

ABSTRACT OF DISSERTATION

William M. Weathers, Jr.

The Graduate School

University of Kentucky

2009

SYSTEMICALLY TRANSFORMED SELF-EFFICACY  
IN NARRATIVES OF RECOVERY FROM ALCOHOLISM

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ABSTRACT OF DISSERTATION

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A dissertation submitted in partial fulfillment of the  
requirements for the degree of Doctor of Philosophy in the  
College of Communications and Information Studies  
at the University of Kentucky

By  
William M. Weathers, Jr.  
Lexington, Kentucky

Director: Dr. Nancy Grant Harrington, Professor of Communication  
Lexington, Kentucky

2009

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## ABSTRACT OF DISSERTATION

### SYSTEMICALLY TRANSFORMED SELF-EFFICACY IN NARRATIVES OF RECOVERY FROM ALCOHOLISM

The dissertation presents an integrative theoretical framework to explain change from alcohol dependence to abstinence in terms of self-efficacy transformed through participation in a system of shared narrative. Thematic analysis of 29 narratives of individuals recovering from alcoholism in Alcoholics Anonymous indicated a socially constructed cognitive-behavioral change – both facilitated by and evident in the narratives – from diminished or defunct self-efficacy to expectancy of strong self-efficacy to abstain from alcohol. Narrative themes displayed a cognitive shift or turning point at which self-efficacy is abandoned in favor of participation in a system that includes belief in a power greater than individual self. Individuals identified coherence and fidelity in the narratives of others as salient elements in the transformed perception of personal efficacy. Implications of findings for theoretical development are discussed and directions for future research identified.

**KEYWORDS:** Narrative Analysis, Self-Efficacy, Alcoholism, Abstinence, Recovery

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Student's Signature

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Date

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William M. Weathers, Jr.

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Director of Dissertation

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Director of Graduate Studies

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I dedicate this work to  
my father,

William,

to his father,

Wilson,

to my sons,

Michael

and

Peter

and to my beloved wife,

Jacqueline

## ACKNOWLEDGMENTS

I would like to acknowledge foremost the guidance and example of rigor so generously and graciously afforded me by Nancy Grant Harrington, Ph.D., my Dissertation Chair. In addition, the teaching of Derek R. Lane, Ph.D., forced me to see that one cannot understand theory without understanding the philosophy of science. Thomas R. Lindlof, Ph.D., made sure I learned the hard way that research is indeed different from investigative reporting. And Mark T. Fillmore, Ph.D., broadened my intellectual field of vision immeasurably.

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## INTRODUCTION

Human behavior demonstrates incessant quest for union. One basic form is congenital and sexual; that is, as individuals each of us may be thought of as a potential *part* of the physical union that regenerates the species. Another form is familial in that we are born as daughters or sons and most of us continue to seek participation in some iteration of family. Still another is communal; we become members of multiple communities. Through and around all of our quests for union, from birth on, run the vastly complex tributaries of narrative. We are, as communication theorist Walter Fisher puts it, born into a story (Fisher, 1987). Uniquely human is this participation in a narrative in which our entry has been foretold by family, and in which we become the tellers of the story as well as the ones whose lives are recounted in the stories of others. As infants we gain familiarity with the tones and rhythms of the narrative bits and pieces, and by early childhood most of us have become adept at manipulating the semiotic elements that form our mother tongue. The bits and pieces over time become the longer narrative strands, and those strands, too numerous to count, are woven, always selectively, into the overarching narratives of our lives. Our grand narratives, never fully told, comprise the stories arising in all the communicative patterns of our families, social entities, work places, and, increasingly, the groups in which we strive for health and well-being.

A striking example of how narrative can take on a literally visceral importance to our health and our very lives can be found in the stories of recovery of those formerly addicted to alcohol. This dissertation reports on a study using thematic analysis of such narratives and a survey of formerly addicted alcoholics now in

recovery. The study asks whether there are, first, in the alcoholic's addictive drinking behavior a reduction to nil or almost nil the perception of self-efficacy to solve the problem, and second, in recovery, a transformed perception of self-efficacy based on the individual's crediting her or his abstinence to participation in a group or system.

*Through a synthesis of thought across disciplines to provide a better understanding of the process of recovery, and through a highly social approach to communicative behavior, this dissertation broadens the theoretical realm of expectancy and self-efficacy by proposing a theory of systemically transformed self-efficacy.*

The notion that the addict seeks but fails to find some kind of wholeness is not new. Indeed, it is the subject of a poignant and historical exchange of letters between the Swiss psychoanalyst Carl G. Jung and William G. Wilson, the "Bill W." who was a co-founder of Alcoholics Anonymous. Wilson had written Jung to express gratitude for concepts regarding recovery that had come to AA's founders by way of a former patient of Jung. Jung replied shortly before his death, in a letter that quoted the 42<sup>nd</sup> Psalm: "As the hart panteth after the water brooks, so panteth my soul after thee, O God" (Jung, 1961). Jung explained his view that addiction to alcohol could be understood as a "thirst" to fill some missing part of a whole, and that one way recovery is achieved is through "personal and honest contact with friends" (p. 1). Sociologists from Durkheim to Wuthnow have held, in a vein tangent to the thought of Jung, that when humans express longing for the sacred and for community, these quests are inextricable and cannot be viewed properly as separate (Durkheim, 1915; Wuthnow, 1994).

## *Addiction and Recovery*

Addiction to alcohol and to other chemical substances amounts to one of the great scourges of our time. It wreaks enormous damage to the health of individuals, families, and communities. Addictions form the ground and rationale for an arena of research in which the necessity for multidisciplinary engagement and cooperation has become clear. The forays to date into such multidisciplinary engagement have hinted that theories across widely disparate fields of inquiry may yield an expanded understanding of addiction and of the way some individuals recover.

Defining “recovery” presents “conceptual and methodological problems . . . (which) include the need for continuous measures of outcome, methods for assessing outcomes, the inclusion of non-drug-related criteria, and the impact of compliance or attrition on outcomes” (Tims, Leukefeld, & Platt, 2001, p. 5).

Inasmuch as the present study focuses on self-report of outcomes in Alcoholics Anonymous, “recovery” will be defined following the definition attributed to AA by Tims, Leukefeld, and Platt:

Twelve-step programs define recovery as a process that sustains itself by a consciousness that it never ends, and it must be constantly part of the awareness of a person “in recovery.” Achieving and maintaining abstinence is the goal toward which all work, and the fellowship is a key source of social support. (p. 5)

Such a view of recovery can be seen in the narratives analyzed here. Some of the narrators go into detail about the trajectory of their recovery having included relapses or “slips” in the traditional term of AA. The related term “sobriety” is used in the present study to mean “abstinence,” following the practice in AA of naming a “sobriety date” as the time after which the individual remained abstinent from

alcohol.

The research that is the subject of this dissertation focuses on recovery from one type of addiction, alcoholism (also called “alcohol dependence,” following the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revised*), in one type of recovery program, Alcoholics Anonymous (AA).

The dissertation uses a multidisciplinary approach to investigate the cognitive and behavioral dynamics of recovery. It embraces lines of inquiry from psychology, sociology, and communication. The research is predicated on the supposition that formulations as seemingly diverse as narrative theory, expectancy theory, and general systems theory may help us acquire a greater understanding of the phenomenon of recovery.

Recovery from alcoholism in the AA program is rich in communicative behaviors. Such recovery occurs in the milieu of ongoing narratives of various kinds. Participation in AA (a self-styled “fellowship” or “society” which will be discussed at length below) includes regular presentation of formal narratives before groups, as well as group discussions in which narratives are ubiquitous. Telling stories and listening to stories are the primary behaviors at AA meetings. Thus social scientists who investigate communicative behavior have the possibility of accessing a medium of data of immense potential benefit to the growing understanding of addiction and recovery. As Nora D. Volkow (2004), a researcher and director of the National Institute on Drug Abuse (NIDA), has written regarding NIDA’s Brain, Behavior, and Health Initiative: Multidisciplinary Exploration of the Brain, “addiction is a brain disease . . . but events

on the level of behavior (such as drug taking) influence brain circuits, proteins, and genes.” Similarly, behavior associated with recovery from addiction also influences brain function. In its simplest manifestation regarding alcohol dependence, for example, this can be seen when cessation of alcohol intake results in detoxification.

The behaviors by which individuals leave addiction and begin recovery in self-help or mutual-help groups center on their telling of stories about addiction and recovery, on their listening to those stories, and on their sustained actions based on choices to not drink alcohol or use the drugs to which they were addicted. What can we learn from these stories?

We may begin by framing the question this way: What are the salient features of narratives of recovery from alcoholism as those features relate to the biological and psychological – including cognitive and behavioral – elements of addiction and recovery? Perhaps most importantly, such salient features cannot be viewed clearly through a focus narrowed to the individual, but rather must be viewed in the social context in which the recovery begins and is sustained for these individuals – that is, the group.

No existing theoretical framework begins to account for the range of cognitive-behavioral change under examination here, which is the movement of individuals from addiction to abstinence and recovery. However, we may acknowledge that, in communication, Fisher’s narrative paradigm, viewed along with what Goldman, in psychology, has called the “consilient” cluster of expectancy theories, allows us to look at the social behaviors of recovery in a new light. A conceptual system that spans narrative theory and expectancy theory can embrace the growing understanding of the

neurobiology involved in addiction, beginning with Goldman's work on neurobehavioral adaptation, expectancy, and risk for alcoholism. For example, one of Goldman's hypotheses, that alcohol's importance as a drug of abuse may rely on its ability to neurologically set or "fix" expectancy templates in memory, may illuminate the finding, in narratives of recovery and in reports of recovering alcoholics surveyed, that initial ingestion of alcohol was followed by a feeling of "fitting in" socially. Also important in expectancy considerations, and providing much of the bridge to narrative theory in the context of addiction and recovery, is the earlier work of Bandura and others regarding self-efficacy. The present research also acknowledges substantial conceptual utility offered by identity and other theory in the area of symbolic interactionist thought, as well as the illuminating work of Bateson to apply general systems theory to the dynamics of Alcoholics Anonymous.

This investigation focused on the radical change – transformation, it will be argued – in individuals' perceptions of self-efficacy to overcome alcohol dependence, between a point at or near the end of their active addictions and a subsequent point once in recovery. Narratives of recovery from alcoholism were analyzed thematically to determine whether a shift in expectancies of self-efficacy – from declining or non-existent self-efficacy to self-efficacy transformed through participation in a system – a group – accompanies recovery in such groups. Analysis of narratives is seen here as a heuristic for furthering our understanding of the interaction of these expectancies with the biological, psychological, and social mechanisms of recovery.

The study's descriptive, thematic analysis of narratives of recovery shows how individual members of mutual-help groups report undergoing cognitive shifts in

expectancy from (1) viewing their own self-efficacy as decreasing or non-existent with respect to overcoming addiction, to (2) abandoning efficacy of self as a means of ceasing drinking behavior, to (3) viewing their “self-as-part-of-a-group” as having efficacy – primarily to effect and sustain the behaviors of abstinence, and secondarily to better manage and enjoy their lives.

First, regarding declining, low, or non-existent perceptions of self-efficacy, it should be noted that the first of AA’s “Twelve Steps” involves the member’s admitting he or she is “powerless” to cease drinking or adequately control drinking (AA, 2001, p. 59). Bateson (1972) treats this admission in tandem with the second of the Twelve Steps: “Came to believe that a power greater than ourselves could restore us to sanity” (AA, 2001, p. 59). Bateson holds that it entails “the myth of self-power” being “broken by the demonstration of a greater power” (p. 313). He goes on: “Philosophically viewed, this first step is *not* a surrender; it is simply a change in epistemology, a change in how to know about the personality-in-the-world” (p. 313). Thus Bateson lays groundwork for viewing the beginning of recovery in AA in terms of a change in the individual’s perception of personal power. And as a proponent of systems applications to human phenomena, Bateson goes so far as to assert: “mind is immanent in the larger system – man *plus* environment” (p. 317).

While many individual members of AA speak of “God” as a “higher power,” and while AA literature speaks of “God,” the society requires only a “desire to stop drinking” for membership (AA, 1986, p. 139). Further, the literature of AA explicitly offers alternatives to belief in a personal God so that members who profess no belief in any form of deity (or, for that matter, profess antipathy to the very notion of deity) may

take the second “step” nonetheless. For example, in the society’s second most circulated book (the first is *Alcoholics Anonymous*, or the “Big Book”), *Twelve Steps and Twelve Traditions*, we find: “You can, if you wish, make AA itself your ‘higher power.’ Here’s a very large group of people who have solved their alcohol problem. In this respect they are certainly a power greater than you, who have not even come close to a solution” (p. 27). More to the point, AA’s steps specifically refer to “God as we understood Him” (2001, p. 59). In AA’s original narrative, that of co-founder “Bill W.” (William G. Wilson), this notion is elaborated. Wilson recounts the beginning of his own sobriety, which was spurred by a friend who reported that “God had done for him what he could not do for himself” (p. 11). Wilson continues:

The word “God” still aroused a certain antipathy. When the thought was expressed that there might be a God personal to me this feeling was intensified. I didn’t like the idea . . . My friend suggested what seemed a novel idea. He said, “*Why don’t you choose your own conception of God?*” (p. 12).

Bateson applies systems theory to assert, “the ‘self’ as ordinarily understood is only a small part of a much larger trial-and-error system which does the thinking, acting, and deciding” (1972, p. 331). Bateson explains “God as you understand him” in terms of the following line of thought:

“My” relation to any larger system around me and including other things and persons will be different from “your” relation to some similar system around you. The relation “part of” must necessarily and logically always be complementary but the meaning of the phrase “part of” will be different for every person. This difference will be especially important in systems containing more than one person. The system or “power” must necessarily appear different from where each person sits. (p. 332)

In addition to acknowledging the relevance of systems theory, the dissertation discusses the theoretical relevance of symbolic interactionism and the constructs of

identity (applied here to “alcoholic” and “recovering alcoholic”) it entails.

*Settings of Alcoholics Anonymous meetings*

The settings in which the narratives under scrutiny occur are AA meetings. Many individuals have achieved long-term sobriety during their participation in AA, the prototypical “12-step” program of recovery from addiction. While no satisfactory assessment of AA’s overall effectiveness has been made – a task immensely hindered by such factors as the anonymity of members and the difficulty of describing and explaining the population for whom AA doesn’t “work” – even the harshest critics of AA credit it with significant effectiveness. Fingarette (1988), for example, disputing the AA tenet that alcoholism is a disease, nevertheless cites as part of “as fair a summary as any” (p. 90) a reported 34-percent success rate based on a survey of literature about AA. It seems appropriate, then, to examine the communicative behavior of individuals, in the context of AA meetings, for whom participation in AA has been effective.

AA meetings take several forms. At some meetings, the volume *Alcoholics Anonymous*, called the “Big Book,” is studied. But the two primary forms of meetings, especially those listed in a directory of AA meetings in the Cincinnati and northern Kentucky areas, with which the investigator is most familiar, are the “discussion” and the “lead” forms.

In discussion meetings, typically, the chairperson for the month will pick a topic or will open the meeting for suggestions for a topic. Topics typically include one or more of the Twelve Steps or a concept such as gratitude as a healthy emotion that may support recovery. Even topics such as relationships with others are fair game as long as they are discussed in the context of alcoholism. Once selected, the topic is discussed by

one member at a time, sometimes in no order (where each member may speak up after the last member has stopped speaking) or, more usually, taking turns around a circle of attendees at the meeting, or around a table, then around another table, and so on. At some meetings attended by large numbers, the device of numbered tickets is employed, with each attendee receiving a ticket upon arrival, and, once the discussion portion of the meeting begins, a number being called by the chairperson of the meeting. The person holding the ticket with that number then speaks, either at his or her chair or from a lectern. Then another number is called, and the process repeats. The device helps smooth the flow of a discussion meeting that, because it has many people in a large room, could become problematic in the transition from one speaker to the next. In the meetings audited by this investigator, someone occasionally made a remark out of turn, but this seemed exceedingly rare. Speaking out of turn, also called “cross talking” – that is, responding to what the current speaker is saying without waiting one’s turn – is frowned upon and can be prohibited by the consensus of the group’s regular membership (members of the so called “home group”). Longtime members have recounted in interviews that the hazards of talking out of turn include digression from the topic agreed upon at the beginning of the meeting and even the divisiveness of banter or argument. In other words, the model is along the lines of panel discussion rather than debate or even open chat.

A consensus such as the one mentioned above can be on a group’s agenda for its housekeeping, or “group conscience” meetings, sometimes regularly held, sometimes *ad hoc*, and always held outside regular AA meeting times. These “group conscience” meetings are typically held after a regular meeting, so that attendees who

either have no “home group” or whose “home group” is another group leave after the regular AA meeting, and an announcement is made that “home group” members are being asked to stay for a “group conscience.” Agenda items for these “group conscience” sessions cover the full range of fiscal, procedural and other considerations, and are, in fact, the way the group governs itself. AA literature stresses that “Each group should be autonomous except in matters affecting other groups or AA as a whole” (Alcoholics Anonymous, 1986, p. 10).

It is the “lead” form of meeting with which this study is primarily concerned. An AA “lead” is a “talk” or speech. The person “giving a lead” is, thus, the “lead” speaker, and this may be the derivation of the term. Leads last from a half hour to, more frequently, 40-50 minutes and when transcribed are in the range of 10,000 to 12,000 words. Leads given at meetings rarely come spontaneously. Rather, a given group’s chairperson for the month, or other group representative designated for the task, is responsible for lining up the speaker to “give the lead.” Meetings held at AA conferences for a state or other geographic region have “leads” delivered by speakers arranged well in advance.

Practices at meetings vary from locale to locale, demonstrating the society’s tradition of the autonomy of the group. For example, in some places groups hold meetings that last 90 minutes rather than the 60 minutes that is standard in much of the country. Sometimes these 90-minute meetings feature “mini-leads” in the range of five to 15 minutes. At some meetings, plastic poker chips are given to newcomers, a white chip to denote 30 days’ abstinence, a red chip for 60 days, and so on. At other meetings, no chips are given, but metal coins bearing the triangular AA logo, the words

“Recovery, Unity, Service” and the motto, “To thine own self be true,” along with a Roman numeral indicating the years of abstinence or “sobriety” on one side, and the words of AA’s “Serenity Prayer” on the other, are presented to members on the anniversaries of the date of their continuous abstinence. Thus, a member’s “sponsor” may, at a point early in the meeting during the meeting’s routine business, present his “sponsee” with a “one-year coin” or a “two-year coin.”

In the Cincinnati area, where the investigator has visited a number of open meetings, it is not unusual for cake to be served after a meeting in honor of an “anniversary.” Such an observance is part of a routine at virtually all meetings, whether there happens to be an anniversary or not. The routine typically includes a welcoming statement and the recitation of several short pieces of AA literature, including a brief, explanatory “AA Preamble,” the “12 Steps,” the “12 Traditions,” the “Promises,” and an excerpt from “The Big Book” titled “How It Works.”

Announcements of upcoming events are made and a request, usually from the chairperson, for anyone who is at that meeting for the first time, or at his or her first meeting ever, or from out of town, to acknowledge the same and be recognized. These individuals are asked to simply give their first name. Others in the group then respond with applause and informal comments such as “Welcome.”

After this business the chairperson begins the main part of the meeting either by announcing or soliciting a topic for discussion, if the meeting is of the discussion type, or by introducing the speaker for the evening, if the meeting is a “lead” meeting. Inasmuch as most meetings in the Cincinnati area last one hour, and the business at the beginning of a meeting lasts 5-15 minutes, leads usually take up from a half hour to 55

minutes. Not infrequently, after the lead is finished, attendees will offer a comment on the lead, usually to the effect that they are grateful for the speaker's having shared her or his story.

The centrality of narrative to AA cannot be appreciated by reference only to the predominance of storytelling as a behavior in AA, nor even through the understanding that narrative is ubiquitous in the AA context. Narrative may be seen as the very blood of the social life of AA: The society was conceived in narrative and the society takes its name from a narrative (Alcoholics Anonymous, 2001). AA structures its meetings with the actual reading aloud of portions of that narrative. Conversely, the original 1939 narrative and the ongoing narratives of AA members in fact structure the society. Narrative is employed explicitly, self-consciously, and constantly. AA is narrative. Viewing it as such makes Bateson's notion of the immanence of mind in the system – in our case in the shared narratives of AA – not merely plausible, but illuminating.

### *Narrative Research*

Narrative investigation, couched in a variety of theories, includes examples as diverse as ethnography (Bochner, 2002), morality (Vitz, 1990), and structuring of self (Saleebey, 1994). The last example displays narrative as a factor in the structuring of identity. Some recent work in identity theory has held “that the narrative reconstruction of one's addiction and recovery serves to reconstruct a non-addict identity” (Koski-Jannes & Hanninen, 2001, p. 3) and “the story may provide the person with cognitive devices which are useful in recognizing dangers, warding off temptations and enduring difficulties” (p. 10).

This is clearly consistent with Fisher's notions of the way narrative serves our

decision-making. Others, however, have looked at the way narratives serve to display psychosocial dimensions of illness. A study by the Department of Internal Medicine and the Department of Communication at the University of South Florida analyzed narratives of AIDS patients to focus on emotional and social isolation (Cherry & Smith, 1993). The authors cite Fisher (1987) and go on to note: "Narrative theory offers a way of capturing the loneliness experiences of HIV patients. This perspective assumes that our understanding of the world and its meanings, both cognitive and affective, is reflected in the stories we tell" (p. 185). An elegant application of narrative to health research came in a study that examined the "severe medical, psychological and social repercussions" of hip fracture in the elderly (Borkan, Quirk, & Sullivan, 1991, p. 947). The researchers identified several biomedical factors as independent variables, with outcome of ambulation as the dependent variable. They also asked the patients open-ended questions about the meaning of the hip fracture. The report concluded: "two of the three categories of meaning examined in this study, explanatory model and perception of disability, were related to ambulatory outcomes" (Borkan et al., p. 954).

Nursing and social work have paid closer attention in recent years to the role narrative may play in quality of life during illness and recovery. One study analyzed 30 narratives of recovery from mental illness in an attempt to learn how the recovery process may be unique (Jacobson, 2001). The analysis indicated patients' recovery "is made up of component processes that correspond to these dimensions: recognizing the problem, transforming the self, reconciling the system, and reaching out to others" (p. 248). The dimensions, as will be discussed below, resonate with the dynamics of recovery from alcohol dependence, as well. Jacobson noted the clear reflexivity of

narratives of recovery from mental illness, writing:

They are carefully constructed to reflect what the narrator believes is most important about the story . . . are contextually situated; dimensions of this context include the audience to whom the narrative is directed, the setting in which it appears, the purposes for which it has been made public, and the narrator's awareness of these contextual elements . . . because the narrator is a member of the audience for the story, a narrative also reflects the ways in which the narrator has come to understand his or her own experience, and what he or she believes is most important to remember about it, or learn from it. (p. 250)

Jacobson found that a central dimension of recovery, "the problem," was explored by narrators' use of some "explanatory model" (p. 250). Explanatory models are "frameworks that people use to answer questions like: What has happened? Why has it happened?" (p. 250). Jacobson writes that the narrators in her sample used explanatory models to help them understand the problem. For example, Borkan and his associates found that hip fracture patients' narratives revealed explanatory models in which they viewed the fracture as having happened before they fell or as a result of having fallen (Borkan et al., 1991). As will be elaborated below in the section on the method of dimensional thematic analysis, Jacobson uses the concept of explanatory models as an organizing principle with which to integrate the sub-themes of the central dimension of "the problem" (Jacobson, 2001, p. 251).

Another application of thematic analysis examined narratives of Alzheimer's disease patients and those who care for them (Snyder, 2001). The study used themes found in written and in videotaped narratives, as well as in individual and group dialogue, to better understand communication between patients and caregivers. The analysis revealed common themes including "receiving and disclosing the diagnosis; anticipating the future; experiencing the symptoms; *changes in self concept*; family and

social relationships; meaningful activity; and the value of humor and hope” (Snyder, p. 8, italics added).

Two studies of homeless individuals using narrative approaches (Snow & Anderson, 1987; Boydell, Goering, & Morrell-Bellai, 2000) display how the notion of “identity” – that of the self and those of others – may be viewed through theories of symbolic interactionism. Identity is an important consideration in recovery in that individuals’ narratives frequently contain accounts of transformation from self-described “drunk” to self-described “grateful recovering alcoholic.” Snow and Anderson used data from a field study of homeless street people to examine how individuals constructed their identities. The authors wrote that symbolic interactionism holds “that an understanding of the social worlds people inhabit requires consideration of the meanings imputed to the objects that constitute those worlds and that these meanings can be apprehended best by intimate familiarity with the routines and situations that are part and parcel of those social worlds” (Snow & Anderson, p. 1338). Such an understanding of the AA “social world” and its meanings is essential in the investigation of the recovery narratives on which this dissertation focuses. .The second of these studies of narratives of homelessness analyzed 29 interviews with individuals, all of them single adults using shelters. Its authors illuminate an aspect of the link between theories of narrative and behavior. They focused on individuals’ ability to reflect on self and changes in self, which, of course, we can know through their narrative accounts. The authors write: “From a symbolic interactionist perspective, the self and the capacity to reflect on the self are viewed as critical features in the organization of human conduct and coordinated action ...” (Boydell, Goering, &

Morrell-Bellai, 2000, p. 27). The authors found that narratives of homeless individuals, transcribed from interviews, showed that the participants' description of self varied widely between a past self, their current "devalued" self as a homeless person, and some future self in which they would have a home (p. 31). In other words, the construct of the self was a changing feature of the ways these individuals organized their experience.

It is precisely this ability of the individual to reflect in narrative on the self that renders AA narratives so potentially valuable for increasing our understanding of addiction and recovery. The authors of both studies invoke symbolic interactionist theory, making it clear that while identity is often discussed elsewhere without specific reference to symbolic interactionism, it may be properly understood in the larger framework of the generative interplay of symbol (Blumer, 1969; Goffman, 1963).

### *Expectancy*

While there exist historical references to mental influence on intoxication (Vogel-Sprott & Fillmore, 1999), the contemporary construct of expectancy in psychology dates to the work of E.G. Tolman in the early 1930s. The construct refers to memory of information about consequences of behaviors (Goldman et al., 1999).

Tolman (1932) used the expectancy construct to refer to the ability we have to use information received at one time as a basis for response at a later time (Goldman et al., 1999). Tolman held that thinking, as well as its cognitive constructs of knowledge and purpose, is important to behavior, but he was methodologically oriented to the behaviorism of his time, well before the so-called cognitive revolution in psychological thought. Mid-century, his notions of expectancy underwent refinements by other

scholars, including MacCorquodale and Meehl (1953), who defined expectancy as “a learned relationship among a stimulus, a response, and the outcome of the response” (p. 204). Bolles (1972) argued for a wider application of expectancy to cover all learning.

A major development in the evolution of expectancy theory came as part of Bandura’s (1969) work on social learning theory, which we may define as “an approach that synthesizes principles of learning with those of cognitive psychology” (Maisto, Carey, & Bradizza, 1999, p. 107). Bandura’s work is widely held to be the most important in the development of social learning theory. Thus “his ideas have formed the foundation for the work of psychologists who claim to take a (social learning theory) approach to the investigation of alcohol and other drug use and disorders” (Maisto et al., p. 107).

Research has shown a causal link between expectancies and drinking (Goldman, 2002), and has shown that expectancies about behavioral consequences of alcohol predict actual impairment (Fillmore & Vogel-Sprott, 1996). Goldman (2002) offers these summations:

Over the last two decades . . . rapid developments in the fields of neuroscience, cognitive science, affective science, computer science, and genetics proved to be quite compatible with the concept of expectancy and, in some cases, even used this concept directly. Taken together, these ideas may be merged into an integrated explanation of alcoholism and other addictions by using expectancy as an organizing theme. . . . This, then, is the essence of expectancy; that is, the brain and nervous system have fundamentally evolved to store information about experiences so as to provide a foundation for preparing for, and efficiently negotiating, circumstances not yet encountered. (p. 738)

Goldman further suggests that expectancy is not “a single mechanism, but . . . a principle – a functional approach to adaptation and survival that has been manifested in

multiple biological systems using different structures and processes” (p. 739).

Goldman’s work ranges over traditional psychometric approaches to cognitive change, as well as constructs from classical conditioning. But in keeping with his notion of the “consilient” emergence of expectancy as a grand theme, he includes neurobiological explanations of what may fix or “lock in” expectancies that lead to repeated use of alcohol and other drugs, even while such use is excessive and deleterious. He quotes Kupfermann et al. (2000): “After repeated pairing . . . activation of the dopaminergic neurons changes from . . . just after the reward is delivered to . . . the exact time the cue is presented . . . dopaminergic neurons encode expectations about external rewards” (p. 1010). Goldman (2002) concludes: “A loose working hypothesis would be that dopaminergic input to the cortex acts like photographic ‘fixer’ and locks in biologically significant sensorimotor expectancy templates” (p. 742). In other words, alcohol and other drugs are “likely candidates for excessive use” owing to their “propensity” to affect the “hypothesized (neurological) mechanisms for locking in memory” (p. 742).

In biopsychosocial terms we thus cannot ignore the repetition, apparent upon even a cursory examination of the narratives, of the theme of the alcoholic-to-be beginning his or her entry into addiction via circumstances in which, for the first time, he or she felt “accepted” in a social milieu. A question arises as to whether the impact of such a flash of cognitive impression might establish an “expectancy template” for benefits from alcohol. Such a complex expectancy template might, then, persist despite subsequent deleterious outcomes from excessive and compulsive use of alcohol. Put another way, might the reported ecstasy of the perception of “fitting in,” or being accepted socially, at the onset of the potential alcoholic’s drinking behavior become so

set cognitively that it persists in the same way that a striking photographic portrait may persist in our memory so that the image becomes our expectation of reality – sufficiently “fixed” that we are surprised, upon encountering the individual face to face, at the difference between that image and the current, real visage of the subject? If so, such a phenomenon might help explain the alcoholic’s strong resistance to cessation of drinking, a resistance which may form the context in which perceived self-efficacy to solve the problem may plummet to nil or almost nil.

Turning from the pertinence of expectancy in drinking, the dissertation project looks at the obverse: expectancy in recovery, particularly at the beginning of recovery, when decisions are being made in a setting rife with narratives. What we see is a situation in which the experience of those recovering, as viewed in their narratives, resonates with Bateson’s notions of the self as part of a whole. But this dissertation would go further and suggest that what is really happening is a shift in expectations.

*Through a socially constructed cognitive-behavioral change – both facilitated by and evident in the narratives – a perception of diminished or defunct efficacy of self in solving the individual’s alcohol dependence is eclipsed by a perception – and growing expectancy – of a systemically transformed self-efficacy.*

#### *Narrative and Social Function*

Narrative’s integral relationship to human systems in which an individual is part of a larger whole is underscored by the work of a number of communication scholars. Narrative has been held to be critical in the formation and maintenance of community (Lindlof & Taylor, 2002). “Through their enduring patterns of representation (dramatic forms, plots scenes, character types, etc.), stories enable people to make their

experiences intelligible to each other . . . Narrative is absolutely central to art, spirituality, community, and a sense of self, and thus encodes human desire at the deepest levels” (p. 180). And in organizations, as well as in community, examining narrative allows a more refined study of the ways social support is defined, as well as how it is interpreted and communicated (Applegate & Zimmermann, 1994).

Helping to explain the way narrative, in a group, facilitates a shift in perception of self-efficacy are the constructs in Fisher’s (1987) narrative theory of “coherence” and “fidelity.” For these we look to the narratives themselves. Part of what we find is the oft-repeated notion, in the words of recovering alcoholics, of men and women as social actors, making decisions that extricate them from lives of compulsively repeated behaviors of addiction damaging to themselves and others.

Fisher’s (1987) “narrative paradigm” has epistemological roots in classical rhetoric but also accepts that humans live in multiple social realities, and that these realities are co-constructed by individuals interacting. His domain is intentional human communication, and this very limitation implies, correctly, that the individual involved in communication is a social actor, with agency, along the lines of the knowledgeable social actor in structuration, symbolic interactionist, and other post-modern theories of cognition and behavior.

In Fisher’s view, we are not merely individuals who acquire language and begin to tell stories. Rather, we are born into interlacing systems of stories. Fisher goes so far as to say that narrative is the flux of all intentional human communication, and that implicit in this understanding is that all intentional human communication can profitably be studied as narration. Fisher (1987) holds that “the narrative paradigm

implies that human communication should be viewed as historical as well as situational, as stories or accounts competing with other stories or accounts purportedly constituted by good reasons, as rational when the stories satisfy the demands of narrative probability and narrative fidelity, and as inevitably moral inducements” (p. 41).

Anderson (1996) notes that Fisher’s formulations amount to a logic of rationality, and indeed, Fisher (1987) is explicit about this: “The paradigm I offer does not disregard the roles of reason and rationality; it expands their meanings, recognizing their potential presence in all forms of human communication” (p. 11). We are storytelling animals, Fisher insists, and he suggests that our species might be more appropriately named *homo narrans*.

Fisher’s work has been invoked many times since its publication in the 1980s. In the main, he is cited with some regard to his central tenets that individuals make decisions based on their evaluations of the twin characteristics of coherence and fidelity. These are useful concepts and easy to understand. “Coherence,” as the term implies, has to do with how a story coheres; it concerns whether a story holds together internally, makes sense. “Fidelity” means a narrative’s faithfulness to what a listener already knows or believes, whether the story rings true to the listener’s experience.

Fisher’s work seems to have fallen victim at times to an unfortunate reductionism by many of those interpreting him and citing him. This is not unusual; important *parts* of a system of thought are commonly seized upon to the exclusion of some larger claim of truth made by the theorist. In Fisher’s case, coherence and fidelity have become the central constructs of the theory. But we must make no mistake about

his intentions. He places his vision on a broader plane, explicitly offering the narrative paradigm as an essential way to study human phenomena. He wants us to view discourse and action as dynamics that happen within the human story, writ large, and insists that this will allow us to account for human behavior in ways the theories and methods of the social sciences, used alone, will not. It is the breadth of this plane, it will be argued below, that may accommodate a third construct: affective resonance. While the narrative paradigm as set forth by Fisher does not include emotional elements, there is evidence in the narratives analyzed here that along with rational response to others' narratives, an emotional response, along the lines of some affective resonance, may be in play.

The notion of being born into the human story puts a Jungian hue on Fisher's thought. But Fisher's domain does not spread outside the boundaries of consciousness as does Jung's. Rather, it is explicitly a realm of reason, where humans take action based on assessments of value. In these very emphases, however, we have ontological and epistemological ties with Jung. Jung held that simply accessing previously inaccessible thought and feeling was not sufficient for healthful change (as in recovery). Movement from what was in Jung's day called neurosis toward a less unhealthy frame of mind was at bottom a "moral" dynamic (Jung, 1959, p. 40). In Fisher's (1987) words, "a value is valuable not because it is tied to a reason or is expressed by a reasonable person per se, but because *it makes a pragmatic difference in one's life and in one's community*" (p. 77, italics original). Fisher holds that social actors not only make decisions about their behavior, then behave, but also are capable of making such decisions with awareness.

This bears on the phenomena of alcohol dependence and recovery as related in narratives of recovery quite simply because it is the individual who acts at a given moment to ingest alcohol or to refrain from ingesting it. The present study focuses on narrative accounts of perceived self-efficacy regarding this latter, single choice of behavior: *not* drinking alcohol.

Self-efficacy theory “is based on the principal assumption that psychological procedures, whatever their form, serve as means of creating and strengthening expectations of personal efficacy” (Bandura, 1977, p. 193). The construct of self-efficacy, as part of social learning theory, addresses particularly the self-regulatory aspects of cognitive processing and is couched in the broad organizing principles of expectancy. Bandura has expressed the meaning of self-efficacy in a number of ways over the past four decades. He elaborates, “Expectations of personal efficacy determine whether coping behavior will be initiated, how much effort will be expended, and how long it will be sustained in the face of obstacles and aversive experiences” (p. 191).

Also:

Perceived self-efficacy is defined as people’s beliefs about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives. Self-efficacy beliefs determine how people feel, think, motivate themselves and behave. Such beliefs produce these diverse effects through four major processes. They include cognitive, motivational, affective and selection processes. (Bandura, 1994, p. 71)

In setting limits on the meaning of “self-efficacy” for the current study we must, first note that each time we use the term “self-efficacy” we are in fact referring to perceived self-efficacy. Literature on this theory tends to include or not include the word “perceived,” with the meaning being the same, that is, “perceived self-efficacy.”

In fact, “self-efficacy” has become shorthand for “perceived self-efficacy” in the literature and this dissertation follows that convention. It also should be made clear that, “Self-efficacy expectancies are distinguished from outcome expectancies in that the latter refer to beliefs about behavior-consequence probabilities, independent of whether the individual believes that he or she can enact the relevant behavior” (Maisto et al., 1999, p. 110).

Finally, we note that even in the past decade, “some definitional inconsistencies persist” when “self-efficacy” is used in writing about research into alcohol use and dependence. “Specifically, some researchers have operationalized self-efficacy as confidence regarding one’s ability not to drink heavily in a given set of situations . . . while others define self-efficacy as confidence in one’s ability to abstain across situations” (Maisto et al., 1999, p. 128) This dissertation operationally defines self-efficacy in the latter sense, which follows DiClemente, Carbonari, Montgomery, and Hughes (1994) for two reasons: First, while AA’s only requirement for membership is a desire to stop drinking, it espouses a view that abstinence is the alcoholic’s only hope for any quality of life, possibly for life itself. Secondly, an exploratory online survey that is part of this study employs the Alcohol Abstinence Self-Efficacy Scale (DiClemente et al., 1994). This dissertation defines self-efficacy as “self report of confidence in one’s ability to abstain from drinking alcohol across a variety of situations.”

#### *A Theory of Transformed Self-Efficacy*

Self-efficacy in the context of behavior involving more than one individual, and perhaps in the context of any behavior, cannot properly be investigated in the absence

of a consideration of social factors. But it is at this point that we must stop and take the broadest possible view. To propose a theory of transformed self-efficacy demands an inclusive consideration of theory from diverse disciplines.

Before making the case proper for such a proposal, it is important to place the line of thinking in the correct philosophical realm – and in the domain of communication theory. Therefore at the outset, let us make clear that the character of the practical argument, as James Anderson (1996) would have it, is one of hermeneutic empiricism. Indeed, the engagement of the object of this study, narratives of recovery, along with the primary method of research, narrative analysis, have hewed to all of the principles that “sit at the core” of such arguments (pp. 133-134). These principles, in quotation marks below, are annotated with reference to the present study:

1. “The privilege of presence”

The narratives, first heard on tape by the investigator and only later reduced to transcriptions, are in “the life world (which is) the proper location and object of analysis” (and) . . . the “there” of participation is “less a physical site than an intersection of significance” (Anderson, 1996, p. 134). Further, this significance is derived from the multiple sources of the narratives themselves, past observation of AA meetings, AA literature, and scholarly literature from multiple disciplines directly and indirectly addressing recovery in groups.

2. “A location in the domain of ideology/meaning”

The focus of the study is the meaning of identified themes in the narratives.

3. “The ‘constructedness’ of reality”

At the core of the study’s approach is the acknowledgment that meaning cannot reside

in the individual alone, hence the radically social approach that admits into the materials of argument even Bateson's (1972) notion of mind being immanent in the system of more than one human being.

4. "The centrality of communication"

Narrative is not only central to the study, it is, as demonstrated in the discussion of AA above, central to the Fellowship of AA, was the milieu in which AA was originated, and is the primary communication theory upon which the multitheoretical synthesis here rests.

5. "A focus on relationships rather than separate entities"

The social approach to communication which this study takes demonstrates focus on relationships, particularly between the narrators and their listeners.

6. "The acceptance of agency"

The rationale for the entire exercise encompassing this study is the importance of the change – the transformation – that results in the individual's report in her or his narrative that he or she now has the personal choice to drink alcohol or not drink alcohol, this report being tantamount to an acknowledgment of perceived self-efficacy, and concomitantly, personal agency.

7. "An emphasis on historic performances"

The narratives under study were physically delivered to audiences in North America in the 1980s and 1990s.

8. "The subjectivity of analysis"

Throughout, the analysis in this study has been acknowledged to be subjective. For example, the analysis acknowledges the arguably purposive entertainment value of

segments of some narratives. The assessment of what constitutes entertainment value is a subjective one. A narrator's possible motive to entertain might prove problematic to the investigator's accessing meaning directly related to the cognitive-behavioral dynamic – self-efficacy – under scrutiny.

What follows is an attempt to draw lines together from narrative theory in communication, taking into account various theories from small group work including structuration and symbolic convergence; from cognitive-behavioral work in psychology, including expectancy theory and the self-efficacy theory it subsumes, as well as the related social learning theory; and from systems theory, particularly the work on alcoholism of Gregory Bateson, couched in cultural anthropology. In Bateson's systems orientation we encounter a critical challenge as we attempt to use a central construct of self-efficacy, that is, "self."

While other theoretical positions treat "self" as a construct bound by the limits of the individual human, then strive to include in the theory social interaction with other individuals, Bateson (1972), as we have seen, explicitly views this construct of "self" to be "a false reification" (p. 331). Citing Alcoholics Anonymous' insistence that there exists "a power greater than the self," Bateson elaborates:

Cybernetics would go somewhat further and recognize that the "self" as ordinarily understood is only a small part of a much larger trial-and-error system which does the thinking, acting, and deciding. This system includes all the informational pathways which are relevant at any given moment to any given decision. The "self" is a false reification of an improperly delimited part of this much larger field of interlocking processes. (p. 331)

Phrases such as "interlocking processes" in this context would seem to resonate with social learning theory, to whose development "Bandura was probably the most

important contributor” (Maisto et al., 1999, p. 107). Further:

Social learning theory may be defined as an approach that synthesizes principles of learning with those of cognitive psychology. It is a systematic effort to explain how the social and personal competencies that are often referred to as “personality” develop from the social context in which such learning occurs. (p. 107) Specifically, in formulating his model of reciprocal determinism, which he would later name triadic reciprocity, Bandura used the word “interlocking” in application to “the person, the environment, and behavior . . . (which are held to be) determinants of each other” (p. 111). . . . (Social learning theory) departed in major ways from the psychoanalytic and associative conditioning-learning views that dominated American psychology in the 1950s and 1960s. SLT did not view humans as impelled from within by psychological . . . or biological drives. Similarly, behavior was not viewed as controlled by the external environment. (p. 108)

In these models, “person” and “environment” remain discrete entities. As we turn to “self-efficacy,” we can begin to see the conflict between a theoretical view (social learning theory) that holds “self” to be delimited by the individual, and Bateson’s systems view, which holds such a limitation to be incorrect. Where Bandura intersects with Bateson (interestingly, in publications only two years apart, Bandura’s in 1969, Bateson’s in 1971) comes in Bandura’s statement that “human functioning . . . involves interrelated control systems in which behavior is determined by external stimulus events, by internal processing systems and regulatory codes, and by reinforcing response-feedback systems” (Bandura, 1969, p. 19, quoted in Maisto et al., 1999, p. 108).

In the three other main “principles or constructs” (Maisto et al., 1999, p. 108) of social learning theory (reciprocal determinism, discussed above, being the fourth), Bandura addresses factors in human behavior that bear on alcohol dependence and, we infer, the related phenomenon of recovery. First, differential reinforcement can be seen in the differences between the settings of an AA meeting and a workplace or home

setting. Second, vicarious learning concerns observing or communicating, including the use of “symbolic means such as spoken or written language,” obviously related to recovery in AA groups. The third construct, cognitive processes, refers to thought involving information from the environment (Maisto et al., pp. 109-110).

Consideration of perceived self-efficacy in the context of a group leads us to question how the construct of collective self-efficacy might bear on the current study. Collective self-efficacy, commonly shortened to “collective efficacy,” has been defined by Maddux (2005) as “a group’s shared belief in its conjoint capabilities to organize and execute the courses of action required to produce given levels of attainments” (p. 284). He continues, “Simply stated, collective efficacy is the extent to which we believe that we can work together effectively to accomplish our shared goals” (p. 284).

Maddux (2005) goes on to mention contexts of collective efficacy research in recent years, such as “the collective efficacy of an athletic team” and the “collective efficacy of teachers for effective instruction” and including such variables as spouses’ feelings of efficacy “about their shared ability to accomplish important shared goals” (p. 284). But as we can see from the definitions and the contexts of investigation regarding shared goals, the construct of collective efficacy is at variance with the avowed goal of AA to carry its message to the alcoholic who still suffers (from Tradition Five). We are not looking at a group that comes together to act in concert toward a specific, time-limited, finite goal.

Small group theory in communication can help clarify the difference between collective efficacy of, say, an athletic team, and individual self-efficacy in the context of a self-help or mutual-help group such as AA. Poole, Seibold, and McPhee (1996),

for example, discuss structuration theory as it addresses group decision making processes. A close analytical focus on the interactions of group decision making, in turn, underscores the differences of purpose between collective action toward a group goal and individual action to help one's self in the context of the group's generalized goal of carrying the message to alcoholics who still suffer. Examinations of group structure from a broader and comparative viewpoint, such as that of Robert Putnam (2000) in political science and Robert Wuthnow (1994) in sociology, provide further explanation of the differences. This can be seen in the types of activities Putnam ascribes to traditional civic groups as opposed to those of the newer self- or mutual-help groups: "Self-help groups do not typically play the same role as traditional civic associations. . . . Self-help groups are not nearly so closely associated with regular community involvement such as voting, giving to charity, working on community problems" (Putnam, p. 151).

Another theory in small group communication research, symbolic convergence, comes into play in the cognitive processes of social learning theory as individuals process information that is modeled, or as they learn vicariously, and so on. These dynamics addressed in social learning theory and discussed by Bandura (1969) provide a helpful nexus between the larger framework of expectancy theory in psychology and small group theory in communication. Communicative acts, primarily written and spoken language, are a focus of study in small group investigation and are an integral part of the modeling that Bandura and other cognitive researchers have studied as part of vicarious learning. In Bandura's taxonomy of the principles of social learning theory, mentioned above, particularly in his work in the 1970s and 1980s, the importance of

symbol in the processing of information was accentuated as part of the theory, which is also referred to as social cognitive theory (Maisto et al., 1999, pp. 109-110). An example of symbolic convergence came in the course of the present study when the investigator received an e-mail from the moderator of one of the online AA groups whose members were being asked to participate in the survey discussed below. The moderator ended his e-mail with the words, “Good luck with your research (academic!).” The moderator was making a joke that turned on the word “research,” commonly used among AA members in the sense that a member has begun drinking alcohol again and is “doing more research.” The moderator’s use of the word “academic,” of course, acknowledged the play on words. The ways such shared meaning can function in groups has been treated by Bormann (1996) and others through symbolic convergence theory.

Particularly useful in the present study is a phenomenological focus on a human, person-in-environment system, taking a systems approach “to grasp an understanding of wholes while adhering to the principles of disciplined generalization and rigorous reflection” (Polkinghorne, 1983, p. 167), and employing methods of narrative analysis to examine themes suggested by theories of expectancy and self-efficacy. “Phenomenological” here means a “modern phenomenological analysis” whose:

existential character redirects phenomenological analysis from a search for universals to an examination of the intentionality of lived experience . . . (and) seeks to explicate the consciousness of human experience. It moves from a description of the experienced, to a reduction of the experiencing to its genuine elements, to an interpretation of the experiencer. (Anderson, 1996, p. 39)

Theoretically, the present study took:

1. A phenomenological view of:
  - a. narratives of individuals with significant recovery from alcohol dependence, and
  - b. themes within those narratives illustrative of transformation of perceived self-efficacy.
2. A systems approach to the thematic account of the individual regarding her or his entry into, change within, and continued abstinence as part of that system.

While no causality can be inferred here, it should be pointed out that a salient event between addiction and abstinence, for alcoholics recovering in AA, is the “first step,” which is simply an admission of (a) personal powerlessness over alcohol and (b) a personal life that has become unmanageable. If Bateson’s reasoning is followed (that taking this step amounts to an epistemological shift), then we may infer that transformation of self-efficacy occurs when an alcoholic:

1. Perceives no self-efficacy to stop or control drinking alcohol,
2. Detoxifies (a necessary event, given that addiction is a brain disease, but insufficient given its cognitive, behavioral, and environmental components),
3. Becomes part of a system, such as Alcoholics Anonymous, in which the individual acknowledges that *as part of the system*, he or she can gain the personal efficacy to remain abstinent, and
4. Continues, as part of the system, to access messages he or she evaluates as internally coherent and faithful to personal knowledge and belief.

The fecundity of research led by Bandura into the roles of self-efficacy in human behavioral change remains astounding. More than 30 years ago such work presaged theoretically much of what is being learned today in the field of addiction treatment. For example, when Bandura wrote in 1977, “People process and synthesize

feedback information from sequences of events over long intervals about the situational circumstances and the patterns and rates of actions that are necessary to produce given outcomes,” we are helped in our understanding not only of such phenomena as a “long turning phase” from addiction to recovery discussed here, but also of the utility of looking toward systems dynamics for their explanatory utility. Yet it remains true that social learning theory “encompasses a broad range of constructs, but does not specify well how these constructs may combine, or how they may mediate or moderate each other to determine the development and maintenance of behavior” (Maisto et al., 1999, p. 112).

The study reported here is an attempt to draw some of those constructs into the service of better understanding recovery from alcoholism, through an investigation of communicative aspects of recovery. The study’s multidisciplinary, multi-theoretical analysis has brought into focus justification for a theory of systemically transformed self-efficacy: Individuals in recovery from alcohol addiction in Alcoholics Anonymous have undergone a transformation – attributable by them to participation in that system – from little or no perceived self-efficacy to address addiction successfully, to perceived self-efficacy to address the problem successfully by sustained abstinence from alcohol and continued participation in the system and adherence to its principles.

Systemically transformed self-efficacy:

- A. Recognizes (after Sigman) the autonomy of the communication *system*,
- B. Views (after Fisher) *narrative* as the *sine qua non* of the communication system under scrutiny, and
- C. Offers an understanding of recovery in terms of a two-phase shift in perceived self-

efficacy. That is, an individual addict in transition to recovery in a 12-step group relinquishes the belief that he or she can control, reduce, or stop drinking. This first phase of the shift comes in the context of escalating, usually dramatic, evidence that the individual lacks such efficacy. The second phase comes when, after relinquishing the notion of a self-effected solution, the individual arrives at a perception of self-efficacy transformed by having become part of a system he or she now regards as efficacious.

In this model (Figure 1, p. 37) self-efficacy is perceived as having shrunk to nil or nearly nil (Declining Self-Efficacy, DSE) at the point an individual enters the Society of Alcoholics Anonymous. At that point, and as an element of becoming part of the AA system, the individual abandons self-efficacy (ASE), possibly the result of reaching a turning point (TP) and admits powerlessness over alcohol. The individual, further entering the system, acknowledges the possibility (“becomes willing” in AA parlance) that there is some power greater than the individual (HP, for higher power) that can help him or her. Through an assessment of others’ narratives as being coherent (NC) and faithful (NF), the individual may become sufficiently a part of the system to find that her or his self-efficacy has been transformed (STSE) so that she or he is capable of the behaviors that sustain abstinence and recovery. Research questions are:

RQ1: Do alcoholics’ perceptions of self-efficacy become extremely low or nonexistent by the time they enter AA?

RQ2: Do alcoholics’ perceptions transform, during the transition to abstinence, from lack of personal self-efficacy into self-efficacy attributed to characteristics of the system (e.g., the group, others, the program and/or a higher power)?

RQ3: What is salient in the narratives of others in facilitating and supporting abstinence?

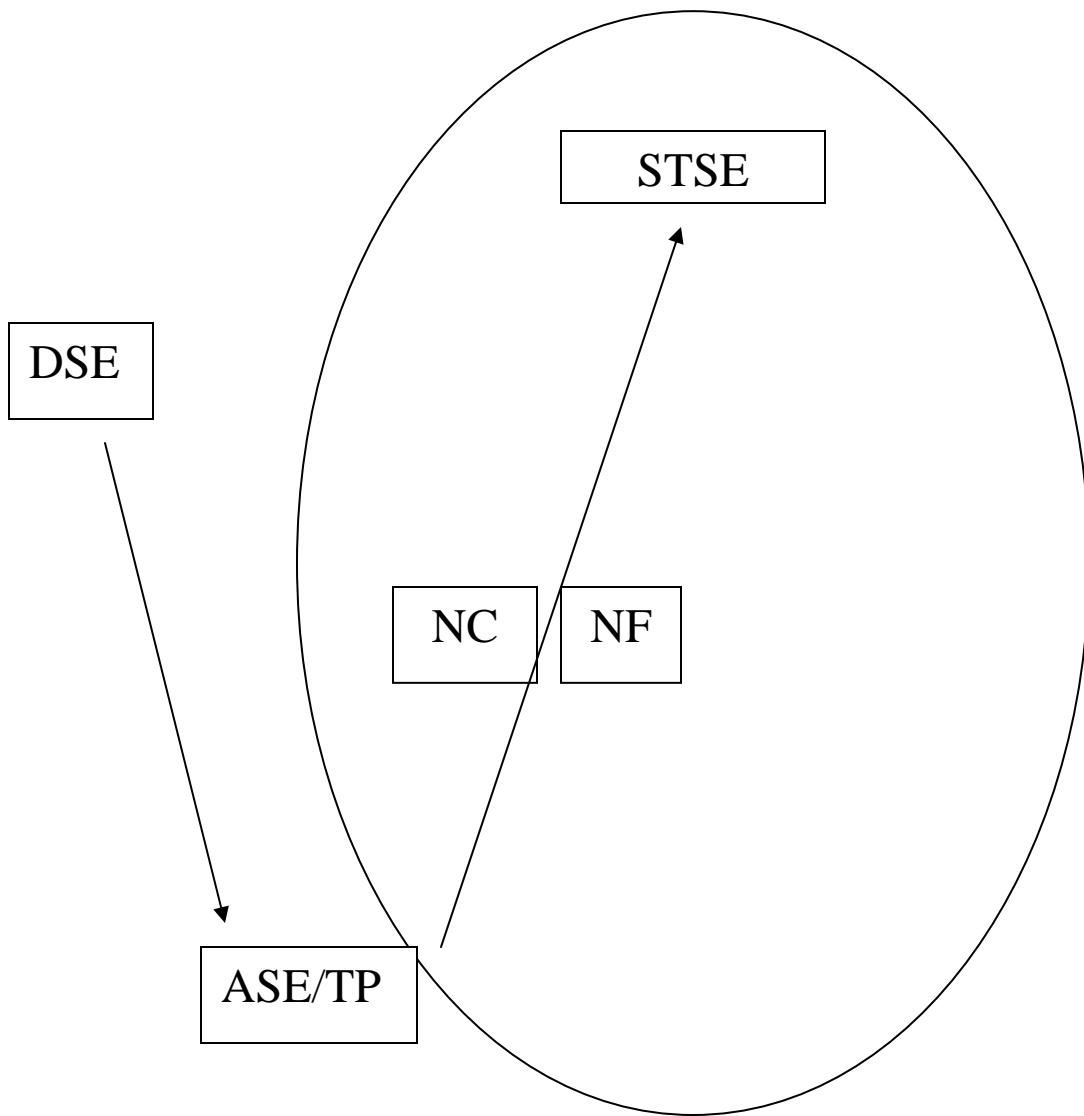


Figure 1.

Systemically Transformed Self-Efficacy

Where:

DSE = declining self-efficacy

TP = turning point

STSE = systemically transformed self-efficacy

ASE = abandoned self-efficacy

NC = narrative coherence

NF = narrative fidelity

## METHOD

The research method is narrative analysis. Themes were analyzed in narratives of recovery from alcoholism in the context of Alcoholics Anonymous, the prototypical 12-step, self- or mutual-help group. In addition, an exploratory survey was conducted online to investigate dynamics of self-efficacy in individuals in recovery.

### *Thematic Analysis*

Communication reveals itself at least partially in the themes of shared narrative. Attention to such themes goes directly to the question of what is shared, what is cognitively communal – that is, communicated. Dimensional analysis, which “focuses on developing a rich, rather than statistically representative and generalizable, understanding of the object of interest” (Jacobson, 2001, p. 249), is employed here. The object of interest is the trajectory of perceived self-efficacy of the alcoholic between addiction and abstinence. Specifically, the research focuses on the recovering alcoholic’s perception – displayed in his or her own words in the narrative – of the changes in self-efficacy that have accompanied his or her movement from dependence to recovery.

As in Jacobson’s (2001) work, theoretical concerns help narrow the focus. Put another way, the theoretical considerations elaborated above *suggest* categories of meaning in *etic* fashion. In effect, these theoretical considerations do not dictate categories, but more subtly allow the literature to “stimulate theoretical sensitivity to clues of meaning in the data” (Lindlof & Taylor, 2002, p. 214). The categorization of themes in this analysis was guided by sensitivities to constructs including self-efficacy, narrative coherence and fidelity, reflexivity regarding participation in a system, and so on. Such an approach allowed the examination to proceed with sensitivity to

expressions in the narrative of how, for example, the alcoholic on the path to ever more serious dependence may perceive that his or her self-efficacy to stop or reduce drinking is dwindling. The research questions thus led to examination of whether the narratives revealed evidence that the alcoholic had undergone a process of losing hope in his or her ability to control or stop drinking, and whether the narratives revealed individuals' perceptions of a transformed self-efficacy. Did the recovering alcoholic, in other words, perceive that previously, before quitting drinking, she or he could not stop or control drinking, but now, as part of a system, he or she *can* stop drinking – indeed *has* stopped drinking for a significant period of time?

### *The Narratives*

The investigator obtained audiocassette tapes of AA “leads” that had been delivered live to audiences at AA meetings. Some of these were obtained from what AA calls an “Intergroup” office, which functions as a support arm for the autonomous groups in a given locale (AA, 2001, pp. 562-566). The investigator explained his intended use of the tapes, and volunteers at the Intergroup Office offered to lend him a number of tapes. Information printed on those cassettes was used to contact an individual who provided additional tapes. The individual who provided the additional tapes had, with her husband, made an avocation of taping AA speakers. From the entire set of about 50, comprising those from the Intergroup Office and those from the individual, a sample of 29 was chosen for analysis. Selection was based on clarity of audio signal and inclusion, in the text of the “lead,” specific mention of the number of years of “sobriety.” In some cases a number of years is not mentioned, but a date is given on which total abstinence began. This date, along with a notation on the tape

cassette showing when the speech was delivered, allowed the investigator to determine the number of years of abstinence. Length of abstinence from alcohol varied from one year to 31 years. Eleven of the 29 narratives (38 percent) were those of women, 18 (62 percent) those of men.

Analysis began with line-by-line inspection and the manual marking of segments of text suggesting categories. Preliminary categories were identified, and the categories, along with conceptual and operational definitions, as well as category examples, appear in Table 1 (p. 42).

Marking of segments of text proceeded without regard to whether such segments were words, phrases, sentences, or other units. For example, the following quotation in one of the narratives was marked as a segment:

I was 39 years old, started to cry like a baby and I said a couple of things that night that were true, true, honest that I had never before said in my life and I haven't had a drink since. First thing I said through those tears while this cop was writing me up, "I guess I just can't drink." I've never ever said that to myself before. I thought that drinking was my solution. I come to find out that it was my problem. I didn't call myself an alcoholic. I hated that word alcoholic. I said, "I guess I just can't drink" and the other thing that I said was, "I need help."

The segment was marked ASE (abandoned self-efficacy) because it suggested giving up the notion he could solve the problem. Similarly the following single sentence was coded DSE for "diminished" (or "declining" or "defunct") self-efficacy: "I could not stop drinking when I got to Alcoholics Anonymous."

Another example from a narrative is the following segment, which suggested a different category:

I started to come to meetings. This guy said "Do what I tell you to do and you're going to be okay," and I followed him and he could have told me to stand on my head on the corner every hour on the hour and I would have done it

because that's how sick I was and that's how bad I wanted some help, that's how bad that I wanted this good orderly direction. But I was getting it through him, through him and through all the people he introduced me to in AA.

Such a segment of text also suggests ASE.

The sentence, “We came to believe that a power greater than ourselves could restore our sanity,” suggested *transformed self-efficacy*, coded “TSE.” The following sentence suggested the same coding: “I believe that there is a power greater than me and that gives me enough power to look at myself, make a searching and fearless moral inventory of myself and I didn’t know how to do that either.” Also suggestive of “TSE” coding was, “The one thing that God will never ever, ever do and that’s take away my free will.”

Table 1.  
Analysis of Themes

Category	Conceptual Definition	Operational Definition	Example
Diminished Self-Efficacy (DSE)	Perception of little or no self-efficacy to solve alcohol-dependence problem	Segment of text acknowledging inability to solve alcohol problem	“I said I guess I just can’t drink”
Abandoned Self-Efficacy (ASE)	Turning point at which the project of stopping drinking has been set aside but the beginning of transformation has not begun	Segment of text acknowledging the narrator has “hit bottom,” “given up,” or otherwise quit the project of solving the problem by himself or herself	“He could have told me to stand on my head on the corner and I would have done it because that’s how sick I was and that’s how bad I wanted some help”
Turning Point (TP)	Time of “lowest point” emotionally of drinking experience	Segment of text acknowledging perception of a time when narrator had “hit bottom”	“I had hit bottom”
Transformed Self-Efficacy (TSE)	Perception of self-efficacy to refrain from drinking alcohol as a recovering alcoholic, a radical change from previous lack of such self-efficacy	Segment of text averring newfound ability to refrain from drinking alcohol	“I believe that there is a power greater than me and that gives me enough power to look at myself, make a searching and fearless moral inventory of myself”
Narrative Coherence (NC)	Internal consistency of narrative	Segment of text acknowledging the perception of internal consistency in others’ narratives	“She said she was enjoying sobriety and sounded like she was doing well”
Narrative Fidelity (NF)	Resonance of narrative with listener’s experience	Segment of text acknowledging the resonance of others’ narratives with individual’s experience	“It was like he was telling my own story”

## *Survey*

To provide additional explanatory power, an online survey was administered to members of online groups of AA. The goal of the survey was to amplify answers to the research questions. A request for participation was e-mailed to addresses of moderators of 90 groups listed as English-speaking on the Web site of the Online Intergroup of Alcoholics Anonymous (OIAA). The groups identified themselves as being e-mail groups, which were inferred to be asynchronous, as opposed to those that identified themselves to be chat groups, and were thus inferred to be synchronous. As discussed below, 32 of these proved impossible to actually contact, resulting in contact with the moderators of 58 groups. As far as the investigator determined, all or almost all were based in North America, although such a qualifier is perhaps moot regarding the Web. Moderators were asked to share the link to the online survey with their members.

In keeping with AA's "Twelve Traditions," each group, online or face-to-face, is autonomous except in matters clearly affecting other groups or the entire society. However, a representative of a standing committee of the OIAA (the Committee on Cooperation with the Professional Community) made it clear in correspondence with the researcher that administration of a survey is possible in the manner outlined here. The OIAA representative provided a memorandum, included in full in Appendix 2 (p. 105). The memorandum states:

In general, within AA there is a favorable attitude toward research. As (AA co-founder) Bill W. wrote, "Today the vast majority of us welcome any new light that can be thrown on the alcoholic's mysterious and baffling malady. We welcome new and valuable knowledge, whether it issues from a test tube, from a psychiatrist's couch or from revealing social studies."

The memo is offered “to those who would solicit the participation of AA members in research and to those AA members who will be approached about such request.” The representative helpfully suggested including the text of the memo in any explanatory material accompanying the survey instrument, and that suggestion was followed. It seems likely the memorandum allayed trepidation that might have been held by some potential participants regarding the possibility that taking the survey might violate AA’s “Twelve Traditions.” It was anticipated that some potential participants might have interpreted AA’s tradition of having no formal allegiances with outside entities to mean that members’ participation in the survey would be in violation of the traditions.

The survey was aimed at AA members generally, not online-only members. A survey question controlled for this by asking how many traditional, face-to-face meetings participants attended. Individuals had to report attending at least one face-to-face meeting per week to be included in the analysis. The rationale was that while AA requires only a desire to stop drinking as a condition of membership, anecdotes from the narratives showed that active members tend to have “home groups” that meet weekly, so it might be expected that weekly face-to-face attendance would prove a valid criterion for inclusion of regular members only.

Online-survey creation and monitoring software, mrInterview, was used to create, administer, and monitor results of the survey. Anonymity of participants was protected by encryption as part of the software’s design, and such was acknowledged in survey instructions.

The survey consisted of 21 questions including a 12-item Alcohol Abstinence

Self-Efficacy (AASE) scale (DiClemente et al., 1994). (See Appendix 1, pp. 101)

The scale measures overall perception of self-efficacy to abstain from alcohol. Four subscales allow measurement of perception of self-efficacy to abstain given specific contexts: negative affect (item worded, for example, “When I am feeling angry inside”), social/positive (“excited or celebrating”), physical and other concerns (“have a headache”), and withdrawal and urges (“want to test my willpower”) (DiClemente et al., p. 144). The scale was also developed in 20- and 9-item versions. The 12-item version was chosen in order to keep the questionnaire short while still retaining the ability to employ the subscales.

DiClemente et al. (1994) derived the scale’s construct validity by correlating subscale scores with demographic variables as well as with an alcohol-use assessment. Efficacy subscales showed no significant correlation with gender. The only significant correlation was a positive correlation ( $r = .20, p < .01$ ) between age and the social/positive subscale. DiClemente concludes, “Older subjects were more confident in these (social/positive) situations” (p. 145). Small but consistent correlations existed between efficacy subscales and alcohol use, and all but one of them were negative. That is, “more problems (with alcohol use) related to lower efficacy to abstain” (p. 145). The only positive correlation between alcohol-use factors and subscale measures showed a relation between higher efficacy in social/positive situations and participants having used others to get help for their drinking (DiClemente et al., 1994).

Respondents in the present study were asked to answer 12 AASE questions based on their recall of the period of time at the end of their drinking, just before they entered AA. The final question of the survey was open-ended and probed salience of

narratives by asking what parts of AA “leads,” or testimonials heard at meetings, were most important to the respondent in maintaining her or his abstinence. Narrative analysis was employed as the method of examining these questions in a procedure parallel to that used on the AA “leads.”

### *Human subjects*

Information generated by human subjects and analyzed in this study fell into two categories. First, records of the 29 speeches made by the subjects existed in the form of audiotapes before the study took place, and those audiotapes were available for the public to audit. Further, the investigator excluded, in excerpts of transcripts of the tapes, all information that might conceivably have identified any human subjects, and that information included but was not limited to all names of persons, places and events.

The second category of information was the set of data that came in response to the online survey. The survey employed the mrInterview Web-based program, which uses encrypted software to preclude the surveyor’s ability to learn the identity of respondents. No information that came in response to the open-ended question in the survey yielded any identifying information about any individual.

There are no reports in the literature regarding any problem arising for respondents as a result of use of the Alcohol Dependence Self-Efficacy Scale that was embedded in the survey. Also, potential participants were told before beginning the survey that participation was entirely voluntary, that if any question made them uncomfortable they were welcome to ignore it, and that they would be able to stop participation at any time.

## RESULTS

Results will be reported first for the segments of various narratives containing themes that address research questions. This will be followed by a report of the exploratory survey of members of online AA groups. When block quotes from the narratives contain italicized phrases, italics have been added in the transcript to signify that these phrases are particularly felicitous to the theme.

*Narrative segments addressing RQ1: Do alcoholics' perceptions of self-efficacy become extremely low or nonexistent by the time they enter AA?*

Twenty-five of the 29 narratives contain references to a sense of declining self-efficacy (“DSE”) regarding controlling or quitting drinking alcohol (RQ1). Five of the those 25 contained at least one clear but slight reference, and the remaining 20 contained references ranging from single, right-on-point phrases or sentences to lengthy treatment of the construct. These references, repeated many times and worded so that they convey the narrator’s sense of chagrin, indicate that these alcoholics recovering in AA experienced a perception of declining or non-existent self-efficacy in the context of controlling or ceasing their consumption of alcohol. The references also in many cases indicate narrators’ self-reflexive capacity in regard to the dynamic of DSE. In Narrative No. 1 (N1), for example, the following substantial reference is found:

*I couldn't get my mind off the fact that I was a smart fellow and if I tried hard enough, by God, I could do it. I could solve whatever was troubling me. So I kept trying with very, very limited success, and I kept drinking, and I kept drinking. . . . I tried everything. I tried everything . . . I thought I tried everything. (N1)*

The narrator’s expression of having “tried everything” to quit drinking yet finding the behavior continue speaks directly to the decline in self-efficacy. This

narrative is particularly notable because it begins with the assertion that the narrator does have a perception of self-efficacy and could solve the problem with effort. In light of the fact that we know the narrator did not quit despite repeated tries, we have here a clear statement about diminished self-efficacy. The emphasis achieved by the narrator's repetition of his having tried every method he could think of to stop drinking demonstrates his perception of having little or no self-efficacy in the matter.

Sometimes of the narratives recount an early perception of self-efficacy based on what seemed at the time sound evidence. In N19 the narrator still has what at first she perceives as complete control and ending with none: "I didn't have to drink every day at that time." Then:

I was pregnant, and I was scared because, you see, I had been drunk every single night of that pregnancy, and I think I was about six or eight weeks pregnant. I had smoked cigarettes all the time, and, and I don't consider myself a drug addict, but I had done a lot of speed at that time, and I had taken a lot of speed, and I had smoked some pot, and I was scared. And I went to my doctor, and I told him, and I said, "I'm ready to abort (this) child if I need to." I said, "Tell me what to do. I don't want to be responsible for anything happening to him because of my alcohol use." And he said, ". . . I think that if you just don't do anything, just don't do anything, I think you'll be okay." So I went back and, and, and, and I, and I didn't. And I quit drinking. (N19)

Then, when the narrator speaks of a period spent away from her young son, we hear a description of a change in behavior toward compulsivity:

I felt ashamed. I felt like a failure. I didn't tell anybody that I separated for, like, six months. I didn't want anybody to know about that, and I did, after about two months I did get drunk. *I had to. I had to escape. I had to get drunk.* (N19)

The following sentence from the same narrative indicates the progression of this downward dynamic: "I could go for several days without drinking, but once I drank one, it triggered that obsession for me to drink more and more, and I had to get drunk."

Later we hear her perception of having no self-efficacy reflected in her treatment of her child:

I never abused my son physically, but I certainly did neglect him. I, I would (say) “Hurry up and eat your supper, hurry up and go to bed,” and put him to bed. He went to bed real early, and I would put him to bed because what I needed to do was I needed to drink. I needed to get drunk, and I would do that and then I would black out. (N19)

This idea of the alcoholic’s perception first that she or he can slow down or stop, only to learn such is not the case, is the same pattern we hear in many narratives. Here is one that ends with a graphic and apt metaphor of the narrator’s perception of what the repeated yet unwanted behavior is doing to his feelings about self:

I said . . . “Nothing ’til happy hour, okay?” Okay. That went on for twenty-nine days; every day saying, “Nothing ’til happy hour, okay?” – and never being able to make it. And you know, ah, and, and meaning it, in that, you know, it’s like using steel wool on your, your self-esteem. (N13)

Some of the narratives display reasoned conclusions about DSE:

One of the most important things I can tell you about alcoholism, and I, I believe it is the most important, is that *if I could have stopped drinking on my own I would have never come to AA*. That’s the bottom line to it all. If I had the power to stop drinking, why would I? (N3)

The phrase “if I could have stopped” makes clear that that narrator’s perception was that he could not stop. The subsequent phrase, “I would have never come to AA,” establishes a link in the narrator’s cognitive process between his declining or non-existent self-efficacy and the decision to approach a social system for a solution. N3 also gives us a glimpse of an important adjunct to DSE, which is the alcoholic’s experience of increasing difficulty with behaviors other than drinking. This is a dynamic that in the narratives is cast as a factor making the narrator want to control or

quit drinking:

*I decided I'd just, I think I'll quit, I'll, I'll, I'll get, get right for the for the holidays and stuff, and I found I couldn't. I found out I couldn't. . . . I intelligently realized that there's nothing I could do to get off the drunk. (N3)*

We hear in this narrative the intention to effect a behavioral change, to “quit” and “get right.” But at the end the narrator reveals his *perception of utter inability* (zero self-efficacy) to quit. He subsequently displays a sentiment not uncommon in narratives of recovery, and one that reveals another facet of declining self-efficacy: the inability many alcohol-dependent individuals acknowledge in predicting how they will behave once they begin a given episode of drinking. The narrator thus speaks of DSE in terms of controlling drinking and other behavior. Notice that the following segment of narrative ends with admission of inability to address the problem:

I wouldn't take a bath for weeks at a time and, and I could smell myself and, and, and ah, and I couldn't do anything about it. I mean there was a tub and there was clothes; I was, I was just a drunk and *I was powerless over alcohol and there was nothing I could do about what was happening to me*, and I could see it happening to me. I, I lost the ability to eat a meal and, and, and, and ah, ah I mean there was food but I just couldn't eat. All I could do was drink. There was a bed and I couldn't sleep. All, all I could do was drink . . . When I drink I have absolutely no say-so over what I'm going to do next. If you give me a drink and I cannot predict my actions. You give me a drink and I don't know what I'm gonna do or what's gonna happen to me. . . . *I couldn't stop what was happening to me. (N3)*

The narrator has perceived a generalized lack of self-efficacy regarding alcohol to include various other behaviors. He finally acknowledges that he “couldn't stop,” thereby confirming a perception of defunct self-efficacy to control or quit drinking. Several narratives echo this generalized lack of self-efficacy, perceived particularly when drinking:

It seemed that anytime that I would go out to have a drink I could not guarantee

or predict my actions. (N8)

I didn't know what I was capable of doing. *Once I picked up a drink I could not tell you what was going to happen.* (N14)

I could not predict my behavior. (N22)

Alcohol had started really playing a lot of tricks on me. Sometimes I could drink a little bit and I'd be drunk, and sometimes I'd drink a whole lot and I couldn't get drunk. And sometimes I'd be sick. I, I mean *it was totally unpredictable what it was gonna do to me.* It was very unpredictable where I was gonna end up. (N26)

This unpredictability of the alcoholic while drinking – to himself or herself – is a staple in these narratives. It is also one of the factors, in the narrators' self report in the narratives, in their perceptions that their “lives had become unmanageable,” in the words of the second half of AA's Step One.

N5 shows this lack of predictability when the highly self-reflexive narrator speaks of the change he sees, looking back on the pattern of his drinking, in self-efficacy:

When I was about 18, I, um, had the first inkling, probably, that I was, something was wrong with my drinking and drugging. . . . I started to try to control it, and I, ah, switched from whiskey to beer, and ah, I didn't take pills with it, or I didn't smoke pot with alcohol, or you know, I started trying all these things . . . (and thought) “Well, I just need some discipline.” . . . It just kept getting worse, you know. It just kept getting worse. Um, my behavior kept getting more bizarre. Um, I was becoming more and more depressed. I was becoming suicidal. I was homicidal. Um, you know I was absolutely out of control.

Another variation in the matter of predictability can be heard in N7's treatment of the narrator's spouse's perception. Now, thanks to the narrator's sober hindsight, she

shares that perception her husband had at the time:

We would get all dressed up to go to the parties and he would say, “I don’t know what happened, you look beautiful, you look gorgeous and we, I would turn around and two hours later you are struck drunk.” And that was the way it was. I was struck drunk. *It always surprised me I was drunk, but I was drunk, and you know that's the bad thing about it. You would always be surprised by something that always happened. It's really- we have the most amazing disease that keeps surprising us. You would think anybody would give up on something that was so lethal instead of keep trying it.*

Some of the narratives include the starkest human drama of tremendously damaging effects of alcohol consumption, and still the narrator acknowledges inability to alter addictive behaviors. In N9 we encounter an anecdote of a man arrested by a police officer after wrecking his car:

He frisked me, and ah, I, I had my hands up on the car, and he was patting me down and I, I happened to look and by this time (my wife) had gotten there with our youngest son at that time . . . he was just a little fellow . . . the headlights were shining on him, and, and I looked and I saw him, and I looked in his face and I saw that bewildered look, and, ah, there wasn’t a thing I could do about it. I’ll never forget that look, ah, and I knew how he felt. I knew how he felt. The police lights going and the wreck and the all the people gathered around, and there they were frisking his dad and he loved me, and, ah, wasn't a thing I could do about it. . . . You see, I know what it feels like to be helplessly, hopelessly addicted. I couldn’t quit. There was no way.

This extreme gravity of human emotion becomes a theme associated with defunct self-efficacy in that the narrators acknowledge their inability to explain why, given the magnitude of the crisis, they are unable to abstain. Suicidal ideation and even attempts are sometimes mentioned, as in N12 when the narrator discusses her son’s questions to her in the hospital:

“Why did you do this? Don’t you want to see what (your daughter) looks like when she grows up? You’re going to miss it.” I don’t know how you explain to a child that you love so much for so long why you do it. There aren’t any words. You can’t tell them why you did it. You just want it out. It just hurts. It’s not

getting better. There's not any hope. There's no way you can do it anymore. That hole inside won't go away, and it wasn't to hurt you. I just can't stop it. . . . I took serious measures to take my life.

Some of the narratives report DSE in the context of their inability to quit drinking even in the face of extreme degradation including homicide and abuse of spouses and children. The following example conveys such an extreme:

I couldn't put that bottle down. . . . And I remember sitting in (a) bar one day. And I, a man was in there buying me drinks. And there was my three kids, two boys and a girl, outside, running up and down (the street), dirty, filthy little animals, with lice in their head and no shoes on their feet. And I remember the guy saying to me, he said, "I bet they'd be pretty kids if they were cleaned up." I said, "Yeah." I said, "I bet they would be." *I didn't tell him they were my kids outside panhandling, because I knew if I did he would not give me no more drinks. And I had to have it. I had to have the booze. . . . And my little girl that I didn't see off to first grade was dying of a broken heart away from me, and I remember the nun said to me, "Something has, has to be done. She's going to die on us."* (N27)

The foregoing segments of recovering alcoholics' tales point to the individuals' perception of critically lacking ability to cease or adequately control their drinking. Whether couched in heart-rending pathos, absurd comedy, or a mixture of the two, it remains clear that the words of a substantial majority confirm the notion that self-efficacy to solve the drinking problem had declined to nil or almost nil.

In the 29 narratives a common and logical progression is for the narrator to describe declining or defunct self-efficacy in the context of what led her or him to a turning point between addictive drinking and abstinence. That is, narrators typically speak of not being able to solve the problem despite a personal life, work life, or both, so fraught with difficulty that some change seems imperative to them. Colloquially this turning point is termed a "bottom," and historically there has been much discussion in

the Fellowship of AA as well as in the treatment community about the construct of “hitting bottom.” More recently the construct has gained currency academically, as well, for example in psychology (Forcehimes, 2004).

Sometimes this “bottom” is spoken of as a turning point on the alcoholic’s path from addiction to sobriety. There is even the concept of the “high-bottom” and “low-bottom” alcoholic. “High-bottom” alcoholics are spoken of as those who might decide they had to take extreme measures to quit drinking after some embarrassing behavior committed in the presence of co-workers, for example, while “low-bottom” connotes jail, homelessness, or the like. While this study does not address the concept of “bottom” directly and does not operationalize the concept in the analysis of narratives, the concept can sometimes be seen in segments regarding declining self-efficacy and reaching a turning point from addiction toward abstinence, both of which (DSE and TP) are addressed and operationalized here. Frequently, in the narratives, the two constructs are woven tightly together. The phenomena of “turning point” and “bottom,” whether conceived as coincident or as being slightly different from one another, nevertheless amount to a stasis between declining self-efficacy and a shift toward abstinence, and they bring us to a consideration of RQ2. A more felicitous use of terms might include that of a “critical incident” in the alcoholic’s life marking the beginning of a “turning phase” toward recovery. One narrator of the 29, for example, spoke of standing at a urinal while being guarded by a jail officer and becoming aware that as long as he kept drinking he would keep going to jail and would never be free of the control of men such as the officer. This might be conceived as a critical incident linked to cognitive changes which, in turn, helped him recover. Such terms would also obviate confusion

with turning points in the development of relationships, an unrelated phenomenon that is a focus of some communication researchers (Baxter & Bullis, 2006).

*Narrative segments addressing RQ2: Do alcoholics' perceptions transform during the transition to abstinence from lack of personal self-efficacy into self-efficacy attributed to characteristics of the system (e.g., the group, others, the program and/or a higher power)?*

Twenty-seven of the 29 narratives address the construct of a “turning point” directly, and eight of those with substantial, rich segments. N1 is such a narrative. Material in N1 speaks directly to several specific behavioral referents of a turning point, e.g., making a telephone call to Alcoholics Anonymous. The narrative is noteworthy, too, for the way it typifies the weaving together of the perception of declining self-efficacy and the approach of a turning point:

I said, “I guess I just can’t drink.” And the other thing that I said was, “I need help.” Now I thought I had sought help before, but when I got honest with myself I know that when push came to shove, when, if I ever got any advice – and if it conflicted to anything I was thinking about was right for me – I’d say, “Get the hell out of the way. I’m going to do what I want to do.” And did, with all the results, the concomitant results, okay, and that’s what I did. That’s what I call my bottom. *Bottom I think is absolutely necessary. I hear people say that I had a lot of bottoms. . . . I don’t think that we’ve had a lot of bottoms, because “bottom,” to me, is absolutely the, by definition, “bottom” is one’s lowest point. Absolutely you can’t go below that. And that’s what it was to me, and I haven’t had a drink since. That was my bottom.* I heard a fellow . . . talk . . . some years ago, and he said “bottom” is the point where you decide you want to go the other way, up. Best definition of “bottom” I ever heard, though, which makes sense to me, is “Bottom is the point where the unknown looks more attractive than the known.” (N1)

Thus a “bottom,” as the term implies, is the lowest or most difficult, most agonizing point in the alcoholic’s drinking experience. As we have seen, in terms of self-efficacy theory, it is a point of “futility” (Bandura, 1977, p. 204).

The narrator in N2 treats a common context of the turning phase, which is that the phase is in a sense behaviorally bifurcated. The first part of the turning phase might be seen as having a behavioral referent at which the individual contacts AA for help and such contact is thus regarded in retrospect as the beginning of the long trajectory toward recovery. But that longer trajectory includes, frequently, “relapse” into drinking and subsequently a phase (which we might view as a truer, or at least more profound, turning phase) at which there is a return to a period of abstinence that ripens into long-term recovery. In the narrative accounts, this pattern is not uncommonly repeated many times within the individual’s path toward long-term recovery. The following segment from N2 displays the individual’s quandary at being involved in AA while continuing to drink alcohol:

I woke up in a jail cell and couldn’t recall being arrested. And I came to AA on a chance that alcohol might have become some sort of problem in my life. . . . I loved AA. I just loved it, and I got drunk . . . and I talked to this guy that I’d met and . . . he tried to tell me that the program of AA was in the book, if I found it and applied it to me; that he couldn’t apply it to me. All of you couldn’t apply it to my program for me, and you wouldn’t if you could; that I had to find it, that I had to do the things that were in this book. . . . And I drank and I came back, and I drank and I came back, and I got to be the perennial “slipper.” We have some of those in our group. Every group has some of those, people you finally quit inviting them to your deal. You know, you tell your pigeon (Note: AA slang for a newcomer who is being “sponsored,” or advised, by a member), “Stay away from that son of a bitch.” You know? “He’s using and abusing, he’s not sincere. He’s just here looking for a handout. He’s here looking for a job. He’s here looking for an easy ride. Stay away from him. He’s a loser.” And I got to be that person. . . . *I think what happened is that I accepted my alcoholism to my innermost self. I was going to die. I mean, I really believed and accepted. I really was alcoholic* whether I was a sissy alcoholic or a real man alcoholic. And I was still an alcoholic and nobody could deny that. Maybe I just grew up and accepted my disease and all its manifestations, and it didn’t matter where I had been and how I had earned my seat in AA. It was my seat and my life, and I had to do something about it. And I came back to AA, and I’ve been most fortunate in the past twenty-two years, twenty-two-and-a-half years. I got into the front of an AA meeting, and I’ve stayed in the front half of an AA meeting from that day to this. (N2)

Not infrequently we hear an interesting take on the problem of drinking framed as, at first, other people's complaints about the narrator's behavior, and the narrator's inability to do something about his drinking until he begins to look at the problems as his own. N3 contains such a segment. It begins as he is explaining that he came to regard his drinking as a problem for him, rather than a behavior that was merely causing problems for others, such as his mother, or the police, who had arrested him for a crime of homicide:

Once I realized alcohol was the problem I, I decided to quit drinking. . . . I realized that I'm not in that cell because I squeezed the trigger. I'm not in there because I squeezed the trigger. I'm in there because I drank. If I hadn't've drank I wouldn't have squeezed the trigger. (N3)

Sometimes, as in N6, a narrative displays transformation by conveying the contrast between the person now giving the narrative and the person she has just described as *herself before giving up alcohol*. The narrator had described her first AA meeting – how she showed up filthy and in almost comic dishevelment – but now, apparently standing presentably before an admiring audience says, “Today I am a sober woman. I brought myself here like this.”

N9 displays how a turning point coincided with suicidal despair and what the narrator acknowledges is irrational thinking:

My children would come up and put their arms around me, and, and tell me that they loved me, and I didn't feel anything, just nothing. And I knew in my head that I loved them but I didn't feel anything in my heart. So I was just, I was a total mess. There was very little left of me when I got to AA. . . . So I had an old .357 (caliber revolver) that Daddy left me, and, and I thought, “Well, I'll just blow my brains out, then, get this over with.” Then I got to thinking. I, I got to wondering, now this is peculiar, I got to wondering, “I wonder if I'll have to hear that awful noise that gun makes before it blows my head off?” And then

the next thought, ah, as I remember, was, “Well now, that bullet’s gonna go through me and tear the truck up, and the boss has been real good to me, and I don't want to tear his truck up.” . . . I was laying there hallucinating, carrying on, and, and (Note: a family member) came and said, “You want to go get some help?” And I said, “Oh, God, yes I do. I really do.” . . . They introduced me to AA and I loved it. It was my salvation. (N9)

Here the narrator sees his turning point as having occurred in the abject despair of flat emotions toward his children and a plan for suicide when, at the offer of help from a family member, he accepted. He calls AA his “salvation,” thus crediting the fellowship, or system, with saving him. From Bateson’s standpoint, he has entered a system. But as we hear in a number of narratives merely entering the system does not guarantee results. The following narrator identifies a clear path toward a clear turning point and names what to him is the essential requirement for making that change:

I wake up after about a twelve-hour blackout in a friend’s apartment, and I’m just panicked. I don’t know if I have a job, a fiancé, or a place to live and all of a sudden my recommendation from my father, my psychiatrist, that I look into AA didn’t seem so impossible. And I called AA. . . . They wanted to know if I wanted to go a meeting. I went to my first meeting of AA that night. . . . So I came into AA and my, I got sober, and my life started to change. . . . I got in so much damn pain when I came (to) AA, and the key to AA is surrender. . . . *what you have to do is surrender.* (N9)

But this narrator continues through a remarkable description of the process of recovery having taken more, for him, than the initial bottom, turning point, and surrender. In doing so he treats two sub-themes regarding what we might call a long-phase turning point. One has to do with the necessity to speak the truth, which he seems to equate with God, and the other with the social environment of AA that allows this:

The biggest change in my life happened about a month after I took my fifth step. (Note: The 5<sup>th</sup> step is “Admitted to God, to ourselves, and to another human being the exact nature of our wrongs” (AA, 2001, p. 59). About a month after I took my fifth step, when I started to going to this psychologist, I had one

of the worst days I ever had in my sobriety. One of them, that was, like, eight years sober and I went to work late and left early and went downtown . . . I missed the rest of the day, missed dinner, got into a fight with my wife, came home, slapped one of the kids, missed the AA meeting. One of those things you'd like to have a video tape, you know, so they could send it to the General Service Office (of AA) to show what eight years of sobriety does for you. And, ah, I remember I sat down in my chair that night, and I said, "Gee, it happened again." I said, "What do you mean it happened again? Weren't you there?" and I said, "Yeah, I'm there, but it's so habitual." I mean . . . this stuff (Note: the sum of the seemingly unmanageable events of his life) just kind of happens automatically. It's like I go on automatic pilot. I wake up later . . . and I'm – it just happens – and I realize that was a bunch of crap. My life was exactly the way it was because I designed it to be that way. But that night I admitted to the nonsense in my life. I told the truth about my life. Truth is something, the truth is powerful. I think the first step of AA is the truth, and we stand in front of it in such a way that we stark-naked look our alcoholism in the eye. And when you look it in the eye that way and tell the truth about your powerlessness and unmanageability, your life is never the same. . . . *When you really make a decision to change, you start to take actions that support the decision. . . .* What I want to say more than anything else is that once I opened my life up to the power of God, my life changed enormously. . . . *"It's an access to the truth."* (N9)

A similarly long-phase turning point comes through in N12, in which the narrator avers that logic doesn't solve the problem. She speaks of being in court:

I was in AA. I was in a program. I was in a program, and I wasn't going to drink, and I had changed. And she gave me another chance. And after she heard the evidence this time, and she looked at me, and she said, "You know . . . I don't understand this. You had a job. You were unemployable. You got a job, you had a good job. You got your daughter back. You got the increase in support. Your life is coming together. Why did you drink?" I don't know. I didn't have an answer. I could not tell her why I drank again. I did not know. And I drank because I am an alcoholic, and I was an alcoholic who was trying to stay sober without changing, without doing the work. I read it, I saw it, I decided yeah, you know, I've heard it all before. How's that gonna change me? I tried to apply a logical process to getting sober, and that doesn't work. (N12)

The narrator in N13, arriving at what would prove his turning point, reached out for help in a phone call to a treatment facility but could not admit during the call that the help he sought was for him. He told the counselor on the phone that he was calling

to get help for a friend:

Somewhere along the line he said, “Ah, do you drink?” I said, “A little, you know.” *He said, “Tell me about your drinking.” And I started to cry.* And he said, “Okay, . . . don’t worry. Come on over, come on over, and let’s talk.” So I said, “Well, yeah, I could get over there, I think, next Tuesday or Wednesday.” He said, “. . . hang up and go out and get into the car and come over here right now.” And I did it. This is the miracle, when I look back. It was one-hundred miles away . . . so I went over, and you know the next ten days, looking back, it’s . . . just like I had, someone had their hand in the small of my back pushing, because I kept doing things that weren’t one bit like me. . . . Somewhere about dawn, because I remember it was getting light . . . it was just like all of the, the, the denial went down like a balloon losing its air, and you know, I know today that’s a gift. (N13)

This description speaks of transformation as part of a system in that the narrator is behaving in such unaccustomed ways and is dropping his denial of the problem.

The next two narratives deal explicitly with a turning point, sometimes one that takes more than one try, that is, a long-phase turning point:

When problems come in my life, *I don’t have to drink* over them. *I don’t have to drink* over them. You know, they told me when I first come here you all had something I wanted, you know, and they told me I stood at a turning point. And if I wanted what you had, then there was, they suggested that I take certain steps. And so those steps are not, they’re not meaningless to me. (N14)

I had been sober, sort of, kind of, again, no, not sober – I had been dry for five years almost. And here I was faced with, “Should I drink or shouldn’t I,” and with a beer in each hand and sitting on that floor and a handful of whatever pills I could find, that was it. I was gonna just check out, ’cause that was the easier, softer way. I don’t know what happened, other than a spiritual experience. I guess it’s where God does for us what we cannot do for ourselves. I picked myself off that kitchen floor. I walked into the bathroom, I poured those beers down the toilet, I put the pills with it, I flushed it, I took a shower, and I drove around the city . . . until I found a noon meeting. And I walked in that meeting, and I sat down, and they said, “Does anyone have a topic for today?” And my hand went whooo, and they said, “Go ahead.” And I said, “My name is . . .” and that’s all I said. I, I cried hysterically the whole hour, and every day thereafter I got myself to that noon meeting, and every day they said, “Who wants to talk?” And (my) hand shot up, and all I needed to say is, “I’m . . . and I’m an alcoholic.” And for the first time in my life, I meant it. (N15)

These narratives show individuals moving toward recovery in the context of becoming more and more a part of a system. Being part of the system of AA means taking the steps. The steps begin with admitting powerlessness over alcohol, and continue. In other words transformation takes place systemically, only by becoming part of the system, not just entering the fellowship in the meeting rooms, but cognitively processing information and making rational choices.

Many of the narratives speak of the individual's growing participation in the system including an acceptance of some power greater than individual self that can support recovery. One narrator speaks of inner guidance, another of God as a higher power but knowable only by human contact, and so on. To examine this, the investigator early in the analysis concocted the working coding "SE v. ?" to refer to the narrator's perception of "self-efficacy versus 'I don't know what,' or something else," with the "something else" as yet undefined. This will become clear in the segments immediately below. What we are really looking at is an individual's perception that she or he has the efficacy, the expectation of the ability, and how this interfaces with the source of that ability if the source is not perceived as self alone.

A segment coded "SE v. ?" occurs in N26, and it is noteworthy in its placement of the efficacy of self in the decision, ongoing, to trust in a higher power, which this narrator terms "God": "It's a growing process *to be able to* turn your will, your life, over to the care of God, and know that God's gonna take care of it, you know?"

The narrator of N28 puts it in a different vein. While elsewhere referring to the grace of God, she boils much of the question of personal efficacy down to, "being willing to do it somebody else's way."

Several of the narratives place efficacy in the realm of personal freedom, thereby implying the continuation of personal agency but now a personal agency bearing the capability of behaving in a way that prevents further alcohol dependence. We must be careful to differentiate between “self” as it is used in this narrative (e.g., “eliminate self”), implying egocentricity or narcissistic self-occupation, and “self” as used both in Bandura’s formulations and in modern psychoanalytic writing as permitting healthful interaction with environment (Mitchell & Black, 1995, pp. 141-142). The following are segments from narratives treating personal freedom as a benefit of AA and as an element of efficacy to remain sober:

We’ve heard it this weekend said in countless ways, the freedom this program gave me, the recipe of this program. . . . The book tells me that what’s killing me is me, self-manifested in countless ways, and that the recipe for living, as implied in these twelve steps, is the elimination of self. I don’t go off to a mountain top to add God on to me, to bring God to me. I eliminate self and God comes into the empty spaces. The emptier I am of self, the fuller I am of God. It’s natural. And then I get to that place, and I’m doing those things simply because I was told to do them, and I don’t want to go back to hurting any more. And I’m shaking hands with those new people, and I’m going out to those places and calling on those drunks that don’t want the message, and then that time comes when I’m sitting someplace with somebody and that feeling overcomes me of freedom – the best feeling I’ve ever had – and it doesn’t last long . . . and I don’t even know what it is, to start with, until I look back on it later on. And I realized, just for a couple of seconds, just for a brief moment in time, I cared more about someone else than I did me. (N29)

I asked God to help me and, and it was the first time in my life since I was a child that I sincerely wanted God to help me, and *I knew from that point that if I never wanted to drink again I did not have to drink again*, and I have not had a drink (in more than eight years). (N5)

An illuminating description of one woman’s transformed perception of self-efficacy, put in terms of her understanding of a higher power as inner guidance, is found in N7. Again we see “self” as the actor in personal agency but broadly enough

conceived to embrace a larger system. The woman, who earned an advanced degree, recounts:

Within me today, as I understand it, (is) a perfect inner-guidance system. It is, in fact, how I understand my God. It makes it so simple to realize that God works from within. That is how he knows exactly when, and how, and where, and why. He is the source within me that directs me and guides me exactly where I have to go in to and out of. People come into my life and out of my life right on schedule. I very seldom am ready for either. I'm almost never ready for them to come in. And I sure have never been ready for them to go out. But it is always a perfect schedule. Often, I don't understand. When I don't understand, it is an opportunity for me to have faith; for me to find the faith you have given me. . . . (completing an advanced academic degree) is proof in my life that there are (in) AA no impossible dreams. There is nothing that I cannot do. . . . I can open to you, and I can say to you that I have never had so much freedom, never. I did not know that freedom meant the right to joy and the right to pain. I wanted just one. I can't have one without the other. I cannot experience day without going through the night and that's exactly how it should be. . . . There are absolutely no limits to my life today in AA. There is nothing I can't do. There is nothing I can't be. . . . *As long as I know my limitations there is absolutely nothing I can't do.* . . . I understand today that freedom is within me. Freedom and good, and God, and love, and joy are all within me. . . . I have absolutely no secrets. *There is absolutely nothing about me you can't know and that is the greatest freedom that I have ever had.* When I came to you . . . there was nothing about me I could tell you. (N7)

The theme of freedom echoes in N8, as well:

*I have that freedom to drink today if I choose, if I am willing to pay the price and of course the price today is much higher than it was yesterday and much higher than it was 10 years ago and 20 years ago and 27 years ago. . . . It is the only thing, the only thing that I have ever done in my life with any true consistency – the only thing.* (N8)

Notice in the following clear sentence from N11 the emphasis on personal agency in effecting recovery: “When you really make a decision to change, you start to take actions that support the decision.”

It would seem that even in the simple, three-part admonition so common in AA leads, and uttered in a pristine form in N15, we encounter the affirmation of personal

agency: “Don’t drink, and go to meetings and read the Big Book.” Agency is implied in the notion that this is what *the member* is supposed *to do* to remain abstinent.

The narrator of N17 puts it similarly. While invoking the “grace of God,” he calls it the “living” grace.

In the words of co-founder Bill, ours is *not a personal success* story but one of colossal *human failure converted into great strength* by the alchemy of the living grace of God *through the recovery program and our fellowships*. (N17)

The words “through the recovery program and our fellowships” make clear that he refers to a system of more than one person.

Like these previous narratives, N19 puts the link between human agency and radically altered ability in terms of personal freedom:

I always believed that he would help me, but I never had the faith. And I remember when I was six years sober. I got up behind the podium for the very first time and *I cannot begin to describe to you the freedom that I have gotten to be able to do that, from being able to do the things that I didn't want to do*. That's the program of AA and the God of (my) understanding working in my life today. (N19)

N20 returns us to a succinct version: “That’s what counts, isn’t it? The actions we take.”

Interestingly, “the actions we take” is also a notion that figures prominently in some of the narratives that speak to the question of salience, RQ3. From a systems perspective, the notion speaks to the idea that systemic transformation of self-efficacy may begin to attach as the individual takes action to become more a part of the system. *Narrative segments addressing RQ3: What are the salient features of the narratives of recovery in effecting and supporting abstinence?*

Inherent in RQ3 is the supposition that those in recovery in the social system of Alcoholics Anonymous are able to identify the more important aspects of the narratives in bringing them to abstinence and in helping them remain abstinent. We find a rich collection of such reports in 15 of the 29 narratives at hand. In those 15 that specifically address salient features of others' narratives, 22 references are found to narrative fidelity (NF) and eight references to narrative coherence (NC).

The following two narrative segments address NF:

He talks about alcoholism. He talks about the pain I just described to you vividly, in great lengths, in great detail of loneliness and fear. He talks about all the hopelessness and despair. He talks about my tears. I bolted up in that chair. I couldn't believe what guy he was talking. He was talking about my secrets. I held these things secret. I couldn't tell nobody. I couldn't tell nobody what was going on inside of me. I didn't know how to express it. I didn't know what to say. All I could do was be a tough guy. I was sitting in the room and the guy shared his experiences and his strengths and he gave me back my hope. He gave me back my hope. *I listened to him talk about everything that was wrong with me and he's free from it.* He's got a solution to the problem where I thought there was no solution to the problem. I felt the flicker of hope start to burn inside my soul. I absolutely felt it. I felt it. I grabbed it. I grabbed a hold of it. I, I, you got it I want it. I want it. When the meeting was over, I grabbed an ashtray, and I emptied it. I didn't know what else to do. I didn't know what else to do to say thank you for that hope that you built. See, I don't believe that if you sit in that chair you remain sober. I think you got to do something. I think that you, I think that you can sit in that chair till moss grows on the north side of your body, but you got to do something. (N4)

As soon as we walked in, I hit that first chair, and he grabbed a hold of me, and he said, "You get up and come on up front . . . you're here to get sober. That's where people sit when they come to get their driver's license back." So I went up front like he told me, and, uh, and you know, the magic of AA happened that night. . . . There was all different kinds of people, and, and everybody, I remember, that meeting went well over an hour that night, and uh, uh, they shared with me a little bit about what had happened in their life. And even though it wasn't identical, it was, you know, there were similarities, and I could identify. (N26)

The foregoing segments speak to the narrators' need to "do something," that is,

get more involved, become a part of the system. Another narrator among the 29 discusses the difference between the program as set forth in the 12 Steps in the Big Book and the fellowship as the lived social reality of AA. In that narrative the speaker was contrasting the member who simply comes to meetings, sits, leaves and takes no action to put the steps of the program into action for himself or herself. Similarly, in the two narratives directly above, there is the idea that while the only requirement for membership is a desire to stop drinking, the actual requirements to enter a path of recovery may include action that brings the individual increasingly into the fellowship, society, system.

In N11 the narrator addresses coherence in the stories, and that they meet the criterion of fidelity in that they “ring true” not with what he has experienced yet, but rather with what he wants to experience. He speaks of the coherence of the stories he was hearing, then ponders whether the outcomes averred in those narratives might come true for him, clearly indicating that for him this is salient in the narrative of another:

They told me what their drinking had been like, what had happened to them, what their lives are like today. Something happened to me in that conversation. I connected. And in the process of sharing their life, eyeball to eye, my life changed! In the conversation my life changed. . . . The old time stories, when I came in AA, an AA talk was, you kind of started with your first drink; you ended with your last. A lot of stories were like that. Stories were dramatic enough. *It was pretty clear that something miraculous happened in the person's life in order for them not to drink. And you got in touch with the fact that there was quality in these people's lives. I would sit in talks like this, and I'd listen to . . . some of those guys talk, and you'd listen to their lives, and I'd say, "Gee, when is that going to happen? When's it gonna be okay for me?"* (N11)

The italicized sentence above shows that this narrator, in listening to the stories of others, has concluded that there is reason to believe the stories cohere internally.

Sometimes in analyzing these narrative themes it can be helpful to pay ever closer attention to small phrases and even single words that may prove telling. For example, “got in touch with the fact” in the narrative above displays a conclusion based on the speaker’s having listened to the narrative. Even the word “that” in the last sentence of the segment shows a conclusion to the effect that what this individual had been hearing in the narrative is in fact true. Put another way, “Something actually happened in that person’s life. I want that.”

A phrase heard often in narratives of recovery asks new members to “look for the similarities, not the differences.” The meaning of this is couched in the commonality of experience in which a newcomer does not wish to admit his or her alcohol dependence and as a result cognitively processes what he or she hears along the lines of: “I never wrecked a car, so I must not be an alcoholic” or “I never went to jail,” etc. In the following narrative (N12) we hear NF as the narrator describes first how she could not imagine there were similarities between her own story and the life of the now well adjusted woman she had met in AA. This belief at first prevented the narrator of N12 from telling the other woman her story for fear she would become the object of condescension. Then, by listening to the story of the other woman, narrative fidelity becomes apparent to the N12 narrator:

I asked her to be my sponsor. Surprised me. I, I had no idea why I did it. But I am very grateful, because she saved my life. And that summer . . . we would go to a meeting, and she was very gentle and very kind. And she listened, and she was my new best friend. And I was, I had to tell her little bits about me at a time because you can’t walk in and say, “I’m an alcoholic, and I’m an unfit mother, and will you be my new friend?” Um, in my neighborhood that didn’t cut it.  
(N12)

The last part of this segment makes clear that the narrator at first did not see

how her sponsor's life would resonate with hers, but after "I began to listen," as the narrator puts it, she finds NF in her sponsor's story. The following continues, unbroken, from the previously quoted segment, above:

She probably would have said, "Oh, you're one of those ladies we don't want to talk to." And she was a very prim, proper lady who smiled a lot, had a nice car; looked like she was pretty successful and probably wouldn't relate to me. So I was very careful about what I told her. Um, after my world got bigger, and *I began to listen to her sharing her, tell her story, (I learned) that we're very similar. We've had a lot of the same things.* (N12)

The phrases that conclude and assert, ". . . we're very similar" and "We've had a lot of the same things" make clear the resonance that speaks to NF.

A variation on the cognitive processing of NF can be heard in a segment in N18 in which the narrator at first views himself as "an outsider," not at all a part of the system. Only in retrospect does he understand that his laughter, at the same vignettes of narrative at which others were laughing, had already rendered him a *de facto* part of the system. In other words, he comes to the awareness that he is already part of the system by virtue of the rational conclusion that if he were not, he would not be laughing:

I was an outsider looking at you, so I went along with the game. I said I was an alcoholic. I didn't believe it. I heard a guy participate from the podium who said some things that made me just laugh my head off, and I realized only later that we don't laugh (if we're not alcoholic). You know, only alcoholics laugh at some of those stories. Other people, you know – try pulling those off at the PTA: "Then I set his bed on fire" – people falling out of their chairs, just dying.

As will be addressed in the discussion, we find several elements of self-efficacy theory in these narratives, especially as it relates to cognitive dynamics and constructs of modeling and vicarious learning.

The narrator of N20 links the same two concepts, the first regarding the individual as part of the larger system, the second regarding laughter's being an

indication of the individual's perception of the narrative as faithful to his or her own experience:

We relate – one alcoholic to another alcoholic – because that's what happens. . . . How I get recovery from that alcoholism is to come here and be among you guys. One alcoholic relating to another alcoholic. You know? . . . Here's a little clue. If you're wondering whether you is, or whether you isn't, a real alcoholic, you better not have laughed here this afternoon because that's a dead giveaway. Because they say if you're laughing you're relating, and if you're relating to this sicko up here, you might have contracted this disease . . . I'll tell you what, you know, if you're laughing and relating to this sicko up here, there ain't no doubt about you pal, because I do not get through to well people. (N20)

The idea that “if you're laughing you're relating” brings into view the term “relating,” which is similar to the term “identifying” in the narratives to mean finding resonance between the stories heard and one's own lived experience. While etymological derivations are illuminating only to a point, a closer look at these two terms does shed some light. One standard definition of “to relate” is “to react in response, especially favorably” (Pickett, 2000, p. 1472). Similarly, “to identify” when used “in the sense ‘to associate or affiliate (oneself) closely with a person or group’ . . . suggests a psychological empathy with the feelings or experiences of another person” (p. 871). This dynamic is heard as the following two segments of separate narratives. In the first, the narrator speaks of narratives that helped him move from addiction to abstinence. He does not remember the content but does remember the faithfulness (fidelity) of those narratives to his own experience as paramount. The second is self-reflexive about the value to him of language, empathy and of being able “to identify”:

I don't remember exactly what was said, but what I do remember was, about that meeting, is that they were talking about things that I felt deep inside of me all my life and never knew that anybody else felt that way. (N24)

I was at a meeting, and I remember this lady. She had red hair, glasses, a broken

nose, and . . . right in the middle of her qualification (description of how she knew she was alcoholic), I caught myself nodding like a mule, I mean I was pumping up and down and the bells were going off. *It was the first time in my life, honest to God, that I fully identified with another human being.* They said AA is a language in the heart and it is the truth. . . . I mean, I never met that lady again, ladies and gentlemen. Maybe I'll never see you or meet you again. But if you tell me you're an alcoholic, I know you. I know your hopes and dreams and some of your fears, and shame, and humiliations. I know you. It is the language of the heart, and *I really started to identify with the, with other people.* (N24)

The instances of such segments are numerous:

He told me about the program. Um, he shared a lot about himself. . . . *There was identification.* I was comfortable. . . . The *feelings that I had had* all these years, and a lot of the conflicts, *he had had*, and, and . . . he seemed to be able to have found a, a, maybe a way out of it. And he certainly believed that alcohol was his problem . . . and that maybe it was mine. (N8)

The stories they recounted of their lives left, each one, a deeper impression upon me, and so I began the process (of) identification. (N10)

Again as in so many of the narratives we find the narrator perceiving his or her own change as reflecting something that happened concomitantly with acts of narrative communication. This finding was supported as well by the responses of the individual members of AA who completed an exploratory survey.

#### *Findings of the Exploratory Survey*

The investigator sent emails to the moderators of 90 online AA groups, but 32 of those groups proved unreachable because their email contact address was that of a Yahoo Group, and the Yahoo Group could not be accessed unless the sender expressed the desire to join the group. The investigator concluded that to even tacitly imply such a wish would have been to contaminate the inquiry. Of the 58 contacts made, about half the moderators acknowledged receipt of the email request, and several replied that they would take a look at the survey and consider passing it along to their members.

Participants could answer or refuse to answer any or all of the questions. Ages of the 106 respondents who gave their age ranged from 20 to 81, with a mean age of 54.5 years ( $SD=10.7$ ). Three moderators said they were going to first forward the request for participation to either their “committee” or their “trusted servants.” “Trusted servant” is an AA term, defined in AA’s Tradition 2, which makes the point that AA “leaders are but trusted servants; they do not govern.” It might reasonably be inferred that a disproportionate number of survey respondents were in this category of veteran AA members to whom the moderators first forwarded the survey request and survey online address. This might account not only for the mean age of 54.5 years, but also for the mean duration of abstinence, which was 15.6 years in a range from one year to 48 years ( $SD=9.9$ ,  $n=102$ ).

Of the 132 individuals who completed the survey, 22 responded that they averaged attendance at less than one face-to-face meeting per week, and were thus excluded from the analysis. Responses to the question asking participants if they had lost the ability to stop drinking by their own efforts at the time they came into AA showed overwhelming agreement. Of 104 who answered the question, 82 (78.8 percent) strongly agreed, and 18 (17.3 percent) agreed, for a total of 100 (96.2 percent) who either strongly agreed or agreed. This result supports RQ1, the notion of self-efficacy declining to nil or almost nil before beginning recovery.

Responses to the question asking if, thanks to AA and its principles, participants are certain they can choose not to drink today, showed a similar pattern. Of 106 to respond, 90 (84.9 percent) strongly agreed, 10 (9.4 percent) agreed, for a total of 100, or 94.3 percent, who either strongly agreed or agreed. Again, this result supports the

proposal that those who had previously abandoned efficacy of self to solve the problem now report they “can choose not to drink today.” This is *prima facie* evidence of perceived self-efficacy to sustain abstinence thanks to AA.

Answers to the open-ended question about saliency in narratives were highly variable thematically. Many offered slogans, such as “One day at a time,” or “Keep coming back,” of the kind heard ubiquitously in AA leads and in discussion. A number did support the idea of narrative fidelity, some using the term “identification,” as discussed above, in the sense that the listener recognizes the fidelity of the other’s narrative to her own experience and “identifies” with it. Some were even more direct: “What I most appreciate about listening to others tell their story is when they describe the exact thought and emotional process I experience and then describe what they have done to alter these perceptions.” Another along the same line was, “similar feelings of helplessness and hopelessness that lead to recovery and the feeling of grace and love and hope after entering recovery.” Another on point to fidelity was: “What is similar in their story and mine, usually it's the feelings not specific incidents.” Among the more thoughtful was:

Drunk-a-logs that are similar to mine that confirm that I have the same problem. Plus the sharing of experiences I can relate to with the phenomenon of hitting bottom and recognizing my powerlessness over the problem. That and the fact that they and the rest of the group are sober causing me to have hope and faith that it can be done plus picking up on a little of what helps them to stay sober that might apply to me, too.

As a check to determine if a sizeable portion of respondents might be taking medication related to their attempt to stop or control drinking, they were asked if they

had taken the anti-alcohol-dependence drug Naltrexone during their recovery. Only three individuals answered in the affirmative.

Although unrelated to the RQs, a question was asked regarding participants' feelings of "fitting in" socially at the time they initially used alcohol. The exploratory question was posed because a majority of the narrators reported such a feeling. Of 104 answering the question, 71 (68.3 percent) strongly agreed, 22 (21.2 percent) agreed, for a total of 93 (89.4 percent) either strongly agreeing or agreeing. This raises the questions of whether this might be a belief (a) shared by alcoholics in recovery in AA generally, (b) shared by alcoholics who have overcome their addiction in a way other than AA, and (c) shared by alcoholics still addicted.

## DISCUSSION

The 29 narratives analyzed for this dissertation refer directly and repeatedly to the questions posed in RQs 1-3. With regard to RQ1 – *Do alcoholics' perceptions of self-efficacy become extremely low or nonexistent by the time they enter AA?* – we have seen that a substantial majority of the narratives address the question directly and in the affirmative. (From N3: “If I could have stopped drinking on my own I would never have come to AA.” From N13: “Every day saying, “Nothing ’til happy hour, okay?” – and never being able to make it.”) This confirms the notion that self-efficacy to solve the drinking problem had declined to nil or almost nil in these individuals.

Yet the confirmation poses an explanatory challenge for classical self-efficacy theory. Bandura (1977) separates efficacy-based expectancies from outcome-based expectancies. A person may “give up trying” to change behavior because she lacks an expectation of self-efficacy (efficacy-based) or she may give up because she expects her behavior “to have no effect on an unresponsive environment or to be consistently punished (outcome-based)” (p. 205). Bandura asserts these different expectancies require different approaches to behavior change. “To alter efficacy-based futility requires development of competencies and expectations of personal effectiveness. By contrast, to change outcome-based futility necessitates changes in prevailing environmental contingencies that restore the instrumental value of the competencies that people already possess” (p. 205).

In narratives of recovery, alcoholics repeatedly invoke *both* brands of futility. They convey a sense of being responsible for lacking the ability to stop, and they also say that the outcomes are always the same no matter what they do, and further the

outcomes are punishing. For example, N1 includes: “I couldn’t get my mind off the fact that I was a smart fellow and if I tried hard enough, by God, I could do it.” Clearly, the narrator has a perception of self-efficacy. He says forthrightly he believed he could do it, could stop or control his drinking. Indeed, he calls it “the fact . . . if I tried hard enough . . . I could do it.” This is typical of narratives of recovery from alcohol dependence in that they routinely include accounts of the ways individuals try to solve the problem. The individuals report continuing to change their behavior, continuing to believe they can solve the problem, yet finding the outcomes are the same. As N1 puts it: “I thought I tried everything.” Such reasoning is evident in many AA narratives. It typically asserts that the individual understands that it is she or he who is doing the drinking, that the behavior leads to the outcomes, yet attempts to stop drinking after one or two drinks, or attempts to switch from a drink the individual favors to another, say, from beer to wine, with the thought that this switch will somehow curb excessive intake, all prove futile.

Adding to the frustration is the phenomenon in which alcoholics report having the self-efficacy to stop for periods of time, only to find they are unable to continue in their abstinence. The narrator of N19 reported that she did not have to drink every day. While pregnant she quit drinking. But in the absence of a solution involving a larger system than her individual self, she could not sustain that abstinence. Thus there are these features of DSE, the apparent self-efficacy to switch drinks, to quit for a time, and so on. Yet eventually results amount to the same and are punishing. It becomes clear that, in effect, “I must change what I do,” while at the same time, “Just changing what I do does not work either.”

As we might expect, with such a fusion of outcome- and efficacy-based futility, the apparent solution for alcoholics in recovery in AA is an individual-in-environment, or part-of-a-system, approach. In other words, the alcoholic whose narratives report recovery in AA says essentially that he or she could not quit before becoming part of this system, but now can and only as part of that system. This understanding on the part of the individual at the vortex of the problem places the behavioral change in a realm where person and environment, including the cognitive changes of recovery, require a theoretical explanation beyond the classical bifurcation of efficacy versus outcome.

Results of the survey support DSE. As we saw, only four of 104 respondents did not agree or strongly agree that they had lost the ability to stop drinking by their own efforts. That meant a total of 96.2 percent agreed or strongly agreed.

With regard to RQ2 whether alcoholics' perceptions transform during the transition to abstinence from lack of personal self-efficacy into self-efficacy attributed to characteristics of the system (e.g., the group, others, the program and/or a higher power), many of the narratives address transformation directly. For example, from N14: "When problems come in my life, I don't have to drink over them. I don't have to drink over them." This statement stands in stark contrast to the assertion that before quitting drinking, the narrator felt it necessary to drink when problems arose. And in N19: "I cannot begin to describe to you the freedom that I have gotten . . . to do the things that I didn't want to do."

Narrators who do not address transformation directly are nevertheless revealing in their statements that speak indirectly to the steep gradient between lived experience when addicted versus current lived experience of abstinence and recovery. In addition,

we may infer support of an affirmative answer to RQ2 by looking at the combination of answers on the exploratory survey to the questions regarding individuals having (a) lost the ability to stop or control drinking on their own, and (b) now having the ability to remain abstinent, thanks to AA and its principles. In other words, there is a significant gradient between strong endorsement of having little or no alcohol-intake self-efficacy and strong endorsement of having sufficient self-efficacy to abstain.

From such a significant gradient we are justified in inferring transformation. What completes the justification for our inference of *systemically* transformed self-efficacy – at least as revealed in the narratives of recovery – is the self report of the narrators attributing the shift to participation in the system, that is, the Fellowship of AA. The idea is along this line: My “self” could not do this before I became part of this system. Now my “self” can do this, because my “self” includes the status of functional part of this system. AA members acknowledge this in the ubiquitously heard phrase that so often precedes their statements of how long they have been sober: “By the grace of God and the Fellowship of Alcoholics Anonymous . . .” Yet members’ conceptions of a system – which includes a “higher power” – by which they stay sober vary from member and vary over time with individual members. This observation will be elaborated on in the *Conclusions* section below.

With regard to RQ3, the narrators repeatedly identify as salient the fidelity – to their own experience – of the narratives they hear. As mentioned above, more narrators specifically address this narrative fidelity than address narrative coherence. Perhaps this is because a key element of the coherence they perceive may be extra-narrative. That is, the fact that the narrators to whom they have listened have been clean, cogent,

obviously sober, and placed in a position of trust by being allowed to speak at a meeting of AA all goes to demonstrate a kind of coherence of the whole performance. Thus in the performance and the auditing taken together as a narrative event there is a kind of tension between veteran and newcomer, and it is summed up in the Big Book chapter “How it Works,” a segment of which is read at the beginning of virtually all AA meetings: “If you have decided you want what we have and are willing to go to any length to get it – then you are ready to take certain steps . . .” (AA, 2001, p. 58). The “what we have” amounts to a kind of non-verbal as well as verbal coherence.

In this we can see an overlap between elements of self-efficacy theory, such as verbal persuasion and cognitive processing (Bandura, 1977), and the rational making of decisions based on qualities of narrative described by Fisher (1987). Narratives of recovery are inherently persuasive in that they are delivered by an individual wishing to help himself or herself by behaving in accordance with the AA program’s advice to tell the story, and are for the expressed purpose also of carrying the message to the alcoholic who still suffers. Thus the overlap is in the cognitive processing that includes rational decision making. The rational decision making Fisher tells us is based on narrative coherence and fidelity is at the same time cognitive processing about behavior change based on modeling and verbal persuasion in the narratives of others.

Further, we can hear examples of the cognitive dynamics of self-efficacy theory as they intersect with narrative theory in a narrator’s reasoning, based on experience, that “only alcoholics laugh at some of those stories.” We hear a combination of the construct of modeling (the narrator to whom our narrator was listening was modeling behavior that displayed the acceptability of talking talk about the behaviors of addiction

and even laughing at them) and the construct of vicarious learning (the person I'm listening to is successfully telling a story of addiction, and I know it's successful because these attendees at the meeting are laughing). The matter of shared laughter may also be explained in Batesonian terms of mind's being immanent in the system. That is, cognition is required for laughter in response to narrative, but each of us knows from direct personal experience that the cognitive response time between antecedent and laughter is shorter than the response generally associated with reasoning. We do not reason, "That is funny. I will laugh." In common parlance we acknowledge this kind of shortened cognitive circuitry by saying "sense of humor" instead of "understanding of humor." A roomful of people laughing instantly at the sentence, "Then I set his bed on fire," points us in the direction of a systemic paradigm of change.

Bandura's (1977) writing about efficacy expectations also helps explain the cognitive dynamics of the long turning phase heard in a number of narratives. It is understood that "People process and synthesize feedback information from sequences of events over long intervals about the situational circumstances and the patterns and rates of actions that are necessary to produce given outcomes" (p. 192). In that light, it is not surprising to encounter a long turning phase from addiction to recovery. This is reflected in narratives that recount, as above, a prolonged period of trying unsuccessfully to recover. Bandura's emphasis on the long periods of time it can take for individuals to change their behavior, learning socially, helps us understand that, for an alcoholic, any number of slips, or returns to drinking, may happen while this cognitive processing is taking place over a lengthy turn from addiction to continuing abstinence and long-term recovery.

### *Narrative as means of recovery*

The present study demonstrates not only the utility of narrative as a wide lens through which to productively focus investigation into recovery from alcohol dependence, but also the centrality of narrative itself as *a facilitating behavior in recovery*. While it would be premature to argue that participation in narrative is a causal factor in recovery, the present study warrants the assertion that in one very well established type of recovery program, Alcoholics Anonymous, narrative is the key to the cognitive, affective, and behavioral changes evident in such recovery. The analysis of narratives here and the analysis of responses in the survey have shown that the facilitating means of recovery in 12-step groups involves:

1. Behavioral participation in narrative by listening to the narratives of others, sharing narratives with others, and/or exhibiting behaviors described or prescribed in others' narratives. Listening to others' narratives and telling one's own story are self-evident behaviors. "Exhibiting behaviors described or prescribed" refers to a less visible participation in narrative in which an individual in recovery may respond to having heard in another's narrative, "I went to meetings, helped make coffee, and shook hands with newcomers" (described), or "Go to meetings, help make coffee, put your hand out to greet a newcomer" (prescribed).
2. Cognitive and affective responses to the fidelity and coherence perceived in narratives of others. Behaviors of listening to narratives facilitate cognitive shifts that involve rational decision-making – based on assessments of narrative fidelity and coherence – and may include responses to narrative involving some perceived affective resonance.

3. Transformed self-efficacy to abstain from the substance on which the individual was previously dependent. Before recovery began, self-efficacy to change was nil or virtually so. In recovery, self-efficacy is overwhelmingly reported, and is attributed to participation in a system of narrative behavior.

What we have learned, in summary, is the following: *Individuals who recover from addiction in 12-step, mutual-help groups do so by means of behavioral participation in narrative and cognitive and affective responses to narrative that include a transformed perception of self-efficacy.*

#### *Limitations*

Limitations of this thematic analysis of narratives may be classified according to the time frame and social context of the actual occurrence of the narratives. Beginning with limitations owing to time frame, we must note that the narratives were AA “leads” given during the 1980s and 1990s, and at a variety of locations, mainly in the Midwest and Southeast regions of the United States. In the intervening years there may have been some changes in the social gestalt of the kinds of meetings at which these narratives were delivered. For example, there is without question currently less likelihood at a given meeting that smoking will be allowed. A perusal of meeting schedules in various locales reveals an increasing number of non-smoking meetings. The span of time between these narratives’ occurrence and 2009 also means a difference in topical references. The leads were delivered well before the turn of the century, before the attacks on the World Trade Center, before the election of the first African American president of the United States, and so on. While it is tempting to think of such issues as less likelihood of smoking and a change in topical references as

marginal to the analysis, one cannot be certain that such matters do not additively produce a significantly different social gestalt that we cannot know. In other words, while such social changes seem now to have no theoretical significance, they are mentioned here as a possible limitation in that we analyzing narrative performances that are two decades old. Were the narratives more recent, we *might* find elements of theoretical significance.

A limitation accrues from a consideration of the places, taken collectively as a type, at which the narratives were delivered. The 29 narratives were delivered at conferences of AA members held in various locations. Such conferences are held at various levels of the Society of Alcoholics Anonymous, for example, at a state conference or district (of a state) conference. Thus while the meetings at which the leads were delivered were real AA meetings, they were also different in the sense that they were held at conferences and not in church basements or other meeting halls of traditional AA “groups.” This may have had an influence on the nature of the leads in terms of content, structure, performance, or a host of other factors.

However, three countervailing considerations come into play here. First, “Any two or three alcoholics gathered together for sobriety may call themselves an A.A. Group, provided that, as a group, they have no other affiliation” (AA, 2001, p. 562). The easiest way to understand these similarities and differences in practice is that these were real AA meetings but took place at conferences rather than weekly group meetings. Second, while conference meetings generally involve a greater number of attendees than group meetings, there are large group meetings and small conference meetings, so a smaller conference meeting may be smaller than a large group meeting.

Third, the formats of the “lead” meetings held at conferences, which was learned not only from listening to the audiotapes but also from the investigator’s attendance at conference meetings and group meetings, are virtually identical to the formats of “lead” meetings held in weekly groups. As detailed above in the section *Settings of Alcoholics Anonymous meetings*, the AA Preamble is read, along with the Twelve Steps and Twelve Traditions, the Promises, the introduction of the speaker and so on.

A more serious limitation may result from the practice in which some AA members, apparently by virtue of their having gained favor with those who schedule conferences, become practiced “conference speakers,” as they are commonly called. At least several, and perhaps even a majority (it is not possible to know) of the 29 narrators might be considered conference speakers. Insofar as a given narrator in this set of 29 might be a conference speaker with some degree of regularity, we reason that she or he has been invited to speak at conferences as a result of more polished or fluent or crowd-pleasing delivery of her or his narrative. For example, one narrator acknowledges in the narrative having worked as a stage performer and indeed a kind of stage patter is evident:

I remember from the times around AA they’d say, “You got to pray.” And I’d go in a liquor store, and I’d get a bottle of whiskey and come out and say “God, don’t let me drink this whole thing tonight. Let me keep some for the morning.” . . . I had a million dollars worth of two-cent pride. . . . (and regarding tremors during withdrawal) I was just a’vibratin’, just a’vibratin’, I could’ve threaded a sewing machine with it running in high gear.

Another of the narrators exhibits a polish in terms of timing and phrase reminiscent of a “country” comedian popular in the Southeast in the 1970s. But even a cursory reading of the transcripts of these 29 narratives shows that the predominant tendency is toward

neither polish nor shtick, but rather toward straightforward narration of personal “experience, strength, and hope,” a phrase common in the Fellowship of AA and in AA publications (AA, 2002). So while there is undeniably some entertainment value in some of the narratives, this element is utterly subsumed by the poignancy of them all. And while entertainment values might compromise the fidelity of the narratives, this factor does not seem significant because there is concomitantly abundant evidence of fidelity in the narratives of apparently seasoned conference speakers as well as of those who are not.

It might be argued also that some AA members who share their narratives are insincere or are lying outright. In other words, the speaker might be telling a story he does not believe. This is possible and could even be seen as a predictable outcome of members taking to a literal extreme the fellowship’s advice to “fake it ’til you make it.” Such advice is intended to help a newcomer become part of the fellowship, to come to meetings, shake hands, help make coffee and help clean up afterward even if she doesn’t feel like doing so. But a fair reading suggests that “lead” speakers ultimately are invited to conferences for the same reason they seem to be invited to groups large and small, that is, for the value of their words in describing the personal path of each from alcoholism to sobriety. Further, many of the narrators talk about their own groups, or “home groups,” in AA parlance. This makes it clear that the speakers, even “conference” speakers, are in fact regular members of AA who attend their home groups weekly. It would be a mistake to assume that because these individuals are invited to conferences they are somehow less than genuine AA members delivering genuine AA leads. To the contrary, it seems reasonable to infer that conference

speakers become conference speakers by dint of a kind of informal AA meritocracy in which powerful leads are sought after by conference planners.

*Directions for future research*

The limitations discussed above lead to the implication that one potentially productive approach to further research would be the analysis of narrative themes from narratives delivered more contemporaneously as well as in settings more along the lines of routine, weekly, AA group meetings than in conference settings. This would obviate the possible limitation of the conference speakers' more polished delivery than that of the ordinary AA member giving a lead. However, sound recording, to say nothing of video recording, at a regular AA meeting is likely to be shunned by members for obvious reasons of the protection of members' anonymity and the adherence to AA's tradition of not being party, as a group, to research. Again, as the memorandum in Appendix II shows, while individual AA members are perfectly free to participate in outside research and even, in a sense, encouraged to do so, groups would find such participation virtually impossible to reconcile with the Twelve Traditions. This raises the possibility that individual members might be willing to record their own leads for purposes of participating in research on the narratives of recovery. Here again, doing with the agreement of a given group, which would require asking the group to take a "group conscience," might also prove problematic.

Further surveying about salience of narratives might yield a great deal of explanation of the cognitive dynamics of recovery. For example, what elements of the narratives of others do individuals seeking recovery find themselves dwelling on, wanting to know more about, seeking out in subsequent narratives? It might also yield

much in the way of understanding some of the cognitive and affective phenomena evident in the narratives. These include the often repeated assertion in the narratives that the narrator did not “fit in” socially until he or she began to drink alcohol. Is this common to alcoholics generally or only to those in recovery? More to the point, is it common to only those in recovery in 12-step, mutual-help groups, or to those who are in recovery through some other route?

The matter of AA’s “Higher Power” – which really isn’t “AA’s,” but rather is explicitly left up to the individual member to conceive – seems fertile ground for exploration. What portion of members conceive a personal deity? What portion conceive of a grand organizing principle more in line with eastern philosophies?

Also, the concepts of “high bottom” and “low bottom” are potentially productive for narrative analysis. Are there certain standards by which individuals in recovery judge these points? Even an experimental investigation, initially, of effectiveness of selected narratives on attitude, behavioral intention, and behavior change, followed by a field campaign, might prove worthwhile. And for alcoholics who do not “take to” AA, is there potential for recovery through application of these narratives outside of the social system. This could prove an important theoretical and practical question.

Just as important a question is whether we may expand Fisher’s paradigm to include, along with narrative fidelity and coherence, the construct of affective resonance. In some of the narratives analyzed, as well as in some responses to the online survey, there is evidence that emotional response to the narratives of others may play a significant role in an individual’s broader response, which includes cognitive and

behavioral elements, on the path to recovery. For example, recall the responses to the open question on the survey, one of which held that the respondent could “appreciate most” the parts of others’ narratives in which “they describe the exact thought and emotional process I experience.” In this statement, the words “exact,” “emotional” and “experience” convey a precise and instantaneous reaction. Another of the respondents mentioned, “similar feelings of helplessness and hopelessness that lead to recovery and the feeling of grace and love and hope after entering recovery.” Yet another response held that the most salient elements of others’ AA narratives are “usually . . . the feelings.” Further analysis of narratives of recovery using Fisher’s framework might profit by including the construct of affective resonance, that is, an occurrence in which a listener experiences sympathetic response to, or more precisely an affective identification with, elements of another’s narrative.

If response to and participation in narrative indeed facilitate recovery in 12-step, mutual-help groups, or in fact are the means by which recovery proceeds as a cognitive-affective-behavioral change, then we might ask how the acquisition of narrative skills might come into play in the dynamics of recovery, and what if any interface exists between such acquisition of skills and the 12 steps prescribed. Further research might focus on steps five (“admitted . . . to another human being the exact nature of our wrongs” and 12 (“tried to carry this message to alcoholics”) (AA, 2001, pp. 59-60), which speak directly to communicative behaviors of narrative. Might a thorough, more cogent narrative, when the individual taking step five “admits” to another person the nature of his wrongs, be associated with a more positive outcome in terms of abstinence, quality of life in recovery, and so on? Step five comes after a

member has taken step four, which involves writing a list of resentments, wrongs inflicted on another person, and the like. Sometimes these are brief, but many are lengthy and elaborate, so that the sharing of these with another person in step five can and frequently does amount to a full blown narrative comprising vignettes from the individual's life. Similarly, in step 12, when a member carries the message, that member is encouraged explicitly by the fellowship to make sure that message is his or her own story. In short, the performance of these two steps might provide material for productive study of more specific ways narrative skills come into play.

Finally, an overriding consideration for future research is the question of narrative participation, and possibly narrative competence, as an indicator of the differences between those who recover in 12-step groups and those who are either unable or unwilling to recover in such groups. Are steps five and 12, which suggest the sharing of one's narrative, the sticking points for those who choose to look elsewhere for means of recovery? Are there individuals so averse to sharing their own story, and possibly even to listening to another's, that 12-step groups prove an unlikely route to recovery? Surveying individuals who self-identify as alcoholic or as having a problem with alcohol, and who have rejected 12-step groups as a means of recovery, might provide understanding of the importance of aversion to participation in narrative, perceived inability to participate, and similar variables.

### *Conclusions*

Much as the work of Bandura (1969, 1977) provided the potent heuristic by which questions of self-efficacy were framed in the present study, the work of Bateson (1972) prefigured the present study's approach to the dynamics or

trajectory of the individual's self-efficacy between addiction and recovery. Bateson asserted that the surrender, which alcoholics report as coming at a turning point between addiction and recovery, is not so much a surrender as a change in personal epistemology. "I" could not. Now "I" can. The difference is not to be found solely in the realm of a description of expectation of behavioral capability. It also must acknowledge a difference in the referent for "I." "Self" in "I could not" is Bateson's "false reification" or "improperly delimited part of a much larger field" (p. 331). "Self" in "Now I can" is a construct more reflective of the fact of the larger system's doing the thinking and acting. It is still self-efficacy, but it is a self-efficacy transformed in terms of personal expectation of efficacy *and* in understanding that the current self-with-efficacy is necessarily a part of a specific system.

Transformation of perceived self-efficacy is the most epistemologically difficult of the constructs in this model. The word "transformation" was chosen because beneath its vernacular meaning of substantial, significant change, its root in Latin implies change in which a form moves "across" or "through" (Pickett, 2000, p. 1831). The sense in which this investigation asks about transformation has to do with a cognitive process in which an addicted individual, professing she or he cannot effect a change in behavior, becomes an individual professing that she or he *can* effect such a change.

Now, the difficulty of the answer to this question derives from yet another sub-question, this one regarding agency; that is, "Who, or what, is perceived as actually effecting the change?" Although posing such a question implies a quest for causality, such is not the case. This study, as acknowledged in the section on theory, seeks

understanding and clarity, not causality. (Although there is apparently irreducible truth – and implied causality – in the amusingly negative symmetry of the AA aphorism that if an alcoholic doesn't take the first drink, he won't get drunk.) The question at hand can be framed this way: If there is a transformation *in perceived self-efficacy to change or sustain behavior that allows abstinence from the addictive substance*, then: (a) how does the previously addicted individual know that something has transformed, and, (b) how can the investigator know the transformation has taken place?

The latter is straightforward: The investigator knows by his analysis of the individual's narrative. The former must be answered along the following lines: The previously addicted individual must make clear, *in her or his narrative*, that a transformation in perceived self-efficacy has taken place; that she or he avers, in so many words, “*Now I can choose behavior that keeps me abstinent (i.e., not ingesting ethyl alcohol), whereas before, I could not make that choice, and the process attending this transformation has involved participation in a society called Alcoholics Anonymous, regardless of how I, as an individual member, understand or view the specific steps to recovery and traditions of that society.*”

As social scientists investigating this process, we are interested in expressions of the individual that illuminate how the individual has interacted within – perhaps *through* – a certain system, much as biologists investigate changes in a pupa to understand how it has interacted as part of the chrysalis. Thus, keeping the Cartesian error firmly in mind, we view the frequent mention in AA of “a spiritual awakening” with an eye toward how such an understanding functions in a possible transformation *of the perceived ability of self* to overcome alcoholism. And, in N1 we are treated to a

parsimonious rendering of the construct: “What’s a spiritual awakening? Well, to me, it’s becoming connected with some kind of power that works.”

“Some kind of power” is an astounding phrase in that it acknowledges the possibility of infinite variability of such a power, all determined by the perspective of the individual in the system. The concept of a higher power, discussed in the *Addiction and Recovery* section above, is germane here for two reasons: First, as Bateson implied, and as the book *Twelve Steps and Twelve Traditions* makes explicit, a higher power may be conceived as identical to “AA itself,” that is, the system (p. 27). Second, as we consider the possibility of self-efficacy’s being systemically transformed, we must look carefully at the salient cognitive elements of the system, none of which is more central to the individual’s narrative account of his recovery than “higher power.” For our purposes, the important focus here is the nexus between perception of self-efficacy and perception that efficacy resides in some higher power. The closer we look at the variability of expression regarding “higher power,” the clearer it becomes that the two loci of efficacy may, at least in the narrative accounts, be inextricable.

And here a caveat may be in order. While narratives of AA and the society’s literature are replete with references to “God,” the question of the existence of a deity is irrelevant to the present study. Moreover it is important for the student of the social system of AA to understand that a careful reading of its literature and careful listening to the narratives of its members in recovery reveals that the qualifier “God as we understood Him” (AA, 1986, p. 34, underline original) is not in fact a bait-and-switch tactic of an organization with a consensus about the nature of some deity. Granted, the phrase refers to a personalized deity and in the masculine gender, at that. But as the

wide variability of concepts of higher power in the narratives shows, the narrators express concepts of a higher power that are explicitly individual in their idiosyncrasy.

An illustration of this comes in N4.

It took several times hearing and reading this narrative to understand the narrator's use of the word "skin," but once understood, the reference made for a poignant explanation of the notion, stated by another of the narrators, quoting Augustine, that "Man is man's way to God." (Note: The use of the word "committee" in the following is an apparent reference to the idea, occasionally heard in AA narratives, of there being "a committee" in one's "head," that is, something more elaborate than internal monologue or even dialogue; perhaps internal group discussion!)

Notice that the narrator uses a pronoun of indiscriminate gender (italicized):

I believe that Step Three says, "God as you understand *it*." My God has skin. . . . God ain't calling me folks. I've got a committee up here, and he ain't up there. And I surrender to another man to give me some direction in my life that I can actually hear that it is him and not something I'm thinking. If God works for you that way, and you can think and talk to him, that's fine for you. It did not, and will not, work for me because my first concept is, "Who's playing the joke on me?" And I have listened to myself talk for so many years, I don't want to. I don't have time. I want to enjoy life, and if I'm studying me, I ain't got time to enjoy you. (N4)

The Big Book acknowledges the variety of conceptions of a higher power in its chapter "We Agnostics":

In our personal stories you will find a wide variation in the way each teller approaches and conceives of the Power which is greater than himself. Whether we agree with a particular approach or conception seems to make little difference. Experience has taught us that these are matters about which, for our purpose, we need not be worried. They are questions for each individual to settle for himself. (AA, 2001, p. 50)

And how could this be otherwise, we may ask, if as Bateson (1972) reasoned

the system will always appear different from the point of view of the individual in the system, because no two individuals can occupy the same vantage point? Yet we may extrapolate Bateson's reasoning by asserting that each individual may change her or his vantage point within the system; thus, the totality of the system – which in this case includes the construct of “higher power” – will be perceived as having changed. Such changes in the individual's perception of the system and of the power-greater-than-*individual*, which is a feature of this cognitive-affective-social system, yield narrative accounts that seem even more poignant than the variability of perceptions from individual to individual.

An example of a changing understanding of this power-greater-than-*individual-self* occurs in N25. This narrator first describes the depths of degradation at the point of being taken, wild and filthy, to a detoxification center. He recounts the beginning of sobriety and his acceptance that for him the word “god” could simply be an acronym for “good orderly direction,” which he'd never had and which seemed to be helping him recover. He describes a maturing sobriety with this vignette:

There was a park bench. I use to sit there, and ah, and this day I was, ah, happen to be sitting there, and ah, having a cup of coffee and a cigarette, and this little girl come running up the street, and she looked like a little Shirley Temple – the little curls in the hair and dimple knees. And she come running, she jumped right up in my lap, and she had this big lollipop in her hand, and she kept pushing the lollipop at me. And I'm looking at this kid. I've got a cigarette and a cup of coffee and she's there shoving her lollipop at me. And her mother came up, and she looked down, and she said, “She wants you to lick it.” So I took the lollipop, I put it into my mouth, I took a big slurp, I rolled my eyes. The kid, I, I give the kid back the lollipop, she pops it in her mouth, she's jumping up and down, she's skipping up the street. The mother looked at me, I looked at the mother, we nodded. They started going up, and as I watched their backs walking away this tremendous feeling of love overcame me, this tremendous, heady feeling. My shoulders just vibrated with love, and I said this is good orderly direction because up until this time everything I, that took place since I heard that “good orderly direction,” everything was good orderly direction. I said this

is good orderly direction, but for the first time since I had heard those words they did not quite fit the feeling. The feelings were different, and I could hear myself saying to myself, “Nah, not this time, this is not good orderly direction. This is God. This is the God of the ruins. This is the God of sobriety. This is the God they have been talking about.” And I just couldn’t believe it. I’m sitting there with a container of coffee, a cigarette, a taste of a child’s lollipop in my mouth, and God. I was just overwhelmed. I said, “God?” “God bless you, God.” Like it went over his head to his boss or something, I mean. I mean what the hell do I know about God? I’m just sitting there waiting to go to work, you know, and everything really started to fall into place. (N25)

Particularly poignant is the narrator’s apparent struggle to express gratitude to some entity, beginning with “good, orderly, direction” and switching to an even higher power, “(God’s) boss,” and ending in “what the hell do I know about God? . . . Everything really started to fall into place.” Personally, he has made the Batesonian epistemological shift, and now “knows” in a radically different way, but he is at great pains to explain it.

In Fisher’s paradigm, the narrator has listened to narratives in which concepts of “God” did not ring true with his experience or belief, but the notion of “good orderly direction” made rational sense to him as something over to which he could “turn his will and his life” (AA, 1986, p. 34). And in the framework of self-efficacy and social learning theory, we may muse that he has just learned via the modeling of behavior by a little girl with a big lollipop. In any case, his relationship with the rest of the system, including a construct of a power greater than his individual “self,” has shifted, as Bateson’s application of systems theory to recovery helps explain. On the bench, interacting with the child and the child’s mother, outside the meeting rooms of Alcoholics Anonymous, he is part of yet a broader system and is finding things “fall into place.”

Appendix A

Survey questionnaire

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. My age is (please put the number of years) \_\_\_\_\_
2. How many years has it been since you've had a drink of alcohol? \_\_\_\_\_
3. Considering two kinds of meetings (traditional "face-to-face" meetings, and computer-assisted "online" meetings) how many traditional face-to-face meetings have you attended each week, on average, in the past six months? (Please check one.)

Less than 1 \_\_\_\_\_ 1 \_\_ 2 \_\_ 3 \_\_ 4 \_\_ 5 \_\_ 6 \_\_ 7 \_\_

If more than 7, please indicate how many \_\_\_\_\_

(QUESTIONS 6-8) Please read the statements and circle the appropriate answer:

1 = strongly agree

2 = agree

3 = undecided

4 = disagree

5 = strongly disagree

6. "I'm certain that when I began drinking alcohol it seemed to help me 'fit in' socially."

(1) strongly agree (2) agree (3) undecided (4) disagree (5) strongly disagree

7. "I'm certain that over time I lost the ability to stop drinking by my own efforts alone."

(1) strongly agree (2) agree (3) undecided (4) disagree (5) strongly disagree

8. "Thanks to AA and its principles, I am certain I can choose not to drink today."

(1) strongly agree (2) agree (3) undecided (4) disagree (5) strongly disagree

(QUESTIONS 9-20) BEFORE YOU CAME INTO AA, HOW CONFIDENT WERE YOU THAT YOU COULD CHOOSE NOT TO DRINK ALCOHOL IN EACH OF THE FOLLOWING SITUATIONS? PLEASE CIRCLE THE NUMBER THAT BEST DESCRIBES YOUR CONFIDENCE THAT YOU COULD CHOOSE NOT TO DRINK ALCOHOL IN EACH SITUATION JUST BEFORE YOU CAME INTO THE AA PROGRAM:

- 1 = Not at all confident
- 2 = Not very confident
- 3 = Moderately confident
- 4 = Very confident
- 5 = Extremely confident

9. When I was feeling depressed

Not at all	Not very	Moderately	Very	Extremely
1	2	3	4	5

10. When I was concerned about someone

Not at all	Not very	Moderately	Very	Extremely
1	2	3	4	5

11. When I was worried

Not at all	Not very	Moderately	Very	Extremely
1	2	3	4	5

12. When I had the urge to try just one drink to see what would happen

Not at all	Not very	Moderately	Very	Extremely
1	2	3	4	5

13. When I wanted to test my will power over drinking

Not at all	Not very	Moderately	Very	Extremely
1	2	3	4	5

14. When I was feeling a physical need or craving for alcohol

Not at all	Not very	Moderately	Very	Extremely
1	2	3	4	5

15. When I was physically tired

Not at all	Not very	Moderately	Very	Extremely
1	2	3	4	5

16. When I was experiencing some physical pain or injury

Not at all	Not very	Moderately	Very	Extremely
1	2	3	4	5

17. When I felt like blowing up because of frustration

Not at all	Not very	Moderately	Very	Extremely
1	2	3	4	5

18. When I saw others drinking at a bar or a party

Not at all	Not very	Moderately	Very	Extremely
1	2	3	4	5

19. When people I drank with encouraged me to drink

Not at all	Not very	Moderately	Very	Extremely
1	2	3	4	5

20. When I was excited or celebrating with others

Not at all	Not very	Moderately	Very	Extremely
1	2	3	4	5

(QUESTION 21) PLEASE ANSWER IN THE SPACE PROVIDED

21. In other AA members' leads, what's the most important thing you hear for your sobriety?

## Appendix B

### Service Material from the General Service Office

#### **MEMO ON PARTICIPATION OF A.A. MEMBERS IN RESEARCH AND OTHER NON-A.A. SURVEYS**

Since the early days of our Fellowship, the participation of A.A. members in research and surveys has been sought – and has occurred. In recent years there has been an escalation of concerns about alcoholism in all parts of our society. As a result, A.A. can expect that requests for participation in research may increase.

In general, within A.A. there is a favorable attitude toward research. As Bill W. wrote, “Today the vast majority of us welcome any new light that can be thrown on the alcoholic’s mysterious and baffling malady. We welcome new and valuable knowledge, whether it issues from a test tube, from a psychiatrist’s couch or from revealing social studies.” Historically, participation has been worked out on a case by case basis. Some of the attempts to cooperate have led to strained relationships while more have been successful, mutually satisfying, and produced new insights.

How A.A. members might cooperate with research has been discussed by the trustees’ Committee on Cooperation with the Professional Community. At the suggestion of that committee, we offer this memo both to those who would solicit the participation of A.A. members in research and to those A.A. members who will be approached about such request.

1. The best research relationships between A.A. members and researchers have been those in which the researcher has become thoroughly familiar with the Fellowship before making an inquiry about participation. At the same time, the A.A. members who would be involved have become acquainted with the researcher so that they trusted him or her, and have been convinced of the researcher’s commitment, competence, integrity and respect for the Traditions of A.A. The investigator has been forthright in

giving the A.A. members all the information about his or her research which they needed in order to make an informed decision about it.

2. For A.A. members, cooperating with the researcher and being part of research program raises most of the same issues as cooperating with any other non-A.A. professional or engaging in any other non-A.A. undertaking. The questions are amenable to the same kinds of solutions. See: "How A.A. Members Cooperate with Professionals" and the C.P.C Workbook. As long as there is frank communication and attitudes of open-mindedness and flexibility, it has proved possible to work out ways of participating in research which do not require A.A. members to compromise A.A.'s Traditions and which permit the researcher to arrive at valid findings.
3. The researcher should be aware that Central Offices in A.A. cannot offer the kinds of assistance he or she may be used to from the headquarters of other organization, e.g. access to records, endorsement, etc. However, the researcher may receive some help from the General Service Office, Intergroup Offices, Intergroup Offices, and local offices of other kinds.
  - a. Individuals in these offices may be willing to give the researcher their opinions about the projects and about their feasibility.
  - b. Literature can be provided which will prove helpful to the researcher in understanding A.A., what it is, what it can and cannot do, as well as how A.A. members cooperate with non-A.A. undertaking.
  - c. A copy of this memo can be provided.
4. Decisions about whether or not to cooperate in research are always made at the local level where the where the research will occur. Almost always the request for participation has been made to individual A.A. members who have then sought the cooperation of other members. In rare instances, the request has been made to a group. When A.A. members have decided to cooperate, it has been in their capacity as private citizens.
5. Those individuals approached about cooperation will want to make an informed judgment about whether to participate and about whether to seek the participation of

others. Indeed, with the increased requests for research cooperation, it is necessary that selection take place. Some of the kinds of questions the individual might have are: What is being studied, by whom why and how; who will carry out the research at the local level; what will cooperation involve, e.g. interviews, questionnaires, amount of time; who will evaluate the findings; who will use the findings for what purpose; in the light of A.A. Traditions, is cooperation possible; what arrangements are made to ensure anonymity, etc.?

6. A.A. is concerned solely with the personal recovery and continued sobriety of alcoholics who turn to the Fellowship for help. Meetings are devoted exclusively to the A.A. program. No research which could interfere with this goal could be tolerated. Some groups have permitted questionnaires or interviews to occur after meetings provided that participation is on a personal, voluntary basis.
7. A.A. and its members are particularly concerned with anonymity. While most researchers are skilled at ensuring anonymity, A.A.'s concerns may raise unique issues. For example, as no A.A. can break the anonymity of another, there may be ticklish issues in soliciting cooperation from others. Some research procedures may also require extra precautions.

And, a final quote from Bill W. about cooperation with non-A.A.'s working to resolve the problems of alcoholism, "So let us work alongside all these projects of promise to hasten the recovery of those millions who have not yet found their way out. These varied labors do not need our special endorsement; they need only a helping hand when, as individuals, we can possibly give it."

We welcome additional information from researchers and from members of A.A. who have experience to share or comments to make.

Rev.9/6/02

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## References

- AA Grapevine, Inc. (2002). *AA Preamble*, [http://www.aa.org/en\\_pdfs/smf-92\\_en.pdf](http://www.aa.org/en_pdfs/smf-92_en.pdf), Feb. 15, 2009.
- Alcoholics Anonymous (2001). *Alcoholics Anonymous: The story of how many thousands of men and women have recovered from alcoholism* (4<sup>th</sup> ed.). New York: Alcoholics Anonymous World Services, Inc.
- Alcoholics Anonymous (1986). *Twelve Steps and Twelve Traditions*. New York: Alcoholics Anonymous World Services, Inc.
- Anderson, J.A. (1996). *Communication Theory: Epistemological Foundations*. New York: The Guilford Press.
- Applegate, J.L., & Zimmermann, S. (1994). Communicating social support in organizations: a message-centered approach. In B.R. Burleson, T.L. Albrecht, & I.G. Sarason (Eds.), *Communication of social support: Messages, interactions, relationships, and community* (pp. 50-70). Thousand Oaks, CA: Sage Publications.
- Bandura, A. (1977). Self-efficacy: toward a unifying theory of behavioral change. *Psychological Review*, 84(2), 191-215.
- Bandura, A. (1977). *Social learning theory*. Englewood Cliffs, NJ: Prentice-Hall.
- Bandura, A. (1994). Self-efficacy. In V. S. Ramachandran (Ed.), *Encyclopedia of human behavior* (Vol. 4, pp. 71-81). New York: Academic Press. (Reprinted in H. Friedman [Ed.], *Encyclopedia of mental health*. San Diego: Academic Press, 1998).
- Bateson, G. (1972). *Steps to an ecology of mind*. University of Chicago Press: Chicago.
- Baxter, L.A., & Bullis, C. (2006). Turning points in developing romantic relationships. *Human Communication Research*, 12(4), 469-493. Retrieved April 4, 2009, from <http://www3.interscience.wiley.com/journal/119498650/abstract?CRETRY=1&SRETRY=0>
- Blumer, H. (1969). *Symbolic Interactionism: Perspective and method*. Englewood Cliffs, NJ: Prentice-Hall.
- Bochner, A.P. (2002). Perspectives on inquiry III: The moral of stories. In M.L. Knapp & J.A. Daly (Eds.), *Handbook of interpersonal communication* (3<sup>rd</sup> ed., pp. 73-101). Thousand Oaks, CA: Sage Publications.
- Bolles, R.C. (1972). Reinforcement, expectancy, and learning. *Psychological Review*, 79, 394-409.
- Borkan, J.M., Quirk, M., & Sullivan, M. (1991). Finding meaning after the fall: Injury narratives from elderly hip fracture patients. *Social Science and Medicine*, 33, 947-957.
- Bormann, E. (1996). Symbolic convergence theory and communication in group decision making. In R. Hirokawa & M. Poole (Eds.), *Communication and group decision making*, 2nd ed. (pp. 81-113). Thousand Oaks, CA: Sage.
- Boydell, K.M., Goering, P., & Morrell-Bellai, T.L. (2000). Narratives of identity: Representation of self in people who are homeless. *Qualitative Health Research*, 10(1), 26-38.
- Cherry, K., & Smith, D.H. (1993). "Sometimes I Cry": The experience of loneliness for men with AIDS. *Health Communication*, 5(3), 181-208.

- DiClemente, C.C. (n.d.) The Abstinence Self-Efficacy Scale Instrument Information. Baltimore: Habits. Retrieved April 21, 2006, from <http://www.umbc.edu/psyc/habits/SelfEf.html>
- DiClemente, C.C., Carbonari, J.P., Montgomery, R.P.G., & Hughes, S.O. (1994). The Alcohol Abstinence Self-Efficacy Scale. *Journal of Studies on Alcohol*, 5(2), 141-148.
- Durkheim, E. (1915). *The Elementary Forms of the Religious Life*. New York: Mcmillan & Co.
- Fillmore, M.T., & Vogel-Sprott, M. (1996). Evidence that expectancies mediate behavioral impairment under alcohol. *Journal of Studies on Alcohol*, 57, 598-603.
- Fingarette, H. (1988). *Heavy drinking: The myth of alcoholism as a disease*. Berkeley, CA: University of California Press.
- Fisher, W.R. (1987). *Human communication as narration: Toward a philosophy of reason, value, and action*. Columbia, SC: University of South Carolina Press.
- Forcehimes, A.A. (2004). *De profundis: Spiritual transformations in Alcoholics Anonymous*. *Journal of Clinical Psychology*, 60(5), 503-517. Retrieved April 4, 2009, from <http://www3.interscience.wiley.com/journal/107631024/abstract?CRETRY=1&RETRY=0>
- Giddens, A. (1984). *The constitution of society: Outline of the theory of structuration*. Cambridge, UK: Polity Press.
- Goffman, E. (1963). *Stigma: Notes on the management of a spoiled identity*. Englewood Cliffs, NJ: Spectrum.
- Goldman, M.S., Del Boca, F.K., & Darkes, J. (1999). Alcohol expectancy theory: The application of cognitive neuroscience. In K.E. Leonard & H.T. Blane (Eds.), *Psychological theories of alcoholism*, 2<sup>nd</sup> ed. New York: The Guilford Press.
- Goldman, M.S. (2002). Expectancy and risk for alcoholism: The unfortunate exploitation of a fundamental characteristic of neurobehavioral adaptation. *Alcoholism: Clinical and Experimental Research*, 26(5), 737-746.
- Goleman, D. (2006). *Social Intelligence*. New York: Bantam Dell.
- Jacobson, N. (2001). Experiencing recovery: A dimensional analysis of recovery narratives. *Psychiatric Rehabilitation Journal*, 24(3), 248-256.
- Jung, C.G. (1961). Letter from Carl Jung to Bill Wilson. In B. Wilson (Ed.). Zurich: Barefootsworld. Retrieved December 1, 2004, from [http://www.barefootsworld.net/images/jung\\_letter.jpg](http://www.barefootsworld.net/images/jung_letter.jpg)
- Koski-Jannes, A., & Hanninen, V. (2001, Sept. 6-7). Narrative perspective to recovery. Paper presented at the *Behaviour Change in Addictions: Where to now?* conference, University of Paisley, U.K.
- Kupfermann, I., Kandel, E., & Iversen, S. (2000) Motivational and addictive states. In E.R. Kandel, J.H. Schwartz, & T.M. Jessell (Eds.), *Principles of Neural Science* (4<sup>th</sup> ed.). New York: McGraw-Hill.
- Lannamann, J. (1995). The politics of voice in interpersonal communication research. In Leeds-Hurwitz, W. (Ed.), *Social approaches to communication*. New York: The Guilford Press.
- Lindlof, T.R., & Taylor, B.C. (2002). *Qualitative communication research methods* (2<sup>nd</sup> ed.). Thousand Oaks, CA: Sage Publications.

- MacCorquodale, K.M., & Meehl, P.E. (1953). Preliminary suggestions as to a formalization of expectancy theory. *Psychological Review*, 60, 55-63.
- Maddux, J.E. (2005). Self efficacy: the power of believing you can. In C.R. Snyder & S.J. Lopez (Eds.), *Handbook of Positive Psychology* (pp. 277-287). New York: Oxford University Press.
- Maisto, S.A., Carey, K.B., & Bradizza, C.M. (1999). Social learning theory. In K.E. Leonard & H.T. Blane (Eds.), *Psychological Theories of Drinking and Alcoholism* (2<sup>nd</sup> ed., pp. 106-163). New York: The Guilford Press.
- Miller, W.L., & Crabtree, B.F. (2000). Clinical research. In N.K. Denzin & Y.S. Lincoln (Eds.), *Handbook of Qualitative Research* (2<sup>nd</sup> ed., pp. 607-631). Thousand Oaks, CA: Sage Publications.
- Mitchell, S.A., & Black, M.J. (1995). *Freud and Beyond: A History of Modern Psychoanalytic Thought*. New York: Basic Books.
- Pickett, J.P., et al. (2000). *The American Heritage Dictionary of the English Language* (4<sup>th</sup> ed.). Boston: Houghton Mifflin.
- Polkinghorne, D. (1983). *Methodology for the Human Sciences: Systems of Inquiry*. Albany, NY: State University of New York Press.
- Polkinghorne, D. (1988). *Narrative Knowing and the Human Sciences*. Albany, NY: State University of New York Press.
- Poole, M., Seibold, D., & McPhee, R. (1996). The structuration of group decisions. In R. Hirokawa & M. Poole (Eds.), *Communication and group decision making*, 2nd ed. (pp. 114-146). Thousand Oaks, CA: Sage.
- Putnam, R.D. (2000). *Bowling alone: The collapse and revival of American community*. New York: Touchstone.
- Rogers, C. (1989). Theory and research. In H. Kirschenbaum & V.L. Henderson (Eds.), *The Carl Rogers Reader* (pp. 199-257). Boston: Houghton Mifflin Company.
- Rychtarik, R.G., Prue, D.M., Rapp, S.R., & King, A.C. (1992). Self-efficacy, aftercare and relapse in a treatment program for alcoholics. *Journal of Studies on Alcohol*, 53, 435-440.
- Saleebey, D. (1994). Culture, theory, and narrative: The intersection of meanings in practice. *Social Work*, 39(4), 351-360.
- Sigman, S. (1995). Order and continuity in human relationships: a social communication approach to defining "relationship". In Leeds-Hurwitz, W. (Ed.), *Social approaches to communication*. New York: The Guilford Press.
- Sitharthan, T., & Kavanaugh, D.J. (1990). Role of self-efficacy in predicting outcomes from a programme for controlled drinking. *Drug and Alcohol Dependence*, 27, 87-94.
- Snow, D.A., & Anderson, L. (1987). Identity work among the homeless: The verbal construction and avowal of personal identities. *American Journal of Sociology*, 92(6), 1336-1371.
- Snyder, L. (2001). The lived experience of Alzheimer's: Understanding the feelings and subjective accounts of persons with the disease. *Alzheimer's Care Quarterly*, 2(2), 8-22.
- Tims, F.M., Leukefeld, C.G., & Platt, J.J. (2001). Relapse and recovery. In F.M. Tims, C.G. Leukefeld, & J.J. Platt (Eds.), *Relapse and Recovery in Addictions* (pp.

- 3-17). New Haven: Yale University Press.
- Tolman, E.G. (1932). *Purposive behavior in animals and man*. New York: Appleton-Century-Crofts.
- Vitz, P.C. (1990). The use of stories in moral development: New psychological reasons for an old education method. *American Psychologist*, 45(6), 709-720.
- Vogel-Sprott, M., & Fillmore, M.T. (1999). Learning theory and research. In K.E. Leonard & H.T. Blane (Eds.), *Psychological theories of alcoholism*, 2<sup>nd</sup> ed. (pp. 292-327). New York: The Guilford Press.
- Volkow, N.D. (2004). NIDA's brain, behavior, health initiative: Multidisciplinary exploration of the brain. *NIDA Notes*, 19, (2). Retrieved January 29, 2009, from [http://www.nida.nih.gov/NIDA\\_notes/NNvol19N2/DirRepVol19N2.html](http://www.nida.nih.gov/NIDA_notes/NNvol19N2/DirRepVol19N2.html)
- Weathers, W.M. (2004). *Narrative in online and face-to-face support groups*. Unpublished manuscript, Lexington, KY.
- Wuthnow, R. (1994). *Sharing the journey: Support groups and America's new quest for community*. New York: The Free Press.
- Young, R.M., Oei, T.P.S., & Crook, G.M. (1991). Development of a drinking self-efficacy questionnaire. *Journal of Psychopathology and Behavioral Assessment*, 13, 1-15.

## VITA

December 25, 1947      Hopkinsville, Kentucky

Attended U.S. Naval Academy, graduated from Western Kentucky University with an  
A.B. in theatre arts and an M.A. in speech communication

Instructor in Speech and Debate, Paine College; news reporter, assistant city editor on  
The Kentucky Post and Cincinnati Post; Director of Community Relations,  
Covington, Kentucky city schools; currently Program Director, The Grateful  
Life Center, a member of the Recovery Kentucky network, operated by  
Transitions, Incorporated, Erlanger, Kentucky

Columnist of the Year, Queen City Chapter of the Society of Professional Journalists,  
Gerald White Memorial Prize for Investigative Reporting, Queen City Chapter  
of the Society of Professional Journalists

Published reporting, analysis, opinion columns in daily newspaper; published  
feature magazine article on Cincinnati's premier crack cocaine dealer in  
Cincinnati Magazine