience or the participant's specific approach to recovery. I found out what brought participants to AA in the first place and what they liked and disliked about it. I also asked participants about other groups, addiction-related or otherwise, they belonged to. That type of questioning – questions about AA and other groups – was meant to uncover insights about the participants' experience of the

communal layer. I also asked questions about their self-concept and relationships and how those things might have changed through AA, which spurred talk about the personal, relational, and enactment layers of CTI. I also asked compare and contrast questions, which were great opportunities to get participants talking about the different layers of identity; for example, I got an idea about their sense of self before and after recovery started and how it might change in the context of different relationships.

Data Analysis

Jottings and interviews were transcribed verbatim for analysis. Each "text" was read and reread many times over in search of phenomenological themes. All three approaches to isolating themes in hermeneutic phenomenology were utilized. First, during the initial readings, I analyzed the data sententiously by taking in everything as a whole. Second, as I became more and more familiar with the texts, I analyzed the data selectively by highlighting significant statements and phrases. Finally, as themes began coming together, I analyzed the data in detail through multiple close and deep readings. Themes were chosen if they seemed to capture the lifeworld essence of identity, communication, and alcoholism recovery.

In any study, validity and verification are important issues that must be considered. However, instead of using quantitative-driven words like validity and verification, the current study's qualitative approach aimed for plausibility and understanding (Wolcott, 1994). In other words, the questions I asked of my results were (1) do they seem plausible? and (2) do they add to our understanding of communication, identity, and alcoholism recovery? To achieve plausibility and understanding I utilized three validation strategies supplied by Creswell (2007). The first validation strategy I

used was member checking, which means taking a selection of already-written-up analyzed data and presenting it to some of the participants. To accomplish this, I created a document that contained summative passages of the results and distributed it to 13 participants. Seven participants responded and helped confirm the results. One example of how member checking modified the results was that one participant cautioned me against using the word “promote” when talking about AA, because one of the 12 traditions is that AA does not promote itself or its teachings. Instead, AA aims to make its program and teachings attractive. The second validation strategy I used was providing rich descriptions, which ensures a thorough and comprehensive interpretation of the data and gives readers a more complete picture of the data. The final validation strategy I used was negative case analysis, or actively considering pieces of data that contradicted or did not support emerging themes and patterns. For example, one participant said many negative things about AA such as criticizing the idea of sponsor relationships, but all the while she maintained that AA saved her life. This was in contrast to many people who had nothing but great things to say about AA and sponsor relationships, so it forced me to look at AA, and my data, in more detail to balance out those statements and represent the participants and AA in a reasonable way.

Conclusion

In summary, this chapter laid out the methodological approach for the current study. In order to capture subjective accounts of the recovery experience, a qualitative strategy has been employed. Specifically, hermeneutic phenomenology has been used to gain an action sensitive understanding that puts readers in touch with the experience of recovery for members of AA. In doing so, more qualitative scholarship can now be

added to the discourse of addiction studies, which hopefully deepens our understanding of addiction and recovery, potentially helping individuals who struggle with addiction.

Chapter 4: Results

This chapter sets out to answer the overarching research question: how do members of AA express the experience of recovery? Along with the overarching question, this chapter also sets out to answer the sub-questions: how do members of AA use discursive resource from the CTI-specific layers to express their experience of recovery, how does interpenetration shape identity during recovery, and how do members of AA experience identity gaps? It is important to be clear about one thing: I am not studying the direct experience of recovery, but rather, I am studying how participants express their experience of recovery. According to Don, a 55 year-old male with 15 years of AA experience, “You have no idea what it’s like until you get a .357 under your chin wanting to pull the trigger and having somebody else say, yes, I know what’s that like and I can change that for you,” and Joe, a 54 year-old male with 24 years of AA experience, “Every now and then we have students come in and they’re welcome to come to open meetings and whatever but they don’t really understand the shit you’re going through.” My aim is not to understand exactly what they went through, but to understand how they talk about what they went through.

In studying the expression of the experience of recovery by using CTI, this chapter helps scholars better understand recovery and sheds light on how CTI can be better understood and utilized. Regarding CTI, the aim is to use the language of CTI along with the language of the participants to describe the communication of the recovery experience for members of AA. The experiences that are reported, which represent various members of Alcoholics Anonymous, can draw attention to layers, gaps, and the

nature of interpenetration. It must be stressed that identity, like reality, is subjective and fragmented, not static, and not linear. Identity is always unfolding and evolving and because of this it is always a matter of context and perspective. CTI gives scholars a way to contextualize identity.

What follows is a collection of subjective, experiential accounts organized, first, into a narrative and, second, into a thematic organization of the layers of CTI, identity gaps, and interpenetration as they pertain to the research questions. In following suit with hermeneutic phenomenology (Van Manen, 1990), the first major section of the results, “the narrative section”, is meant to answer RQ1 by bringing the expression of the participants’ experience to life, and the second major section of the results, “the layers of CTI, identity gaps, and interpenetration”, are meant to provide a more clearly organized account of how the phenomenological themes relate to the remaining research questions (RQ1a-RQ3).

The Narrative

The narrative is organized into sub-themes of rock bottom, sponsor relationships, becoming a better person through AA, the community of AA, and the enactment of sobriety, and is meant to answer RQ1.

Rock bottom. According to Austin, a 42 year-old male with 1 year of AA experience, “If you’re not ready to admit [your problem] then you’re not going to make it.” The general consensus is, that for AA to work, a person has to be willing to give recovery an honest attempt, and for a person to be willing to give AA an honest attempt they first have to hit rock bottom. Therefore, rock bottom, in a sense, is the beginning of recovery.

The concept of rock bottom comes directly from The Big Book and is, more or less, well known by the general public. Hitting rock bottom means you have hit your absolute low point, which can be different for everybody. "It happens when it's supposed to happen," Mary, a 62 year-old female with 16 years of AA experience, told me. Rock bottom comes in many different shapes and forms. Maybe you lost your job, your wife, got arrested, nearly died, or maybe, like Robert, a 60 year-old male with 10 years of AA experience, you had been a functional alcoholic and successful businessman for 30 years and suddenly one sleepless night in duress you had a psychological breakdown, called a crisis hotline, and found your way to a meeting.

For Robert and other participants, the experience of rock bottom represents a personal-personal identity gap, which occurs when an individual experiences conflict within their self-concept. In other words, a personal-personal identity gap happens when an individual sees themselves simultaneously in two conflicting ways, in this case, as someone who is an alcoholic and as someone who sees their alcoholism as not compatible with the life they want to live. Personal-personal identity gaps occur at rock bottom because at this point individuals acknowledge their powerlessness over alcohol and simultaneously desire to quit drinking. When rock bottom occurs, a person's past and potential future clash in the present: they are alcoholics controlled by alcohol and are at the same time moving towards becoming recovering alcoholics. At the meetings they will identify with their addiction by saying, "I am ____ and I am an alcoholic," but, by saying this out loud in a meeting, they are also identifying as a recovering alcoholic. Regina, a 47 year-old female with over 20 years of AA experience, said, "I literally woke up one day, I just called a number and they came and picked me up, which is how I got to

the first meeting.” She no longer wanted to be controlled by her addiction and was “scared to death” because she “wanted to be straight.” Rock bottom is an event that forces the realization that your current life is not compatible with the life you want to live.

What is important to the current study is that regardless of what brings a person to rock bottom, the acknowledgement of the problem, the identification as an alcoholic, and the subsequent identification as a recovering alcoholic are the first steps to recovery. In fact, one way to define rock bottom is that it occurs when a person is ready to acknowledge their problem, ready to identify as an alcoholic, and ready to submit to recovery. You have to be “ready to admit it” Austin said. Admitting that you are an alcoholic, especially in a public forum like AA, represents a significant shift in the personal layer and is the first enactment of recovery. It is an enactment in two different senses: first, it is a verbal expression in that members often introduce themselves at meetings by saying, “My name is ____ and I am an alcoholic,” and second, it is an expression that communicates members’ intentions of submitting to the program and, thusly, is how members enact their membership in AA. Members are also encouraged, at their own discretion, to identify themselves as alcoholics to close friends and family members. “I remember calling my parents,” said Abraya, a 41 year-old female with 18 years of AA experience, “and that was probably one of the hardest things I’ve ever done, but it’s important because that’s part of coming clean.” The point of making these enactments, according to Jackson, a 53 year-old male with almost 15 years of AA experience, “is to identify yourself with your addiction.” The identification is enacted and, as you can see, it relates to the personal, relational, and communal layers of identity.

It is first understood personally, enacted communally at AA meetings, and communicated to family members and friends. This, then, is an initial glimpse of interpenetration because each of the four layers are involved and are being shaped in a purposeful way. Rock bottom and the first enactment sets the stage for recovery. Kathy, a 33 year-old female with 14 years of AA experience, underscores how big of an event the first enactment can be:

I will certainly never forget the first time I did attend an AA meeting and made that statement and there was a huge release of emotion. Until I made that statement and acknowledged it personally and told other people is when I really kind of felt that emotion for the first time and it was rather overwhelming. I cried the entire meeting.

Although the addiction has been acknowledged and recovery has been enacted, the road is still uphill. Members will experience conflict and tension, temptation, awkward interactions, and a tumultuous wave of emotion.

In early recovery members may experience personal-relational and personal-enacted identity gaps because, even though they come clean to themselves, to fellow AA members, and maybe to some friends and family, they do not tell everyone about their status as alcoholics and their involvement in AA. For example, Jackson was somewhat guarded in early sobriety and did not tell all of his friends that he was an alcoholic who was going to AA. He said, "We were taught in AA you can always say it later but you can't take it back," and went on to say that he was very careful about who he told. When in situations where others were drinking and wondering why he was not, he would say, "I'm on a diet, or I'm not feeling well today or on antibiotics." This, then, is an example of both a personal-relational and personal-enacted identity gap because Jackson was developing relationships in AA that were based primarily on alcoholism and relationships

outside of AA where others had no idea he was an alcoholic, and because Jackson, in conversation, sometimes lied about his alcoholism to others who did not need to know. These are identity gaps that occur for very good reasons, because during early recovery there is insecurity and fear that the wrong people, like employers, will find out. Over time, though, these gaps might shrink. “Now I don’t worry about that so much,” Jackson said, “I’m much more likely to just flat out say I’m an alcoholic. If it came up in a job interview I would sell it as a personality strength: I overcame this huge hurdle.”

Hitting rock bottom, identifying as an alcoholic, and transitioning into recovery are all steps toward sobriety, but they do not always occur in a clean progression. For many, AA is “the last thing” they want to do. Jase said it was his last option and he was desperate; he knew other people who used AA and had success, but he thought, “it won’t work for me.” Similarly, Don did not think AA would work for him either. His first impression was “you guys aren’t like me.” Many new members still feel hopeless and different from the others at the meetings.

Because of this, newcomers may experience a personal-communal identity gap. John, a 34 year-old male with nine years of AA experience, said he felt like “an outsider looking in” and that the other members already had “rapport, some sort of pattern or communication or synergy they created” and he was “nowhere near that.” On top of feeling skeptical, hopeless, and different, newcomers have the additional challenge of becoming socialized in the AA community. Regina said at first AA “was sort of overwhelming.” Meeting new people and learning about the program can be intimidating and a source of tension. Newcomers might wonder how they can possibly manage to enmesh themselves in the community.

At this stage, a willingness to forge forward seems essential. Joe said, “I pretty much just threw myself in there to figure out about AA and see if I could learn as much as I could.” Similarly, Robert said, “I jumped in with both feet.” Communication with other members is also important at this stage in order to gather information and to build relationships with new peers and potential sponsors. As John said, “It was definitely information gathering at first and then when I was able, I can't even tell you how long, a week to two months, maybe three months in, I started figuring out what they were talking about.” As John gathered information, he developed relationships with other members, found role models, and chose a sponsor, which helped close the gap between where he was when he started, an outsider, and where he is now, an established member who is enmeshed in the community.

As newcomers forge forward, build relationships, and gather information, they talk about drawing resources from the program that help them recalibrate their sense of self. Because gathering information about program and learning and working the steps tends to take time, relationships are the most immediate resources. Newcomers who may have initially felt different or at odds with the group say they soon find comfort in the relationships they begin to develop. Robert said when he first started attending he was told that, through AA, he might not stop drinking, but that he will never be lonely again, which turned out to be true. Not only did he stop drinking but he also made new like-minded friends. Meeting like-minded people and experiencing a sense of community are cornerstones of AA. Newcomers who forge forward tend to find others at the meetings who they can identify with. Forging forward is also necessary for finding a good sponsor, which can be critical for success.

Sponsor relationships. A sponsor is an established member of AA who has acquired experience and knowledge in the program, and who is also willing to work closely, on an individual basis, with newcomers. Sponsors volunteer themselves to newcomers at the end of some meetings and also get in touch with newcomers through informal conversation and referrals. A potential sponsor might approach a newcomer if they sense similarity in terms of background and personality.

Finding a good sponsor can be very important for newcomers because it helps them transition into program and guides their learning. A sponsor, therefore, was talked about as a relational layer resource for newcomers. The sponsor not only guides learning, but is also someone who is available whenever questions or temptations arise. Many participants talked about calling their sponsors as a resource to stave off temptation. One person told me she needed a sponsor that could text message because she worked at a hospital, was always surrounded by pills, and could not have a public conversation on the phone every time she was tempted, but she could send a quick, private text to her sponsor and work through the temptation in that way.

The sponsor – and this is vital – *has been there before*. The sponsor has firsthand experience with alcoholism, recovery, and AA, so when a newcomer says, “but you don’t understand,” a sponsor can say, “oh yes I do.” So the sponsor is there for the newcomer, like Austin said, available morning or night, and can speak directly to whatever the newcomer is experiencing. Of course, every sponsor relationship is different. Maybe they talk every morning or after every meeting or get together for coffee once a week. And when they meet they might talk about a wide variety of topics including The Big Book, the 12 steps, the 12 traditions, spirituality, temptation, or anything.

Again, the sponsor relationship is a relational layer resource many newcomers utilize to facilitate their transition to sobriety. Early sobriety is probably when the sponsor relationship is most important. John said:

Early on [the sponsor] was huge, the reading would say something and I didn't know what in the heck it meant, you know, turn it over to God and I didn't know who God was or what I was even turning over so at a meeting there'd be 12 people or so and each one would share something different and it would almost scramble things up more. The sponsor at first really helped me have a deeper understanding of what AA was trying to do.

In this way, the sponsor relationship can help close the personal-communal identity gap that some newcomers said they experienced. Don said, "A sponsor introducing me to the steps and kind of giving me his point of view broke down the walls." A sponsor therefore can help align a newcomers values and goals with the goals of AA.

However, finding a good sponsor is not always easy. It is important to find somebody that complements your personality; not someone who will be your best friend, but rather someone that understands your needs and who can keep you accountable. Some people go through multiple sponsors before finding one that works. If that is the case, newcomers might experience personal-relational identity gaps when they enter into sponsor relationships that do not work. Jackson, for instance, never found a suitable sponsor even though he tried a few. For Abraya, it was not until her fifth sponsor that she found a good connection. She said her first sponsor insisted that she go to 90 meetings in 90 days even though she was working full time, so she did not feel like that particular sponsor understood her and her needs. So she experienced a personal-relational identity gap.

Depending on the circumstance, just finding one sponsor can be hard. This is especially true for females in rural areas because it is recommended that sponsor relationships be same-sex. In rural areas there are not very many meetings to go to and if most of the other members at those meetings are men, a female may have trouble finding a sponsor. For a female in this predicament, a personal-communal identity gap is likely to occur. For example, Vicky, a 35 year-old female with three and a half years of AA experience, said, “When I started going I was like these are just a bunch of old farmers and there’s no women here!” This obviously made it difficult for Vicky to identify with the other members and find a good sponsor.

As important as the sponsor relationship is, some participants indicated that sometimes too much importance is placed on sponsor relationships. Regina said, “I think they put too much power into [sponsors], because you’re asking me to put everything that I want to accomplish into the hands of another person, so if they fall off, then what?” Sponsor relationships, according to Abraya, can also become problematic. She said, “Relationships develop where, quite honestly, I think it becomes a little bit unhealthy, it’s almost like too much of a good thing.” What she seems to mean is that sponsor relationships that become too friendly and casual may lead to less accountability, which is what newcomers need from their sponsor.

So even though sponsor relationships are important relational layer resources from which newcomers can draw, newcomers need more than just a good sponsor to have success in the program. In particular, newcomers need to draw from a variety of resources including personal layer resources that stem from the teachings of AA, additional relational layer resources from other members in the program, and the sense of

fellowship and community that AA fosters. The following subsection delves deeper into personal layer resources and begins to demonstrate how those resources interpenetrate with the other layers of identity.

Becoming a Better Person Through AA. The teachings of AA, its steps and traditions, are designed to foster acceptance, gratitude, selflessness, and other altruistic qualities in its members. These qualities relate directly to community and relationship building. For example, being more accepting, selfless, and grateful improves relationships and creates a stronger community. By changing their personal outlook on life, members of AA say they learn to be better people.

Don said AA helped change his outlook which led to positive changes in his life overall. He said, "AA has taught me not to be very judgmental, just to learn to see and go on from there." Similarly, Rochelle, a 54 year-old female with 23 years of AA experience, said, "The biggest thing that helped me in the program in the steps was acceptance. Once I finally could accept other people, places, and things, what I could and couldn't change, it made a huge difference." And John said, "I try to be considerate, you know, I didn't even know what that was [before AA], like, empathy or sympathy or putting somebody else's feelings first, that was foreign to me." Through AA, members learn to view themselves, the world, and others differently.

Acceptance, selflessness, gratitude, and other altruistic qualities are a result of working specific steps like turning over to a higher power, taking personal inventory, and making amends. What is interesting is that such qualities begin as personal layer resources but are actualized through actions and behaviors and made apparent in relationships. It is through interactions that acceptance and selflessness become visible.

For instance, someone may consider selflessness a personal quality – something that defines them – but selflessness becomes real through selfless acts like volunteering time to be a sponsor.

Drawing personal layer resources from the teachings of AA, the steps and traditions, leads to better relationships. Jase said, “[AA] was the only place I had positive interactions with people, I went there and developed those contacts, developed social skills, learned proper communication.” Developing social skills and learning proper communication then extend outside the program, especially when it came to making amends. John, who did not know what empathy, sympathy, and putting other people’s feelings first was before AA, said, “I started making my amends. When I stole money [from my Dad] I went and repaid him back the money I stole, and the gun I stole.” He continued, “I started doing what AA suggested, amending relationships, not just saying I’m sorry but making it right.” Many participants, like Kyle, a 28 year-old male with 2 years of AA experience, talked about the relief they felt after making amends. Kyle said he had a “free feeling” afterwards, “like, wow, I am surprisingly better right now.” He experienced a feeling of being cleansed and renewed. Similarly, Abraya said, “One thing they encouraged us to do was to get on the phone and call close family members. I had to come out of the closet.” “You’re starting a new life,” Austin said, which involves thinking differently about yourself and how you treat others.

However, there are relational difficulties, strains, and tensions for members of AA as they integrate these new qualities into their life. In one respect, within AA, these qualities can become somewhat nauseating if they are misused. For example, Jackson, in a post-interview email, talked about some members who buy into the program

wholeheartedly but almost blindly. He said, “Some people are so fucking grateful for everything that you can’t tell what they are actually trying to say, but they don’t seem particularly grateful or at peace themselves” (email correspondence). This wholehearted and blind acceptance of AA, and its accompanying touting of AA with unwavering and naïve confidence, is touched upon in a later discussion of negative, off-putting members who are judgmental and toxic.

Outside of AA, members sometimes experience awkward interactions, which can lead to relational-relational and personal-relational identity gaps. John, for example, took on leadership responsibilities within AA but at the same time was not allowed in his sister’s house. This is a relational-relational identity gap because he had relationships in AA that indicated he could be trusted but simultaneously he had relationships with his family that indicated the opposite. In a similar example, but one that qualifies as a personal-relational identity gap, Kathy said:

I had a friend just the other day, she’s like, well I didn’t want to invite you to this event because wine is going to be there. You know the new painting canvas’ thing everybody does? You go and paint but I guess a lot of people drink wine, she was like, well I didn’t want to disrespect you.

Kathy said she understands her friend’s intentions, but at the same time Kathy feels secure in her sobriety and does not need to be protected and shielded from situations where drinking occurs. This is a personal-relational identity gap because how her friend viewed her in this particular situation is different from how Kathy views herself.

Similarly, Austin told me a story about going to a barbeque “and there were some guys drinking there and they were like, oh no, here comes Austin, we can’t be drinking, and finally I just told them you might as well go ahead and drink.” Even though Austin knew

he could be around alcohol without drinking, his friends went out of their way to protect him, which reinforced his alcoholism and just drew more attention to it. In Kathy and Austin's situations, their friends had good intentions but only made things awkward.

Members of AA do not have to discard their old friends, but AA does encourage its members to hang out with others in recovery, and if they do go somewhere where others are drinking they should always have an exit plan, a way out, like their own vehicle. But it is important for members to develop relationships with others who are going through, or have gone through, similar experiences. One of the most impressive aspects of AA is its thriving community of support and fellowship. Nearly everyone I talked to named the community of AA, and being able to be around other like-minded individuals, as one of their favorite things about the program. Developing relationships and becoming a part of the community result from the teachings of AA, which foster altruistic qualities such as acceptance, selflessness, and gratitude. The following section delves deeper into the communal layer resources that AA provides.

The Community of AA. The community of AA encompasses "the rooms" (or the meetings), the informal roles members assume, and the social involvement of AA members outside of the rooms, which is known as fellowship.

Recall that when members first enter AA they sometimes feel as if they do not fit in and experience a personal-communal identity gap. Many newcomers are skeptical and hopeless. Mary said the other members were "a bunch of freaks" who were "whacked out." But Mary promised herself she would "continue to go to meetings to find out" if it could help. Ultimately, Mary came to realize "it's a great fellowship." Similarly, Rochelle said, "The one thing I really like about the program is the sense of community."

This was the overriding sentiment echoed by everybody I talked to. People who find success in the program say they really do come to identify with the other members and with the institution of AA. Thusly, the community and fellowship of AA is a communal layer resource that participants draw from.

The amazing thing about the community of AA is that it includes people of different ages, races, sexes, and social classes. If a newcomer is lucky enough to live in an area with a strong AA community they will likely attend meetings with all different kinds of people. Certainly, some people are less fortunate. Some participants, like Vicky, who made the comment about there being only farmers and no women, lived in small towns where there was not as much diversity. But the majority of participants were able to connect with others at meetings they would normally not cross paths with. For the most part, it does not matter who you are, what you do, where you come from, or how much money you make, because at the meetings, everybody is unified by their common struggle.

However, the “rooms” are not all the same. Kathy said, “I think it’s important to know that every AA meeting, although the steps are the same, are (sic) very different dynamics. If you don’t like one, try another one.” And not only do meetings have different dynamics but different meetings serve different purposes. Some meetings, for example, are speaker meetings where one or two speakers fill the time by telling their AA story. Other meetings are discussion meetings where the members might take turns speaking about a certain topic. And there are also Big Book meetings, Traditions meetings, where the time is devoted to discussing the steps or traditions, and Sunrise meetings for early risers, Women’s meetings, and meetings that are more or less religious

in tone. So, like Kathy implied, one particular meeting cannot be the basis for judgment of AA as a whole. Newcomers who do not like a particular meeting should try another one if they have the option. In this way, the potential for personal-communal identity gaps can be mitigated.

Although all the participants agreed that AA overall is a welcoming environment, it is important to keep in mind that any time people get together and organize there will be some negativity. AA is no different. When I asked John if he could think of anything that would improve AA he joked, "Less humans, that's about the only thing that's messed up with AA is it's run by a bunch of humans." And Mary said, "There's nothing negative I have to say about the program of Alcoholics Anonymous. Now I can say that, and you can find this in any group, that people are judgmental. But that's human nature, right? And people are hypocritical." Similarly, Abraya said:

I guess that [AA is] cliquish but I think that that's more of sort of a social norm, quite honestly. I mean, I see that at my church, I go to a church with 3,000 people, and by virtue of the fact that you can't really be involved with 3,000 people you find a smaller group, and you sort of clique with those people, so that's sort of the same phenomenon that I see occur in AA.

So, again, AA is welcoming and open to anybody, but members may occasionally feel alienated and experience judgment from other members.

One issue in AA that tends to spark alienation and judgment is the sometimes Christian tone of the meetings, which can lead to personal-enacted identity gaps when members feel they cannot talk about their spirituality if it does not fit the traditional mold. AA is not a religious organization and does not endorse any religion in particular, but one of the steps is finding a Higher Power and turning over your life to that Higher Power. The Higher Power can be anything of your choosing but many people do use the

Christian God as their Higher Power. And I was somewhat taken aback when the speaker meetings I attended ended with a group recitation of the Lord's Prayer. The Christian overtones at some meetings were off-putting to Rochelle, who said, "It kept me from saying what I truly thought because I was afraid of being judged." In this particular example, Rochelle indicates a personal-enacted identity gap because she felt she could not express her alternative view of spirituality for fear of being judged. John told me about a "guy that didn't believe in God" who was "shunned", and other members "would make him sit at a different table and a lot of people would get up and get coffee when he talked or go to the restroom." Such an atmosphere of alienation and judgment can lead to personal-communal and personal-enacted identity gaps for members who have alternative views of spirituality and Higher Powers.

Another occurrence at meetings that can diminish the sense of community is the presence of off-putting members. Jackson had clever names for the off-putting types that many of the participants spoke about. One off-putting type, according to Jackson, is slogan man, "who would just like spout things straight out of the book." John referred to these types as "know-it-alls" who always had to "weigh in and have the last word." John said that newcomers sometimes become disillusioned when this occurs. In fact, some know-it-alls take AA to an extreme level by viewing the Big Book as scripture and they consider anybody who deviates from it as doing recovery the wrong way. For example, some members view the taking of *any* medication, including anti-depressants, as something short of true sobriety, when many alcoholics drink precisely because they are depressed and need these medications to help them stay stable AND sober. Members

who endorse a very strict reading the Big Book, like slogan man and know-it-alls, can create a toxic and judgmental environment for newcomers.

Another off-putting type coined by Jackson is gratitude man, who is so intent on communicating how grateful he is that you wonder if he is actually that grateful or if he just wants others to think that. Brian, a 30 year-old male with 2 years of AA experience, said there is an element of “attention craving” at meetings and it seems like some members “literally stood in front of the bathroom mirror and practiced before they came so that people will talk about them when the meeting is over.” Although attention craving can be obnoxious and off-putting it is not necessarily a bad thing because it is working for these individuals and helping them stay sober. Off-putting characters and toxic meeting environments could lead to personal-communal and personal-enacted identity gaps, so it is important for newcomers to explore different meetings. In this way, meetings, as resources, are like sponsors in that you have to find one that suits your personality.

Overall, judgmental and off-putting types seem to be the exception rather than the rule, and the meetings themselves are tremendous resources for members of AA to draw from. Austin said:

The thing that works for me is having the people that have the same problems that I do, being able to discuss that with those people when we go around the room, their problems and my problems are all pretty well the same, they might come from a little different background than I do but we're all there for the same reason, so I just believe that the discussions we have in there helps me completely.

The meetings are about spending time with like-minded individuals, having discussions, and helping each other out. Members use each other as resources through the sharing of stories and discussion. According to Joe:

I asked the dumbest questions, what do you do when you get off work? Because I stopped at the liquor store, I didn't know you could just go home. Talk about mowing your yard, fishing, I never did any of those things without drinking. If you talk to your priest or whatever and he's not an alcoholic he doesn't understand that you don't know what to do with yourself.

This quote emphasizes how important it is for newcomers to learn from others who *have been there before*. Members are invaluable resources to each other because they understand the experience and the struggle.

According to Jase, inside the meetings people take on informal roles:

I've gotten so far away from the act of drinking and drugging that my role in communicating to the people now is more this is what it's like now, there are people closer to the action that their role is I know what you're [currently] going through. I don't think we formally assume these roles or talk about what each of our roles are, but it all works together.

Jase makes an interesting point: newcomers need various types of resources from the meetings. One of them is people who are "closer to the action" of transitioning into a sober lifestyle. These people can identify strongly with what the newcomers are currently going through. But newcomers also need old-timers to show them that achieving longstanding sobriety is actually possible and that they can eventually attain it.

It cannot be stressed enough that the community – a community of like-minded, though diverse, individuals – is an incredibly important resource for members of AA because it helps them not only learn to live a sober life but also to understand themselves as sober individuals. Abraya said, "I think it's the comfort of being surrounded by people that were struggling with the same struggles on a daily basis but also had tools from the

AA program that knew how to deal with those things.” AA members belong to something bigger than themselves, and through that community, through the relationships they develop, through the role models they are exposed to, and through the tools and strategies that are provided, they can understand themselves better and have a vision of success for the future. According to Austin, “I’ve met so many new people that are on the road that I’m on, that want that help and need that help, and I feel that those people have helped me.”

The members, without judgment, hold each other accountable and offer unconditional support; they genuinely care about everyone’s sobriety and wellbeing. They check up on each other if someone misses a meeting they usually attend. For example, Don said he had to miss his usual Saturday meeting because he had to work. “I did have people call me,” he said, “and they just called to see how I was doing, or I would relay to my sponsor and my sponsor would call me up and say so and so says hi, they missed you at the meeting, and I would say did you explain to them?” He said everybody looks out for each other.

Beyond connecting in the meetings, many members make good friends through AA and these relationships extend outside of AA. Mary said, "Once I got into recovery that became my social circle for a lot of years, whether it was dances or dinners or picnics or things like that.” There is always something social to be done with AA buddies.

According to Abraya,

We get together on New Year’s Eve and have been doing this for years and we have a party, we usually play games and stay up until midnight and have a good time, so that’s really my social network, I mean I have lots of other social groups but I certainly have a lot of AA friends that I socialize with, we get together at

Christmas every year, we usually do a barbeque during the summers, there's a huge social aspect to AA, at least for a lot of us, not everybody, but for a lot of us.

So members talk about drawing resources not only from the meetings but also from social engagement with fellow members outside the meetings. Some make lifelong friends with people they meet in AA, and this sort of thing, building relationships, is made possible through enactment. Members enact their sobriety by doing sober things, hanging around with other sober people, and being sober in the presence of others.

Sobriety is something that is enacted.

The Enactment of Sobriety. Robert told me the 12 steps are action steps. He said, at first, before he became acquainted with them, he thought they were just personal affirmations. But, in fact, they are designed for enactment. Sure, some of them have more to do with the personal layer, like admitting you are powerless when it comes to alcohol, finding a Higher Power, and taking personal inventory, but these steps are meant to springboard you into turning over to a Higher Power through prayer and meditation, making amends, and building better relationships. Like John said:

A lot of the things that AA says have to be done outside the meetings, the common misconception of people even inside of AA that, you know, we're only supposed to do what AA says inside, but when it says be selfless and think of others, like, that's the stuff I do outside the meetings.

AA encourages a lifestyle that, really, is more than just about overcoming alcoholism. It is about living a more unified and coherent life. "That's what the 12 steps tell you to do," Regina said, "you apply it to your life." It makes sense then that the steps, or variations of the steps, are used nowadays for everything from overeating and sex addiction to narcotics and gambling. Jackson said, "That's what makes AA a remarkable program. The people who cooked up AA came up with a program that has really lasted the ages

and has been adapted to many other uses.” It is a program about living a more positive life by changing thought patterns and habits through certain actions.

What many people told me was that alcoholism held them back and robbed them of their potential. Overcoming alcoholism allowed them to become the person they were meant to be. Rochelle put it is way: "It's about getting rid of all the garbage and getting down to the core of who you really are." Perhaps another way to think of it is organizing the layers of identity so they achieve better harmony: drawing resources from each layer, calibrating them to experience a better way of living, and then enacting that way of life. Of course, there will still be identity gaps, like the ones previously highlighted, but members of AA who have success seem to improve their sense of self by improving their relationships and tapping into a community that gives their life purpose and meaning. Again, this requires some kind of action, which is working the steps.

After the early stages of recovery, members move forward in different ways. Some people continue going to meetings on a daily or weekly basis, like Don, who said, “I myself believe the meeting makers make it and if I cut any less than these three meetings [a week] I don’t think I have too good of a chance of staying sober.” Jase, after years of sobriety, still goes to meetings but said he used to think “AA was the absolute focus, the be all and end all of my life, and what I’ve come to realize is that it’s the vehicle that allows me to have a life and my life encompasses a lot of other factors.” And some members stop going to meetings completely but still maintain their sobriety. “It’s funny,” Jackson said, “you think you’re going to spend the rest of your life worrying about this and then you get busy with other things and you forget about it.” Members evolve as they progress through the program, whether or not they keep going to meetings.

In fact, many of the people I talked to who had extended periods of sobriety had stopped attending meetings altogether – which, by the way, is not something slogan man would approve. But, like Rochelle said, "I needed to get away from AA and there's other people who aren't like that, they have to have it everyday, but for me I needed to back off to grow." Similarly, Kathy said, "I think AA was vital to my sobriety, but there was a lot to say for me when I stopped going to AA and I wasn't so focused on sobriety and this is my sobriety date and I'm an alcoholic and let's talk about it all the time." For Rochelle and Kathy, they experienced somewhat of a communal-communal identity gap because they still identify with AA and use its teachings to continually guide their sobriety, but they do not see attending meetings and being actively involved in the institution of AA as being helpful anymore; in fact, if they did still go to meetings it might even be detrimental to their sobriety because, as Kathy implied, it would drive her crazy.

Now there are some people with longstanding sobriety who still do go to meetings, are heavily involved in the social and political structure of AA, and swear by the phrase "meeting makers make it," but like Abraya said, if you feel secure in your sobriety "some of us do sort of pull away a bit." For those that do, they may still go to an occasional meeting and they may still keep in contact with their sponsors and other AA friends, but AA meetings are no longer a central focus of their lives. Either way, whether they stick to the meetings or not, their sobriety, and identity for that matter, are constantly evolving and are constantly being enacted through the principles of AA.

For members of AA, alcoholism will always be an aspect of their identity but it is not the totality of who they are. They do not have to forever be immersed in it, but in early sobriety it is probably essential that newcomers are immersed in it. During that

time, it is important to frequently attend meetings because you need a heavy dose of the resources that AA offers – relationships with like-minded others, teachings from a program that has stood the test of time, and tools, like the steps, to facilitate the transition into sober life.

No matter what, sobriety is a constant uphill battle. Most people that enter AA will not make it (Dodes & Dodes, 2014). For the people that do identify with AA, for the people that do truly connect with it, for the people who are ready for it, AA works. It works for a small percentage of people, but there is not much else that works better. There is not a treatment, a drug, a “cure” that has better results. And not only does it work for alcoholics, but the steps have been adapted to other afflictions too because they are not really about drinking. The program is not about how long you can stay sober, how perfect or pure you can be, it is about learning to live a better life.

The Layers of CTI, Interpenetration, and Identity Gaps

The following subsections summarize more clearly how the participants talked about identity-building resources from each layer, the gaps they experienced, and the nature of interpenetration as it pertains to the recovery experience. Whereas the preceding sections were a collage of exemplars, organized more or less as a narrative, presented in a subjective and experiential manner, and meant to bring the experience of recovery to life, the following sections organize the findings thematically around the research questions, which asked about how participants talked about the resources they drew from each layer to better understand their sense of self. Specifically, the four questions that pertain to the layers are as follows:

RQ1a: How do members of AA express the role of the personal layer in the experience of recovery?

RQ1b: How do members of AA express the role of the relational layer in the experience of recovery?

RQ1c: How do members of AA express the role of the communal layer in the experience of recovery?

RQ1d: How do members of AA express the role of the communal layer in the experience of recovery?

The research questions also asked how the layers interpenetrated to shape the experience of recovery and what identity gaps existed for participants. The specific research questions that addressed interpenetration and gaps are as follows:

RQ2: How does interpenetration shape the experience of recovery?

RQ3: What identity gaps do members of AA experience?

The following sections show how resources drawn from the personal layer, the relational layer, the communal layer, and the enactment layer were expressed by the participants. In addition, there is a section on how interpenetration shapes recovery and a section on identity gaps during recovery.

Personal Layer. This section answers RQ1a. Each of the layers impact self-concept, but the personal layer refers directly to self-concept. The personal layer is that inner relationship you have with yourself; your opinion of your self; how you view and define yourself. For many members of AA, especially newcomers, their personal layer goes through a major transition. Through the 12 steps, members learn to be honest with themselves, learn to be transparent in certain contexts and with certain people about their addiction, learn to be more accepting of themselves and accepting of the world around them, and learn to be grateful, selfless, and altruistic. They are also learning to be more self-aware and to have more self-control over their thoughts and behaviors. Overall, honesty, transparency, acceptance, gratitude, selflessness, increased self-awareness, and

increased self-control are resources participants drew from the personal layer to better understand self and transition into sobriety.

Regarding honesty and transparency, participants talked about learning to be honest and transparent with themselves and with others because many of them have been in denial about their addiction for years. According to Jackson, “I knew I was in trouble but I was just completely denying it, and I was drinking in the morning because if I didn’t have a good stiff drink I would feel really sick.” But alcoholics typically do not want to admit they have a problem, or, they do not want to submit to treatment or a program like AA.

Perhaps they think they can handle it on their own, like Don, who said, “I remember telling those people [in treatment] that I just needed time to myself and I’d figure it out.” He was telling himself he could learn to manage his drinking because the prospect of not drinking, of abstaining, was unfathomable. But rock bottom, when it happens, cannot be ignored or dismissed. Don was put temporarily into a mental institution because of his drinking, and his first day there he was caught drunk. At that point he was looking at a more permanent stay, which was a wake up call. Every participant talked about the jarring effect of rock bottom, like Kathy, who nearly lost everything and was facing the prospect of living in her car. Rock bottom leads to the first enactment – saying, “My name is ____ and I am an alcoholic.” Rock bottom and the subsequent first enactment seem to represent the initial steps towards honesty, transparency, and recovery.

Regarding acceptance, AA members talked about learning to accept life on life’s terms. It is a cliché, but every cliché has a kernel of truth. AA members become more

accepting of themselves, more accepting of others, and more accepting of the circumstances of life. Newfound sobriety for newcomers and the tools of AA do not suddenly make life better, but life does become easier to cope with. Stressful days are now accepted as a normal part of living. For instance, Vicky said, “Now if I’m in a bad mood I’m just in a bad mood and I’ll get over it and it’s ok, I can be in a bad mood now, before I didn’t used to think it was ok, I wasn’t supposed to have bad days.” So instead of drinking to cope, Vicky, and other participants, now talked about utilizing the tools of AA to get them through the bad days. One of those tools is acceptance and living life on life’s terms, making acceptance a resource that helps members navigate the normal, regular hardships of daily living.

Experiencing gratitude is another resource participants drew from the personal layer. Experiencing gratitude, I think, is surprising to members because before sobriety, a sober life seems dismal. For example, Joe was not sure how to go fishing, mow his lawn, or even just come home from work without having a beer. He said he always stopped at the bar or the liquor store and picked up a six-pack, but eventually he said he learned how to live a sober life and then he actually became happy and grateful for his sobriety. He said, “I’ve seen some crazy ass shit. Luckily I didn’t die or kill anybody in a car wreck. I see people that’s not that fortunate.” He said now life is easier, less stressful, and less worrisome. He can go about his day on an even keel. AA members discover that they have much to be grateful for and that sober living is a wonderful way to live.

AA also encourages selflessness, which is a resource learned through steps like turning over to a Higher Power and making amends. John said, “I’m definitely not a self-

centered prick anymore.” Members are encouraged to acknowledge their powerlessness, drop their ego, and to think about other people and do positive things for other people.

For example, Erik, a 29 year-old male with six years of AA experience, said:

I got a neighbor who is older and can't move around too well and stuff and he's always inside his house and everything and I just go over, he has a small yard, I just go over and cut his grass. I don't even know if he's even seen me, I haven't even spoken to him about it, but you know I've done it for a year and a half, when I cut my grass I go over and cut his grass, stuff like that, I'll help carry groceries for a little old lady, just small little things, try to help other people other than yourself.

Volunteering to be a sponsor is another example of this. For instance, Kayla told me her dad asked her why her sponsor spends so much time with her. He said, “She doesn't get paid or anything, why does she do that?” And Kayla said, “she does it because it helps her and that's probably what any person would tell you.” Similarly, John and Robert go out of their way in their communities to make sure local libraries and bookstores have copies of AA literature, not only to help other people who need it but to help themselves as well, because working in service of AA is beneficial to the individual and their sense of self. It bolsters their sense of self, but it is also another example of interpenetration, because the action of helping others is tied to helping the individual.

The final resource drawn from the personal layer uncovered in the current study is self-awareness/self-control. Members said they now have tools to help control their impulses and when they have a bad day they no longer automatically turn to alcohol. Instead, they now have other options. For example, Joe learned how to use meditation through AA. He said:

I learned it through AA, when they first said it – it's kind of like AA, I thought AA was auto insurance, you know [laughter] – so when they started talking about

meditation I thought they were talking about medication, I ain't know what the hell meditation was. I learned that through AA.

Others pray. Others learn to only fathom time frames that they can endure: if thinking about the future is daunting, if thinking about the prospect of prolonged sobriety is depressing, then only think about the here and now. If you can only process a day at a time, think only of that day, if it is an hour, a minute, then think only of that time and stay in the present. And if you mess up, if you relapse, that is ok because you can always start again. This perspective improves self-awareness and self-control. For example, Regina said that through AA she learned that she is “strong enough to make a conscience decision as to how to live my life everyday and even if my strength doesn't hold up to my actions it doesn't define me because I can make a conscience decision even within that day to change.” A speaker at a speakers meeting said it is not about how long you can stay sober, it is about learning to live a better life in which you have more self-control and self-awareness. Sobriety is a byproduct of that.

Relational Layer. This sections answers RQ1b. In addition to helping members change their outlook, mindset, and self-concept, AA also encourages members to improve their relationships. This is done through sponsor relationships, friendships with other AA members, and friendships with others outside of AA, including relationships with close friends and family members. The tools provided to improve relationships within AA and relationships outside of AA – such as taking personal inventory and making amends – are resources members use to better understand their sense of self in the context of sobriety.

Sponsor relationships, aside from family relationships, can be one of the most important relationships for members of AA. This is especially true for new members who are just learning the program. Abraya said, “Early on it’s a pretty critical relationship because you’re working the steps.” A sponsor is more than just a role model; the sponsor works with members individually and teaches them the program. This might entail going through the Big Book and working the steps together, but more importantly, the sponsor is always available to talk when a member has questions or is feeling temptation. Some members go through a few sponsors before finding a suitable one. Kayla said, “I’ve been through three, the first one was nice but we didn’t have regular meetings, I got another and I did not feel like we could relate.” It is important for members to find a sponsor that fits their personality and needs. The members who do find a suitable sponsor said they found it to be a great resource that helped them transition into sobriety and maintain a sober lifestyle.

Beyond sponsor relationships, members tend to develop relationships and make friends with other AA members. Robert, who has been a member for over 10 years, said, “I’m still hanging around with my AA buddies.” Alcoholics-helping-other-alcoholics is a cornerstone of AA because alcoholics understand each other like nobody else would. Abraya said, “I think I thought it was going to be a bunch of boring, glum people and it’s anything but that.” Abraya, and other participants, identified with the other members and developed relationships with people who are going through, or have gone through, the very same struggle. And for many members, they do not just see each other at meetings. Many of them also hang out together outside of AA at dances, ballgames, and barbeques.

AA members tend to gather for many social events, and these relationships in their social form become great resources for members as well.

Regarding relationships with non-AA members, AA members are encouraged to make amends, or make things right, with people they have wronged; recall the story of John who repaid his dad the money and the gun he stole. Members are encouraged to improve relationships in all areas of their life, especially with family. Don said:

It's been a total 180. I'm very close with my family, and I'm talking about all my family. Right now, family is one of the most important things in my life. A lot of times it was the material things that used to run my life, now I believe material things are an afterward. I feel happiness is something that's an inside job where love and relationships come in.

In this way, many of the resources members talked about drawing from the personal layer impact the relational layer as well. For example, Don also said that when he changed his self-concept, his outlook on others changed too; he no longer took inventory on other people – in other words, he no longer walked around placing blame – because he was now taking his own personal inventory and could concentrate on being a better person for others. In addition to Don, other participants also experienced improved family relationships. Vicky said, “My daughters are 18 and 19, they got to where before I went to treatment they didn't want a whole lot to do with me, and I think it's a good thing we're hanging out more again.” Relationship building with family can therefore be a resource that members draw from and a result of working the program and becoming immersed in the community of AA.

Communal Layer. This section answers RQ1c. When I asked participants to narrow down the one thing about AA that really seemed to work, nearly everyone said it was the community of support and being surrounded by like-minded others who knew

what they were going through and who knew what it took to achieve and maintain sobriety. Like Austin said, “The thing that works for me is having the people that have the same problems that I do, being able to discuss that with those people.” As is said in *The Big Book*, and as was brought up in numerous interviews, alcoholics need other alcoholics for support, because they have all *been there before*. The community of AA and its fellowship is therefore an incredibly important resource that members talked about.

Participants also said they always, with few exceptions, feel welcome at meetings, even if they do not know anybody there. They can even go out of town and visit a meeting and fit right in. For example, according to Stephanie, a 36 year-old female with three years of AA experience, “That’s the thing about AA because I’ve traveled and no matter what if I am traveling and something happened I could call just the hotline and someone would be there who genuinely cared.” Dynamics of meetings might be slightly different, but everybody at the meetings, and everybody who is a member, is united by a common thread, a common struggle.

Members also said they found great strength in their Higher Power, which can be considered a communal layer resource. Though most of the people I talked to used Christianity as their Higher Power, the Higher Power can be anything of their own choosing – “even a doorknob I’ve heard people say,” Kathy said – and it is meant to represent a lack of control, or lack of power, over alcohol, and a faith in something greater than themselves. Abraya said, “Just relinquishing control and realizing that there is a power much greater than us, that’s an important aspect.” In a strange way, giving up

control empowers members. In other words, members gain control by putting their faith into the program.

Given the current study's topic and participants, AA is obviously the most immediate and relevant communal layer resource they draw from. Participants also drew resources from communities such as church, like Abraya and Austin, martial arts, like John, and various hobby-based communities, like Kathy who is involved in geo-caching. But given the context of the study, the community of AA is the most relevant communal layer resource, and the community of AA, or the institution of AA, is represented in all of the themes presented above and below. Members draw personal layer resources like honesty and transparency from the steps provided by AA, members build and develop relationships through AA, and learn how to enact sobriety through AA.

Enactment Layer. This sections answers RQ1d. The enactment layer seems to be woven into the other three layers; participants quickly learn that sobriety is something that needs to be enacted every step of the way. From the first enactment after rock bottom, to developing relationships, to becoming connected to the community, members of AA have to put the teachings of AA into action. The 12 steps are action-oriented. They encourage members to actively pursue sobriety with a positive frame of mind, to think positively about themselves, think positively about their relationships, and think positively about their community. This does not mean members go around advertising their alcoholic status to anyone and everyone. Like Jackson said:

If someone calls me up and says do you want to go for a drink I say yes and I go to the bar and order a diet Coke or a club soda. It's a lot better now, but 15 years ago people would say, why aren't you having a drink and we were taught in AA you can always tell people later but you can't take it back, so I would say I'm on a diet. If it's someone you know well they'll eventually figure it out, you can just

say I don't drink, but the diet excuse was great because people bought that hook, line, and sinker.

Even though members do not always disclose their alcoholism to everybody, they become more honest about it with themselves and with those they choose to tell, including friends and family.

Members do enact their alcoholism at meetings by saying, "I am ____ and I am an alcoholic". According to Jackson, by saying this out loud members identify with their addiction. If they had been in denial about it previously, they no longer are. The first time this enactment is made, it can be an emotional experience. Recall Kathy, who said she felt a huge relief after saying it and then cried the rest of the meeting. Members continue saying it to remind themselves to stay vigilant. Identifying as an alcoholic by saying it out loud keeps them focused on beating their addiction each and every day.

Working the steps is perhaps the extension of the identification. Saying, "I am ____ and I am an alcoholic" can be important and powerful, but one can say it and then not do anything about it, unless they work the steps. Working the steps can be a lifelong pursuit. According to Austin, "the steps are a great deal to keep focus and I don't think a person needs to run through the steps, I believe that you need to work with the steps and kind of focus on that one step at a time." Working the steps is a tremendous resource used by participants to help them stay focused and to help them enact their sobriety. Working the steps walks members through admitting their powerlessness, finding a higher power, taking personal inventory, making amends, and helping others. By working the steps, members learn how to draw resources from the personal, relational,

and communal layers. Working the steps, in this way, brings everything together and contributes to interpenetration.

Interpenetration. RQ2 focused on the degree to which layers interpenetrated. Going through AA successfully necessitates a major life transition in which a person's life get reorganized; some things, like old habits and destructive ways of thinking are put to rest, other things like having a new lease on life and learning a new perspective are introduced. "It's about getting rid of all the garbage and getting to the core of who you really are," said Rochelle. Austin said as a result of AA, "It seems like I've got a different outlook in life." In AA, there is a reprioritizing of values. "A lot of that, the point of those steps were to show me what my values had become, and by working the steps what my values are and what I want my values to be," Jase said. New patterns develop, new habits are formed, and new feelings are experienced. Identity shifts and reshapes within all of the layers.

Many layers of identity shift and reshape simultaneously and do so in coordination with one another. Changes in the personal layer, like the realization of rock bottom, lead to the first enactment of "I am ____ and I am an alcoholic." Members say it to themselves and then they say it out loud in meetings to fellow members, and then maybe even to their friends and family. The first enactment leads to new relationships with sponsors and with other AA members. And the tools they learn in AA, like acceptance and selflessness, improve their relationships with friends and family. So this change in the personal layer leads to an action that takes place in a community and then causes improvements in their relationships. The simple act of saying "I am ____ and I am an alcoholic" and the subsequent learning that takes place in AA bolsters self-image

and leads to members having better relationships and being better members of society.

For example, Stephanie said

The other piece of it [in addition to faith] is honesty. It's very, very uncomfortable for me to lie anymore even in the smallest sense. I lied about everything: how I was feeling, how I was doing, and that's not who I am anymore, and through honesty it makes me more comfortable with who I am, not just guiding my interactions but how I make decisions, that's what guides what kind of a friend I am, what kind of mother, what kind of daughter, it's an amazing thing what a simple word like honesty—how pervasive it is in changing your daily actions.

This is interpenetration: all layers of identity being used to understand and shape identity.

Through a communal layer resource like AA, Stephanie changed her understanding of a personal layer quality by valuing honesty, which changed how she interacted on the relational layer as a mother and friend, and changed how she enacted her identity overall.

Interpenetration is an unfolding process, always moving, always evolving.

Members begin to identify as part of the community. They are always alcoholics, but now they are in recovery. They are recovering alcoholics, non-drinking alcoholics. But that is just an aspect of who they are. In the beginning, it might be a large part of who they are, but as Kathy said:

When I was very involved in AA it was more of who I was at that point, I didn't know what else to do because drinking took up all my time, so it felt even more important that I needed to take up all my time with something at least healthy to counteract that balance at that point. But now it's not as – I think if I talked about alcohol or if I was immersed in it like I used to be then I would lose my mind, so I don't want to focus on it. It's just part of who I am.

Everybody takes a different road. Some people, like Don for example, feel the need to stay heavily involved as they maintain sobriety. Others, although sticking close to the principles of AA, drift away from the meetings. Either way, AA is about keeping your life in focus, maintaining a strong sense of self, maintaining positive and healthy

relationships, becoming a part of something larger than yourself, and coping with life's struggles in reasonable, measured, and productive ways. In terms of CTI, AA helps members draw resources from the personal, relational, communal, and enactment layers so that these layers, as much as possible, operate in harmony.

Identity Gaps. RQ3 focused on the identity gaps. Identity gaps cannot be avoided, especially taking into account all of the changes that take place for members of AA. The following is most certainly not an exhaustive list of identity gaps experienced by members of AA, but it does uncover some gaps expressed by the participants, which include personal-enacted, personal-relational and personal-communal identity gaps. Participants also experienced personal-personal, relational-relational, and communal-communal identity gaps.

In the current study, personal-relational and personal-enacted identity gaps occurred together after the first enactment. Here, an AA member acknowledges to themselves and to other AA members, during a meeting, that they are alcoholic, but the member still may not tell everybody, such as some friends and family members. Like Jackson said earlier, you can always say it later but you can never take it back. Jackson would sometimes lie to other people, telling them he was not drinking because he was on a diet or antibiotics, thus leading to a personal-enacted identity gap. Similarly, Jase, talking about when he discloses his involvement with AA, said

It all depends on the situation, it depends with who. People I'm close to at work, they know. In my other interactions, kid's school, I'll ask another parent or something, can you watch the kid while I go to a meeting? They think it might be a work meeting, I don't know.

Members exercise caution about whom they disclose to, which impacts how they relate to other non-AA individuals, thusly creating personal-enacted and personal-relational identity gaps.

Another personal-relational identity gap can occur when a member does not mesh well with a sponsor; sometimes members go through multiple sponsors before they find the right one. For example, Kayla's first sponsor was an "airhead" and her second sponsor was "very militant, she was much younger, she was a college student, and she hadn't been married and she didn't have kids and she didn't have some of the same experiences" Kayla had had, so Kayla could not relate to her and felt at odds: "I did not feel a comfort thing," Kayla said, "I felt that she was judgmental." So although sponsors are great resource for members, especially in the beginning, it is important to find one that fits your needs and personality, otherwise it can lead to personal-relational identity gaps.

Personal-communal identity gaps can occur when a person first encounters AA, goes to their first meeting, and does not yet identify with the institution of AA. Many newcomers do not think AA is going to work for them. Don said, "When I went to AA meetings and I was drinking I didn't lie to people, you know, I said you're not like me, I've got to drink, this is what I've got to do." Similarly, Jase said a common thing to hear from newcomers is, "But I'm different," but he continued, "Yeah, but everybody's pretty much the same." So it can take some time before a person aligns their personal layer with the communal layer of AA, possibly resulting in personal-communal identity gaps.

Another personal-communal identity gap can occur when a person does not fit in well with a particular meeting. I was told numerous times that the program of AA is the

same wherever you are, but there are different types of meetings – speaker meetings, discussion meetings, women’s meetings, etc. – and there are different group dynamics at each meeting. Females, like Vicky, who live in a small town where there are few meetings to choose from may have a hard time fitting in to their local meetings. In another example, Robert said he naively went to his first meeting and it was a discussion meeting when what he really wanted was a speakers meeting. He said he was confused and thought he was in the wrong place or just had the wrong idea about AA. Eventually he found the meeting he was looking for. If a newcomer goes to a meeting and feels like they cannot fit it, it can result in a personal-communal identity gap.

The third personal-communal identity gap can occur when a person is reluctant or hesitant to put their faith into a Higher Power. Joe said, some people “have a hard time” buying into a Higher Power. Eric told me that spirituality sometimes scares newcomers away, so when he talks to newcomers about that he does not push it, and explains that the Higher Power can be anything of their choosing. The issue of Higher Powers, especially given the overwhelming proclivity for members to choose the Christian God as their Higher Power, can also result in personal-enacted identity gaps for members who are not Christian, like Rochelle, who said she sometimes held back voicing her opinions in meetings for fear of being judged.

Within-layer identity gaps. Regarding the potential for within-layer identity gaps, the current study discovered possible personal-personal identity gaps at the moment of rock bottom when alcoholism suddenly became incompatible with the life participants wanted to live, relational-relational identity gaps for participants who experienced awkwardness and tension in relationships with family and non-AA friends, and

communal-communal identity gaps for some members who get to a point where they no longer viewed attending the meetings as helpful.

A possible personal-personal identity gap occurred for Robert, who drank three bottles of wine a day and was a successful businessman for many years, but suddenly reached his breaking point. His business started failing, he began losing money and sleep, and had a psychological breakdown one night where he experienced dark thoughts, called a crisis hotline, and saw a counselor the next day who referred him to AA. When he had the breakdown, talked to the counselor, and went to his first AA meeting, he realized that his current way of life was incompatible with surviving and maintaining sanity. Experiencing sudden personal-personal identity gaps is probably true for many people who hit rock bottom and subsequently realize they cannot go on living as alcoholics. It is a personal-personal identity gap because they realize what they are is not what they want to be. In this way identity gaps – and especially this particular within-layer identity gap – can lead to positive outcomes. Jackson said as devastating as this time was for him, it actually turned out to be a blessing because he was able to get the help he needed and move his life forward in a positive direction.

Relational-relational identity gaps can occur for AA members navigating friendships with non-AA members. Kathy, for example, told the story about her friend not inviting her to an event because there would be drinking, and Austin said he went to a barbeque where his friends tried to hide the fact that they were drinking. Their friends had good intentions and were just trying to be considerate, but it made things awkward, especially because both Kathy and Austin felt secure enough in their sobriety that they could be in those environments without any problems. Such experiences are relational-

relational identity gaps because the participants have relationships in AA where they feel secure in their sobriety, trusted, and then they have relationships with their non-AA friends where their alcoholism and lack of trust is reinforced. Some participants also reported tension with family members who did not trust them even though they had gained sobriety and held leadership positions within AA. John, for example, was three years sober before his sister let him in her house. Even though he was doing well in AA and had achieved the beginnings of longstanding sobriety, he was still made to feel untrustworthy with his sister.

Finally, there is the potential for communal-communal identity gaps for members who reach a point where they no longer feel that attending meetings is helpful. Typically these are members who have achieved longstanding sobriety and, for them, the meetings have gotten repetitive. Kathy, for example, still identifies strongly with the principles and teachings of AA but no longer goes to meetings and said that if she still was as actively involved in AA and going to the meetings it would drive her crazy. Similarly, Regina, who credits AA with saving her life, said

If you have ever attended an AA meeting they have a tendency of saying ‘I am an addict’, and they constantly rehash or relive their addiction, and for me that doesn’t work because I’m looking into my future. I cannot dredge back 20 years ago and expect me to walk forward into a future from a past that no longer exists. That can be damaging to me.

She sees AA as having a positive force in her life, but now she can no longer go to the meetings because they would keep her stuck in the past.

Conclusion

In this chapter, I have presented the major themes members of AA experienced as they transitioned to sobriety. The themes revolve around resources of identity members

talked about drawing from the four layers of identity to understand themselves more clearly and to achieve and maintain sobriety. The themes were first presented as a subjective and experiential narrative that followed a trajectory from rock bottom and the first enactment to getting enmeshed in the program of AA. Then, the themes were presented as to how they represent the four layers of identity, interpenetration, and identity gaps.

Participants referenced honesty, acceptance, gratitude, and selflessness from the personal layer, which helped them develop relationships with sponsors and other AA members, and helped them improve their relationships with friends and family as they identified more and more with the community of AA. Enactment was essential every step of the way as members identified both privately and publicly as alcoholics, developed relationships, and worked the steps. These resources cooperated, or interpenetrated, with one another to shape a non-drinking, sober identity that could transition into a better way of living.

Chapter 5: Discussion

The current study examined addiction, communication, and identity by looking at how members of AA express their experience of recovery. The two main goals of the current study were theoretical and methodological in nature. Theoretically, the current study aimed to explore the boundaries of the Communication Theory of Identity (CTI) (Hecht et al., 2005) by examining how members of AA talked about identity-building resources from each of the layers, and by investigating interpenetration as well as between-layer and within-layer identity gaps for members of AA. Methodologically, the current study examined addiction from a qualitative standpoint, which is a departure from the way addiction has typically been studied. Although there are qualitative studies of addiction, a majority of work on addiction has been clinical and quantitative, but recently, addiction researchers have called for more qualitative work (Larkin & Griffiths, 2002, Neale et al, 2005, Shinebourne & Smith, 2002). The current study answered that call by studying addiction using hermeneutic phenomenology (Van Manen, 1990). The aim was to add thick, rich description and a more nuanced understanding of addiction, and to uncover some of its subjective and experiential qualities. Furthermore, by using a qualitative approach the current study gives voice to those suffering through addiction.

The current study's findings showed that members of AA talked about various identity-building resources from the personal, relational, communal, and enactment layers in order to better understand self and transition into sobriety. For example, members of AA referenced resources such as honesty, gratitude, and selflessness from the personal layer, developed relationships with sponsors and other members of AA, mended and

improved relationships outside of AA, utilized the principles and teachings of AA as resources from the communal layer, and enacted their recovery by working the steps. The current study also showed how each of the layers and their attending resources interpenetrated to form a more complete picture of identity. For example, working the steps and learning the principles and teachings of AA fostered qualities like honesty and selflessness, which helped improve relationships and, overall, helped members of AA become confident and secure in their sobriety, and understand themselves as successful recovering alcoholics. In addition, the current study identified and described personal-enacted, personal-relational, and personal-communal identity gaps for members of AA, along with within-layer gaps, namely personal-personal, relational-relational, and communal-communal identity gaps.

The remaining sections of this chapter cover the current study's theoretical contribution to CTI, the current study's contribution to identity research, the current study's contribution to addiction research, and the current study's methodological contribution. Specifically, the theoretical contribution focuses on interpenetration and within-layer identity gaps. This section also focuses on the specialized role of the enactment layer. In regards to the current study's contribution to identity research, the focus is on the nature of identity for members of AA and how alcoholism can be conceived as just an aspect of self or something that is more singular and central to self. In regards to the current study's contribution to addiction research, the focus is on the implications of AA and how the principles of AA have been adapted to other addictions and afflictions, and how this relates to other addiction research. In regards to the current study's methodological contribution, the focus is on how the qualitative approach gave

voice to the subjective and experiential nature of addiction. Finally, the chapter concludes by highlighting the current study's limitations, and outlining future directions for research.

Theoretical Contributions to CTI

A primary goal of the current study was to explore the theoretical boundaries of CTI by examining interpenetration and identity gaps. The concept of interpenetration has been understudied and inadequately articulated. To date, interpenetration has been more of a theoretical notion that seems to make sense, but scholars have yet to demonstrate what it actually means. This criticism is not meant to sound pejorative; some CTI work, like Jung and Hecht's (2004) elaboration of CTI and Kam and Hecht's (2009) study of grandchild-grandparent interactions, have tackled interpenetration in a clever way by studying identity gaps. The idea is that identity gaps, like gaps between adult grandchildren's identity with schoolmates and friends compared to their identity with grandparents (Kam & Hecht, 2009), draw attention to discrepancies in layers and are thusly indicators that layers sometimes work together and sometimes clash. Hence, they interpenetrate. That argument and approach makes sense, but it is nonetheless an indirect approach to studying interpenetration. The current study proposed and put into practice another, more direct approach.

The current study looked at interpenetration from the perspective of identity-building resources that individuals draw from each of the layers and then piece together to form a more complete picture of identity. This is a similar approach to identity that Eisenberg (2001) took in his theory of communication, identity, and mystery, which refers specifically to identity as multifaceted and fluid and constructed through various

resources such as narrative, emotion, and a “surround” that incorporates social structures and institutions. CTI, with its familiar, distinct, and simple layers, offers a more parsimonious way to incorporate identity-building resources into identity.

To understand this more clearly, the layers of CTI are locations from which to build and shape identity. Within the confines of each layer are various resources that can be used and shaped and these resources are typically dependent on resources from the other layers. For example, members of AA drew gratitude and selflessness from the personal layer which became aspects of their self-concept, but these resources were learned through AA which is both a communal layer resource and a setting for relational layer resources because members within AA build relationships with sponsors and other members, and selflessness and gratitude are enactments that become actualized in communication and relationships. Stephanie, a member of AA, demonstrated this when she talked about how honesty, a personal layer resource she learned and put into practice through AA, improved her relationships with her mother, daughter, and friends, and how honesty has come to define her as a mother, daughter, and friend by guiding her interactions. She said, “that’s what guides what kind of a friend I am, what kind of mother, what kind of daughter.” This, then, is an example of interpenetration. In actuality it is much more complex than that because more and more detail can continually be added, but it is, nonetheless, a picture of how identity comes together.

It is possible to see another example of interpenetration by examining Don, another member of AA. Don said he was skeptical of AA when he first started. In addition, Don hated himself and when he drank he hated other people too, until he realized that changing his perspective was the key to changing his life. At first he would

go to meetings and not get anything out of them because he thought they were pointless. However, he persevered, and through AA he eventually learned to be more accepting and less judgmental (which are personal layer resources), he got a sponsor (which is a relational layer resource), his involvement in the meetings increased (which is a communal layer resource), he worked the steps and became sober (which is an enactment layer resource), and has not had a drink in over 17 years. Each layer is therefore dependent on the others. Acceptance is learned through working the steps, which are taught in meetings and reinforced by a sponsor, and which is perpetuated in other relationships and further reinforced by continually working the steps. The result for Don was a non-drinking, more accepting, and less judgmental identity.

In some respects, the nature of interpenetration and its role in CTI is similar to systems theory (Bertalanffy, 1968) in that nothing exists in a vacuum; the individual parts of something contribute to its whole. Systems theory has been adapted to families, and in the case of families the whole is the family-at-large and the parts are the individuals, and the goal is to see how the parts contribute to the whole (Bavelas & Segal, 1982). Interestingly, Bowen (1974) used family systems theory to view alcoholism in the family, arguing that anxiety causes a family member to drink excessively, which in turn increases anxiety for those, like children and spouse, who are dependent on that family member, causing elevated tension in the family system. The point is that individuals in families impact other family members and the family system as a whole, just like the layers of CTI constantly impact each other. Like the current study showed through interpenetration, a change in an individual's self-concept, like learning how to be honest and selfless, in turn changed that individual's communication patterns and improved their

relationships, and as a result their identity in various relationships changed and was guided by changes in self-concept. In an example that was used above, Stephanie began to emphasize honesty as an important part of her self-concept, which then guided how she saw herself as a mother, daughter, and friend. Her identity in various contexts was therefore influenced by changes in the personal and relational layer, and such changes were inspired by something she learned through AA, which is a communal layer resource. Identity then can be thought of as a system because it is the result of various components and resources that influence each other, sometimes working together and sometimes contradicting.

So the question then is what makes the system go? What puts identity into motion and what keeps it moving? This is perhaps the role of the enactment layer, which allows the layers to coordinate. The enactment layer is the vehicle for how the layers interpenetrate, how they interrelate, and how they sometimes lead to identity gaps. The next section discusses in more detail the role of the enactment layer in CTI.

The enactment layer. The enactment layer seems to play an especially important role in CTI: it seems to be its own, categorically distinct layer and yet it also seems to do additional work. Beginning with the premise that communication IS identity (Hecht et al., 2005), the primary function of the enactment layer may be to demonstrate how each layer is a communicative expression. The enactment layer then would be what makes each layer communicative, and thusly, what makes identity communicative.

To demonstrate this, consider first how each layer is an enactment, starting with the personal layer. In the current study, participants talked about being honest with themselves, transparent with others, accepting of the themselves, accepting of others,

thankful, grateful, and selfless, which are all understandings that occur in the personal layer. In other words, these are all understandings of self and how self is positioned in the outside world. But, these are personal layer understandings that actualize in communication. In other words, they mean nothing if not expressed, either directly or through a pattern of behavior. For example, Don learned through AA to be less judgmental and said, “To change my actions I have to change my habits and when I change my habits my thinking changes.” In other words, thoughts and actions are connected. Therefore, the personal layer, even though it is personal, internal, and to the self, is still an expression, a communication, and an enactment, supporting the axiom that *one cannot not communicate* (Watzlawick et al., 1967).

The relational and communal layers, distinct in their own right, are also made possible through the enactment layer. Relationships are enactments that communicate *something*. In Baxter’s (2004) work on relationships as dialogues, dialogue is considered a constitutive process that creates and shapes relationships. In other words, relationships are created and made meaningful through discourse that communicates that someone is a friend, an enemy, a lover, a sister, a son, a father, a sponsor, etc. In this way, relationships communicate and shape identity. For example, Stephanie, a member of AA, talked about how sobriety has changed the way she identifies as a mother, daughter, and friend, and how honesty (incidentally, a personal layer resource) now guides how she enacts these relationships. Shifting to the communal layer, involvement with and membership in communities and groups are enactments as well. Put in other terms, communication structures and influences organizations because members of organizations play an active role in shaping organizations through communication and

social action (Putnam & Nicotera, 2009). Mary, a member of AA, said, “There’s a paragraph in the Big Book that talks about, you know, the world being a stage and everyone are actors.” Members of AA are actors on the stage of AA and enact their membership by actively attending meetings, participating in meetings, and enacting the principles and teachings of AA. Therefore, enactment layer plays a key role in relationships and organizations. Furthermore, the relational and communal layers are influenced by the enactment layer’s function, and it can be argued that the relational and communal layers are made possible through enactments.

To push this idea further, it is important to ask, “What is the enactment layer and what is its role in CTI?” In one respect, the enactment layer represents verbal and nonverbal expression, like saying, “I am ____ and I am an alcoholic.” So the enactment layer, in this respect, is a layer like the others representing its own sphere of identity, but it also more than that: it is the force behind interpenetration that drives the system of identity. This idea is similar to the argument of the Circumplex Model of Family Systems (Olson et al., 1983), which is a family interaction model that is sometimes used in family therapy. The model views family adaptability, cohesion, and communication as essential elements that define the family and which must be balanced to maintain family satisfaction. The model states that family adaptability and cohesion make up the family system and that communication facilitates the movement of the system as a whole. The enactment layer, then, represents identity that is expressed through verbal and nonverbal communication, and the enactment layer also is at work in relationships and memberships because relationships and memberships are additional ways that identity is enacted. Therefore, if CTI posits that identity is communication and that identity is comprised of

the personal, the relational, the enactment, and the communal layers (Hecht et al., 2005), each of these layers must be communicative and the enactment layer is potentially the vehicle that allows each layer to be communicative.

The current study showed that enactment was the action of identifying as an alcoholic and being a member of AA. Specifically, participants enacted recovery by saying, “I am ____ and I am an alcoholic,” attending meetings, and working the steps. The interesting thing to note is that enactments like publicly identifying as an alcoholic, attending the meetings, and working the steps led to interpenetration with the other layers. For example, by attending the meetings and working the steps members learned honesty, selflessness, and gratitude, which were new understandings in their self-concept that helped them improve their relationships. When their relationships improved it reinforced the teachings from the meetings and the work they did with the steps, which made these members identify more strongly with AA and begin to see themselves as able to successfully recover. The enactment layer, therefore, plays an important role in CTI by representing a layer of identity and potentially acting as the driving force for interpenetration. As CTI progresses and is applied to more and more phenomena, the unique and complex nature of the enactment layer still needs to be more clearly understood.

Identity gaps. Regarding identity gaps, the current study uncovered and described some common identity gaps experienced by members of AA and explored the possibility of within-layer gaps for members of AA; within-layer identity gaps are something Kam and Hecht (2009) urged researchers to explore further. Identity gaps in general, and within-layers identity gaps especially, are just as complex as interpenetration

and are also a matter of perspective. The current study uncovered a personal-enacted identity gap, personal-relational identity gaps, and various personal-communal identity gaps. The current study also noted that identity gaps sometimes lead to positive outcomes, as was suggested in Drummond and Orbe's (2007) study of racially similar individuals with different ethnicities. For example, for members of AA the initial motivation to quit drinking and enter AA is perhaps the result of a personal-personal identity gap that occurs when an individual hits rock bottom and suddenly feels the life they are living is not the life they want to live. This finding is important because the connotation of identity gaps is typically negative. They are not always negative; sometimes they indicate potential and possibility.

The study of addiction, and especially addiction recovery, is likely an area rife with identity gaps due to the major transitions people in recovery experience. Members of AA are making many changes in their lives ranging from personal and relational changes to new memberships in treatment and recovery programs to changes in their habits and communication patterns. The current study identified personal-communal identity gaps for members of AA that went to AA for the first time and did not think they would fit in or thought AA would not work for them; a personal-enacted identity gap for a participant who did not feel she could always voice her opinion at meetings because she followed an alternative spirituality; personal-relational identity gaps for members who paired with sponsors that did not fit their personalities; and personal-relational identity gaps for members who had awkward interactions with non-AA friends. Much like the international students in Wadsworth et al.'s (2007) study who experienced personal-enacted identity gaps and the immigrants living in the United States in Urban and Orbe's

(2010) study who experienced many identity gaps including personal-enacted and personal-relational identity gaps, participants in the current study oftentimes felt like they were in foreign environments where they did not fit in.

One of the current study's contributions was identifying and describing within-layer identity gaps for members of AA. In addition to the personal-personal identity gap mentioned above, potential relational-relational identity gaps and communal-communal identity gaps were also discovered. Relational-relational identity gaps occur when an individual's identity in one relationship contradicts their identity in another relationship. For example, in Colaner, Poynter, and Guignon's (2013) study of adoptive identity, a relational-relational identity gap was found for adoptees' who experienced tension regarding their relationship with their birth family and their relationship with their adoptive family. For members of AA, a relational-relational identity gap occurs when in an AA-specific relationship (like a relationship with a sponsor or a relationship with another member of AA) they are made to feel trustworthy, while in a non-AA specific relationship (like a relationship with a friend or family member) they are made to feel like they cannot be trusted. This occurred for one member, John, who was given leadership responsibilities in the AA community but at the same time was not allowed in his sister's house. In fact, John had three years of sobriety before he was finally allowed in his sister's house. Potential relational-relational (and personal-relational) identity gaps also occurred for members of AA in the context of friendships with non-AA members that were in contradiction to their relationships with AA members. For example, some participants had awkward interactions with their non-AA friends because their friends tried to shield them from alcohol, which resulted in these particular participants, like

Kathy, being excluded from social events and her alcoholism being reinforced despite the fact that she felt secure in her sobriety.

Potential communal-communal identity gaps occurred for members who reached a point where they still identified with AA and followed its teachings but no longer attended meetings regularly and, in fact, viewed attending meetings as unhelpful. Some participants, like Jackson and Regina, said that after a while the meetings became repetitive and kept them stuck in the past. Another participant, Kathy, said she was immersed in AA at the beginning of her sobriety but now that she has longstanding sobriety, if she had to talk about AA all the time she would go crazy. She still holds true to the principles of AA but she stopped going to the meetings. This finding is particularly interesting because it is a slightly different structure from the relational-relational within-layer identity gap explained in the previous paragraph. The communal-communal identity gap being described here is where the person is simultaneously identified and dis-identified with the same entity, AA, as opposed to being torn between two separate entities. For example, a person who is a democrat and also a member of AA might experience a within-layer identity gap between two separate entities, which would be similar to the relational-relational identity gap described above where the participants experienced gaps between two separate relationships.

The concept of within-layer identity gaps still needs more exploration and articulation. For example, Kam and Hecht (2009), in their study on adult grandchild-grandparent interactions, posited a potential relational-relational identity gap for adult grandchildren who, in their peer relationships may feel like leaders but in the context of their relationships with their grandparents feel like followers. This, perhaps, in addition

to a potential relational-relational identity gap due to the adult grandchildren not only being treated differently in each relational context but feeling different too, is also a personal-relational identity gap (i.e., the adult grandchildren feel, in their self-concept, like leaders, but are treated by their grandparents as followers). This is a subtle but important difference and one that should be clear to researchers because it draws further attention to interpenetration: within this example it is nearly impossible to separate the personal-relational identity gap from the relational-relational identity gap because they are both intertwined.

Contribution to Identity Research

One of the issues the current study took on was the centrality of the recovering alcoholic's identity. The question was: is a recovering alcoholic identity just an aspect of an individual's identity or is it more of a complete and total identity. This question is important because identity research often wrestles with the nature of identity (is it fixed and stable or fluid and multifaceted?) and the identity research that guided the current study, like Walters (1996) literature review on identity and addiction, Tracy and Trethewey's (2005) crystallized self, Eisenberg's (2001) theory of communication, narrative, and mystery, and CTI (Hecht et al., 2005) all view identity as fluid and multifaceted, however, members of AA strongly identify as alcoholics by saying, "My name is ____ and I am an alcoholic," and this is something they would say and do even if they have 50 years of sobriety (even though one would think that being sober for 50 years would mean that you are not an alcoholic). Therefore the question, "Is a recovering alcoholic identity just an aspect of an individual's identity or is it more of a complete and total identity?" is a relevant one to ask.

It seems that most participants in the current study viewed their status as alcoholics as only an aspect of their identity. Kathy said when she first began AA it was perhaps more of a central part of her identity because she was consumed with AA and intent on getting sober, but now it is just a part of who she is. She still holds true to the teachings of AA but no longer attends meetings and sees herself as much more than just an alcoholic. Other participants said similar things, like Jase, who said being a member of AA and being a recovering alcoholic is an important part of who he is, but he is much more than that, like a father and a duck hunter.

Of course, there may be a few participants who do view their status as alcoholics as more central to their total being. These participants, like Don, subscribe to the motto “meeting makers make it” and are much more singularly invested in AA than participants who view AA as only an aspect of themselves and a vehicle to live their life. In fact, Don, who has longstanding sobriety and is heavily involved in AA, recently informed me after our initial interview that he is cutting back his work schedule so he can become even more involved in AA. Nonetheless, a majority of participants viewed themselves as individuals who just happen to be recovering alcoholics, supporting the notion that identity is multifaceted and fluid (Eisenberg, 2001, Hecht et al., 2005, Tracy & Trethewey, 2005). However, it is interesting to note that at certain times during recovery, like during early recovery, identifying as an alcoholic is stronger and more singular because in the early stages of recovery it is important to be completely invested and be more or less obsessed with recovery. This would be in line with Cain’s (1991) study on how important it is for newcomers to learn and tell their personal AA story, which is a story that contextualizes a person’s life and story in the framework of AA. According to

Cain, newcomers use their personal AA story to identify strongly with AA and understand themselves as alcoholics who need help. The personal AA story, therefore, helps newcomers enmesh themselves in the program in order to reconstitute their identity. Thus, during the initial stages of recovery, newcomers may view themselves in very singular terms as alcoholics or alcoholics in recovery, but once they transition into stable and sober living their identities may then become more multifaceted and less singularly focused. In fact, as Hughes (1994) suggested, for individuals to recover from addiction they must eventually re-conceptualize their identity so that it supports a future non-using self. Therefore, at some point they need to understand themselves as *not* solely an addict or an alcoholic, but as non-using individuals. Similarly, Koski-Jannes' (2002) study on addiction recovery found that those who successfully recovered did so as a result of recalibrating their personal and social identity, meaning they learned how to understand themselves in terms other than just their addiction. And Larkin and Griffiths' (2002) study on 12-step programs found that individuals leave 12-step programs as a "new person entirely" (p. 304). The point is that when addicts or alcoholics first begin recovery they identify strongly with their addiction and then as they progress through recovery they begin understanding themselves in more multifaceted ways beyond just their addiction. The current study supports this notion by showing that most members of AA eventually come to understand their affiliation with AA and their alcoholism as just aspect of their identity. Like Kathy said, "When I was very involved in AA it was more of who I was at that point...But now it's not as – it's just a part of who I am."

This goes to show that identity is fluid and because it is fluid (Eisenberg, 2001, Tracy & Trethewey, 2005), it cannot be quantified with any authenticity or qualified with

any certainty, especially by a third party who is conducting observations and interviews and relying on intersubjectivity. Identity scholars therefore should always be mindful of context and perspective when studying identity, and they should strive to provide nuanced descriptions that achieve plausibility, uncover possibility, and ultimately bring the phenomenon to life. Identity is always evolving and happening on many different levels. When talking about interpenetration earlier, I argued that interpenetration is a game of matching, combining, contrasting, and formulating. Set in a specific context or setting, like recovering from alcoholism through AA, identity can be examined and analyzed but it is always subjective and experiential.

One final point on the current study's contribution to identity research is the tendency for some members of AA to draw in group/out group boundaries *within* AA. According to Tajfel and Turner (1986), individuals make comparisons between their ingroups and their perceived outgroups, oftentimes privileging their ingroups and discriminating against outgroups. According to Jackson and Erik and many other participants, within AA there are purists who advocate for a very strict following of AA; these purists are by-the-book and they consider any deviation from the Big Book to be wayward and wrong. For example, according to Kyle, some AA purists do not think recovering alcoholics should take medication of any kind, even if it is an anti-depressant. And according to Erik, some purists think AA is only for alcoholics and dismiss those who may be alcoholics and drug addicts. Erik said, "pill poppers might come in and the old-timers will say, we wish you the best but you need to find an NA meeting." These purists think they are defending the integrity of AA, but they are actually creating an unwelcoming environment for newcomers. John said he has seen newcomers "come in

and have a hard time living in the black and white” that is perpetuated by some of the old-timers. Even though the purists identify strongly with AA and are committed wholeheartedly, they can actually do more harm to the organization than good. The takeaway, then, is that identifying with something in very strict and narrow-minded terms, instead of fluid and flexible terms, can make it hard for an individual to grow and help others.

Contribution to Addiction Research

The unwritten goal of the current study was to help those struggling with alcohol. This is a modest attempt to learn more about the plight of the alcoholic and to uncover some insights about recovery. At the very least, the current study hopefully gains more understanding about what works, for so few, in AA so that more people can succeed in sobriety. Of course, AA already has a strong program rich in tradition that, according some participants, will never change and does not have to, but hopefully the current study finds a way to influence at least a few individuals.

Regarding addiction research and specifically work that looks at recovery, it is important to take note of a comment made by a few participants: AA is simple. This does not mean that going to AA, working the steps, and becoming sober is easy, but that the program, when you get down to it, is simple. It has been said already that AA is about learning to live a better life and it seems that a better life is the result of following some rather simple principles, like being honest, being more accepting, and being selfless. None of these things are easy to do, but they are not complicated to understand. And the people who are willing to quit and who succeed in following these principles tend to succeed in sobriety. In addition, and as mentioned above, those successful in recovery

are willing to let go of their habits and see themselves as future non-users (Hughes, 1994).

AA, like previous addiction research has indicated (Cain, 1991, Larkin & Griffiths, 2002), helps alcoholics and addicts transform their identity into new versions of themselves by emphasizing a better way of life that is achieved through reprioritizing values, becoming more honest and selfless, and building better relationships. Like Akers and Lee (1996) suggested, addiction can be learned and unlearned. AA helps members unlearn their addictions through the learning and telling of personal AA stories (Cain, 1991), and by teaching members coping skills, which is important because alcoholism can be predicted by the motivation to drink-to-cope (Cooper et al., 1988). Perhaps the most important aspect of AA is its support and fellowship. Individuals are less likely to abuse alcohol when they perceive high levels of social support (Gardner et al., 1983, Pauley & Hesse, 2009) and support and fellowship occurs at meetings. Members can tell their stories, discuss common issues, and get in touch with other like-minded individuals who *have been there before* and who are available to talk. Stephanie said, “I think now I don’t necessarily need meetings, I just like them.”

And because AA has worked for so long, support groups like Narcotics Anonymous and Gamblers Anonymous have implemented the same basic principles into their programs. Therefore, the 12 steps can be applied to any type of addiction whether it is sex, internet, and eating, among others. It seems that almost everyone is somewhat familiar with AA and has heard of the 12 steps because they know somebody who has gone through it or they have seen it in sitcoms and movies. Jackson joked that everybody has at least one alcoholic in their family. Furthermore, in response to Bailey (2005), who

posed the question, “How can addicts and alcoholics ever move beyond such a deviant label?” many of the participants seemed to agree that there is not as much stigma associated with alcoholism and AA compared to the past. Perhaps the addict identity is no longer considered to be as “spoiled” as was suggested by McIntosh and McKeganey (2001). Those suffering from addiction have more access to outlets like AA that can give them help. They no longer need to fall victim to the “learned helplessness” that used to characterize addiction (Davies, 1992, Reith, 2004) because they can go to meetings and meet and talk to others who have overcome it.

Methodological Contribution

The current study studied a topic qualitatively that is typically studied quantitatively. The reason for this is that addiction researchers (Larkin & Griffiths, 2002, Neale et al, 2005, Shinebourne & Smith, 2002) have recently called for more qualitative work on addiction, so the current study did so and gave voice to those who have suffered through addiction. In addition, the current study took on the experiential, subjective nature of addiction and, through hermeneutic phenomenology (Van Manen, 1990), tried to bring that experience to life. The strength of this approach is that it captures the fractured nature of reality from the participants’ point-of-view. In reality, the approach captures my interpretation of the participants’ point-of-view, but through member checking, the interpretations were refined and verified.

In capturing the subjective, experiential nature of addiction from the participants’ point of view, the current study utilized observations and interviews, both of which helped round out the experiences of the participants and added more dimension to the findings, making them more robust and plausible. As much as possible, the current study

tried to use the participants' own language in combination with the language of CTI to create a thick, rich description of recovery and to advance CTI. According to Dodes and Dodes (2014), only between five and ten percent of those who try AA will actually succeed. Rigorous, qualitative work on addiction can be used to better understand what works for those who have achieved success in programs like AA.

Such information can also add nuance to other quantitative studies of addiction (Stahler & Cohen, 2000). For example, in a survival analysis of communal-living, self help, and addiction recovery (Bishop et al., 1998), one predictor of duration in treatment was common age, meaning that individuals in treatment programs who were around the same age as the other individuals in treatment stayed in treatment longer. In the current study, the findings indicated that participants were able to identify with other AA members at the meetings despite the fact that the meetings were diverse environments. This is because members bonded over their common struggle. The implication is that treatment programs that emphasize similarity over difference might see better results. Another previous quantitative study found that self-determination has a positive impact on recovery (Boisvert et al., 2008). The current study can add aspects of self-concept such as honesty, selflessness, gratitude, and acceptance as qualities that also have a positive impact on recovery. In this way, the current study has shed light on previous addiction research and can help spur future addiction research as well.

More quantitative and qualitative studies of addiction should be conducted to further our understanding of addiction and recovery. The following section covers limitations to the current study and directions for moving the study of addiction and recovery forward.

Limitations and Future Directions

One limitation was the type of sample utilized: the current study only interviewed people who have had success with AA – these people ranged from being newcomers to longtime members – but they were all very complimentary about AA. I did not talk to anybody who tried AA and failed or who tried AA and hated it, so my sample was comprised of people who have more or less bought into the program and, unsurprisingly, these people had more positive things to say than negative. To be fair, some participants did offer bits of constructive criticism aimed at AA, but it would be interesting to talk to people who did not have success in AA and stopped going. Such a comparison could have helped refine some of the themes in the current study. Other comparisons might also prove fruitful: newcomers vs. old-timers, men vs. women, AA vs. NA.

Regarding future work related to CTI and recovery, probing deeper into aspects of relationships members experience inside and outside of AA might help to identify and describe within-layer identity gaps. Asking questions, like the one mentioned above about making amends, could open up conversation about this issue. And it goes without saying that more work on within-layer gaps is needed, and work focused on addiction and recovery is a fruitful place for such exploration because people in recovery are going through many transitions and changes. Delving deeper into interpenetration via identity-building resources is also something that needs more exploration and articulation.

Conclusion

The preceding sections covered the current study's theoretical contribution to CTI, its contribution to identity research and addiction research, and its methodological contribution. The theoretical contribution focused specifically on the nature of

interpenetration, the unique role of the enactment layer, identity gaps, and the current study's uncovering of potential within-layer identity gaps for members of AA. Of particular interest, the discussion detailed a new approach to interpenetration that pieces together identity-building resources drawn from each of the layers to shape a more complete picture of identity. In regards to the current study's contribution to identity research, the discussion focused on the fluid nature of identity for members of AA and how alcoholism was, for the most part, conceived as just an aspect of self despite the practice in AA of strongly identifying as an alcoholic and buying into the notion that alcoholism is present at birth and permanent throughout an individual's entire life. In regards to the current study's contribution to addiction research, the discussion focused on how AA is a simple, yet not easy, program to follow and on how success in AA is based on quality communication with like-minded others. In addition, the discussion noted that the principles of AA are universal and have been adapted to other addictions and afflictions. In regards to the current study's methodological contribution, the discussion focused on how the qualitative approach gave voice to the subjective and experiential nature of addiction while adding insight on the recovery experience and expanding the framework of CTI. Finally, the chapter closed by highlighting the current study's limitations and outlining future directions for research.

To summarize the project as a whole, the current study examined the topic of addiction and focused on the connection between identity, communication, and recovery. The setting of the study was AA. Change in identity has been shown in previous research to inhibit addiction (Walters, 1996). Therefore, the current study used a theoretical framework, CTI, that posits that communication is identity (Hecht et al., 2005), and

argued that communication shapes and constrains identity during recovery. Overall, the current study made important theoretical and methodological contributions as detailed above.

Notable findings from the current study include showing that members of AA drew various identity-building resources from the personal, relational, communal, and enactment layers in order to better understand self and transition into sobriety. For example, members of AA drew resources such as honesty and selflessness from the personal layer, developed relationships and mended and improved relationships, utilized the teachings of AA, and enacted their recovery by attending meetings and working the steps. The current study also showed how the layers interpenetrated to form a more complete picture of identity. For example, working the 12 steps led to being more honest and selfless, which fostered better relationships and helped members become more secure in their sobriety. In addition, the current study identified and described personal-enacted, personal-relational, and personal-communal identity gaps for members of AA. Furthermore, the current study opened up the possibility that the enactment layer is the driving force behind interpenetration by allowing each of the layers to be communicative. Regarding within-layer identity gaps, the current study discovered and described three potential within-layer identity gaps for members of AA: personal-personal, relational-relational, and communal-communal identity gaps.

Methodologically, the current study examined recovery from a phenomenological standpoint. While there are other qualitative studies of addiction (Cain, 1991, Larkin & Griffiths, 2002) these are the exception. Addiction has primarily been studied in a clinical sense. Therefore, the current study can help add nuance to these previous

quantitative studies and inspire future qualitative research on the subject. The current study's particular qualitative approach, hermeneutic phenomenology (Van Manen, 1990), allowed the study to consider multiple interpretations derived from numerous methods including a review of AA literature, observations of AA meetings, and interviews with members of AA. This particular methodological approach also allowed the results to be presented in multiple ways, including a narrative-like rendering of the themes that captured the subjective and experiential nature of recovery and a thematic presentation of the themes that spoke directly to the research questions. The aim was to bring the experience of recovery to life and to answer the research questions with clarity.

Overall, the current study was important in that it explored the theoretical boundaries of CTI, adding insight on interpenetration and within-layer identity gaps, and brought the experience of recovery to life, as best as possible, through a qualitative approach to understanding recovery. In addition, the current study hopefully discovered ways to make recovery more attainable to those in need.

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Appendix A: Recruitment Script

My name is Noah Franken and I am interested in talking to non-drinking alcoholics who use the teachings of Alcoholics Anonymous to guide their recovery. I am a graduate student from the University of Missouri and I am conducting research to understand how communication influences alcoholism recovery. The title of my project is “Enacting sobriety: Communication, identity, and becoming a non-drinking alcoholic through Alcoholics Anonymous”.

The population that I am interested in studying is non-drinking alcoholic adults who are at least 21 years old. It does not matter how long you have been sober or how long you have been using the teachings of Alcoholics Anonymous. If you agree to participate, you will participate in a one-on-one interview that will be tape-recorded. When you arrive, you will be asked to fill out a simple demographic survey, review and sign a consent form, and participate in the interview. Your total participation should take between 60-120 minutes.

Your identity and answers will be kept confidential. Your participation will help further understanding about the transition from being an alcoholic to a non-drinking alcoholic. If you have further questions, or would like to participate, you can call me at (815) 988-0843 or e-mail me at njf266@mail.missouri.edu.

Appendix B: Semi-Structured "Active" Interview Schedule

Participant:

Date:

Questions Regarding RQ 1 and the Personal Layer

How would you describe your personality now? Is your personality different now than it was before?

What three words best describe you?

What is important in your life right now? What are your values? Have they changed since you've started recovery?

When did you first realize you were an alcoholic? How did it make you feel?

When did you first accept that you were an alcoholic? How did it make you feel?

Questions Regarding RQ2 and the Relational Layer

What are some important relationships in your life? How have your relationships changed since starting recovery?

What is your family life like? How has it changed since you started recovery?

How would you describe your circle of friends?

How would you describe your relationship with other people in AA?

How does being an alcoholic impact your relationships?

Questions Regarding RQ3 and the Communal Layer

What is your experience with AA so far?

How would you describe AA to other people?

Are there other groups or organizations that have an important influence in your life?

Would you consider yourself to be a member of any specific social groups?

How would you describe your level of community involvement?

Questions Regarding RQ4 and the Enactment Layer

Is being an alcoholic something you talk about with other people? How would you describe those conversations?

Is AA something you talk about with other people (outside of AA)? How would you describe those conversations?

Has anyone ever offered you a drink, not knowing you're a recovering alcoholic? What was that like?

What do you do when you're feeling temptation? Is there someone you talk to?

Questions Regarding RQ5, RQ6 and Interpenetration and Gaps

Are there times when you feel misunderstood?

Is there anything in AA you disagree with?

What are the major sources of conflict in your life? How are you trying to resolve them?

What are some things about alcoholism that maybe a non-alcoholic wouldn't know?

Besides not drinking, what are some other things in your life you are working on?

Appendix C: Participant Information

Mary

Age: 62

AA Experience: 16 years

Rochelle

Age: 54

AA Experience: 23 years

John

Age: 34

AA Experience: 9 years

Don

Age: 55

AA Experience: 15 years

Regina

Age: 47

AA Experience: 23 years

Jackson

Age: 53

AA Experience: 14 years

Austin

Age: 42

AA Experience: 1 year

Kathy

Age: 33

AA Experience: 14 years

Abraya

Age: 41

AA Experience: 18 years

Vicky

Age: 35

AA Experience: 1.5 years

Kayla

Age: 45

AA Experience: 3 years

Joe

Age: 54

AA Experience: 24 years

Jase

Age: 40

AA Experience: 21 years

Cliff

Age: 32

AA Experience: 2 years

Robert:

Age: 60

AA Experience: 10 years

Stephanie

Age: 36

AA Experience: 3 years

Erik

Age: 29

AA Experience: 6 years

Kyle

Age: 28

AA Experience: 2 years

Brian

Age: 30

AA Experience: 2 years

Sarah

Age: 44

AA Experience: 7 years

Roberta

Age: 57

AA Experience: 4 years

Stella

Age: 31

AA Experience: 3 years

Bryce

Age: 33

AA Experience: 3 years

Nate

Age: 24

AA Experience: 1 year

VITA

Noah Franken is a qualitative, interpersonal communication scholar focusing on communication and behavior during significant life transitions. His work has included studies on falling in love, coping with the death of a loved one, finding a sense of home in assisted living centers, and alcoholism recovery. Specifically, he is interested in aspects of grounded theory, phenomenology, family dynamics, and identification during significant life transitions.