

Family Members' Accounts of Turning Points Revealing Conceptualizations of Drug and/or  
Alcohol Addiction Recovery

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# FAMILY MEMBERS' ACCOUNTS OF TURNING POINTS

This thesis entitled:  
Family Members' Accounts of Turning Points Revealing Conceptualizations of Drug and/or  
Alcohol Addiction Recovery  
written by Margaret A. George  
has been approved for the Department of Communication

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The final copy of this thesis has been examined by the signatories, and we  
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'Family Members' Accounts of Turning Points Revealing Conceptualizations of Drug and/or Alcohol Addiction Recovery'

Thesis directed by Assistant Professor David Boromisza-Habashi

The purpose of this M.A. thesis study is to explore how families conceptualize their experiences of engaging with their addicted loved one, and how through narrative, those conceptualizations are brought to life within accounts of turning points. By conducting a Cultural Discourse Analysis of narrative interview, I looked at key symbolic terms used by participants within their talk. I propose three sets of opposing cultural propositions and thus three cultural premises, or taken-for-granted knowledge about conceptions of social reality.

*Keywords:* addiction, Cultural Discourse Analysis, Recovery Movement, cultural propositions, cultural premises

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## CHAPTER I

Sobriety is the determinate of success for individuals with drug and/or alcohol addiction. Since the struggle for success is central in recovery discourses, the phenomenon of families engaging in recovery in conjunction with their addicted loved one seems essential in both the addict and the family finding success. This phenomenon is my primary interest as I conceptualize families as central to addiction recovery. It is argued in addiction recovery literature that alcohol and other drug addiction is considered a 'family disease'.

The below excerpt from *Alcoholics Anonymous: The Big Book* explains this rationale:

Addiction is a family disease. It affects the relationships of those close to the addict: parents, spouse, siblings, children, long time friends, and employers. We who care the most suffer from the addict's erratic behavior. We try to control and are ashamed of the scenes caused. Soon, we begin to think we are to blame and assume the guilt, fears, and responsibilities of the addict. Thus, we become sick, too (Smith & Wilson, 2001, p. 4).

With this assumption at the forefront of my research, I believe that focusing solely on the practices of family members rather than the addiction or recovery progress of their addicted loved ones is crucial to understanding the effects of this disease and the values that a recovery process can contribute to the overall health of a family. Family members often participate in recovery programs independent of their loved ones, which has become a unique culture within addiction recovery movement. The particular communicative phenomenon I am interested in exploring is the contrast in cultural propositions, or individuals' definitions of beliefs and values about personhood, actions, and relationships (Carbaugh, 2007). Family members account for when they adopt normative discursive codes on how to communicate with their loved one experiencing addiction, and this adoption I define as a turning point.

My expectation for this study is to be able to identify common contrasting cultural propositions that family members account for in sharing their experience of having a loved one with drug and/or alcohol addiction. From those opposing cultural propositions, I will draw cultural premises, or taken-for-granted assumptions, on how to understand and behave within our social world (Carbaugh, 2007). I believe it is important to understand the normative quality of communication within recovery discourses, which may contribute to more individuals embracing family recovery programs as a way to not only assist their loved one with becoming sober, but also help themselves successfully grasp the complicated dynamics that families face regarding drug and/or alcohol addiction. Through a 2009 membership survey within Al-Anon, "nine out of ten newcomers who first came to Al-Anon because of a loved one's drug addiction later came to better understand the seriousness of that person's alcohol problem only after attending Al-Anon for a period of time" (Al-anon/Alteen, 2013). I expected that many of my participants would be advocates for family recovery programs, as they have all themselves made a choice to enter into this particular speech community. I speculate, however, that this choice was not a simple or easy one for the family members, since by doing so they entered into a competing discourse and set of assumptions, which they make sense of through retrospective narrative accounts regarding their experiences prior to entering, upon entering, and sometimes even upon exiting. I am searching for contrasting cultural propositions between the 'traditional family' and the 'transformed family'; I wish to understand their conception of what an ideal recovery looks like, through their journeys separate from their addicted loved ones. By traditional and transformed I leave the definitions open; simply I am looking at a past way of 'doing' family and then a new or current way of 'doing' family. My goal is to understand

better how these cultural propositions provide an analyst with the tools for articulating cultural premises.

### **Theoretical Background**

Much research on addiction and recovery and has been conducted from the perspective of the individual who experiences that disease, rather than the family members who share the experience with them. For my study, I wanted to capture talk from family members who were impacted as well as made an impact in their loved one's addiction, through their attendance in family recovery programs such as Al-Anon. This chapter proceeds by giving a brief explanation of the literature coming from the Recovery Movement, which includes particular family ideologies that have been pervasive in the U.S. addiction recovery culture. Second, I will proceed with my understanding of cultural discourse analysis or CuDA<sub>1</sub>, which is the specific analytic method that I will be using. From there, I explain the framework for understanding cultural propositions and premises within the collected accounts from my participants. Finally, I look at the history of U.S. family communication and common cultural codes found within U.S. family discourse, especially in regards to family crisis literature and role and relationship confusion. By placing these three literatures in conversation with one another, my hope is that a new way of conceptualizing addiction and recovery within a family unit will emerge.

### ***The Recovery Movement***

Therapeutic or self-help communities are commonalities in U.S. society; self-help and identity management have become predominant discourses in U.S. American culture (Carlone & Larson, 2006). Attempting to improve oneself is a common and continuous process in American culture, and improvement, development, and growth are often



conceived of as being accomplished through communication and interaction (Katriel & Philipsen, 1981). The proliferation of self-help discourses has lead to the Recovery Movement, which has been studied by the communication field in multiple capacities. In instances regarding drug and alcohol addiction and recovery, there has been work published that focuses on the communicative aspect of addiction and recovery, with much of the attention on how members of therapeutic or self-help groups negotiate their experiences with addiction.

One type of self-help group that locate themselves within the Recovery Movement is Anonymous fellowships. In 2012 it was estimated that there were over two million members worldwide in the Alcoholics Anonymous organization alone, making the total number of individuals who identify as part of Anonymous fellowships well over that number (Estimates, 2012). Alcoholics Anonymous was formed in 1935 by Bill Wilson and Dr. Bob Smith, both recovering alcoholics, and traces its origins back to the Oxford Group, a religious movement that became popular in the early twentieth century. Wilson and Smith defined addiction as “impaired use, compulsive use, continued use despite harm, and craving” (Travis, 2009, p.22). Throughout history there has been an amalgamation of definitions and conceptualizations of what addiction is: as Travis (2009) notes, “prior to the twentieth century, American attitudes toward drink and drunkards were complicated, and a variety of ideas about how to deal with them competed for hegemony” (p. 24). It was not until the 1950s that there started to be a more common and streamline discourse about addiction as a disease, which can be attributed to the work of the Yale Center for Alcohol Studies and the National Council for Education on Alcoholism, who at the time were the two most influential researchers of the Alcoholism Movement (p. 37). Bill and Dr. Bob (as

they are commonly referred to) arguably picked up on the notion of alcoholism as a disease, rather than seeing it as a form of deviant behavior, for the rhetorical purpose of promoting Alcoholics Anonymous as a way to treat the disease and attract individuals who were ready to embrace sobriety. Today, the American discourse around addiction commonly aligns with notions of 'addiction as a disease' for which treatment and recovery are the only option; this is apparent in recent popular memoirs, tabloid stories, and television programs such as *Celebrity Rehab* and *Intervention* (Travis, 2009).

The available literature within Alcoholics Anonymous includes *Alcoholics Anonymous: The Big Book*, which is often referred to as simply the "Big Book" or the "Blue Book," as well as *Twelve Steps and Twelve Traditions*, both of which are regarded as sacred texts for individuals seeking drug and alcohol recovery. These literatures are not only a tool for recovering addicts themselves, but also serve as a guide for their family members enduring a loved one's experience with addiction. The goals promoted within these literatures include "self-improvement by performing self-inventory, admitting wrongs, making amends, using prayer and meditation, and carrying the message to others" (Origins, 2012). This information again reiterates the assumption that the teachings described in these literatures are presented as equally beneficial to family members as they are for the individuals who experience drug and/or alcohol addiction themselves. During meetings, members are encouraged not to mention any non-Alcoholics Anonymous approved literature, and only reference the approved texts. A list of those texts can be found on their website (Conference-Approved Literature, 2013).

While A.A. has paved the widest path for the Recovery Movement, with addiction as a disease as the most common conception in American culture, it would be misguided not

to discuss the other conceptions of addiction that are a part of a “new Recovery Movement” or “post 12-Step recovery.” Newer conceptions of addiction are making their mark within the Recovery traditions and beginning to challenge traditional conceptions originating from Wilson and Smith in A.A. and *The Big Book*. These conceptions draw definitions of addiction and recovery from feminism or postcolonial theory (Travis, 2009). This new movement focuses less on addiction as a disease but rather toward more of a solution-based conception. As stated by White (2000), “demonstrated solutions to alcohol and drug problems will do more to reduce the stigma attached to these conditions than will endless debates about the source of such problems” (p. 8). The purpose of this new Recovery Movement is to disassemble barriers to recovery for those suffering from alcohol and other drug problems, and to improve their quality of life during the recovery process. This modern Recovery Movement defines the recovery community as “a voluntary association of those impacted by AOD<sub>2</sub> problems who come together for mutual support and joint action on AOD-related issues” (p. 8). While this is a newly emerging conception of addiction, my interests lie in the recovery communities that embrace addiction as a disease, since this is the primary discursive assumption to which family members are exposed, upon entering the community, regarding interaction with their loved one. My use of the word community is loose, since a “recovery community” exists only to the extent that many recovery communities reach beyond their own boundaries, both geographical and cultural, to accept a singular identity (White, 2000). One of the ideas central to the Recovery Movement is that “recovery flourishes in supportive communities” (p. 13). A supportive community is defined not only as the recovery group of which these individuals with drug and/or alcohol issues are a part but extends to their family units as well.

This thesis project extends the research done within the Recovery Movement, which has presently focused on the social interaction and language use of addicts themselves, yet has only begun to recognize the role that family members play in establishing and maintaining the discourse and ideologies of addiction and recovery. In instances regarding drug and alcohol addiction and recovery, there has been work published that focuses on the communicative aspect of addiction and recovery, which much of the attention on how members of therapeutic or self-help groups negotiate their experiences with addiction. Arminen (2001; 2004) has taken up communicative conduct within the fellowship A.A. as a site of analysis in regards to storytelling and institutional rules and levels of involvement for its members. Arminen (2001) analyzed face-to-face Alcoholics Anonymous meetings, focusing on the turn sequencing in moments where members share experiences managing their alcohol addiction. In general, A.A. meetings are structured to have monologic, extended turns and accept members taking their time in sharing their personal experiences, while others wait until they have completed their turn to respond or share next. Closings of turns have a pragmatic function, attempting to understand the reasons behind sharing and being grateful for others attentiveness to their personal struggle.

Other research conducted regarding narratives within self-help or therapeutic groups comes from Jodlowski et al. (2007) in regards to a study of online communication among individuals suffering from opiate addiction. What Jodlowski et al. found was that two common themes arose out of the narratives of the online participants: narratives of recovery and narratives of sobriety or what it means to be 'clean'. The authors look through Burkean lens, specifically through Burke's (1989 [1966]: 70) notion of two human motives, suffering and perfection. What the authors found was that the majority of individuals who

focused on the suffering received support from others; it was a unifying experience. Consequentially, those who discussed sobriety or definitions of being 'clean' were met with disagreement and thus less social support. Similarly, Halonen (2006) looked at story telling as influential of a patient's conception of their own disease. Halonen studied an inpatient clinic in Finland and took excerpts of the forty-five minute sessions in which the therapists would pose questions to the patients in which their response would allude to a claim about their perceived level of addiction. Therapists' goal was to have the patients discuss their 'life story', which would inevitably focus on their addiction and help them recognize and accept their disease. Individuals participating in self-help or recovery groups often reserve their judgments regarding other's paths to recovery, and instead provide their own narratives as a less direct way to comment or make normative claims about how recovery 'ought' to be practiced.

Along with the scholarship regarding narratives and story telling as contributing to an individual's conception of his or her addiction as well as his or her recovery, there has been some work done specifically regarding the discursive negotiation of rules and norms. Arminen (2004) looked at institutional rules within treatment facilities for drug and/or alcohol addiction. He discussed the way in which new patients who enter an in-patient treatment facility for drug or alcohol addiction are instructed about the rules of group therapy. In-patient facilities focus on the benefits of group therapy, yet the rules of this type of therapy are often modified, interpreted, and adopted in notable ways. Arminen found distinct ways in which the rules of group therapy were taken up by both the patients as well as the therapists. First, therapists within the facility would need to contextualize the rules for the patients; practicality was crucial if patients were going to take up or believe

that the rules were salient to them in this particular situation. Second, individual would downgrade the rules, which means that they would, in context, demonstrate the flexibility of a rule or make note of the exceptions that the rule offered in certain contexts, allowing for flexibility regarding rule interpretation and implementation. Additionally, Arminen found that when members are confronted with rule violations as well as discrepancies between two seeming contradictory rules, laughter becomes a method of coping with or easing this tension that could otherwise be highly problematic or create conflict within the clinic.

Becker (2005) has also looked at institutional rules of group therapy sessions. Becker's involvement in an ethnographic study takes up Goffman's (1963) work as discussed in "Behavior in Public Places" in which Goffman studies group therapy sessions in a woman's facility for drug and alcohol recovery. Goffman's approach focuses on two assumptions, that communication is occasioned, and thusly communication in certain contexts requires or obliges certain levels of involvement in terms of common activities within that occasion. In her findings, Becker noticed that there were negative sanctions implemented when individuals were improperly involved in the therapy sessions within the women's program. Whether it is over involvement or disinvolvement, members would attend to certain violations using multiple discursive moves. Those moves included ignoring the offense, reminding individuals of the rules, picking on or teasing the offender, explicitly calling out the offender as having violated the rules, 'jumping on' or continuing to call out the offender after behaviors had not changes, and finally expelling the offender from the program. These sanctions were upheld equally by both the counselors within the program as well as clients who had been admitted into this program.

My research focus regarding family members' conceptions of addiction connects to the literature regarding the Recovery Movement in terms of how communication constitutes members' social reality. A common theme within the Recovery Movement literature is the focus on members negotiating the norms involved in their conceptualization of their own recovery. As members of Anonymous groups or other self-help fellowships, individuals operate within the fellowship's culture, which explicitly offers a code of conduct in how recovery is constituted. What these communication literatures have in common is the premise of reflexivity and self-improvement, which are conceptualized as being achieved through interaction. My research will extend the work that has been conducted in both the family communication and Recovery Movement literature in that placing a CuDA focus on this data highlights previously undiscussed key symbolic terms that occur within family members' talk, and cultural premises that underlie the use of those terms. Previous studies regarding family communication and addiction have little attention paid to sensemaking, and I argue that sensemaking through a CuDA analytic framework is valuable in that it uncovers the processes of cultural discourse adoption that individuals experience when exposed to opposing cultural norms. Additionally, using CuDA with situated interview framework for data collection and analysis, while it has its limitations, also has its unique contributions. By framing my study within situated, narrative interviews, there is a larger focus on the important key terms that participants strategically choose to employ within their talk. With addiction as a sensitive family topic, an individual with drug and/or alcohol addiction and their family often are wary and fearful of sharing information about their experiences, which only further highlights that the terms that they do use within their talk are significant to the

sensemaking process they undergo within the interview context. The thoughtfulness and mindfulness of their contributions within the narrative interview are important to note since discussing a sensitive topic such as a family member's addiction shapes their contributions in a way that would differ from other topics of discussion within the interview.

Historically, the beginning forms of family support groups started with Al-Anon, which is considered a support system for 'process addiction.' What is meant by 'process addiction' is that family members often have "undesirable behaviors and habits of mind that they had adopted to compensate for their loved one's [addiction]" (Travis, 2009, p. 53). The Recovery Movement highlights that both substance and 'process' abusers must seek treatment as separate entities, since they have related yet separate illnesses. As argued by Recovery Movement specialists, addiction is a family disease and the entire family system must be reorganized due to the unhealthy behaviors that these specialists argue are perpetuating the disease of addiction within the family. Al-Anon began as an offshoot of Alcoholics Anonymous, specifically created in 1951 for wives of alcoholic husbands. In the 1970s and 1980s Al-Anon broadened its demographic to include all family members, regardless of relationship to the addict. Family treatment became a customary and integral part of an addict's treatment, and family facilities opened up their treatment programs to family members (Travis, 2009).

Within the family recovery conceptualization of drug and alcohol addiction, the term 'detaching with love' has been popularized by the recovery organization Hazelden, which borrows its traditions from A.A. and Al-Anon (Carolyn W., 1994). 'Detaching with love' highlights two competing discourses: one is detaching oneself physically, emotionally, and



material from a loved one as a way to illustrate disapproval of the addicted behavior, which is a counter-discourse to the larger, cultural discourse of love which U.S. family members draw upon as part of the experience of being a member of a family unit, regarding emotional support as something unconditional and able to surmount any conflict the family may face. Hazelden promotes this counter-discourse, saying “The key is to stop being responsible for others and be responsible to them - and to ourselves” (Hazelden, 2013). As family members enter into recovery communities, they are asked to adopt a new set of discursive practices and assumptions that often compete with larger cultural assumptions about family. The core assumption of ‘detaching with love’ is that an alcoholic or drug addict cannot recover and become sober if they are overprotected (Hazelden, 2013). The principal goal behind this sentiment from the Hazelden website is the following:

“detachment with love plants the seeds of recovery. When we refuse to take responsibility for other people's alcohol or drug use, we allow them to face the natural consequences of their behavior” (Hazelden, 2013). Family members are asked to still approach their loved ones with care and concern for their wellbeing, but more importantly, not attempting to rescue, enable, control, or fix their addiction. While ‘detaching with love’ is not a term that my participants employ explicitly, it is arguably a larger cultural assumption within their experiences in recovery groups, which guides their talk and will subsequently guide my investigation of their cultural propositions and premises, described further below. My working assumption is that my participants are part of a ‘changed’ or ‘transformed’ family in which the traditional, larger discourses about unconditional love within a family have been suspended. In gathering participants my goal was to find individuals who have changed their previously existing, baseline family structure and family relationships to one

centered around a new, transformed set of discursive assumptions in regards to their addicted loved one. Now that I have laid out the specifics of the recovery communities, I move to an overview of the theoretical groundwork for this study, Cultural Discourse Analysis and the notion of interpersonal ideologies.

### ***CuDA and Interpersonal Ideologies***

Cultural discourse analysis (CuDA) finds its roots in the Hymesian (1972) tradition of the ethnography of communication. CuDA is a recent development in this tradition akin to cultural communication theory and the theory of cultural codes as discussed by Philipsen and Carbaugh (1986), Katriel (1991), Philipsen (1987, 1992, 1997, 2002) and Philipsen, Coutu & Covarrubias (2005). Carbaugh, Gibson, and Milburn theorize cultural discourses for the first time in their seminal 1997 paper in which they define cultural discourse as “a historically transmitted expressive system of communication practices, of acts, events, and styles, which are composed of specific symbols, symbolic forms, norms, and their meanings” (cited in Carbaugh, 2007, p. 169). Carbaugh, Gibson, and Milburn (1997) explore cultural practices by tacking back and forth between an actual utterance, image, or sound, and then the culturally specific context and system of expression in which the utterance finds meaning. They focus on three aspects of observable communication: scenes, communicative practices, and cultural discourse. They do so in two specific institutional communicative sites: a Puerto Rican cultural center and a private college in the United States. Their focus on communication practices first describes then interprets them, trying to find the significance or importance of those practices to the people who use them, which leads to premises, or taken for granted shared assumptions regarding how the world works, within the cultural discourse. The CuDA approach has the capacity to explicate the

meaning of culturally situated communication in relation to five meanings about personhood, relationships, actions, emotions, and dwelling (Carbaugh, 2007). Carbaugh theorizes these five meanings as radiants, or hubs, of meaning that he calls the radiants of being, relating, acting, feeling, and dwelling. Being relates to identities and addresses the question 'who am I?'; relating is in regards to relationships and the assumptions around how we can meaningfully and appropriately engage in communicative practices with each other; acting focuses on what are people doing communicatively, and more importantly how do they understand or reflect on what they believe they are doing; feeling relates to emotion and knowing the socially appropriate moments to express an appropriate affect; and lastly, dwelling, which is concerned with communicators' sense of place around them (Carbaugh, 2007). Carbaugh uses this formulation for the study of the Blackfeet and their cultural beliefs about 'listening' as a form of communication with nature. He focuses on the five radiants and finds that listening is simultaneously a way of being, a way of feeling, and a way of doing (Carbaugh, 2001; 2005). Through a CuDA analysis of my participants' narrative accounts, my goal is to identify the radiants of meaning most salient to their conceptualizations of progress in a recovery program. These radiants will be elaborated on later in the analysis.

The CuDA research approach conducts interpretive inquiry by first create a descriptive record, and then create a local theory of how communication is meaningful for communicators in the particular community of speakers. My interest in using CuDA as a mode of analysis comes from my desire to capture the importance of a phenomenon to the participants of my study. In my case, I wish to explore further and interpret the phenomenon of a transformed family, as it is understood by my participants. That

understanding will become apparent in their accounts of interaction and experience with their addicted loved one. I will be looking for accounts in which this sentiment of change or transformation is central to their understanding of their relationship with their loved one.

In order to create interpretive accounts, Carbaugh et al. (1997; 2007) has provided CuDA analysts with vocabulary to do so. Two important terms in the CuDA tradition are cultural propositions and cultural premises (Carbaugh, 2007). To CuDA scholars, cultural propositions are statements that link key symbolic terms to one another and thus offer insights into participants' cultural premises, values or beliefs. Carbaugh's (1988) most famous illustration of cultural propositions was in his ethnographic analysis of the *Donahue* talk show. His cultural propositions included:

- 1) The person is an individual who has 'rights; and a 'self'; 2) the 'self' is 'unique' and should strive to be expressively aware, independent and open; 3) the 'self' struggles against 'society' and its harmful, oppressive institutions (Carbaugh 1988; 2005, as cited in Carbaugh, 2007).

These cultural propositions highlight the values and belief structures of common American discourse of communicating. The symbols of 'self,' 'rights' and 'society' are important in that they highlight premises of being, relating and acting immanent in the observable language use Carbaugh witnessed on *Donahue*.

In his work regarding hate speech in Hungarian Parliament, Boromisza-Habashi (2013) articulates multiple theoretical assumptions regarding the approach to language and culture through the CuDA framework. There are some important points to highlight from Boromisza-Habashi's list of assumptions. Primarily, that any spoken use of the term "hate speech" should be regarded as the speaker using the term as a communicative resource, or a way to accomplish communicative goals. Within my study, narrative accounts of turning points are rich with cultural meaning because they are a resource for

the speaker to understand their relationship with their addicted loved one, and to explain their relationship to me as the interviewer.. Also, because these narrative accounts are communicative resources, the recurring use of them establishes patterned communicative practices across multiple contexts. If something is considered a communicative practice, there is an assumption that this is a repeated and established action. This deals more with the behaviors surrounding the language, which is where social practice appears. This kind of sensemaking may carry over beyond the context of the interview, which would provide a possibly interesting extension of the study.

Along with cultural propositions, Carbaugh et al. mention cultural premises as an important analytic tool for understanding the expressive system of communication practices particular to a speech community. Once a CuDA analyst gathers the cultural propositions from their participants, they formulate what they believe to be the participants' beliefs about the significance and importance of what goes on in their culture, both as a condition for the communicative practice as well as an expression of that communicative practice (Carbaugh, 2005). He argues the following about cultural premises:

“When formulated, cultural premises of belief and value – in and about conversation – provide a way of talking about the deeper, often taken for granted meaningfulness of expressive acts and sequences to participants, a typically unspoken yet expressively active resource for the practices to be indeed what they are” (Carbaugh, 2005, p. 5).

The importance of cultural premises, then, is that they can highlight what is typically invisible or goes unnoticed by the participants but still holds deep value and are cultural resources for talk. Based on the cultural propositions that are named by looking within the talk, cultural premises take it a step further to contextualize those propositions within the

larger cultural system; seeing what is 'cultural' in communication (Carbaugh, 2005). The beliefs that participants have about what exists and what is valued within their community are central to the more abstract identifications that CuDA analysts make regarding their meaningfulness to participants and analysts alike (Carbaugh, 2007).

Other ethnographers of communication have presented ideas similar to Carbaugh's notion of cultural premises in their work, including Philipsen (1997) and Fitch (1994; 1998). Fitch, in her 1998 piece on culture and interpersonal communication, describes a subset of cultural premises called "interpersonal ideologies," which she defines as "a set of premises about personhood, relationships and communication around which people formulate lines of action towards others, and interpret others' actions" (p. 182).

Interpersonal ideologies comprise cultural premises that relate specifically to interpersonal relationships. Fitch makes the point in her work that interpersonal ideologies, while they may evolve from communal understandings, are always embedded in issues of power and legitimation. She cites Hymes and Geertz's understanding of traditional ethnographic work in which the native's point of view is privileged, yet makes an important claim that while analysts focus on the natives' terms for talk and speech events they must note the power that ideologies have to enable as well as constrain those who implement them in their culture. While notions of power are not central to my use of interpersonal ideologies, since my focus is not directed toward hegemonic and social constraints within my participants' talk, it is important nonetheless to note how it has been used in Fitch and other cultural scholars' work, because it proves to be an ever-present and accepted aspect of interpersonal ideologies in Fitch's and other cultural communication scholars (Lannaman, 1991; 1994 for example).

Now that I have laid the theoretical groundwork of the present study, I will turn my attention to my understanding of definitions of family and, in particular, family theories on crisis and crisis management.

***Family Communication – The Legitimacy of Roles and Relationships***

For my study, I define family through a social constructionist lens. The emphasis of this perspective is that individuals are actively using available symbolic resources to interpret the meaningfulness of their experiences (Lindlof & Taylor, 2011). Galvin, Brommel, and Bylund's (2004) definition of family illustrates the social constructionist perspective well:

Networks of people who share their lives over long periods of time bound by marriage, blood, or commitment, legal or otherwise, who consider themselves as family and who share a significant history and anticipated futures of functioning in a family relationship (p. 6).

Therefore, in terms of recruiting participants for this project, I was less interested in formal definitions of family, but rather in members considering themselves as such regardless of legality or other formal standards. I align with Janet Fitch's (2007) notion that family is something that needs to be displayed or enacted, a notion that highlights the social nature of family practices and harkens back to my conception of family defined through a social constructionist perspective. This conceptualization ties nicely to principles from CuDA, since there is a strong emphasis on cultural symbols and shared meanings within that theoretical tradition as well as in the family communication literature from which I draw.

While many family communication scholars rely on explaining social phenomenon through quantitative studies involving patterns of interaction and behavior, my focus is less

on those concepts of a researcher looking from the outside at patterned behavior and more on the researcher as part of the study, instrumental to the emergence of social realities for the participants in the study. With that in mind, my study is considered a social constructionist study of family in the sense that there is joint-meaning making within interaction in which presentations of self, identity, and interactional processes become apparent within talk (Tracy, 2001).

Families use symbolic resources such as living arrangements, kinship terms, forms of address, and most importantly, accounts, to conceptualize the meaningful nature of their experiences with one another as well as others outside of the family unit (Caughlin et al., 2011). Furthermore, I characterize family in terms of how conflict is dealt with, particularly with drug and alcohol addiction. Conflict frequency and intensity are often heightened due to an increase in interdependence and intimacy among family members. Families not only face the conflict episode itself, but also have the enduring relationships and shared history embedded within the conflict itself, complicating the desired resolution or recovery and sobriety for their loved one (Caughlin et al., 2011).

Much of the work in the 1990's focused on factors within a family that promote substance abuse (Amey & Albrecht, 1998; Christensen, 1998; Friedman & Utada, 1992; Routunda, Scherer, & Imm, 1995) as well as the negative effects that it can bring into a household such as violence and sexual abuse (Raffaeli, 1990) and psychological issues in both spouses as well as children of individuals with addiction (Hurcom, Copello & Oxford, 2000; Carroll, 1989). This work concentrated on the spousal relationships and roles affected by addiction, taking into account several contributing factors. Primarily, the notion of co-dependency has become a much talked about topic in regards to family



communication and addiction and recovery (Epstein & McGrady, 1998). While much of the work conducted around this topic looks at the potential negative effects of addiction in a family unit, Beth Le Poire has furthered the contributions to the field by also looking at the positive intervening effect that family communication can have.

As stated above, Beth Le Poire (1992; 1995; Le Poire & Dailey, 2006; Le Poire, et al., 1998; Le Poire, et al., 2000) has spent much of her career writing about addiction and the influence of drugs and alcohol on family communication. In terms of the role that addiction plays in the family system, she sees it as a compulsive behavior not unlike depression, eating disorders, and gambling, all of which create negative communication patterns. As stated by Le Poire and Dailey (2006), "it is important to understand how the confluence of family member's actions affects the continuation of these behaviors" (p. 83). Le Poire (2004) also covers the different relationships that can be affected by addiction, including spousal, child-parent, parent-adolescent, and sibling. She concluded her studies with the argument that there are ways of promoting positive intervention, including couples' therapy as well as punishing substance abuse along with reinforcing alternative behaviors. This line of inquiry strongly suggests that recovery programs continue to include family members in the therapy and treatment process, since there is such a high level of interdependence among individuals within a family system.

It is important to highlight the larger U.S. cultural discourses regarding family communication and normative assumptions from which families draw to make sense of their own social reality. Family ideologies highlight what exists, what is good, and what is possible; ideologies promote a particular construction of reality (Therborn, 1980). Furthermore, ideologies can either reward or sanction particular roles and behaviors.

Families employ ideological schemas to understand their own roles and legitimize certain behaviors, as well as delegitimize behaviors that do not fall under the larger structure of family discourse (Therborn, 1980).

Family ideologies from Therborn's (1980) perspective connect closely with CuDA notions of cultural propositions and premises, since they focus on the values that are rewarded and sanctioned. The relationship between ideology and cultural premise is discussed in Fitch's (1998) *Speaking Relationally*, in which she addresses interpersonal ideological assumptions. Ideologies, in this study's case family ideologies, are a subset of larger cultural premises, or the taken for granted meaningfulness of specific words, symbols, or practices to participants. Therefore, the family ideologies participants have which legitimize and delegitimize certain behaviors are a product of their cultural premises, which is often the unspoken assumptions regarding what is meaningful, what is believed, and what is valued. While it is difficult for family communication scholars to suggest specific, normative ways of 'doing family', there are certainly facets of family life that have come to be known as normative through their emergence in interaction. For example, interpersonal warmth and caring are empirically proved to be associated with effective parenting (Stafford & Bayer, 1993). Family communication scholars highlight normative ways of communicating within the family unit, including emotional expression of liking and loving (Taraban, Hendrick & Hendrick, 1998), interpersonal warmth (Andersen & Guerrero, 1998), alleviating emotional distress (Burleson & Goldsmith, 1998) and social support (Barbee, Rowatt, & Cunningham, 1998).

Discourses of a family life cycle highlight the importance of adapting the roles over time. For example, during their children's youth and adolescence, parents are seen as

protectors and responsible, and as they move into adulthood, that role changes to more of an egalitarian one in which parents celebrate their child's independence and uniqueness (Williamson, 1991). These transitions, however, are not inherent and fluid, but rather communicatively constructed through familial interaction and are sustained by local cultural beliefs about family. Often, when confronted with crisis such as having a loved one with drug and/or alcohol issues, families may become stuck in relational patterns appropriate for previous stages of development rather than what is seen ideologically as the appropriate stage in the family life cycle (Yerby, Buerkel-Rothfuss, & Bochner, 1990). In looking at the above normative family ideologies, my interest is in how ideologies in the Recovery Movement, as described above, shape my participants' conceptions of what constitutes a family. Again in regards to cultural premises, the legitimization and deligitimization of certain behaviors are a product of distinctly different cultural premises within the Recovery Movement than within the family ideological structures. What is meaningful, what is believed, and what is valued has changed for members of family recovery communities.

With these conceptions of family roles and relationships in mind, I turn my attention to the literature specifically associated with family communication, crisis, and crisis management. Often family roles and relationships are distorted due to crisis such as a family member with addiction (Yerby, Buerkel-Rothfuss, & Bochner, 1990), so it is important to understand the impact that a crisis can have on family members conceptions of their own role and relationships within the family. While family can be the structure from which children are socialized to understand right and wrong and how to show love and respect, because family is a constantly changing and adaptive group, the socialization

can also teach children how to communicate hate, hostility, and anger (Olsen et al., 2012). Olsen et al. compiled many studies regarding what they call the 'dark side' of family communication, which seeks to uncover the difficult and even painful experiences individuals have in communicating within the family unit, as well as how that family unit can shape individuals' communication patterns beyond the family structure.

Much crisis and crisis management literature comes from small-group communication scholarship (Putnam & Stohl, 1996; Mabry, 1999). Ketrow and DiCioccio (2009; 2010), drawing from Bochner (1976), have taken up this body of literature and applied it to family communication, by arguing that family is indeed one of the most unique groups available for inquiry. By being a naturally occurring group, there is a unique set of norms and practices that come out of studying the family unit. The context for crisis within a family is defined two ways: limited resources and imposed constraints. These two contexts can manifest themselves in ways such as relationship issues, finances, monumental events such as a natural disaster, and illnesses, which I argue includes drug and or alcohol addiction (Ketrow & DiCioccio, 2010). These authors see family as different from small groups facing these crises, arguing that families are certainly much more interconnected, there is greater longevity in the relationships, and the emotional weight felt by family members during a crisis is generally greater (Ketrow & DiCioccio, 2010). Family decision-making ranges from the mundane to crisis management, with the spectrum being defined by topic, duration, urgency, and intrusiveness on the family (Ketrow & DiCioccio, 2009). Therefore, family crisis is defined as a set of circumstances that are atypical, need urgent attention, are likely unanticipated, require unique navigation skills, involve complex choices, and have significant consequences on every family member

(2010, p. 243). Again, it is important to link this to Le Poire and Dailey's (2006) findings regarding the important of family members included in the therapy and treatment process, due to the level of interdependence among individuals within a family system. Family crisis management necessitates a system change or transformation, not just one family member making a decision to change their behaviors. Transformation within a family will be treated as a response to a crisis such as having a family member with alcohol and other drug addiction. Since all of my participants reported being part of a 'transformed' family in which the larger discourses about family communicative patterns do not serve as functional anymore, their approach to crisis management, or specifically, managing the disease of addiction within the family unit, is central to my investigation.

### ***The study's contribution***

A need that my study addresses is the paying attention to certain gaps both within the Recovery Movement literature as well as the family communication literature. One of the biggest gaps in both traditions, which I address within my work, is the focus on oppositional cultural propositions that become apparent within my participants' use of key symbolic terms. Currently, Recovery Movement literature looks at the current conceptions that drug and/or alcohol addicts and their family members have on normative ways of being, relating, communicating with one another. What my work contributes is a close look at turning points – *when* these individuals' conceptions of addiction and communicating within their family system changed, what prompted that change, and how the change was manifested, whether it be instant or gradual. Therefore, instead of the current focus on the transformed cultural proposition that many of these individuals employ in their talk, my

study will broaden the scope to give attention to opposing discourses that family members draw upon, and the location of their shift from the traditional to the transformed.

The marriage of these three literatures together provides a unique look at families' beliefs and practices regarding their involvement in recovery during a family crisis of having a loved one with drug and/or alcohol addiction. What makes this study distinct within the social science traditions is that it brings together CuDA traditions with families as the site of investigation, specifically, families who are part of the recovery community, which situates them within a specific value and belief structure regarding how to communicate with their addicted loved one. By looking at the actual talk of my participants, I will be able to reflect on the family literature and the Recovery Movement literature from the perspective of my findings. Because the value and belief structure of recovery communities is non-traditional in comparison to the traditional family discourses regarding roles, relationships, and communication practices, further investigation into how participants relate, act, and feel in regards to these transformed interactional structures is warranted.

## **Chapter II**

### **METHOD**

The purpose behind me conducting narrative interviews is that I am interested in it as a distinct form of discourse, specifically, how the participants recount their experiences and engage in retrospective meaning making. An account “communicates the narrator’s point of view, including why the narrative is worth telling in the first place” (Lindlof and Taylor, 2011, p. 181). Since the questions I asked my participants were critical to their identities as family members as well as significant events in their lives, it seemed fitting that a narrative interview format of research would capture the type of reflection I wished to elicit from my participants. It is important to note my conceptualization of interviewing as a social situation. I do not regard my interview as source of ‘truth,’ rather; they are social situations within which narratives have a function. As stated by Baxter and Braithwaite (2010), it is important to be “sensitive to the addressivity feature of talk, [since] we interpret transcripts with an analytic eye toward the informant’s anticipation of addressee evaluation” (p. 55). The interview situation is unique in that participants are sharing information against a “cultural backdrop of normative expectations” (p. 55). I am aware that my participants are cognizant of the expectations around family communication as well as the expectations around the Recovery Movement, which colors their discourse within the narratives they provide. The participants within my study are deeply aware of the identity work that accompanies their narrative accounts, both in the content as well as the form in which they try to ‘best’ answer the questions. One of the reasons why an analysis of turning points is the central focus for this project is that I asked participants explicitly about changes in conceptions of addiction and communication patterns. For De

Fina (2009), accounts are “highly negotiated narratives” (p. 246), which highlights the interactive quality that I want to emphasize within my own interview process by having an interview driven analysis.

### **Data Collection**

Acquiring data from participants regarding the sensitive topic of family addiction can be challenging since it is often seen as a private matter. There is frequently a fear that family members will receive negative reactions to secret revelations, especially since guilt and shame are central to many family members conception of their loved one’s addiction (Afifi & Olsen, 2005; Vagelisti & Caughlin, 1997). This study was conducted with participants spanning across the United States; I find it important to address the cultural aspect of my study, since all participants are U.S. American and therefore come from similar understandings of U.S. American culture and notions of U.S. American families. Three interviews took place face-to-face occurring in participants’ homes and offices, while the remaining five interviews took place over the telephone. Having the interviewee choose the location was important as it allowed them to be in a place of comfort (Morse, 1992), especially when discussing such delicate issues as their loved one’s addiction.

Interviews from eight family members were utilized in this study. These individuals were recruited using a snowball sampling method (Biernacki & Waldorf, 1981), in which individuals who have participated in the study were solicited for possible names of other individuals who might be interested in contributing to the study. These individuals, along with myself, used informal recruitment methods based on their long time friends and/or acquaintances who were family members of currently using or recovering drug and/or



alcohol addicts. The advantages of snowball sampling are that it can uncover a hidden population, and can also narrow participants of specific interests and experiences, i.e. living in families with addiction. I asked current participants to forward potential participants' contact information to me, and then sent an Institutional Review Board (IRB) approved recruitment email, available in Appendix I. One recruitment requirement was that participants needed to agree to have the interview audio recorded. Audio recorded interviews and subsequent transcriptions provide the richest type of data as I sought out narratives of these family members. This type of naturalistic and discourse analysis study requires recorded data. All names of participants and their loved ones have been changed to preserve anonymity.

An interview schedule was used in this study when interviewing participants. Reissman (1993) suggests a broad question guide to elicit narratives or accounts from participants for the purpose of a discourse analysis. In my study, sample questions include: (1) tell me the story of an ideal recovery, (2) what was your first experience like in the program? How does it compare with your experience of the program today? and (3) describe to me the rules or norms you follow or followed in your household when living with your addicted loved one. A full interview schedule can be found in Appendix II.

During the course of the interview, if a participant provided information or an account that deviated from the interview guide, I would follow their lead and inquire further about a specific topic or story. The need for a "focused yet flexible" (Rubin & Rubin, 1995) interview guide is crucial for narrative interviews since often the questions serve as a mere template to the personal and relational stories that participants may wish to share regarding their experiences having a loved with drug and/or alcohol addiction.

I audio recorded each interview and transcribed them for the purpose of a textual analysis of the content. Data gathering occurred through a process known as active interviewing in which myself and the participants came together to construct the meaning of the interaction based upon the questions prompted by myself (Holstein & Gubrium, 1995). Using this process allowed me as a researcher to adjust the questions and the discussion based on the flow of the conversation, thus not interrupting the natural flow of the interaction that was valuable to the analysis. Again, rather than limiting my participants to strictly answering the questions from the interview guide, the interview served more as a conversation starter, which allowed and even encouraged participants to diverge from the specifics of the interview guide and give accounts they saw as best being able to describe their experiences having a loved one with addiction. The shortest interview was 23 minutes and the longest was 1 hour 30 minutes, with an average of 45 minutes.

When transcribing the interviews, I focused on discourse content rather than discourse structure (Bucholtz, 2007). I annotated minor linguistically oriented discourse, using elements of the Jeffersonian model, (Atkinson & Heritage, 1984) including pauses and micropauses, overlapping speech, and stressed and stretched words. A full guide to the transcription notations can be found in Appendix III. Beyond these few transcriptions details, I focused mainly on the content itself, since my analytic concepts are not focused around conversation analysis but rather larger, normative discursive issues.

In regards to solicited turning points, the interview guide (Appendix II) contained a number of questions that implored participants to account for turning points in regards to their experiences being involved in their loved one's recovery. The most obvious question is the following:

*Were your conceptions of addiction changed by [entering a recovery group]?*

This question looked for participants to account for a turning point in how they thought about addiction, with all eight of them referencing how being part of a family recovery program transformed their conception from addiction as something that a person can control to addiction as a disease comparable to cancer, AIDS, or any other type of illness in need of treatment.

Another questions, albeit less obviously categorized as soliciting a turning point than the previous, was as follows:

*How did you feel upon entrance [into a recovery group]?*

While this question did not specifically ask for participants to account for a change, it does position them, with the use of the word 'entrance', to account for the point at which they became a member of this speech community. By having them retrospect on their first experiences in recovery programs, the participants accounted for previous conceptions of addiction, previous modes of involvement, and previous patterns of communication. In doing such, many of them compared those previous practices to current practices, using key terms such as 'before' 'at the beginning' and 'at first' and past tense verb usage like 'I felt' and 'I was' as the most commonly occurring.

The final question that specifically solicited an account of a turning point was the following:

*How would you compare the relationships you have within the family before entering a program to after? Has there been any change or is it the same?*

Again, the language used within the questions, specifically the key terms of 'compare', 'before', 'after', and 'change', all provoke the participants to reflect on opposing cultural discourses of the traditional versus the transformed. Many of the participants noted that

their relationships were 'better', 'healthier', or 'more open' because of their involvement in a recovery program. By using superlative adjectives as the three described above, there again is a reference to a transformation, in this case with regards to relationships and communication patterns among family members.

Conversely, there were moments within the interview process where turning points were discussed without direct solicitation. One question that spurred such turning points was the following:

*Would you describe your involvement as low/moderate/high? Why would you describe it as such?*

By asking for participants to quantify their level of involvement within a family recovery program, there was room for variation, which led many participants to comment on how that involvement evolved and changed over time. Similarly to questions about addiction conceptions, language such as 'at first' and 'in the beginning'. There were differences in those levels of involvement; some participants such as Harold describe being very involved at first and then evolving to more of a distant level of support for his son, Harry.

Conversely, his wife Lisa describes that she did not want to attend meetings, but after a while her involvement increased dramatically and she now holds officer positions within Al-Anon.

The last question that had patterned responses of turning point accounts without directly soliciting them had to do with communication and rules within the family structure:

*Describe to me the rules or norms you follow or followed in your household when living with your addicted loved one?*

With this question, Family members were asked to account for household rules; all

participants except Bonnie and Stanley currently live or had lived with their addicted loved one during a time when they were using. Bonnie and Stanley did comment, however, on rules that they put in place when their daughter Rachel was visiting, specifically for holidays. What became apparent in their accounts of rules and norms was again a shift in practices. Many participants discussed how they 'used to' enforce rules in the house, yet this enforcement was problematic or would create additional, unwanted tension between themselves and their addicted loved ones. Therefore, their accounts noted a 'before' discourse about rules and an 'after' discourse, paying particular attention to learning how to best regulate their loved one's behavior. When I say regulate, I am not implying that they have control or dominance over their loved one; on the contrary, these participants discussed the flexibility and distance they would maintain in regards to household rules so as not to upset or trigger their loved on into using drugs and/or alcohol.

As a researcher doing narrative analysis, there is a need to be cognizant of what De Fina (2009) calls the "conductions of production" (p. 253). She goes on to state:

We need to know not only how the interviewer reacted to a narrative, but also what kinds of questions elicited the narrative or narratives, how these narratives developed and how, in turn, the storytelling related to and shaped or modified the roles of interlocutors within the interview (p. 253).

Paying particular attention to the role of the interviewer and the role of the interviewee is essential when conducting narrative interviews, especially when discussing reasons for answer emergence. The accounts of turning points can emerge from direct solicitation, or can be a byproduct of description of the participant's journey and experience as a member of a family recovery program.

In terms of demographics of the study, all participants are family members of individuals who are either recovering or current drug and/or alcohol addicts. The

participants are both male and female, from the age range of 18 and older, with unspecified U.S. American ethnic distribution. The breakdown of participants' relationships to their loved one was as follows: four parents, one step-parent, two ex-partners, one current partner, three sibling, and one daughter (note that one participant overlapped as a daughter, sister, mother, and significant other of an alcoholic). A list of participants, their age, and their relationship to their addicted loved one can be found in the Appendix IV. The object of this study, however, is not focused necessarily on the individuals' role within the family (parent/spouse/sibling) but rather on how they talk family into being and, in that, the cultural normativity of family recovery programs. Further studies could contribute a better understanding of how specific roles predicate certain normative behaviors of interaction.

In terms of second order data that was collected for the purpose of this study, the documents available from the Recovery Movement literature and A.A. approved literature are numerous. Much of the secondary work supplements my interview data in the sense that much of their discourse reflects their exposure to this literature as being part of a recovery program. My goal in reflecting on this work is to gain a better understanding of the context in which individuals are speaking, and the resources from which they draw their common terms. The most influential piece of literature was the twelve steps, which comes from *Twelve Steps and Twelve Traditions*, serving s a valuable tool for not only recovering addicts, but also for their family members. While none of my participants explicitly reference step numbers one through twelve, the language within this literature appeared in their narrative accounts. Key terms such as 'powerless', 'enabling', and

'detachment' appeared numerous times across participant transcripts. For a reference list of the twelve steps, see Appendix V.

It should be noted that in-depth participant observation was in my original thesis proposal, yet was minimally conducted for this study. Due to the difficulty of obtaining consent from participants who are part of recovery groups that focus heavily on anonymity, I was not able to attend as many family recovery meetings as hoped. The meeting I attended had very high turnout, which proved difficult to study in the sense that there was minimal interaction: participants were able to speak once in a turn-taking process, which took up the full hour that the meeting was held. The topic at hand was a parent-child focus. An expansion of this study could certainly benefit from further involvement in participant observation.

### **Data Analysis**

As previously stated, I use Cultural Discourse Analysis of the eight interviews that I have collected. In particular, the analytic focus I have is on communicative resources which I label *accounts of turning points*. In total, there were 169 references to turning points within these accounts. Below I elaborate how I qualified segments of the participants' talk as a turning point.

These accounts, as I will show, carry within them opposing cultural discourses. These opposing discourses served as rich points within my data. Rich points is a term introduced by Michael Agar and used in ethnographic work, signifying that the researcher's "assumptions about how the work (world?) works, usually implicitly and out of awareness, are inadequate to understand something that had happened" (Agar, 2008, p. 31). In

essence, rich points are the “raw material” (p. 31) for ethnographers, because they signal a gap between two worlds of experience.

While the definition of accounts is vast within the communication discipline, I draw my understanding from De Fina (2009) who moves beyond the previous definitions from Pomerantz (1984), Houtkoop-Steenstra, (1990), and Heritage (1988), who all categorize accounts as dispreferred speech acts, such as refusals and other kinds of face threatening social actions. De Fina (2009) argues for accounts to be paired with narrative rather than categorizing them as mere descriptions. It is important to emphasize that the investigator and participant do not have equal standing, since, as De Fina (2009) notes, “one of the partners is in a position not only to elicit a certain kind of narrative, but also to evaluate it” (p. 240). Therefore, because accounts hold within them a level of evaluation from the investigator, which puts the investigator in the position of verifying the accounts given by the narrator, they are recipient oriented. As stated in Lindlof and Taylor (2011), narrative interviews not only capture stories, but also assume “that people understand who they are partly through their everyday performances of narrative” (p. 180).

As discussed by Riessman (1993) and De Fina (2009) in their work regarding the importance of narrative interviews as different yet not unequal to natural occurring data, interviews are “interaction events, not artificial social encounters” (De Fina, 2009, p. 237). De Fina offers discourse or interaction analysis of narrative accounts as, what she calls, “antidotes to de-contextualized narrative analysis” (p. 254). It is crucial within my own analysis that contextualization be at the forefront, and CuDA proves to be a fitting research approach. It is a highly localized research approach with a focus on locally managed systems of symbols, values, beliefs akin to the radiants of meaning apparent within my



participants narrative accounts. With the aforementioned information in mind, I label my study as a *cultural discourse analysis of narrative accounts of turning points*. Within these accounts, I look for cultural discourses that become available through the cultural system of communication practices, acts, events, and styles in which the participants engage.

### Chapter III

#### ANALYSIS

This section is structured based on different key terms that came up in my data analysis. With these key terms as a starting point, I move to the cultural propositions that emerge from these key symbolic terms. As key symbolic terms appeared, I searched for patterns in their emergence, which I then combined into statements. This arrangement into statements will display the cultural propositions. It is from these cultural propositions, or the linkage of key symbolic terms to one another displaying participants' cultural premises, values or beliefs (Carbaugh, 2007) that I will reference cultural premises. My formulation of these premises as an analyst are made on the basis of the participants' talk; they work to contextualize the propositions within the larger cultural system within which the participants discourse is occurring.

Due to my pursuit of turning point accounts from my participants' talk, it is important to define and display what the general structure of a turning point looks like. By providing a loose framework, I hope my reader will better identify with my definition of turning points within this project. Below is an example of turning point and the subsequent structural breakdown. This turning point comes from Tracy, a 26-year-old sister of an alcoholic brother. This response was prompted by my question, "Were your conceptions of addiction changed by this experience?" (line 164).

---

170 I think (.) before (.) before everything happened I didn't really have a strong opinion  
 171 one way or the other I think I was probably along the lines of a lot of people who  
 172 hadn't experienced this first hand that like (.) oh why don't they just stop using (.)  
 173 like why do they have to (.) you know if you're so addicted to drugs why don't you  
 174 stop doing drugs (.) but um (.) I think that having gone through the process (.) I I  
 175 really strongly do believe that addiction is a disease (.) as I said like cancer (.) or  
 176 AIDS (.) that you know I- it's genetic (.) so people are predisposed to it some people  
 177 are not.

This turning point account has key features that appear in other segments of participants' talk; primarily, the transition from one way of thinking/being/acting. The terms 'before' (line 170) paired with the phrase 'having gone through the process' (line 174) displays a clear moment of transition. What I look for in a turning point account is a 'before' and 'after' or 'before' and 'now' juxtaposition. Broken down, the segment separates into two modes of thinking.

**Before:**

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170 I think (.) before (.) before everything happened I didn't really have a strong opinion  
 171 one way or the other I think I was probably along the lines of a lot of people who  
 172 hadn't experienced this first hand that like (.) oh why don't they just stop using (.)  
 173 like why do they have to (.) you know if you're so addicted to drugs why don't you  
 174 stop doing drugs (.)

**After:**

---

174 but um (.) I think that having gone through the process (.) I I  
 175 really strongly do believe that addiction is a disease (.) as I said like cancer (.) or  
 176 AIDS (.) that you know I- it's genetic (.) so people are predisposed to it some people  
 177 are not.

Paying particular attention to verb tense, the turning points become more apparent within the talk. Tracy refers to the 'before' way of thinking, using past tense verbs (underlined above) and the 'after' or 'now' way of thinking in which she uses present tense (underlined above). Therefore, based on this structure of being able to separate an account into a 'before' and 'now' with both explicit references to those times as well as looking at the verb tenses in relation to ways of thinking/being/acting, I use this model as a way to show how I approach an account within my analysis.

### Defining Addiction

The most prominent key symbolic terms that appeared in my data had to do with three topics: *learning*, *disease*, and *control*. It is through seeing key terms in my participants' talk that I began to identify turning points that relate to my participants' understanding of how to define and think about drug and/or alcohol addiction. I asked all eight of my participants if their membership within a recovery program changed their conceptions of addiction, and how so. The response was overwhelming: their membership within these family groups such as Al-Anon and other recovery programs created a drastic shift in their conception of what addiction is. Important to note here, again, is the notion of reflexivity as an interviewer. The question I asked participants about their conceptions of addiction solicited a response regarding a change in their thinking, which is why each participant accounted for a turning point in response to this question. This solicitation, however, does not change the fact that my participants had robust, patterned ways of talking about that change in their thinking about addiction. All eight participants responded that their conception of addiction was now, because of membership in various programs, based on the teachings that addiction is categorized as a "disease." As mentioned above in the review of Recovery Movement literature, the normative discourse around addiction is that it is a disease, and much of the current literature within the field addresses it as such (Hanley Center, 2010; Johnson, 1973; Smith & Wilson, 2001; Travis, 2009; White, 1998). All eight participants used the term 'disease' at some point in their interview when referencing their loved one's addiction, and that conception of disease came to them only after their entrance into a recovery program. Much of their language included words such as 'preconceptions' and 'in the beginning' and 'at first' to describe their understanding of

addiction prior to entering a family program. In each of the excerpts I provide, I have bolded language that relates to the patterned use of key symbolic terms. When asked the question, "Have your conceptions of addiction changed and if so, how?," family members' responses followed a similar pattern, as demonstrated with the below excerpts:

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Excerpt 1: 07/03/12

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Stanley	606	When I <b>first went</b>
	607	<b>into those groups</b> I <b>set aside any preconceptions</b> about what might be the
	608	way things are handled because I know when you talk about these kind of
	609	things it's <b>very different</b> from most of the way you approach everyday life

---

Excerpt 2: 07/17/12

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Jim	25	<b>I think at the beginning</b> it was judgmental (.) and <b>kind of</b>
	26	<b>thinking</b> that you know people that (.) <b>I guess I thought</b> of it more that it wasn't a
	27	disease

---

Excerpt 3: 07/31/12

---

Tracy	170	I think (.) before (.) <b>before everything happened</b> I didn't really have a strong opinion
	171	one way or the other I think I was probably along the lines of a lot of people who
	172	hadn't experienced this first hand that like (.) oh why don't they just stop using (.)
	173	like why do they have to (.) you know if you're so addicted to drugs why don't you
	174	stop doing drugs

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Excerpt 4: 08/29/12

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Harold	139	You have
	140	<b>preconceptions</b> of what a drug addict is you know most people if you
	141	mention the word drug addict they just think the person is a bum or you
	142	know

The above excerpts are accounts of what participants felt preceding their submergence into a family recovery program. It is important to note that my participants' entry into a recovery program most likely is predicated on the fact that they are accounting for a new understanding of addiction, whether it be completely different from preconceived notions or simply novel from the beginning. As stated by Bonnie, a 60-year-old stepmother of an alcoholic step-daughter, Rachel:

## Excerpt 5: 07/03/12

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Bonnie	47	I felt <b>curious</b> I came in and I was just <b>looking to</b>
	48	<b>learn</b> about addiction and the disease and just I- I kinda went in feeling like a sponge
	49	I ju - kinda <b>wanted to soak up everything</b> I could about (.) you know (.) living with
	50	family members (.) dealing with them (.) understanding their um (.) situation

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For Bonnie, along with other participants such as Harold who recommended that everyone involved in a family with addiction “have a basic understanding because we all have **preconceived notions** of what a drug addict is and we all need the facts” (lines 192-194), family member should engage in a form of education or learning in order to fully address their loved one’s addiction. According to my participants’ accounts, education is the location for a turning point in conceptions of what addiction is. This relates back to the common key symbolic term of learning, which comes through with words such as ‘education’, ‘understanding’, and ‘realization’.

From the preconceptions of addiction, the accounts given by participants in regards to their transformed conception of addiction all align with the discourse of addiction being a disease. This relates to the second most common key symbolic term, disease or illness. In terms of the common formulations invoked by the participants, language such as ‘a change,’ ‘began to realize,’ ‘came to understand,’ and ‘now’ are scattered throughout the interviews in regards to how they currently conceptualize addiction after being involved in a family recovery program. Again, in regards to the question, “Have your conceptions of addiction changed and if so, how?”, family members’ continued their accounts which contained turning points of transformed conceptions contrasting to the aforementioned traditional or prior notions of addiction:

## Excerpt 6: 08/31/12

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Lisa	131	<b>I went in</b>
	132	<b>there embarrassed and annoyed at him</b> and how could you do this and you
	133	know to say my son’s a crack addict <b>with such a hard thing and now I’m not</b>

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134    **ashamed of that** at all **I understand** that he has a sickness

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Excerpt 7: 08/29/12

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Harold    202                                    I think as soon as **I came to the understanding** that  
 203    I never had any control over this situation from the beginning or even during  
 204    it gives you the peace of mind that you can be there to support but **it's not**  
 205    **something** that weighs heavily on my mind or brings me down.

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Excerpt 8: 07/31/12

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Tracy     174                                    I think that **having gone through the process** (.) I- I  
 175    really strongly do believe that addiction is a disease (.) as I said like cancer (.) or  
 176    AIDS (.) that you know I- it's genetic

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Excerpt 9: 07/17/12

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Jim        101    I guess sort of **an evolution** because it was **my first experience was going from**  
 102    sort of judgment **to a** better understanding empathy

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Excerpt 10: 07/03/12

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Bonnie    139                                    Probably **the biggest perception that changed** was that addiction  
 140    has nothing to do with self control that it's- it's a- it's your brain- it's a brain disease  
 141    and it's- it's hereditary almost certainly in almost all cases and you know there are  
 142    medical findings about it **but it's not** a question about someone having low self  
 143    control or whatever it's um it's a disease

Much of the above accounts to the question regarding conceptions of addiction contain within them notions of a shift from something to something else, which is their current frame of mind in regards to what addiction is. As highlighted from both Harold and Bonnie in Excerpts 7 and 10, they accounted for what addiction is “not”, which demonstrates that they moved from one conception of addiction to another, leaving the previous conception behind and labeling it as false or inaccurate. For some family members such as Stanley, a 72-year-old who is the husband of Bonnie and the father of Rachel, learning about the physical impact of alcohol on his daughter was “**totally new**” (line 86), which located his understanding of addiction as something that is a disease, modifying the way in which his daughter behaves. He states:

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Excerpt 11: 07/03/12

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Stanley    633                                    But **then I would realize** it's the disease  
 634    wanting more b- more beer more wine whatever she wants to drink and then  
 635    you **begin to realize** it's not Rachel it's this darn disease

The word choice of 'realize' again demonstrates a shift in Stanley's perception of how his daughter is affected by her alcoholism.

Because the shift in their conceptions of addiction, now categorized as a disease, occurred prior to their engagement in the interview process, much of their talk was scattered with language and beliefs supporting the "disease" conception. The terms 'disease' together with 'illness' occur 46 times within the eight interviews, which serves as the basic core of their understanding of their loved one's addiction. This is apparent not only in explicit questions regarding their conceptions of addiction, but in other accounts regarding communication with their loved one, or how they manage the day to day struggles of having a loved one with addiction. Below are excerpts that serve as examples of the notion of addiction as disease imbedded within their talk:

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Excerpt 12: 07/31/12

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Tracy	58	My personal opinion is
	59	that alcoholism and drug addiction is a <b>disease</b> (.) like <b>cancer</b> or <b>AIDS</b> (.) and if you
	60	had a family member that was diagnosed with cancer or AIDS it would make sense
	61	to be involved in their treatment and their life and how they're doing and alcoholism
	62	is no different you k now its it's an <b>illness</b>

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Excerpt 13: 08/29/12

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Harold	273	The one thing
	274	I've seen over the last ten years that there are different levels of addiction
	275	just like with other <b>diseases</b> there are different levels you know like
	276	somebody can have <b>MS</b> and it becomes extremely bad really fast and another
	277	person will have MS and they have some symptoms of it but they basically
	278	live out their lives and it never gets any worse.

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Excerpt 14: 08/31/12

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Lisa	128	I think I understand more
	129	than anybody in my family does that it is a <b>disease</b> and that he doesn't want
	130	to be sick but I also understand that he's the only one that can you know he's
	131	gotta somehow find it the power and the control to take care of it.

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Excerpt 15: 07/03/12

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Bonnie	139	Addiction
	140	has nothing to do with self control that it's- it's a- it's your brain- it's a <b>brain disease</b>



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141 and it's- it's hereditary almost certainly in almost all cases and you know there are  
142 medical findings about it

As stated above, all family members explicitly reference addiction as a “disease,” as well as the fact that they came to this understanding by involvement in a family recovery program, thus transforming their conceptions of addiction. One particularly interesting and highly noteworthy participant within my study was Amy, a 60-year-old woman who was simultaneously the sister, daughter (both parents qualifying), mother, and relational partner to alcoholic individuals. By being surrounded by what she called “an alcoholic family” (line 179), she relates the account of how she discovered she was fit for a program such as Al-Anon:

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Excerpt 16: 07/23/12

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Amy 194 The first two meetings happened to be  
195 with an adult child focus and I was after the first one I was like I don't want  
196 to deal with this I don't want to complain about my upbringing it was fi:::ne  
197 everybody did the best they could blah blah blah and the second one was I  
198 was like alright Go:::d oka:::y I will deal with this now

Due to her qualifications, Amy is currently an active member of Al-Anon, attending three to four meetings a week, and even serves as a district representative for her region, sponsoring many individuals as well as creating her own special meetings focused on particular topics of interest to participants within Al-Anon. Amy serves as an exemplary individual who has not only attended family recovery programs but also served as a guide for learning about addiction as a disease. She states:

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Excerpt 17: 07/23/12

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Amy 276 **Over the seven years** that I've been in the program I'm coming to- I say **I'm**  
277 **coming to understand** what they mean by it being a disease

Similar to other participants, Amy notes her shift in understanding, and that because of her deep and painful experiences regarding addiction, specifically alcoholism, she has made the

decision to commit her life to spreading the message of Al-Anon that addiction is in fact a disease that needs to be understood and treated in that particular way. Amy's talk is a particularly clear representation of the significance of turning points. The notion of a transformation of conception is central in much of the discourse within the accounts given by participants, contributing to cultural discourses as described below.

By arranging the above set of key symbolic terms: learning, disease, and control, located in my participants talk, I present two contrasting cultural propositions, with the terms employed by my participants in quotations:

1. *Addiction is thought of by family members as a 'lack of self-control' on the part of their addicted loved one.*
2. *Being presented with family recovery teachings aids in 'learning about addiction' as a 'disease' and the addict as being 'sick' with a disease.*

The connection between learning or education and conceptions of addiction as a disease or illness rather than an affliction based on a lack of control comes through strongly in the participants' excerpts seen above. In relation to turning points, there is a 'before' discourse which aligns with former conceptions of addiction as something that can be controlled or stopped when the addict decides or wants to, and an 'after' discourse which aligns with discourses of addiction as a disease. These are portrayed within the opposing cultural propositions listed above. For this specific turning point of understanding and defining addiction, two specific cultural discourses become apparent. When looking at cultural discourses, one must focus on how specific terms and the status of those terms shape individual sense of being (Carbaugh, 2007). By doing a CuDA analysis of oppositional cultural discourses, it can be determined that two contrasting perceptions of addiction are

apparent because of the level of learning and education that is central to the lives of these family members. For the first cultural discourse, in which the language of the participants aligns with notions of addiction as something that can be controlled by simple choice, the terms used by participants structured their social interaction. Participants noted how these previous conceptions of addiction shaped their interaction with their loved ones. The language used by participants, as seen above, notes their feelings of embarrassment, shame, and being judgmental of individuals with addiction since they saw their using drugs and/or alcohol as a simple lack of self-control. Specifically in the data, we see Lisa describing her feelings of being “embarrassed and annoyed” (line 132), Jim seeing himself as “judgmental” (line 25) and Harold categorizing an addict as “a bum” (line 141). Their conceptions of their loved one’s identity was that it was flawed in some way, which led to their addictive behavior. As Tracy notes, she questioned addicts’ behavior, wondering, “why don't they just stop using” and “if you're so addicted to drugs why don't you stop doing drugs” (lines 172-174). Again, these conceptions of addiction are not categorizing it as a disease, but rather as a choice or a type of delinquent behavior that brings shame and humiliation not only to the addict but also to their loved ones. Because of these previous understandings of addiction, participants interaction with their loved one was clouded by either their lack of knowledge about addiction or their previous conceptions that eventually were discarded once involved in a family recovery program. The discarding of previous conceptions leads directly to the ‘after’ discourse regarding how addiction *should* be defined, as normatively described within the participants’ talk.

In contrast to the ‘before’ cultural discourse of addiction as something that can be controlled by simple choice, the ‘after’ cultural discourse aligns with notions, based out of

the Recovery Movement, that addiction is in fact a disease. By having the term 'disease' coupled with the term 'addiction', the status of the term 'addiction' has shifted immensely due to cultural codes around what it means to be diseased or inflicted with an illness. Participants such as Tracy and Harold related addiction to diseases such as cancer, AIDS, or MS (multiple sclerosis), thus coloring the term completely differently and giving it a new and more acceptable meaning for participants as a label for their loved one. Now, the identity of their loved one is not flawed *from* their addiction, but rather inflicted *by* their addiction, shifting blame from a defect of character to a defect in biology or genetics. All eight participants explicitly referred to their loved one as 'sick', a cultural code that is communicatively transmitted as symbolic of someone in need of as well as deserving of help both physically and emotionally. The relation between the addicted loved one and their family member also can code the speaker as 'healthy' and thus in a position oppositional of their inflicted loved one, able to provide that help in recovery.

This conception of disease, and the key symbolic term used by participants of words like, 'sickness', 'disease', or 'illness', are directly connected to key symbolic terms of learning. Participants note that their conceptions of addiction as a disease were only made so by their involvement in a family recovery program, which provided them with materials and teachings to transform their conceptions of addiction. Interestingly, the data shows that this learning process comes in many forms for the participants. For some, such as Harold, Bonnie, and Jane, there seems to be an almost immediate perception shift in regards to definitions of addiction. Harold describes "setting aside preconceptions" (line 607) and Bonnie talks about wanting to "soak up everything" (line 49) like a "sponge" (line 48). There seems to be a sense of immediacy in their description of the learning process

when involved in recovery programs for their daughter Rachel's alcoholism. For Jane, she discusses how beneficial the first Al-Anon meetings she went to were, since it aided in her detachment from loved ones, both qualifiers and non-qualifiers. She did not find there to be any difficulties in understanding the teachings, and she continually describes the first meetings as "helpful" throughout her interview (lines 33, 96, 100, 114, 164, 251, 268). Again, this helpfulness is seen as being immediate, within the first few Al-Anon meetings she attended.

Conversely, there are also notions of the learning process being a long and sometimes arduous task, which certainly contrasts with the immediacy to which Bonnie, Stanley, and Jane allude. The five other participants all comment on the long term learning process in which they came to understand addiction as a disease. Jim discusses how it took two failed relationships with alcoholic partners for him to realize that addiction is a disease: his use of the term "evolution" (line 99) positions his learning as something gradual and more prolonged. For Tracy, she describes it as "having gone through the process" (line 168), which positions her learning as something gradual as well. Harold, Lisa, and Amy's descriptions of the learning process are seen as the most gradual, and even difficult at times. Harold describes the learning as "over the last ten years" (line 274) and Amy similarly describes her learning as "over the seven year" (line 276). Both participants use the preposition "over" to describe the process of learning, signifying that their conceptions of addiction did not change immediately, but were rather a long processes in which they came to understand what was meant by the addiction discourse to which they were exposed in family recovery programs. Similarly, Amy and Lisa describes how difficult

the learning or realization process was; Amy notes that it was a “hard adjustment to make” (line 271) and Lisa describes here difficulty in the below excerpt:

Excerpt 19: 08/31/12

Lisa	64	I didn't quite get the program or
	65	I- I would tease them and say I'm failing in this class um because so much of
	66	it is about yourself and not about the addict or the alcoholic it probably took I
	67	would say a <b>really good year</b> for the program to <b>sink in</b> for me?

The term “sink in” (line 67) is again a way to categorize her understanding of addiction as a disease as something gradual, and occurring over time, in this case at least a year. It is clear that for some participants, there is an immediate understanding and acceptance of the new teachings about addiction as a disease, whereas for other participants there is a gradual and difficult transition into a new conceptualization of how addiction is categorized.

Whether participants describe a long process or an immediate process in their conception of addiction changing, there are often portrayals of addiction as a disease embedded into their discourse. Tracy uses the metaphor of chemotherapy in relation to addiction treatment, and this influences how she considers her involvement with her brother's addiction to alcohol:

Excerpt 20: 07/31/12

Tracy	290	You wouldn't interfere with
	291	someone's <b>chemotherapy</b> as they're getting it you know you wouldn't add your own
	292	two cents in there it's the same idea you know it's the-they're giving the <b>treatment</b>
	293	because it's proven to work and we're not going to interfere with that

The notion of addiction as a disease is rooted within her talk; knowing how to approach and participate in her brother's recovery from addiction comes from notions of how a loved one would approach and participate in their loved one's recovery from a disease such as cancer. The above excerpt regarding her conception of addiction appears later in Tracy's

interview, as a closing statement in regard to rules or practices that were encouraged by the family recovery program in which she was involved. Reflecting back on the cultural propositions listed above, being involved in a recovery program provides new conceptions and teachings about addiction as a disease - we can see how heavily this transition influences the talk of the participants, both explicitly in their turning point accounts as well as implicitly in their metaphors, key terms, and descriptions of their experiences with loved ones.

### Contributing to Recovery

The second set of key symbolic terms that I have arranged in a sensemaking process are the terms 'involvement', 'support', and 'enabling'. From here, I analyzed turning points that related to how family members saw themselves contributing to their loved one's recovery from addiction, specifically through communicative practices. Because all eight of my participants are currently or formerly members of a family recovery program, they have made a choice to become involved in their loved one's path to sobriety. Involvement levels varied among participants, even within families. Lisa, 57 and Harold, 57, spouses and the parents of their son Harry who is addicted to crack cocaine, have drastically different levels of involvement and notions of what it means to contribute to their son's pursuit for sobriety. Both Lisa and Harold give accounts of turning points for how they saw themselves contributing to Harry's treatment, but the shift for both Lisa and Harold was extremely different. The below excerpts from both parents demonstrate this argument:

#### Excerpt 21: 08/31/12

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Lisa	19	<b>I didn't really wanna go</b> I didn't you know like everybody else was
	20	very busy and I felt like you know I <b>hadn't done anything</b> why do I have to go
	21	to this meeting

## Excerpt 22: 08/31/12

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Lisa	39	<b>I participate every week</b> in the conversation I've
	40	gotten to know we have several members in our group that have been
	41	members for like twenty five years and um I've I've <b>held offices</b> you know as
	42	far as like secretary or whatever to help keep track of things so I would say
	43	I'm <b>very involved</b>

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## Excerpt 23: 08/29/12

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Harold	7	<b>At first</b> you're- you're so like flabbergasted <b>you do</b>
	8	<b>anything</b> you <b>go to class</b> which for me was <b>to learn as much as you can about</b>
	9	<b>the disease</b> you know and then you know you try to <b>give them all the support</b>
	10	<b>you can.</b>

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## Excerpt 24: 08/29/12

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Harold	57	You know when it <b>gets to a point</b> where
	58	I felt that my need of participation there was not really was needed I didn't- <b>I</b>
	59	<b>didn't partake anymore</b>

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It is clear from these excerpts that both parents had very different beginning conceptions of how they were going to contribute to their son's recovery from addiction: Lisa seems resistant and even resentful of her son's doctor's recommendation that she attend Al-Anon meetings, while Harold, so upset about his son's addiction, wanted to be as involved as possible from the beginning. The transformation of views, occurring once Lisa and Harold entered treatment, demonstrated a reversal in level of involvement. Lisa described in much of her interview how incredibly involved she is in Al-Anon, attending meetings every week, while Harold cites that he does not attend or participate in a program anymore because, as he states, "I'm the kind of guy if I feel I've got a grip on what they try to tell or teach me (2.0) you know to me that's like learning that one plus one equals two you either know it or you don't" (lines 133-135). For Lisa and Harold, their ideas of how they contribute to their son's recovery are very different, since Lisa explains:

## Excerpt 25: 08/31/12

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Lisa	276	I know that the relationship with my son is better when
	277	I'm <b>working a good Al-Anon program</b> and- and I know that he wa- he's better
	278	because I went there

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Meanwhile Harold, as seen above in Excerpt 24, cites that he has got to a point in his son's recovery where he believes he cannot contribute anymore.

In looking at how participants initially saw themselves contributing to their loved one's addiction, there were multiple accounts that signaled what they regard as poor or improper practices. Below are a few of those accounts:

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Excerpt 26: 07/19/12

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Jane	30	I was <b>desperate</b> because we were clearly in a
	31	bad place with our marriage <u>every</u> little thing he did affected me (.) um in a very negative
	32	way and so <b>I needed to again separate from that detach from that</b>

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Excerpt 27: 07/23/12

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Amy	207	The thing that was hard for me? was I had a
	208	<b>really good run at changing things I had no business changing</b> ((laughs)) and I
	209	I had <b>managed to manage all kinds of situations</b> (.) partly with my
	210	personality partly with my education partly with um just my force of will
	211	((laughs)) it was it was a <b>misuse</b> and it- it wa- it <b>gave me the illusion of more</b>
	212	<b>control</b> that I actually had

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Excerpt 28: 08/31/12

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Lisa	69	We all <b>go into this program</b> thinking we're gonna
	70	find out how we're gonna <b>fix our loved</b> one and that's now what Al-Anon is
	71	about it's about fixing me and helping <u>me</u>

These participants all comment on their prior actions and practices in regards to their addicted loved one, and note that they needed to change these and break from traditional patterns in order to feel as though they are effectively contributing to their loved one's recovery. This leads to a discussion of involvement, and how participants defined and undertook what they considered their own personal involvement.

Interestingly, accounts given by all eight participants vary in terms of levels of involvement, and what exactly involvement means to them. From the examples of Lisa above, we can see that involvement is conceptualized as being a part of a family recovery program such as Al-Anon, but also, as she states, involvement means "**detaching** and

**minding my own business** and just **taking care of myself**" (lines 286-287). Therefore, involvement in their loved one's recovery is really seen as being able to let go of notions of control and caring for that loved one, and focusing on one's own self more than anything.

The below excerpts from other participants align with Lisa's notion of involvement:

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Excerpt 29: 07/03/12

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Bonnie	318	He really <b>taught us</b> all the importance of
	319	<b>taking care of yourself</b> (.) which is really probably the biggest thing in these family
	320	recovery programs

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Excerpt 30: 07/17/12

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Jim	176	I think one of the good things about it
	177	oddly enough for me was that it's important to <b>take care of yourself</b> and <b>that I didn't</b>
	178	<b>always have to be the giver and the caretaker</b> and that kind of felt good and I
	179	appreciated that part

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Excerpt 31: 07/19/12

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Jane		<i>(in response to a question regarding relationships with her children)</i>
	277	I think they're a lot healthier (1.0) a lot healthier. In part as I've already said because of
	278	my <b>ability to detach</b> more um <b>my tendency to be less co-dependent</b> um (2.0) yeah. So I
	279	think that clearly (.) <b>I- I don't</b> (.) control my kids anymore <b>I CAN'T</b>

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Excerpt 32: 07/23/12

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Amy	91	If you <b>do what's best for you</b> it
	92	will end up being best for other people and I am really finding that to be
	93	TRUE so hhhhhh so I- so this gives me a chance to <b>work on my program</b> it
	94	gives me a chance to <b>focus on myself</b>

Within all of these accounts that the participants are referencing a turning point that led them to their current actions regarding their involvement in their loved one's recovery. Terms like "taught us" (line 138), "didn't always have to be" (line 177-178), "anymore" (line 279) and "I am really finding that to be TRUE" (lines 92-93) all signal a change in perception, which led to a change in practice. Involvement for them is seen as being at arm's length from the addicted loved one, and focusing on their own health and happiness which they believe in turn may contribute to their loved one's sobriety.

Conversely, there are accounts of turning points that define involvement differently.

Below are a few excerpts that demonstrate this difference:

Excerpt 33: 07/03/12

Stanley	128	I won't be devastated if she
	129	doesn't pull through be- but I will- I'd be (1.0) forever (3.0) uh miserable <b>if</b>
	130	<b>we didn't do what we could to give her the best chance</b> we could (.) to <b>get at</b>
	131	<b>least the knowledge and understanding</b> on which to make judgments

Excerpt 34: 07/03/12

Stanley	835	<b>Reminding</b> myself that this is probably a life
	836	long struggle that um is <b>perhaps a battle you're never going to win um uh but</b>
	837	<b>it nevertheless you know you have to keep at it</b> um from my perspective um
	838	cuz I'm very fond of my daughter and I hate to see her in this situation

Excerpt 35: 07/31/12

Tracy	29	I- I was (.) as the older sister <b>I was concerned</b> and
	30	<b>worried</b> for him um and <b>wanted to make sure</b> that <b>he could do the best that he can</b>

Excerpt 36: 07/31/12

Tracy	64	If you don't have a <b>support system</b>
	65	<b>that's willing to help you</b> in your quest to be sober you're going to fall back into the
	66	environment that you know got you in trouble in the first place

For both Stanley and Tracy, involvement was not a matter of separating their actions and practices from their loved one, as they saw their support and involvement as being close to and in frequent contact with their loved one. For Tracy's relationship with her brother, the actions she takes now after entering treatment are different than they would have been before. She describes this change below:

Excerpt 37: 07/31/12

Tracy	394	I think that after (.) before entering the program I think that I was (.) I was- I didn't
	395	want to tattle on my brother I was afraid to confront <b>them*</b> about what he was doing
	396	and what I saw him doing and that was sort of a bond that he and I had and they're
	397	our parents and we're their children and we gotta stick together and now I'm much
	398	more open to them and saying you know if see something if I see something say
	399	something ((laughs)) you know if I see him get himself into a situation that I
	400	perceive could be dangerous I let them know

**\*Tracy's parents**

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Contributing to her brother's sobriety, from Tracy's perspective, involves a constant involvement and checking on his situation to make sure that he is avoiding triggers and maintaining his sobriety. It is clear that this differs from the above perspective of involvement as detachment and separation, as described by Bonnie, Jim, Jane, Amy and Lisa. Whereas before entering the family program Tracy was "afraid to confront" (line 395) her parents about her brother using drugs or drinking, she now accounts for the change in behavior saying she would most definitely say something to her parents if she feared for her brother's sobriety.

Again, from the data, there are cultural discourses that signal a 'before' and 'after' in terms of practices or patterns of behavior when engaging with the issues of addiction. In this instance, the 'before' discourse aligns with former conceptions of involvement and an 'after' discourse which aligns with current conceptions. There were, however, less similarities on both the 'before' and 'after' sides of the discursive spectrum when looking at the participants' accounts of how they saw themselves acting in accordance to their loved one's recovery. As a reminder, the terms 'involvement', 'support', and 'enabling' were central to turning points relating to notions of how to contribute to a loved one's addiction recovery. This leads to my second set of opposing cultural propositions:

*3. Loved ones are 'responsible' to communicate their 'concern', as well as 'help and support' their addicted loved one achieve sobriety.*

*4. By levels of 'involvement', through strategic communication, one can remain 'supportive without enabling' the addict.*

Questions of contribution and action arose from these opposing cultural discourses, and how contribution manifested itself before entering a family recovery program to after that

entry into the program. In the 'before' cultural discourse, there is what Bonnie referred to as a "kneejerk reaction" (line 308); family members employ cultural codes of 'support', having to 'do something' and feeling a 'responsibility' for their loved one's recovery. While many participants used the above language to describe their initial actions regarding their loved one's addiction, they were certainly inexplicit in how they were going to support or do something for their loved one. Notions of helplessness and uncertainty colored the 'before' cultural discourse; family member knew they needed to act but were not sure just how that would look. Therefore, the 'before' cultural discourse can be described as a discourse of confusion, worry, and a call to action on behalf of their loved one's addiction to drugs and/or alcohol. That call to action was describe as being enacted any way possible, because of the feeling of worry and desperation on the part of the family members.

So, while the participants conceptions of how to best involve themselves in their loved one's recovery may not be seen as similar levels or definitions of involvement, I am still able to identify an 'after' cultural propositions that captures a common theme: mindful, monitored communicative practices with the goal of not disturbing their loved one's progress toward sobriety. This monitored communicative practices come in various forms, as seen in the below excerpts. Stanley discusses his involvement as needing to 'keep at it' (line 837) yet is also wary of that involvement, noting that he is careful about how he communicates with his daughter, Rachel.

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Excerpt 38: 07/03/12

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Stanley	294	If I try and get in touch with
	295	<b>her</b> and if I <b>mention anything about her addiction</b> like I hope you're you
	296	know (.) managing to avoid all these triggers and so on you know <b>she gets</b>
	297	<b>very upset</b> that I'm meddling with her affairs (.) um a::nd (.) um <b>she doesn't</b>
	298	<b>mind talking about</b> (.) um things we do (.) going to see the fireworks or going
	299	to visit Peter or (.) seeing some friends

## Excerpt 39: 07/03/12

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Stanley	849	The other thing is just to keep to <b>keep in touch</b> but to um <b>keep</b>
	850	<b>things on a non-controversial level unless she wants to bring something up</b>

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Stanley has learned that there are certain delicacies involved with communicating with Rachel, and that he must be mindful of his words when interacting with her so as not to upset or trigger her into both detaching from the family completely as well as potentially using alcohol. Stanley's conception of involvement differs from other participants, such as Lisa in the below excerpt:

## Excerpt 40: 08/31/12

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Lisa	283	When I'm working a good program and can <b>mind my own</b>
	284	<b>business</b> it's I mean honestly I realize <b>I probably cause some of the arguments</b>
	285	when there are arguments because I'm not working a good Al-Anon program
	286	as far as <b>detaching</b> and <b>minding my own business</b> and <b>just taking care of</b>
	287	<b>myself</b>

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While there is a clear difference between how Stanley sees himself contributing to Rachel's well-being versus how Lisa sees herself contributing to Harry's well-being, there is an overarching similarity which is described in my second cultural proposition. Both Stanley and Lisa are mindful of their level of involvement, making sure that they do not cause disturbance in their children's lives, which could in turn disturb their progress towards sobriety. They are reflective and strategic in their communication with their loved one, with an element of design at the center of their interaction. Stanley highlights keeping in touch and keeping the conversation 'non-controversial' (line 850), while Lisa describes 'minding [her] own business' (line 286) and 'taking care of [her]self' (line 286)

A noteworthy illustration of the perceptions of involvement from my participants is through a repeated metaphor used by Jane in her interview.

## Excerpt 41: 07/19/12

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Jane	125	I was <b>looking for some help</b> with how do you keep from getting
	126	sucked into somebody else's orbit it was emotionally exhausting

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## Excerpt 42: 07/19/12

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Jane	153	And it was such a- it was a
	154	difficult thing to control <b>it wasn't that easy to put your mind into a place</b> where you could
	155	<b>detach or not get sucked into his orbit</b> or whatever it was very difficult for me to do that

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Jane compares how she relates to her ex-husband and contributes to his sobriety as a feeling of being sucked into his 'orbit' (lines 126, 155). The symbolism of comparing oneself to a planet that is orbiting another individual is an important metaphor to pursue, since it comments heavily on notions of involvement, identity, and contribution. By locating oneself as being 'sucked into' an orbit, an individual is no longer in control; they are, metaphorically speaking, now a moon or satellite orbiting a planet. For Jane, being in her ex-husband's orbit was difficult and exhausting, since doing so led to feeling a loss of control and not taking care of herself. In relation to the cultural propositions regarding family involvement, the second proposition regarding detachment as an effective method of support and contribution aligns with notions of breaking free from orbiting a loved one. Conversely, the first proposition, as a part of the 'before' discourse, displays how a family member begins their orbit around their addicted loved one. By taking responsibility and feeling a level of obligation to do whatever it takes to help their loved one achieve sobriety, a family member's life begins to revolve around their addicted loved on, much like a moon or satellite around a planet.

Jane contributes a powerful story about her recovery as an 'independent self', which I see linking with Katriel and Philipsen's (1981) work regarding American speech about interpersonal life, as well as Carbaugh's (1988) study *Donahue*. It seems that Jane's cultural

story highlights how she conceptualizes her own integrity and individuality; Katriel and Philipsen argue that, “human uniqueness makes ‘communication’ both vitally important and highly problematic” (p. 304). While Jane works to be a unique and self-contained individual, the above authors would argue that within our American discourses about communication, there is an emphasis on bridging the gap between self and other through communication so as to achieve interpersonal meaning and coordination. Fiske’s (1990) review of Carbaugh’s 1988 work indicates that within American society there is a paradox. He states that the paradox in Carbaugh’s work demonstrates is of “highly individuated persons building a social consensus with other individuals, by enacting their common sense values which exercising their rights to choose to be different: they are performing an American consciousness while emphasizing the individual of the social” (p. 450). Jane clearly draws upon those larger U.S. American discourses regarding individuality and commonality between individuals as created and sustained through communication, and uses a powerful metaphor of being sucked into her ex-husband’s ‘orbit’, thus losing a sense of her own integrity and individuality.

Furthermore, there is an apparent paradox within the metaphor of and individual needing to break free from orbiting their addicted loved one. This paradox relates to notions of a family system, as described in the family communication literature (Broderick & Smith, 1979; Yerby, Buerkel-Rothfuss, & Bochner, 1990). Briefly, the system function of a family highlights features such as interdependence, boundaries, hierarchies, and shared goals (Yerby, Buerkel-Rothfuss, & Bochner, 1990). In comparison to the discourse around families and family as an interconnected system, the notion of becoming a healthier, stronger family by separation oneself as a self-contained individual seems contradictory.



There has been some work on this dialectic between the individual and the family system, arguing that there is a dynamism within family structures that moves beyond an individual/while family dichotomy and emphasizes the need to view the individual and group as interrelated (Weeks, 1986; Nichols, 1987).

Conversely, the 'after' discourse of contributing to their loved one's recovery from addiction was much less impacted by confusion and worry and more influenced by new knowledge of how best they could contribute in a healthy and mindful way to their loved one's sobriety. While this new knowledge, in the form of learning within a family recovery program, is referenced, the key symbolic term of 'learning' is much less apparent in regards to involvement with a loved one than it was in definitions of addiction. It is important to note, nonetheless, that there are implicit references to new understandings and teachings are apparent within these accounts of turning points in regards to contributing to their loved one's recovery.

More apparent in the 'after' discourses were key terms such as 'taking care of yourself', 'focus on myself', and 'mind my own business' were all part of the language used by participants when describing how their practices and actions regarding their loved one's recovery changed once they were involved in a family recovery program. The cultural implications of being in a recovery program that impacted their new ways of conceptualizing their own contribution shaped how they understood what 'involvement' really meant in this case. While habitual and traditional definitions of involvement usually coincide with the 'before' discourse of worry, support, and contribution to their loved one's recovery, the new discourses of involvement take a drastically different approach. In this case, involvement in their loved one's recovery is acting in accordance to what is in one's

*own* best interest, rather than conjecturing about what may be best for their loved one. As Amy states in the above accounts, doing what is best for her and focusing simply on that will end up being best for others around her, including her addicted loved ones. She goes on to account further for this, saying:

Excerpt 43: 07/23/12

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Amy	475	I'm just convinced that <b>I can have no good effect on anyone else's</b>
	476	<b>drinking?</b> so it's more the alcoholics I relate <b>to I can't have any effect on them</b>
	477	and so I cannot and as I said the more invested I am in their (.) stopping
	478	drinking the worse it gets for them and then it <b>messes up my relationship</b>
	479	<b>with them</b>

For Amy, involvement means not feeling like you can affect or change your loved one's behavior, but rather simply detaching from that and focusing on the self as the best way to contribute to her loved one's sobriety. This proves to be difficult for the participants, since it is not the habitual way of contributing or involving oneself in their loved one's disease, but they all attest to the fact that they feel better about their actions now having participated in a family recovery program and learning new ways in which they ought to be contributing to their loved one's sobriety.

### **Communicating with Addict**

The type of last type of turning point that my participants accounted for was how they related to their addicted loved one, specifically through communicative practices. The key symbolic terms that appear in the participants talk include 'communication' 'evolution', and 'openness'. Much of the work done by participants in these recovery programs is learning how to change communication styles, patterns, and practices with their loved one as a way to both better relate to and understand them as well as a way to mitigate crises that could include relapsing into using drugs and/or alcohol. Most of my participants

accounted for how they 'used to' communicate, and cited flaws or problematic patterns in those former ways of communicating. Below are several examples of such accounts:

## Excerpt 44: 07/03/12

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Stanley	616	It took me a <b>long time to figure out</b> behaviors (1.0) for
	617	example in my daughter um that I would get <b>very (.) upset</b> about (.) were but
	618	in fact not <u>really</u> my daughter as I remember her it's- it's- it's because the
	619	alcohol has modified the way she thinks and every now and again sure
	620	enough when you catch her in the morning <b>when she's sober on the phone</b>
	621	<b>she can be perfectly ok</b>

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## Excerpt 45: 07/03/12

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Stanley	627	I <b>would get very</b>
	628	<b>upset</b> with her for not um (.) not upset I'd be mildly (.) I'd be unhappy if she
	629	never remem- I mean <b>she never remember</b> my birthday::y Father's Da::y

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## Excerpt 46: 07/17/12

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Jim	270	I tried to say at least with Maureen anyway was <b>to say at least tell me the</b>
	271	<b>truth I don't care if you're drinking just tell me the truth</b> and <b>she would look me</b>
	272	<b>straight in the eye and turned out it was a lie</b> you know <b>and I'd believe it</b> and so <b>after</b>
	273	<b>two years of that that was enough</b>

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## Excerpt 47: 07/31/12

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Tracy	377	<b>Before entering the program</b> I think that I was (.) I was <b>I didn't</b>
	378	<b>want to tattle on my brother</b> I was <b>afraid to confront them</b> about what he was doing
	379	and what I saw him doing and that was sort of a bond that he and I had and they're
	380	our parents and we're their children and we gotta stick together

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In each of the above accounts, the participants acknowledge that something about their communication pattern with their addicted loved one was problematic. Language such as "**long time to figure out** behaviors" (line 616), "**after two years of that that was enough**" (line 272-273) and "**before entering the program**" (line 377) all signal a prior communicative practice that was in desperate need for a change. Much of the reason behind individuals entering treatment included the difficulty in communicating with their loved one. As Lisa states in regards to conversations with her son, Harry:

## Excerpt 48: 08/31/12

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Lisa	283	When I'm working a good program and can <b>mind my own</b>
	284	<b>business</b> it's I mean honestly I realize <b>I probably cause some of the arguments</b>
	285	when there are arguments because I'm not working a good Al-Anon program

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286 as far as **detaching** and **minding my own business** and **just taking care of**  
 287 **myself**

She cites Al-Anon as completely transforming how she communicate with her son, as well as how she understands the interactions they have and the effect her words and behaviors can have on her son's progress toward sobriety. As stated above, many family members within the interviews cited how they worked to mitigate crises that could include their loved one relapsing into using drugs and/or alcohol. In terms of transformed or current ways of communicating, there were two separate types of accounts given: the accounts similar to Lisa and Stanley above that reflect how they currently communicate with their addicted loved one, as well as communication patterns in general with family and friends beyond their addicted loved one now that individuals have experienced the teachings within family recovery programs. For Bonnie, Stanley, Amy, Tracy, Harold, and Lisa, there is current and continuous communication with their qualifiers. Qualifiers is an A.A. and Al-Anon term, defined as the individual with a drug and/or alcohol addiction, positioning their loved one as being qualified to attend Al-Anon meetings. For Jim and Jane, however, due to the circumstances of being separated from their addicted loved ones, the communication with them has subsided. These two individuals, however, did comment on communication patterns in general that they now ascribe to after being involved in recovery programs.

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Excerpt 49: 07/17/12

Jim 375 I think an ideal recovery would be **ok I**  
 376 **screwed up** I hurt these people and these people and **want forgiveness** and then  
 377 they go on with a healthy life

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Excerpt 50: 07/19/12

Jane 282 My mother and **I used to just** ((bashes hands together five times)) she's  
 283 a wonderful good person with a wonderful heart (.) she **drove me absolutely nuts** and now  
 284 I can just say it's who she is let her do her thing? **Let her tell me what to do I can just**  
 285 **ignore it** so yeah I think it's really made me a lot happier in my relationships

Both participants comment on their relationships beyond their addicted loved one, since they no longer are in contact with those individuals. Amy also commented about her general communication patterns and relationships beyond her addicted loved ones, saying:

Excerpt 51: 07/23/12

Amy	513	I have really
	514	learned in Al-Anon how- how you know we have a little thing that says would
	515	you rather be right or would you rather be happy and I would really rather
	516	be happy? but I spent so much of my life <b>trying to be right</b> so that's about that
	517	a comm- <b>that's a communication thing</b> um there's a little saying we have I
	518	mean the <b>way to respond to</b> whose like challenging us criticizing us trying to
	519	make us wrong it's to say to them you may be right and it's a way of- of
	520	<b>deescalating the conversation</b>

All eight participants cited a change in communicative practices, most specifically regarding communication with their addicted loved one, but also some instances of general communicative practices beyond the immediate experience that led them to join a family recovery program.

This last site for inquiry again signals a 'before' and 'after' in terms of communicative practices or patterns. In this final instance, the 'before' discourse aligns with former conceptions of what effective communication is, and an 'after' discourse which aligns with current conceptions of what effective communication is or at least 'should be'. Therefore, I offer the final set of opposing cultural propositions:

*5. Traditional patterns of family communication are 'ineffective' and 'dysfunctional' when dealing with an addicted loved one.*

*6. There is an 'evolution' in how to communicate and be 'open' within a family. Family members have to 'learn how to communicate' in a new, yet not necessarily natural, way.*

Questions of actions and relationships are paired with communication in this point of inquiry; the shift being from habitual patterns of relating and communicating to new patterns after involvement in a family recovery program. In the 'before' cultural discourse, notions of confrontation seemed to be at the forefront of the accounts given by participants. Language such as 'I confronted her', "ask him where he's going and what he's doing", 'felt really hurt and manipulated', 'don't stand up for yourself', and 'afraid to confront' were embedded in the accounts given by participants. Interestingly, there are two notions of confrontation in these cultural codes, either accepting it or avoiding it. In either case, however, conceptions of problematic communication or being at the precipice of a confrontation are still central, even if the participants chose not to engage in that confrontation. Conflict and disagreement inhabited much of the pre-transformation forms of communication with the addicted loved ones according to my participants' accounts. From a cultural perspective, the impact of communication to sustain family relationships, however dysfunctional they may be, is at the forefront of the participants' accounts. The language employed by participants cues the readers into their focus on the importance of communication, and just how aware they are of how their words shape relationships and identities within the family.

On the transformed side of communicative practices, in the 'after' cultural discourse, confrontation is no longer central to communicative patterns between loved one's and their qualifiers. Additionally, some participants in the study noted how there communication patterns as a whole, beyond the occasion of interacting with their addicted loved one, were transformed from being a part of a family recovery program. Many

participants explicitly reference their learning about new communicative patterns and practices, such as Bonnie in the below account:

## Excerpt 52: 07/03/12

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Bonnie	167	I certainly learned the importance and
	168	I'm (.) something I work on constant of (.) um (.) <b>using I statements</b> when talking
	169	with our step daughter (.) my step daughter (.) um (.) <b>rather than saying</b> um (.) you
	170	know (.) don't you think you should work on paying down your credit card debt um
	171	(.) you know it's (.) I really have to understand (.) you know (.) it's really none of my
	172	business and then um it's you know (.) <b>I can say</b> you know "I'm concerned about all
	173	the credit card debt you have um (.) I'd be happy to help you set up a budget if you
	174	know you're interested in talking about that sometime" so I became much more
	175	conscious of the language I was using

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We can see clearly from Bonnie's account that she is deliberate and thoughtful in her communication, attempting to avoid confrontation with her step-daughter, Rachel, whereas before she referenced confronting Rachel directly about her drinking which led to Rachel denying it, spiraling the conversation into an unhealthy pattern of control and deceit. Along with Bonnie in the above example, participants accounted for new ways of communicating that were more thoughtful: cultural codes they implemented in their talk included 'not be too threatening', 'encouraging', 'keep things on a non-controversial level', 'just ignore it', 'deescalating the conversation' and 'minding my own business'. Again, learning about deliberate and mindful communication within family recovery programs has greatly impacted how the participants communicate not only with their loved one with addiction but also with family and friends outside of the immediate experience. Participants have shifted from being in conflict with their addicted loved one, and choosing to either confront or avoid that conflict, to now being aware of their talk and how it greatly can impact their loved one's progress towards sobriety. Seemingly, there is a cultural discourse of conflict

avoidance which manifests itself by either using encouraging and non-threatening language or by ignoring problematic communication and attending to one's own business.

Within the participants' discourse, there is an interesting notion of communication as 'designable', or socially consequential. Communicating with a loved one shapes not only the interactional partners, but also the relationship between the family members. Again, similar to conceptions of how to act and helpfully contribute to a loved one's recovery, there is a notion of mindfulness that comes through within the participants' talk; they are aware of 'good' communication and 'bad' or 'destructive' communication with their addicted loved one, yet that knowledge was only acquired through being a member of a family recovery program. Hence, the evolution of traditional ways of enacting family, specifically through communicative practices, has become ineffective in the eyes of the participants and is in need of an evolution to more effective, albeit unnatural, ways of communicating.



## Chapter IV

### FINDINGS

This chapter provides an overview of participants' descriptions of ways of interacting with their loved ones. By examining the participants' talk, it reveals their cultural discourse, or expressive systems of communication practices, of acts, events, and styles as cited by Carbaugh (2007). Based on the above analysis regarding conceptions of addiction, involvement in loved one's recovery, and communicative patterns, the radiants that seem most salient to the participants are *being and acting*. I have three cultural premises that I introduce, one related to being and two related to acting. The acting premises are separated as involvement and contribution as an action and communication with their addicted loved one as an action. With each of the sets of oppositional cultural propositions above, cultural premises become apparent on the basis of those propositions through contextualization within a larger cultural system; they provide a way of talking about the deeper, often taken for granted meaningfulness of the key symbolic terms.

#### **Radiant of Meaning: Being**

As a reminder, the two oppositional cultural propositions regarding conceptions of addiction that come through within the participants' discourse are as follows:

1. *Addiction is thought of by family members as a 'lack of self-control' on the part of their addicted loved one.*
2. *Being presented with family recovery teachings aids in 'learning about addiction' as a 'disease' and the addict as being 'sick' with a disease.*

The questions regarding being are complex, since the cultural proposition established from analysis of my participants' talk is in regards not to my participants themselves, but to their loved ones. As stated above, for my participants, addiction is conceptualized as a disease, which in turn positions individuals with addiction as being sick or ill. Through their

accounts, family members altercast, or supported the identity of their loved one as an addict who is sick with a disease (Tracy, 2002). This occurred, however, after the learning process and therefore in the second cultural proposition; prior to their membership within a family recovery program they accounted for their loved one as being faulty of character or having a lack of self-control which contributed to their addiction to drugs and/or alcohol. The new conception that individuals who are addicted to drugs and alcohol are inflicted with a disease captures the question of not 'who am I?' Carbaugh (2007) invokes this question in the 'being' radiant) from the perspective of the participants but rather 'who is *he*?' or 'who is *she*?' in regards to their addicted loved one. 'Addict' can be labeled as a social category, which is a personal identity label given to individuals by their family members. The 'being' radiant highlights personhood, so in this case, the individuals with addiction are seen as being people who are ill and in need of both emotional and physical treatment and support. Talking about these individuals, from the accounts given by my participants, supports and perpetuates their identities as being ill. As previously mentioned, the next step in the CuDA analysis process is to draw inference from the cultural propositions to present cultural premises. Cultural premises, as drawn from the key symbolic terms, are what Boromisza-Habashi (2013) describes as "taken-for-granted communal assumptions about the nature of the world without which language use would be incoherent" (p. 66). What my participants take for granted, within their transformed way of conceptualizing addiction as a disease and therefore conceptualizing their loved ones as 'diseased', is the fact that anyone who is categorized as having a disease is assumed to need and be entitled to proper treatment and care. Therefore, the first cultural premise I provide is the following:

*1. Individuals who are sick with the disease of addiction must be treated with therapy as well as care and attention to both the body and the mind. Their loved one must negotiate their sense of 'self' as a result of having a loved one in need of intensive care.*

### **Radiant of Meaning: Acting as Involvement**

The second radiant of meaning, acting, is referenced by my participants through their accounts of involvement in recovery programs. Again, the oppositional cultural propositions referencing how family members contribute to their loved one's treatment and recovery are as follows:

*3. Loved ones are 'responsible' to communicate their 'concern', as well as 'help and support' their addicted loved one achieve sobriety.*

*4. By monitoring levels of 'involvement', through strategic communication, one can remain 'supportive without enabling' the addict.*

The question at hand for this radiant is 'what do they see themselves as doing?', which often looks at a meta-commentary of the participants: not only what they see themselves as doing but also what they say they *should* be doing. Within this radiant, there is a specific focus on *communicative* action; contributions and involvement from the perspective of the participants often highlighted not only actions such as attending meetings and reading specific literature, but also, in larger quantities, the communicative influences they made to their loved one's quest for sobriety. Different terms within their talk in regards to activity and practice are essential within analysis and provide ample evidence for their actions within recovery programs. Bonnie talked about needing to 'break the cycle' (line 308) which refers to changing the old patterns of involvement and contribution and finding new ways of contributing to their loved one's recovery. In terms of referencing what they *should* be doing, participants often cited times they felt they were not acting properly in terms of

contributing to their loved one's sobriety. Some, with Lisa as the main example, even referenced the difficulty of the transition from the previous cultural discourse of involvement to the current cultural discourse, saying that they were not using the tools that they had learned from the family recovery program properly and reverting back to old patterns of involvement. Some cited that they needed to be less involved, while others cited the same level of involvement, just manifested in a different manner. Regardless, their referencing of what they seem themselves as doing as well as what they believe they should be doing provides me with my second cultural premise, highlighting how communication is a powerful way in which individuals construct themselves as healthy and independent beings:

- 2) *Family is an interconnected system, thus the communicative contributions that family members make to one another greatly impact their behaviors and conceptions of self and success.*

### **Radiant of Meaning: Communicative Acting**

The last cultural premise apparent from my data in regards to the participants' accounts for their relationships with their addicted loved one. The cultural propositions for notions of communicative action within a family are highlight again below:

5. *Traditional patterns of family communication are 'ineffective' and 'dysfunctional' when dealing with an addicted loved one.*
6. *There is an 'evolution' in how to communicate and be 'open' within a family. Family members have to 'learn how to communicate' in a new, yet not necessarily natural, way.*

The notion of communicative action brings in a lot of cultural discourses on not only family communication but also cultural discourses within the Recovery Movement and how family members within a transformed family communicate with one another after involvement in a family recovery program. As previously mentioned, this brings in notions of Fitch's

(1998) interpersonal ideologies, since the ways in which we presume we should engage in communication practices with each other are central to the acting radiant. In regards to the new cultural discourse of communicating and acting, conflict avoidance is central to participants' communicative patterns with their loved one through either topic avoidance or ignoring building communicative tensions that may arise. The relationship is improved often by not engaging in certain communicative conflicts, and separating and detaching oneself from their loved one rather than confront or impose on their progress to sobriety. With this in mind, I come to my final cultural proposition:

*3) Family members are recovering separately from their addicted loved one.*

## **Chapter V**

### **DISCUSSION**

This chapter will look at three things: the first is a focus on both the location and form that the accounts of turning points occur. By location and form I simply mean where in the course of the interview they appear and any trends that emerge across the eight interviews. Specifically I look for distinctions between whether the turning points are specifically solicited by me as the interviewer, or if they appeared without solicitation within the participants talk. Secondly, I turn my discussion to larger U.S. discourses, specifically regarding what it means to be a family, and how they dovetail the talk and key symbolic terms that are employed by my participants. The influence of these discourses is pervasive within their talk, thus warranting a brief discussion of the normative, often taken-for-granted assumptions in regards to how a U.S. family makes sense of their own interaction and larger social realities. Lastly, I want to highlight the interconnectivity and influence that each of the three cultural premises have on one another, which provides an interesting point of discussion and possible further research with a contribution to the CuDA tradition.

#### **Location and form of turning points and impact on analysis**

Something important to note in the discussion of the turning points relates back to the notion of the interview as a social situation, which requires careful reflexivity on the part of the interviewer. Because the interview situation provides a “rich and nuanced understanding of social phenomena” (De Fina, 2009, p. 233-234), narrative based research needs a specific level of attention from the point of view of communication scholarship. While much work in Conversation Analysis does not draw scrutiny from the discipline

because of its 'natural' occurrence, narrative interviews are certainly a blatantly 'unnatural' phenomenon that runs the risk of being seen as contrived or artificial. There is, however, evidence that narrative interviews of accounts should be celebrated as a genre of analysis because of the negotiation process, the co-construction of social reality, and the contextualized expectations placed on the interlocutors (De Fina, 2009).

With the above information in mind, I wanted to further explore my narrative interviews and see if a patterned emerged regarding when accounts of turning points occurred within the eight participants' narrative interviews, and whether those accounts were solicited or not. A full table of turning points categorized by type can be seen in Appendix VII. These types are separated into conceptualizations of addiction (being), involvement and contribution to recovery (acting), and communicating with loved ones (acting). By and large, the turning points occurred in no particular pattern in regards to the beginning, middle, or final minutes of the interview. There were evenly dispersed throughout, yet the types of turning points varied in relation to level of solicitation by me as the interviewer.

### **Larger U.S. discourses as influential**

As mentioned in the family communication literature review, family members draw upon normative assumptions about what exists, what is good, and what is possible (Therborn, 1980) within social interaction. While it is difficult for family communication scholars to suggest specific, normative ways of 'doing' family, there are certainly facets of family interaction that have come to be known as normative through their emergence in interaction.

Much literature has been written about the “typical American family” and cultural norms and ideals with which a majority of Americans align. Bellah et al.’s (2008) work on American culture, specifically individualism and commitment in American life, highlights common practices, difficulties, and values that American families face all over the country. In their comprehensive study of both public and private life, specifically love and marriage, individualism, and citizenship, Bellah et al. work to uncover commonality among a notably diverse culture. Their findings highlight a few important notions about family communication that contribute to my study. The first is the idea of unconditional love and acceptance; U.S. family relationships receive strong, positive valence in contrast to public relationships, and there is an unquestionable emphasis on family members’ interdependence as well as acceptance of each other. Bellah et al. (2008) argue that from their interviews and research on families, the virtue of love and acceptance is the “locus of a morality higher than that of the world” (p. 88). What the authors found, however, that brings me to the second contribution to the idea of a larger U.S. family discourse, is the complicating interjection of individualism within the family. How can one express love, intimacy, and mutuality when the discourse of individuality and freedom are so prevalent within our sense of self and society? Bellah et al. argue that most Americans feel they are caught between freedom and obligation when it comes to family relationships. In recent American discourse, a therapeutic attitude has dominated conceptions of relationships, which puts the self ahead of all else, in which “love means the full exchange of feelings between authentic selves, not enduring commitment resting on binding obligations” (p. 102). This attitude contrasts with notions of interdependence and familial obligation and support; therefore, their conclusion is that many families straddle both ideologies and feel



the push and pull from notions of freedom and obligation within their family relationships. While Bellah et al.'s work on American life does not provide empirical trends of family ideology and discourses of love and support, it does give us a snapshot into the 'typical' family's encounter with strong, patterned and often competing discourses within the U.S. culture.

In addition to more popular socio-cultural work on families, family communication scholars highlight normative ways of communicating within the family unit, including emotional expression of liking and loving (Taraban, Hendrick & Hendrick, 1998), interpersonal warmth (Andersen & Guerrero, 1998), alleviating emotional distress (Burleson & Goldsmith, 1998) and social support (Barbee, Rowatt, & Cunningham, 1998). Many of the family communication scholarship operates under an implicit U.S. cultural framework, yet arguably there should be a level of transparency within their work since it is so distinctly American-based. U.S. Families operate by identifying with and acting upon ideological schemas to understand their own roles and both legitimize and delegitimize certain behaviors that are seen as 'normatively American' (Therborn, 1980). Interestingly, the participants within my study are moving to displace one U.S. cultural discourse regarding family for another U.S. cultural discourse relating to individuality and the independent self.

Important to note here is my conception of the Recovery Movement. I do not view the Recovery Movement and those who participated in recovery programs as a 'culture' within U. S. American culture. Rather, I understand these speakers as actively drawing on a set of broadly available U. S. cultural discourses to make sense of their own experiences in a way that allows them to participate in the recovery program. The Recovery Movement is

comprised of broad U.S. American cultural discourses about family and relating, and the composition of those discourses within the larger Recovery Movement structure become a resource for participants who already follow many of these already active discourses.

### **Interconnectivity of Three Cultural Premises**

I would like to close my discussion with a look at the three cultural premises, and how they relate to and diverge from one another based on the cultural propositions and key symbolic terms from which they stem. Again, these cultural premises are as follows:

1. *Individuals who are sick with the disease of addiction must be treated with therapy as well as care and attention to both the body and the mind. Their loved one must negotiate their sense of 'self' as a result of having a loved one in need of intensive care.*
2. *Family is an interconnected system, thus the communicative contributions that family members make to one another greatly impact their behaviors and conceptions of self and success.*
3. *Family members are recovering separately from their addicted loved one.*

The most apparent common thread between these cultural premises, when looking back at the key terms and cultural propositions that lead to their formulation, is the notion of learning. Learning proves to be an interesting contribution to understanding cultural premises, since they are abstract formulations of what participants see is taken-for-granted knowledge about what exists and what is valued (Carbaugh, 2007). The question at hand is: how is it that participants have taken-for-granted knowledge about the world when they have transitioned into a new way of thinking about it that needed to be explicitly taught? With this question in mind I provide a few thoughts.

In discussing the implied and often unspoken cultural premises regarding participants' beliefs about their own social reality, a discussion of norms is warranted. Norms about communication are statements about communicative conduct that are given

legitimacy by the participants who employ them within a certain speech community in a certain situational context (Carbaugh, 1990; Carbaugh, 2007; Philipsen, 1992). When the family members I interviewed entered into a recovery program, they adopted a new set of norms, along with which came new key symbolic terms. These norms were stated explicitly by my participants, but were also embedded implicitly in their language and the structure of their discourse. With a new set of norms available to them in their discourse, family member in fact did learn new, taken-for-granted knowledge about their social realities and the relationships with their addicted loved one. This learning was referenced by participants as being a process of adopting a new social reality, but the level of pervasiveness that the 'after' discourse had within their talk demonstrated an implicit, taken-for-granted quality that the old ways of being and acting were ineffective and problematic, and that the new discourses about these radiants of meaning were now standard in their everyday interaction. This concept is best illustrated by a reference that Jane makes when prompted to discuss her commitment to the teachings within the Al-Anon literature:

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Excerpt 53: 07/19/12

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Jane	185	I seem to have (.) <b>incorporated it now</b> it's more
	186	of my innate- it's <b>my standard way of operating</b> rather than the other way around

Therefore, as an answer to the above question - how is it that participants have taken-for-granted knowledge about the world when they have transitioned into a new way of thinking about it that needed to be explicitly taught – my response draws up on the discourse of the participants and the level of commitment they have all made to emergence into a new set of cultural discourses, adopting new symbolic terms. Having a loved one with a drug and/or alcohol addiction has driven these individuals to act: their language of

being 'desperate' and doing 'whatever it takes' to help their loved one is a clear illustration of why they have committedly adopted a new set of norms, beliefs, and values in how to be, relate and act in accordance to their loved one's quest for sobriety.

In addition to a discussion about learning as a thread between all three premises, it should be noted that premise 2 and premise 3 could be, at first glance, contradictory to one another. The language of 'interconnected' within premise 2 and 'separate' in premise 3 create an oppositional impression of what it means to enact family. In premise 2, enacting family accounts for the interconnectivity and interdependence of family members; family is a system in which all parts, in this case family members, impact one another based on their communicative contributions. In contrast, premise 3 highlights the benefit of separating oneself from their loved one as an effective tool for reaching sobriety as well as benefiting the family member without addiction. I argue, however, that while these appear to be contradictory, they in fact complement one another when viewed as beliefs and values about mindful communication and then impact that family members can have on one another, both positive and negative. Premise 2 discusses interconnectivity, but more importantly, it is highlighting notions of mindful communication and the impact that family members can have on one another. Therefore, coupling with premise 3, by separating oneself from a loved one, the participants are not dismissing the interconnectivity of family systems, but rather taking it into direct consideration, noting just how strongly their communicative practices can influence their loved one's recovery process. Family members within my study see themselves as needing to be considerate of their loved one's journey, and therefore their taken-for-granted knowledge about how to communicate with their loved on knowing that they greatly impact their loved one's behaviors and conceptions of

self and success. With that knowledge in mind, premise 3 becomes salient to my participants, since knowing their impact on their loved one creates room for them to separate and detach from their loved one, surrendering previous conceptions of worry and control.

With the interconnectivity of the three cultural premises in mind, conjunction with Katriel and Philipsen's (1981) work on U.S. American discourses again becomes relevant. Their argument that U.S. American discourses about individuality highlight independent selves as contributing to quality interpersonal relationships connects with the premises I have constructed. Within interaction, individuals balance a tension between "yield[ing] control for self-definition to others and the imperative continually to re-make one's self" (p. 305). There is no doubt that my participants find salience in this claim, and are affirming this cultural premise of being within their narrative accounts.

### **Remarks on Further Research**

Having conducted this particular study, there are some new directions toward which I see The Recovery Movement and Family Communication scholarship moving. As previously mentioned, participant observation would contribute immensely to a project such as this. Combining participant observation with narrative analysis of accounts would create a firmer basis for argument and analysis. Being accepted into communities such as Anonymous Groups requires overcoming certain barriers and additional IRB approval, which may be possible if one were to take this case study further.

Again, this study has broadened the scope of understanding in regards to the Recovery Movement's contributions to social sciences since it looks closely at turning

points, and *when* these individuals' conceptions of addiction and communicating within their family system changed. It gives attention to opposing discourses that family members draw upon, and the location of their shift from the traditional to the transformed. I believe more work could be conducted in the realm of turning point accounts, with possibly more of a focus on the explicitly and implicitly solicitation of turning points from the point of view of the interviewer. It cannot be stressed enough the attention that needs to be paid to the reflexivity of the interviewer and the interview process as a unique social situation much different than Conversation Analysis. There are benefits to conducting a study in the form, and further studies involving narrative interviews might enrich, contribute, or even contradict the findings within this project.

Another possibility for future research could be an application of these findings to speech communities outside of the United States, and seeing the level of resonance between the cultural discourses. This further investigation would contribute greatly to the Recovery Movement literature, which in its current state focuses primarily on U.S. discourses around addiction and recovery.

Addiction is a holistic and progressive disease, affecting both the chemically dependent person as well as their family member(s) in a physical, mental, emotional, social, and spiritual manner (Hanley Center, 2010). My goal within this project was narrow my focus on family members' experiences rather than their qualifiers. Because of their conception of addiction as a lifelong struggle with a disease, an exigency becomes apparent in how families can best contribute to their loved one's sobriety. I have taken the initial step in examining family members' impact on their addicted loved ones, with the hopes that scholarship in this topic will follow.

**CHAPTER VI**

**ENDNOTES**

- <sup>1</sup>. CuDA as an acronym is used to distinguish Cultural Discourse Analysis from Critical Discourse Analysis, or CDA.
- <sup>2</sup>. AOD is an acronym for Alcohol and Other Drug

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**CHAPTER VIII****APPENDICES****Appendix I**

Jeffersonian transcription system (Atkinson & Heritage, 1984). Transcription symbols include:

?	Rising intonation (sounding like a question)
.	Falling intonation
-	An abrupt cut-off
::	Prolonging of sound
<u>never</u>	Stressed syllable or word
NEVER	Loud speech
hh	Aspiration
[	Simultaneous or overlapping speech
(.)	Micro-pause, 0.2 second or less
( )	Nontranscribable segment of talk
(( ))	Transcribers comment or description

## **Appendix II**

### Interview Schedule

### Background Information

No. of interview:

Age:

Relationship to addict:

### EXPERIENCE IN RECOVERY PROGRAM

1. Tell me a little of your story.
  - a. Are you currently part of a recovery and/or support program? What brought you to the group? How did you feel upon entrance?
  - b. Would you describe your involvement as low/moderate/high? Why would you describe it as such?
  - c. What do you think about family members who are not involved in recovery programs?
  - d. If you are currently part of a recovery and/or support program, is this your first membership in such a group?
  - e. If you are not currently part of a recovery and/or support program but were in the past, what reasons can you provide for your exit?
2. What was your first experience like in the program? How does it compare with your experience of the program today?
3. Do you have a sponsor or are you a sponsor? Can you tell me about your relationship with your sponsor / the person you sponsor?
4. Can you describe your experience engaging with others during recovery and/or support meetings?

5. What are some of the difficulties you felt upon entering the recovery and/or support group? Were your conceptions of addiction changed by doing so? How?
6. As a member of this group, were there any tensions you felt between rules or acceptable practices inside and outside of the group?
7. Are there any literature or teachings the group encourages or provides? Such as?
  - a. How would you describe your commitment to these literatures?
  - b. Have you ever struggled embracing these teachings? Can you describe a time when you felt this difficulty and how you dealt with that difficult time?
8. Can you talk about any rules of the program?
  - a. What is the level of enforcement of these rules? Whom are they enforced by?
9. Describe your spirituality in relation to your recovery program.
  - a. Do you ascribe to a Higher Power? Describe your Higher Power.
  - b. Does your loved one ascribe to a Higher Power? How is it similar or different than your conception?
  - c. Can you describe any conceptions of a Higher Power different from yours that you are aware of?
  - d. How would you describe the level of importance the role of spirituality plays in recovery?
10. Would you recommend a recovery and/or support program to someone who had a family member experiencing drug and/or alcohol addiction? Why/why not?
11. Are there any sayings or teachings you hold as most important or most influential to your personal progress in the program?

## FAMILY COMMUNICATION

12. Describe to me the rules or norms you follow or followed in your household when living with your addicted loved one?
13. Does your family have a history of addiction? If so can you talk about how you managed it?
14. How would you compare the relationships you have within the family before entering a program to after? Has there been any change or is it the same?
15. Tell me about the level of support from other family members regarding your membership in a recovery and/or support program.
16. Now that we've discussed some of your thoughts on addiction recovery, can you tell me the story of an ideal recovery?
17. Now that we have completed the interview, would you be interested in the opportunity to conduct a follow-up interview?



**Appendix III**

Institutional Review Board (IRB) approved recruitment email:

Dear [potential participant],

You are invited to participate in a research project regarding experiences with drug and/or alcohol addiction and its impact on family members. If you decide to participate, you will take part in a 45-60 minute interview about your experiences as family members of individuals who have experience drug and/or alcohol addiction. One recruitment requirement is that participants must agree to be audio recorded for the richest data retention purposes. To participant in this study, you must be at least 18 years old and be related to an individual who is currently experiencing or recovering from drug and/or alcohol addiction. There is no compensation for participating in this study, but your involvement will help extend existing knowledge in addiction recovery research and its relationship to language and communication.

If you are interested, please contact me via email at [Margaret.george@colorado.edu](mailto:Margaret.george@colorado.edu) or phone at 607-342-3393. Thank you in advance for your consideration.

Best,

Margaret

**Appendix IV**

Participants by name, age, and relationship to qualifier

<b>Name</b>	<b>Age</b>	<b>Relationship to Addict(s)</b>
Bonnie	60	Step-mother (and wife of Stanley)
Stanley	72	Father (and husband of Bonnie)
Jim	59	Ex-partner; Ex-fiancé
Jane	57	Ex-wife
Amy	50	Sister; Daughter of two parents; Mother; relational partner
Tracy	26	Sister
Harold	57	Father (and husband of Lisa)
Lisa	57	Mother (and wife of Harold)

**Appendix V**

Twelve Steps as published by Alcoholics Anonymous:

1. We admitted we were powerless over alcohol - that our lives had become unmanageable.
2. Came to believe that a power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory, and when we were wrong, promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

## Appendix VII

Table of Turning Points: Before and After Cultural Discourses

Addiction As a Disease Turning Points		
Participant	Before	After
Bonnie	I felt <b>curious</b> I came in and I was just <b>looking to learn</b> about addiction and the disease and just I- I kinda went in feeling like a sponge I ju - kinda <b>wanted to soak up everything</b> I could about (.) you know (.) living with family members (.) dealing with them (.) understanding their um (.) situation. (lines 44-47)	Whereas the very um professional program run by the Hanley center that I attended was very much a <b>teaching</b> (.) family experience and um you know medical doctors and talking about addiction as a disease the brain functions those kinds of things so through the course of both um probably <b>the biggest perception that change</b> was that addiction has nothing to do with self control that it's it's a it's your brain- it's a brain disease and it's- it's hereditary almost certainly in almost all cases and you know there are medical findings about it <b>but it's not</b> a question about someone having low self control or whatever it's um it's a disease and you know one where habits need to be changed and it's very much a struggle for every addiction to over come that so that was <b>the biggest thing that changed.</b> (lines 129-138)
Stanley	Something that <b>I had no idea</b> was so u-ubiquitous and so hushed up someone in American society <b>I learned nothing about this</b> at school I learned nothing about this in college um just bits and pieces from friends who had	Impact on on the brai- the human brain and distorting a person's character and modifying their behavior in various ways which is much of <b>which is totally new</b> (84-86)

	<p>problems and <b>now I discover</b> that people across the road have similar problems with their daughter and people down you know all over the place it's just amazing <b>and I had no idea the effect</b> that something like one in eight or nine Americans (lines 89-95)</p> <p>I would say that I think when I <b>first went into those groups I set aside any preconceptions</b> about what might be the way things are handled because in know when you talk bout these kind of things its <b>very different</b> from most of the way you approach everyday life (lines 606-609)</p> <p><b>I it took me a long time to figure out</b> behaviors (1.0) for example in my daughter um that I would get very (.) upset about (lines 616-617)</p>	<p><b>But in fact</b> not <u>really</u> my daughter as I remember her it's it's it's because the alcohol has modified the way she thinks (lines 617-619)</p> <p>But <b>then I would realize</b> it's the disease wanting more b- more beer more wine whatever she wants to drink and then you <b>begin to realize</b> its not Rachel its this darn disease and <b>once you realize</b> that you have to really think through everything that goes on in the interaction between us what is the real Rachel and <b>you don't just start blaming her for everything</b> and that's not to say she's a saint um but she's a normal human being (lines 633-639)</p>
Jim	<p><b>I think at the beginning</b> it was judgmental (.) and <b>kind of thinking</b> that you know people that (.) <b>I guess I thought</b> of it more that it wasn't a disease (lines 25-26)</p>	<p><b>I learned later</b> (.) that it can be both it can be just abuse (.) well how do I put that (.) that I can be a chemical dependent <b>so I learned</b> anyway I don't know what research has changed that but that it can be a not only psychological addiction but an actual physical addiction or (.) and alcohol and do different things to different people (lines 26-30)</p> <p>I guess of <b>any evolution</b> because it was my first experience <b>was going from</b> sort of judgment <b>to a</b> better understanding empathy to- to those who go through this and</p>

		<b>realizing</b> in addition to that there's a different kind of addiction they- they call it a disease where people just it's not something where you can turn the switch off. (lines 99-103)
Jane	So my conceptions <b>went from</b> this is something you can control (line 136)	<b>To something</b> I really appreciate the fact that this is something one cannot control (line 137)
Amy	The idea <b>it isn't just</b> a failure of a person's will (lines 273-274)	<p>Alcoholism is considered a disease and it's a family disease (.) so:: I would say I have I that has been a <b>hard adjustment to make</b> (.) thinking about it as a disease (lines 270-272)</p> <p>Over the seven years that I've been in the program I'm coming to I <b>say I'm coming to understand</b> what they mean by it being a disease (lines 276-277)</p> <p>I think I've <b>come to understand</b> that but the biochemical thing with the brain I think I was always clear about that but it's the way the disease was very complex you know it involves the body and the mind and the spirit (lines 289-292)</p>
Tracy	I think (.) before (.) <b>before everything happened</b> I didn't really have a strong opinion one way of the other I think I was probably along the lines of a lot of people who hadn't experienced this first hand that like (.) oh why don't they just stop using (.) like why do they have to (.) you know if you're so addicted to drugs why	My personal opinion is that alcoholism and drug addiction is a disease (.) like cancer or AIDS (.) and if you had a family member that was diagnosed with cancer or AIDS it would make sense to be involved in their treatment and their life and how they're doing and alcoholism is no different you

	<p>don't you stop doing drugs (lines 164-167)</p>	<p>k now its it's an illness (lines 55-59)</p> <p>I think that <b>having gone through the process</b> (.) I I really strongly do believe that addiction is a disease (.) as I said like cancer (.) or AIDS (.) that you know I- it's genetic (.) so people are predisposed to it some people are not (lines 168-170)</p> <p>We don't want to disrupt his treatment I mean (.) going back to your analogy that alcoholism as a sickness you wouldn't interfere with someone's chemotherapy as they're getting it you know you wouldn't add your own two cents in there its the same idea you know its the-they're giving the treatment because it's proven to work and we're not going to interfere with that (lines 278-282)</p>
Harold	<p><b>At first</b> you feel embarrassed <b>at first</b> when something happens to a child of yours you somehow think you have a part of it (lines 25-26)</p> <p>You have <b>preconceptions</b> of what a drug addict is you know most people if you mention the word drug addict they just think the person is a bum or you know (lines 139-142)</p> <p>One of the <b>old sayings</b> if I had been drinking too much my dad would just say hey stop drinking but <b>it's not that simple</b> I know that my son wants to stop using</p>	<p>And <b>many many cases probably the majority of cases that's not the truth</b> they're just average people like you and me they just have this one problem. (lines 142-144)</p> <p>I think as soon as <b>I came to the understanding</b> that I never had any control over this situation from the beginning or even during it gives you the peace of mind that you can be there to support but <b>it's not something</b> that weighs heavily on my mind or brings me down. (lines 203-206)</p>

	<p>(.) its a question of being able to (lines 112-114)</p> <p>I would think that everyone needs to have a basic understanding because we all have <b>preconceived notions</b> of what a drug addict is and we all need the facts. (lines 192-194)</p>	<p>the one thing I've seen <b>over the last ten years</b> that there are different levels of addiction just like with other diseases there are different levels you know like somebody can have MS and it becomes extremely bad really fast and another person will have MS and they have some symptoms of it but they basically live out their lives and it never gets any worse (lines 274-279)</p>
Lisa	<p>well I don't <u>blame</u> my son for much <b>anymore?</b> (line 126)</p>	<p>I think I <b>understand more than anybody</b> in my family does that it is a disease and that he doesn't want to be sick but <b>I also understand</b> that he's the only one that can you know he's gotta some how find it the power and the control to take care of it <b>I went in there embarrassed and annoyed at him</b> and how could you do this and you know to say my son's a crack addict <b>with such a hard thing and now I'm not ashamed of that</b> at all <b>I understand</b> that he has a sickness (lines 128-134)</p> <p>I know that type of stuff <b>really helped</b> my husband a::nd my daughter <b>to understand</b> the aspect as far as to <b>not blame his so much</b> for being sick and for having the disease of addiction (line 230-232)</p> <p>I mean there's never it's always going to be there <b>I know the disease doesn't go away</b> (lines 313-314)</p>



Contribution to Their Loved One's Recovery Turning Points		
Participant	Before	After
Bonnie	<p>You get so <b>focused on the addicted family member</b> and its all this kneejerk reaction (lines 307-308)</p> <p>Right away it was like oh my gosh the next time she comes back we won't have any liquor in the house (lines 329-330)</p>	<p>He really <b>taught us</b> all the importance of <b>taking care of yourself</b> (.) which is really probably the biggest thing in these family recovery programs (lines 305-307)</p> <p>You really need to <b>break the cycle</b> that they come home drunk and scream all night and keep everyone awake and just derail your life and it really (.) you know (.) that's why <b>family programs are so powerful because it helps each of the family members recover their life</b> um (.) because it really is an incredibly destructive (.) when you (.) when know the addict just has free reign (.) whether or not they're in a recovery program (308-313)</p> <p>We <b>subsequently learned</b> that you know it's <b>not necessarily a good thing to like rearrange your whole lifestyle</b> you really (.) it really depends on the circumstances (lines 330-332)</p> <p>I focus on <b>really focusing on the good and the positive things</b> and being a cheerleader for her and certainly <b>not trying to open up wounds</b> or anything like that (lines 507-509)</p>
Stanley	<b>Began discussing this what to do</b> particularly with my wife	So a::h it's a very sobering a <b>very sobering experience</b> (.)

	<p>Bonnie (line 11)</p> <p>It was there that we got the th- id- the i- <b>concrete ideas</b> for how we <b>might be able to do something to help</b> (lines 18-19)</p> <p>It- was those occasions which (1.0) made it clear <b>we had to do something</b> (line 25)</p> <p>We began to discuss (3.0) ways in which she could <b>begin to get some- some help</b> (lines 49-50)</p> <p><b>Very little involvement early on</b> except when she would come home for Christmas a couple of years she would drink to much and she would be yelling and screaming all night long and I'd have to go and (.) and try and calm her down and find out what the problem was (lines 245-249)</p> <p>It's a most frustrating experience actually because <b>normally</b> if there's a problem you devise ways of dealing with the problem <b>in this case</b> you can see what should be done its like pushing on a string though you can't get it to happen ((laughs)) because its not you've got <b>you've got no power to do anything</b> about it um nor <u>should</u> you have (lines 324-328)</p> <p>You sort of <b>feel it's your responsibility</b> that this has all happened but <b>you can't really figure</b> out (.) umm there's <b>no real logic behind it</b> (lines 333-335)</p>	<p><b>and remains so</b> because we are not confident that Rachel ha:::s got this problem licked? (lines 95-96)</p> <p>I won't be devastated if she doesn't pull through be- but I will- I'd be (1.0) forever (3.0) uh miserable <b>if we didn't do what we could to give her the best chance</b> we could (.) to <b>get at least the knowledge and understanding</b> on which to make judgments (lines 128-131)</p> <p>I mean she- she was <b>making great progress</b> (.) and I certainly think that every penny we spent and it was a lot of pennies on getting her through that course of treatment <b>was worth it</b> I mean even- even given that she's had at least one major relapse (.) um <b>because she now knows</b> (1.0) uh she now knows she has a disease its (.) she- she if she thinks about it at all and I hope she does uh she'll know that it wasn't (.) her fault that she has that disease its almost certainly partly genetic (186-192)</p> <p>Well for a while it was <b>intense</b> I mean basically for three months of last year (.) two thousand eleven (.) <b>we did nothing else really except</b> think about write to her go to meetings (lines 209-211)</p> <p>My mood about this does <b>change depending upon the latest situation</b> (.) a::nd when</p>
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	<p>you do tend to be <b>consumed with your own situation</b> (line 546)</p>	<p>there's no news (.) I just keep my fingers crossed it's good news um (.) if I try and get in touch with her and <b>if I mention anything about her addiction</b> like I hope you're you know (.) managing to avoid all these triggers and so on you know she gets very upset that I'm meddling with her affairs (lines 292-297)</p> <p>So <b>you have to</b> really relax and when someone else is talking <b>really put effort into</b> understanding imagining and gradually filling in their background and the problems they have and <b>then you can learn from</b> what their actual problem is (lines 546-549)</p> <p>because at least for somebody like me whose not trained to do this <b>it takes a while to- to figure out what's going on</b> and the <b>more you learn about it the more you the more easily it is to do</b> that um you can just do that and then because you begin to se the same pattern cropping up again and again (lines 551-553)</p> <p>but really its <b>very difficult to know what to do in terms of giving advice</b> because you have to think it out yourself and so I suppose I've had to keep my mouth shut a couple of times when my- <b>otherwise</b> have said something not exactly out of place but not helpful (lines 580-584)</p>
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		<p><b>Reminding</b> myself that this is probably a life long struggle that um is <b>perhaps a battle you're never going to win um uh but it nevertheless you know you have to keep at it</b> um from my perspective um cuz I'm very fond of my daughter and I hate to see her in this situation (lines 835-838)</p>
Jim	<p>I <b>went to</b> Al-Anon and also to some AA meetings to <b>support her</b> (lines 8)</p> <p>I guess at the beginning I was you know hesitant but I was <b>open</b> to (.) open to listening (.) and <b>making sure that my good friends you know got better</b> (lines 32-33)</p> <p>The <b>more support the better</b> cause it seems that from listening to people speak (.) that the <b>more support</b> they had especially loved ones <b>the better</b> they got and the <b>quicker they healed</b> or you know the quicker they got over and got their lives back in order (lines 57-59)</p> <p><b>I was there</b> in my heart and mind to <b>support</b> my girlfriend so I was there I was <b>open um to everything</b> (lines 88-89)</p>	<p><b>Didn't always have to be O::N</b> and be the you know the healer (laughs) and um you know that <b>it was ok to not be involved</b> for a day or two or whatever (lines 141-142)</p> <p>I think one of the good things about it oddly enough for we was that it's important to <b>take care of yourself</b> and <b>that I didn't always have to be the giver and the caretaker</b> and that kind of felt good and I appreciated that part (173-175)</p>
Jane	<p>And the reason I ended up <b>exploring recovery programs</b> primarily Al-Anon was because those issues were really affecting me and I <b>needed to find a way to detach</b> from those um and recognize what were his issues and what were my issues (lines</p>	<p>Both medication and the counseling that I did helped a lot with <u>all</u> aspects of my life I saw how <u>useful</u> this was you know whether it was <b>being able to stop (1.0) worrying myself sick</b> over my kids? or what they were doing? Um you</p>

	<p>16-19)</p> <p>I was <b>pretty desperate for some answers</b> (line 23)</p> <p>I was <b>desperate</b> because we were clearly in a bad place with our marriage <u>every</u> little thing he did affected me (.) um in a very negative way and so <b>I needed to again separate from that detach from that</b> (lines 30-32)</p> <p>The first couple meetings I found <b>interesting and helpful</b> it was <b>helpful</b> to hear people dealing with things that I was dealing with and what their various coping strategies were um (.) I was a new comer most of these people had been at this a long time a::nd for the people who were there for the reasons I was there I <b>learned a lot and I did find it very helpful</b> (.) particularly hearing about how people detach <b>that was the hardest thing for me</b> (lines 96-101)</p> <p>I was <b>looking for some help</b> with how do you keep from getting sucked into somebody else's orbit it was emotionally exhausting (lines 125-126)</p> <p>Where <b>before</b> I would just <b>drive myself crazy</b> thinking that you know they were going to get hurt get in trouble and so it was <b>really helpful</b> in other aspects of my life to but I couldn't do it with just Al Anon I had to be supplemented with private counseling self study and</p>	<p>know <b>it's a lot easier for me to say</b> OK they're OUT they're- <b>I can't control</b> what they're doing I just have to (.) you know hope I didn't the best job raising them? and they're home in one piece (lines 1581-63)</p> <p>I seem to have (.) <b>incorporated it now</b> it's more of my innate- it's <b>my standard way of operating</b> rather than the other way around (lines 185-186)</p> <p>Because it's <b>been helpful</b> for so many people (line 251)</p> <p>So I would definitely recommend it (line 255)</p> <p>Um I like the one day at a time you know that's one that (1.0) I really believe in and I (.) <b>try to take with me</b> I was always a horrific planner and again it made me crazy <b>I sort of had to figure out each step along the way</b> um and yet I've got here I've got today I've got <b>now I can act accordingly and</b> so that one (lines 263-266)</p> <p>I think they're a lot healthier (1.0) a lot healthier. In part as I've already said because of my <b>ability to detach</b> more um <b>my tendency to be less co-dependent</b> um (2.0) yeah. So I think that clearly (.) <b>I- I don't</b> (.) control my kids anymore <b>I CAN'T</b> (lines 277-29)</p>
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	ultimately medication (lines 163-166)	
Amy	<p>I lot of people there were really mad at me and the way I put it was I knew some of that shit was mine and some of it was somebody else's and I knew that Al-Anon <b>would help me sort that out</b> and <b>I needed so much help of the right kind</b> that I just <b>started going</b> to Al-Anon (lines 21-24)</p> <p>It really really <b>helped me</b> with the transition to being single and it just really <b>helped a lot</b> (lines 28-29)</p> <p>People who have alcoholic relatives whose lives are messed up um they are the- <b>they think they can control</b> what the other person is doing its completely crazy <b>they can't</b> and so if they're <b>not involved in some kind of recovery for themselves</b> <b>they're gonna keep tryin to do the wrong thing</b> that's <b>not going to help there loved</b> one in fact will probably hurt so (115-120)</p> <p>The thing that was hard for me? was I had a <b>really good run at changing things I had no business changing</b> (laughs)) and I I had <b>managed to manage all kinds of situations</b> (.) partly with my personality partly with my education partly with um just my force of will ((laughs)) it was it was a <b>misuse</b> and it- it wa- it <b>gave me the illusion of more control</b> that I actually had (lines 207-212)</p>	<p>First the thing I <b>really learned</b> in Al-Anon is <b>that this is about my recovery</b> (line 90)</p> <p>If you <b>do what's best for you</b> it will end up being best for other people and I am really finding that to be TRUE so hhhhhh so I- so this gives me a chance to <b>work on my program</b> it gives me a chance to <b>focus on myself</b> (lines 91-94)</p> <p>So that's what Al-Anon <b>has done for me</b> gotten me to <b>think about my own life</b> and <b>what's good for me</b> and <b>what I need to do</b> (lines 113-115)</p> <p>I think trying to understand that my <b>son's sobriety um is- is- is as far as he's concerned it's a zero sum equation</b> which means all of the effort that I put into his sobriety is not neutral for him it means that it's less sobriety that he will be- care about and all the effort that I put into his getting his life in order that is removed from all of the effort that he puts into getting his life in order (lines 120-125)</p> <p>I would here people <u>complaining</u> about their <u>lives</u> and <u>complaining</u> about the alcoholic which <b>you're not suppose to DO</b> or that- in Al-Anon we hardly <u>talk</u> about our-ther- there called our qualifiers we <b>rarely talk about them</b> we</p>

	<p><b>talk about ourselves</b> and we talk about <b>how the program is helping us live</b> (lines 142-146)</p> <p>When I finally got to Al-Anon it was such a relief <b>I understood I am <u>always</u> going to be in Al-Anon</b> um because I <b>benefited so much</b> (.) from the very first meeting that I went to you <b>know I benefited from every single meeting</b> (lines 171-174)</p> <p>I had to <b>accept</b> that <b>I could change very little now</b> (lines 206-207)</p> <p>The Al-Anon program <b>has helped me apply my prayer on a daily basis</b> much- much- much better than anything else had done it's like it took everything I had and it <b>deepened it</b> and it made my prayer a prayer even- even a prayer was was was how I lived really but it mad- it made it just made much more an <b>integral part of my life</b> (lines 232-236)</p> <p>We aren't perfect the welcome we give you may not show the warmth we have in our hearts for you but after a while you will come to realize that though you may not like all of us you'll love us in a very special way the same way <b>we already love you</b> (lines 362-365)</p> <p>At the end we say <b>keep</b></p>
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		<p><b>coming back it works?</b> You know I love that it's really true <b>it works</b> (lines 369-370)</p> <p>If <b>you keep coming back</b> it works even if you don't work it ((laughs)) if you just <b>keep coming back</b> it works (lines 374-375)</p> <p>Oh I can tell you another thing that I really like about Al Anon I mean that I learned in the rooms I don't think it's printed in the literature it's not my pig not my farm? Which <b>helps me</b> a lot if I'm trying to mess around in somebody else's life? just <b>helps with the boundary?</b> (lines 420-424)</p>
Tracy	<p><b>At the beginning</b> I was <b>very involved</b> while he was in inpatient treatment which lasted thirty days and then when he moved to an outpatient sober living facility (.) um I was <b>very heavily involved</b> with that (lines 8-11)</p> <p>I- I was (.) as the older sister I <b>was concerned and worried</b> for him um and <b>wanted to make sure that he could do the best that he can</b> (lines 29-30)</p> <p>When he <b>first started</b> we had weekly phone calls with his therapists they we it wa-they were- were sort of like group conference calls with the parents and family members of the people in treatment could call in and speak with the councilors about what they had done all week and progress they had</p>	<p><b>After that</b> I would say it <b>went down towards (.) low involvement</b> because a- he had found a therapist that worked with him and they were heavily involved with my parents and that's when I sort of <b>took a back seat</b> cuz that's when I could see it was working <b>and he didn't need my help any more</b> (lines 47-50)</p> <p>we were <b>not allowed to ask</b> we couldn't say like so what'd he tell you this week? you know (.) because that was you know doctor patient confidentiality which we respected (.) um <b>we weren't allow to see him</b> (.) we en- we were encouraged to tell his friends that you are not allowed to see him he needed to be alone he could have no</p>



	<p>made it was sort of like group therapy phone sessions <b>and I joined every week</b> and I was <b>very involved</b> in that (lines 40-44)</p> <p>And um I think a lot of a lot of what goes into successful treatment is to have a support system (lines 61-62)</p> <p>If you don't have a support system that's willing to help you in your quest to be sober you're going to fall back into the environment that you know got you in trouble in the first place (lines 64-66)</p> <p><b>Right when he entered</b> they encouraged all of us to <b>write a letter</b> to Kevin (.) my brother (.) and <b>explain to him</b> how his actions and his disease had affected us in our day to day life and our feelings about it (lines 71-74)</p>	<p>contact with the outside world and <b>we were not supposed to contact him in any way.</b> and um (.) a- and <b>we abided by this</b> (.) wholeheartedly because um (.) you know they obviously (.) our opinion was (.) my opinion (.) is (.) um they have these rules for a reason they're tried and true we don't you know <b>we don't want to disrupt his treatment</b> (lines 272-278)</p>
Harold	<p><b>At first</b> you're- you're so like flabbergasted <b>you do anything you go to class</b> which for me was <b>to learn as much as you can about the disease</b> you know and then you know you try to <b>give them all the support you can</b> (lines 7-10)</p> <p>In the <b>very beginning</b> uhh it wa- it was <b>high</b>, like I said you <b>wanna learn as much as you can</b> (lines 31-32)</p> <p>You know just <b>trying to learn</b> and- and <b>figuring out</b> look at other people's characteristics and you basically <b>find out</b> that addicts have- have particular</p>	<p>You know when it <b>gets to a point</b> where I felt that my need of participation there was not really was needed I didn't- <b>I didn't partake anymore</b> (lines 57-59)</p>

	character defects of character that's what they call it (lines 101-104)	
Lisa	<p>I <b>attend</b> an Al Anon meeting I've been with the same Al Anon group about nine and a half years in January it will be ten years and I <b>go almost every week very seldom miss</b> um its been very helpful (lines 6-8)</p> <p>I <b>didn't really wanna go</b> I didn't you know like everybody else was very busy and I felt like you know I <b>hadn't done anything</b> why do I have to go to this meeting (lines 19-21)</p> <p>I didn't quite get the program or I- I would tease them and say I'm failing in this class um because so much of it is about yourself and not about the addict or the alcoholic it probably took I <b>would say a really good year for the program to sink in for me?</b> (lines 64-67)</p> <p>we all <b>go into this program</b> think we're gonna find out how we're gonna <b>fix our loved</b> one and that's now what al anon is about its about fixing me and helping me (lines 69-71)</p>	<p>By the time I left that night? I I just felt better I couldn't really tell you why but I knew that I <b>felt better that I was around people that understood what I was going through</b> (lines 24-26)</p> <p>I <b>participate every week</b> in the conversation I've gotten to know we have several members in our group that have been members for like twenty five years and um I've I've <b>held offices</b> you know as far as like secretary or whatever to help keep track of things so I would say I'm <b>very involved</b> (lines 39-43)</p> <p>I do know that my entire family I think has benefited just from <b>me being part of it</b> (line 53-54)</p> <p><b>Now I realize</b> that Al Anon is a very loving program that has <b>helped me</b> to have serenity and (.) I you know we all fail and make mistakes so <b>now I don't beat myself up</b> when I (.) you know say we'll I should have minded my own business and I didn't or I should have I shouldn't have said that and I did I <b>understand</b> that you know that's just all part of it. (lines 74-78)</p> <p>They really tell us to <b>keep the focus on our self</b> and not on the sick- our our alcoholic or our addict (lines 184-185)</p>

		<p>Just for your <b>own sanity</b> I've <b>recommended</b> Al Anon for a lot of people (lines 232-233)</p> <p>I would say right now and I have <b>grabbed my Al Anon books</b> when I know my son is out using and I'm beside myself and not sure what to do I've <b>grabbed them along with my Bible</b> (lines 243-246)</p> <p>But I know that the relationship with my son is better when I'm <b>working a good Al Anon program</b> and- and I know that he wa- he's better because I went there (lines 276-278)</p> <p>When I'm <b>working a good program</b> and can <b>mind my own business</b> its I mean honestly I realize I probably cause some of the arguments when there are arguments because I'm not working a good al anon program as far as <b>detaching</b> and <b>minding my own business</b> and just <b>taking care of myself</b> um I would wouldn't have a clue that any of <b>that was wrong</b> if it wasn't for Al Anon (lines 283-288)</p>
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Communicating with Loved One Turning Points		
Participant	Before	After
Bonnie	(.) <b>I confronted her</b> (.) and talked with her father about it and <b>she denied</b> you know (.) she wasn't drinking even	I certainly learned the importance and I'm (.) something I work on constant of (.) um (.) <b>using I</b>

	<p>though there were empty liquor bottles that had been full (lines 323-324)</p> <p>So the past few visits when Rachel was here and drinking a lot (.) it seems like one of the correlations I don't know if it was a cause (.) but it likely was a cause (.) was that at night when she would go to bed (.) she wouldn't fall asleep (.) or she would fall into a light sleep but just have these <b>really loud screaming fits that didn't stop until someone came to comfort her and calm her down</b> (.) and of course that's <b>unacceptable behavior</b> and is caused by drinking (lines 463-468)</p>	<p><b>statements</b> when talking with our step daughter (.) my step daughter (.) um (.) <b>rather than saying</b> um (.) you know (.) don't you think you should work on paying down your credit card debt um (.) you know it's (.) I really have to understand (.) you know (.) it's really none of my business and then um it's you know (.) <b>I can say</b> you know "I'm concerned about all the credit card debt you have um (.) I'd be happy to help you set up a budget if you know you're interested in talking about that sometime" so I became much more conscious of the language I was using and what they <b>all I statements rather than um (.) being directive as a parent might be (.) or even a friend (lines 160-169)</b></p> <p>The book Love First does a very good job explaining the <b>messages you want to include in the letter</b> and they are <b>supportive</b> and saying all the things with love and cherish about the individual and also saying our (.) um (.) our very profound worry and concern for her because of her behaviors (.) <b>citing specific incidents</b> that each of us had in observing her addictive behavior with alcohol in this case (lines 191-195)</p> <p>You know I really hope you will consider going to a professional um addiction recovery councilor or program</p>
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		<p>and getting an evaluation about your condition. <b>I didn't say</b> get into recovery or this or that but I just really thought <b>let's take step one let's not be too threatening</b> (lines 198-201)</p> <p>Sometimes I would just have to center myself and just say "ok lets just see where we are (.) what's the picture (.) what's going on (.) what am I able to do what are here father and I able to do from here what do we know about this situation <b>how can we best communicate</b> with Rachel" (lines 357-361)</p> <p>I'm <b>now prepared to talk with her</b> about and not (.) I think her father is two but that's his to decide or to say but we haven't had to encounter and hopefully that won't happen again (lines 473-475)</p> <p>With Rachel (1.0) it's <b>more open</b> but it's (1.0) she clearly is feeling much more vulnerable because she's been <b>so open</b> and she's feeling a lot of shame because of how she you know (.) what the addiction has done in terms of her behavior (lines 499-502)</p> <p>She's very grateful um so (.) so there's certainly been a <b>lot more communication</b> but it's (.) which is better than no communication or just sup- (.) communication has come</p>
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		<p>down to a <b>deeper level</b> but you can really (.) I can really feel the vulnerability and the shame that she's feeling (.) so I focus on really focusing on the good and the positive things and <b>being a cheerleader for her</b> and <b>certainly not trying to open up wounds</b> or anything like that. (lines 504-509)</p>
Stanley	<p>She would drink to much and she would be <b>yelling and screaming</b> all night long and I'd have to go and (.) and <b>try and calm her down</b> and <b>find out what the problem was</b> and (.) I think all kinds of demons came to the surface when she (.) had some drinks and she was worried about her (.) you know her there were <b>various standard lines</b> came up like she's worried about her being adopted (lines 246-252)</p> <p>She had trouble- more troubles with her mother with her adopted mother that with me (.) over the years I they they tended to (.) they're both strong willed and I (.) my general inclination was when they were <b>going at it hammer and tongs</b> was to go find something to do somewhere else ((laughs)) and <b>leave them to it</b> (lines 264-268)</p> <p>Well out of the whole weekend she gave us two hours of her time she booked us for dinner at a steakhouse which was so noisy you could hardly hear anything she <b>part of the time</b></p>	<p>But they all <b>wrote letters</b> (1.0) reminding Rachel of her strengths and of her (1.0) really positive things that she uh (.) has done in her life and uh her potential future and <b>encouraging</b> her to really consider seriously getting some help or at the very least recognizing that she had a problem (lines 34-38)</p> <p>If I <b>try and get in touch with her</b> and if I <b>mention anything about her addiction</b> like I hope you're you know (.) managing to avoid all these triggers and so on you know <b>she gets very upset</b> that I'm meddling with her affairs (.) um and (.) um <b>she doesn't mind talking about</b> (.) um things we do (.) going to see the fireworks or going to visit Peter or (.) seeing some friends in England um (.) she's reasonably interested in that? although <b>not particularly interested</b> in it cuz its not part of her life very much (.) she doesn't seem particularly connected to the family at the moment (lines 294-301)</p>

	<p><b>on her cell phone in the hallway</b> talking to somebody I don't know who it was (lines 378-381)</p> <p>It took me a long time to figure out behaviors (1.0) for example in my daughter um that I would get <b>very (.) upset</b> about (.) were but in fact not <u>really</u> my daughter as I remember her it's- it's- it's because the alcohol has modified the way she thinks and every now and again sure enough when you catch her in the morning <b>when she's sober on the phone she can be perfectly ok</b> (lines 616-621)</p> <p>I <b>would get very upset</b> with her for not um (.) not upset I'd be mildly (.) I'd be unhappy if she never remem- I mean <b>she never remember</b> my birthday::y Father's Da::y (lines 627-329)</p>	<p><b>Weeks go by without any communication</b> um and then one or another of us will <b>send her an email</b> for some reason and usually there's a (.) a <b>reply</b> she watches her email but usually it's- <b>it's pretty superficial</b> nothing really um- to any- (.) I think she thinks very short term (lines 344-348)</p> <p>The <b>only time I'd hear from her</b> is when she wanted money (.) and that would make me feel bad about her but then I would realize it's the disease wanting more b- more beer more wine whatever she wants to drink and then you begin to realize it's not Rachel its this darn disease and once you realize that you have to really think through <b>everything that goes on in the interaction between us what is the real Rachel and you don't just start blaming her for everything</b> and that's not to say she's a saint um but she's a normal human being (lines 632-639)</p> <p>Basically keep going I mean just um be normal to her <b>treat her like an adult</b> um uh I think progress now really- it- it- really really <b>can't do much unless she asks us to do something</b> (lines 842-844)</p> <p>The other thing is just to keep to <b>keep in touch</b> but to um <b>keep things on a non-controversial level unless</b></p>
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		<p><b>she wants to bring something up</b> (lines 849-850)</p> <p>She had a cell phone plan she had a blackberry and it was one hundred and twenty dollars month I said I pay fifteen dollars a month for my little thing and <b>she says but dad that's just that archaic</b> and I said well it allows me to talk to people that's what I got a cell phone for I don't but it for what it looks like ((laughs)) <b>and she rolls her eyes I said Rachel you're paying a very high price for that a hundred and twenty dollars a month you could do a lot more</b> than you know um just have something fancy to talk to your pals with or you could get a actually nice smart phone or a reasonable smart phone for a lot less than that but she doesn't (lines 905-914)</p>
Jim (communication in general)	<p>Where Nina <b>never lied to me</b> Maureen did so they were different in that respect so the evolution of each of those was different the second one obviously I just felt more angry because I <b>felt deceived and lied to</b> and she was my fiancé at the time and so it was just uh <b>how can I trust this person</b> and that's what it boiled down to (lines 93-96)</p> <p>I just I had to look out for myself and just get the heck out of that situation it was just it was ugly and <b>she didn't remember things she did the next day and things she said</b> or did and</p>	<p>I think an ideal recovery would be <b>ok I screwed up</b> I hurt these people and these people and <b>want forgiveness</b> and then they go on with a healthy life (lines 364-266)</p> <p>I think if a person beats themselves up their whole life time they won't be as productive won't be as happy they you know carry this guilt around you know I lost my marriage or I hurt my kids you know you have to heal that you somehow have to move on so I think if a person is able to move on and <b>forgive themselves and forgive</b></p>



	<p>and they (.) so it was it was just very disheartening (lines 107-110)</p> <p>I tried to say at least with Maureen anyway was <b>to say at least tell me the truth I don't care if you're drinking just tell me the truth</b> and she <b>would look me straight in the eye and turned out it was a lie</b> you know <b>and I'd believe it</b> and so after two years of that that was enough and um so I just felt really hurt and disappointed and <b>manipulated</b> and so I flipped a switch (lines 263-267)</p>	<p><b>others</b> then that's the best recovery I can think of (lines 367-372)</p>
Jane (communication in general)	<p>So I was desperate because we were clearly in a bad place with our <b>marriage every little thing he did affected me</b> (.) um in a very negative way (lines 30-31)</p> <p>And it was such a- it was a difficult thing to control it <b>wasn't that easy to put your mind into a place</b> where you could <b>detach</b> or <b>not get sucked into his orbit</b> or whatever it was very difficult for me to do that (lines 153-155)</p> <p>He was <b>very supportive</b> like I said he was the one that <b>encouraged me to go in the first place</b> and he was always very please when I went um <b>so I felt that I had the support from the person that I really needed the support from</b> (lines 291-293)</p>	<p>My mother and <b>I used to just</b> ((bashes hands together five times)) she's a wonderful good person with a wonderful heart (.) she <b>drove me absolutely nuts</b> and now I can just say it's who she is let her do her thing? <b>Let her tell me what to do I can just ignore it</b> so yeah I think its really made me a lot happier in my relationships (lines 282-285)</p>
Amy (communication in general)	<p><b>Don't make him ma::d</b> (lines 281)</p> <p><b>Don't disagree with him.</b> (3.0)</p>	<p>After I got in Al Anon I started- I I stopped seeing her compulsively I I if I couldn't afford to go visit her go see her</p>

	<p>umm (.) uhh (5.0) yeah don't-  <b>don't stand up for yourself</b>  (lines 385-386)</p> <p>I had <b>so many problems</b>  <b>relating to her</b> she had she had  some very- very bad controlling  habits (liens 396-397)</p>	<p>I wouldn't go and I- I <b>at first I</b>  <b>tried to get her to stop</b>  <b>yelling at me</b> which she would  do when she would get drunk?  and that didn't work? <b>so I</b>  <b>stopped going to see her</b>  <b>until I was ready to accept</b>  <b>that she might yell at me?</b>  And it has helped my  relationship with her so much  (lines 404-409)</p> <p>My sister is <b>ecstatic about it.</b>  So she has as I said twenty five  years in AA (.) she's got about  eight years in Al-Anon (.) and  um we she- it's been really  interesting um (.) she <b>we get</b>  <b>to talk about the program</b>  <b>now</b> a:nd it's been <u>great</u> its  really been great so she's so  thrilled that I'm in Al-Anon  (lines 414-417)</p> <p>And so one time my daughter  is twenty eight now and <b>I was</b>  <b>trying to meddle</b> in  something she was working on  and <b>she says mom step</b>  <b>away::: from the farm</b> um and  so my kids they're into it they  can see <b>I relate better to</b>  <b>them</b> (lines 428-431)</p> <p>He can't stand the fact that <b>he</b>  <b>thinks I go around saying</b>  you're an alcoholic you're an  alcoholic but that's not what Al  Anon is about its not about  identifying alcoholics naming  them and you know like  putting them down its about  learning how to relate to  people that I love in a health  way? so I'd say my family is</p>
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	<p>really into it. (lines 435-439)</p> <p>I'm just convinced that <b>I can have no good effect on anyone else's drinking?</b> so it's more the alcoholics I relate <b>to I can't have any effect on them</b> and so I cannot and as I said the more invested I am in their (.) stopping drinking the worse it gets for them and then it <b>messes up my relationship with them</b> (lines 475-479)</p> <p>In Al-Anon I've learned how to take care of my anger without having it be- <b>without having it impact the conversation particularly</b> and um that's part of why I mean that's part of what I learned from my marriage too is <b>that no body ever won any fights</b> in our marriage we were <b>fighting all the time</b> and we never won and so I've decided that winning and fighting isn't part of it any more (lines 508-513)</p> <p>I have really learned in Al Anon how- how you know we have a little thing that says would you rather be right or would you rather be happy and I would really rather be happy? but I spent so much of my life <b>trying to be right</b> so that's about that a comm- <b>that's a communication thing</b> um there's a little saying we have I mean the <b>way to respond to</b> whose like challenging us criticizing us trying to make us wrong its to</p>
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		<p>say to them you may be right and it's a way of of <b>deescalating the conversation</b> Al Anon has a thing about keeping my own side of the street clean (lines 513-521)</p>
Tracy	<p>They wanted to give him the best treatment that they could do (.) but they knew that me being his sister I have <b>a unique relationship</b> with him they do not have which is why they I think were very open to me being a participants and um (2.0) <b>I was able to help him in a way that they weren't</b> be- by virtue of being his sister and- and growing up in the family environment (lines 119-123)</p> <p>In going back to what I said about being his sister and having a <b>unique relationship</b> and point of view (.) um I think that ther- there were a lot of times where <b>he would sort of understate um difficult relationships that he was having with his friends</b> um because I I don't know if he didn't want to get them in trouble or <b>didn't want us to say oh you can't hang out with them anymore</b> but I think he was less- less likely to blame the group of people he was hanging out with that sort of enabled the behavior (lines 140-145)</p> <p>I think that after (.) before entering the program I think that I was (.) I was <b>I didn't want to tattle on my brother</b> I was <b>afraid to confront them</b></p>	<p>So I was put in somewhat of a difficult position having to like <b>call him out on it</b> (.) but um I think in the ended up working best because when you're sort of in a situation like that <b>you need someone to tell you sort of the hard truth that you're not willing to admit to yourself</b> (lines 146-149)</p> <p>I was better than her able to see the types of things that he would not (.) like (.) and even if it was something simple as like oh they don't let him watch football he's a huge football (.) fan (.) <b>like having to say that's actually something really important</b> (.) mom ((laughs)) um you know (.) and again that just goes back to <b>being his sister and knowing him in a different light</b> ((laughs)) (lines 150-156)</p> <p>Now I'm <b>much more open</b> to them and saying you know if see something <b>if I see something say something</b> ((laughs)) you know if I see him get himself into a situation that I perceive could be dangerous <b>I let them know</b> and I think they also respect me more (.) as an adult (.) because of it (lines 380-383)</p>

	about what he was doing and what I saw him doing and that was sort of a bond that he and I had and they're our parents and we're their children and we gotta stick together (lines 377-380)	
Harold	I could <b>strictly say</b> if you use you're out but then I could be signing his will which you don't want so you have to make a choice (lines 217-219)	<p>You can try to get through this with him and <b>not that you openly support using while he's living with you</b> but you know it will come to that point where you have to make a choice you know and that's called tough love well <b>tough love doesn't always work</b> either if the person gets to the point and we went through the tough love thing but when they get to the point they're going to die I guess you deal with what you have to do and just hope that he gets it before he does die (lines 219-225)</p> <p>We <b>don't have any problems with communicating</b> (lines 233-234)</p> <p>My son and I <b>can talk about any time we want about anything</b> but we don't necessarily have- have to <b>we don't have any problems of communicating at all</b> (lines 243-245)</p>
Lisa	I mean a lot of times its simple little things like you know <b>I ask him where he's going or what he's doing a lot of it is staying out of his business</b> he's thirty two years old (lines 152-155)	There are times where I I feel like you know that was not working my Al Anon program at all or <b>I can't believe I said that to him</b> so yeah there's things that its made me aware of like <b>I said in the heat of the moment</b> or being annoyed I

		<p><b>still say things that I wish I hadn't</b> but I don't know that I would have realized that without Al Anon that <b>that was something I shouldn't have said</b> that type of thing (lines 142-147)</p> <p>Well I- I don't know when I'm working a good program and can <b>mind my own business</b> it's I mean honestly I realize <b>I probably cause some of the arguments</b> when there are arguments because I'm not working a good Al Anon program as far as <b>detaching</b> and <b>minding my own business</b> and <b>must taking care of myself</b> um I would wouldn't have a clue that any of that was wrong if it wasn't' for Al Anon (lines 283-288)</p>
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