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DRINKING BEHAVIORS, RELATIONSHIPS AND RECOVERY:  
A RELATIONAL SOCIOLOGICAL EXAMINATION OF ADDICTION

by

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A THESIS

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Under the Supervision of Professor Kirk Dombrowski

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DRINKING BEHAVIORS, RELATIONSHIPS, AND RECOVERY:  
A RELATIONAL SOCIOLOGICAL EXAMINATION OF ADDICTION

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University of Nebraska, 2019

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Examination of addiction from the theoretical framework of relational sociology contributes to growing efforts to understand and develop addiction recovery programs that focus on the restoration of important social relationships and ties. Aims of the study include understanding how alcohol addiction has been addressed in earlier sociological studies and to provide evidence for how relational sociology may be utilized to better understand and explain how alcoholics and Alcoholics Anonymous operate within Bateson's Theory of Alcoholism and Addiction. Through a qualitative study and analysis of 20 in-depth audio recorded interviews with individuals in either active recovery or active drinking, this study provides new insight into how Bateson's Theory of Alcoholism and Addiction can be utilized to understand the transformation of symmetrical relationships and Occidental epistemologies to complementary relationships and cybernetic epistemologies through active engagement in group-based recovery programs.

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## CHAPTER 1. INTRODUCTION

Earlier studies of substance abuse in the social sciences often drew from psychological and biological explanations for the initiation and maintenance of behavioral patterns associated with addiction. Fewer studies within the social sciences have examined addiction from a sociological perspective with particular attention to the tenets of relational sociology. A relational sociological approach is one that seeks to understand the complex and dynamic relations that occur between individuals and considers these relationships the unit of analysis (Emirbayer, 1997). Relational sociology allows us to examine the functions that relationships play in the epistemologies of alcoholics and to consider how those relationships change as individuals enter and work through the process of recovery programs. Examining addiction from the theoretical framework of relational sociology contributes to growing efforts to understand and develop addiction recovery programs that focus on the restoration of important social relationships and ties. By comparing the various ways in which alcohol addiction has been addressed in the literature, this thesis seeks to clarify how social relationships affect and are affected by an individual's epistemology and how that epistemology, in turn, influences drinking behaviors.

This thesis draws upon a theory of alcoholism and addiction developed by sociologist and cyberneticist Gregory Bateson, one of the first social science researchers to pioneer the use of cybernetics in the study of alcoholism and Alcoholics Anonymous. By examining the ways in which various published studies have considered the phenomenon of alcohol addiction, we can better understand how drinking behaviors of alcoholics reflect an Occidental epistemology that is deeply flawed. Bateson argues that because of a flawed Occidental epistemology, the alcoholic drinks heavily in order to

restore social order and control. This thesis aims to understand how alcohol addiction has been addressed in earlier studies and to provide evidence for how relational sociology may be utilized to better understand and explain how alcoholics and Alcoholics Anonymous (AA) operate within Bateson's Theory of Alcoholism and Addiction. The study also aims to qualitatively examine how hitting a "bottom" acts as a mechanism for initiating epistemological changes. Because no other study has empirically examined Bateson's language with regard to alcoholic experiences, this study offers new insight into how destructive symmetrical relationships may be transformed through the AA experience to benefit complementary relationships.



## CHAPTER 2. LITERATURE REVIEW

In the 1950s, a primary theoretical perspective for examining alcoholism stemmed from a cultural and social lens focused upon group and societal values, attitudes, customs, and sanctions (Ullman, 1958). An individual's social environments were held to be responsible for enforcing and maintaining certain attitudes toward drinking. Bacon (1953) similarly argued that social scientists attempting to explain alcoholism rates in the United States had to consider the role of drinking norms integration. Ullman (1958) and Bacon (1953) both argued that among groups and societies where the customs and values associated with drinking behaviors were widely known and established among members of the society, alcoholism rates were comparatively low. An example of this type of integrated society that Ullman (1958) described involved the Chinese, whose attitudes toward alcohol lack ambivalence. He argued that because the Chinese consumed alcohol regularly and exhibited high frequencies of "drunkenness," there were no unspoken boundaries that lead to conflicting attitudes toward drinking (1958, p. 51). On the other hand, societies in which attitudes toward drinking and drinking behaviors were less fully integrated into the society's cultural values, alcoholism rates were comparatively high. Bacon (1953, p.179) argued that individuals from the "United States American of the Northeast quarter of the nation" provided evidence of a type of society that lacked integrated drinking customs and attitudes. For example, Bacon posited that the rules and procedures of drinking reflected different types of social environments, but that each environment differed in the sanctions that were placed on people, therefore leading young adults to consume alcohol in secrecy to avoid negative consequences.

Although this explanation for alcohol addiction was popular during the time that Ullman and Bacon were writing, the social and cultural perspective soon began to shift

from addiction as a macro level social issue to one of a more micro level problem within the individual addict. In the 1960s, efforts were made in the sciences to provide evidence for how alcoholics could be understood to be inherently different from non-alcoholics (Kendell, p. 1979). Despite attempts to demonstrate how alcoholics were genetically, mentally, and chemically different from non-alcoholics, however, researchers, were unable to identify any substantive differences. The 1960s was a decade in which alcoholism was examined predominantly within the framework of a disease. Although the World Health Organization's Expert Committee on Mental Health (1952) had already officially labeled alcoholism as a disease, few studies during the 1950s developed disease models to examine alcoholism rates. Elvin Morton Jellinek's (1960) study of addiction, therefore, was one of the first to examine alcohol addiction as a type of disease. Jellinek argued that there were five types of alcoholism, *alpha*, *beta*, *gamma*, *delta*, and *epsilon*, that corresponded with cultural norms of drinking. *Alpha* and *beta* were not classified as diseases because among those drinkers there was not yet a physical dependence on alcohol. *Gamma*, *delta*, and *epsilon*, however, were classified as diseases because the individuals in those stages had developed a strong physical and mental dependence on alcohol. Most importantly, Jellinek argued that beginning with the advanced classification of *gamma*, the alcoholic individual experienced a loss of control over their drinking behaviors, an important concept that will later be discussed with regard to Bateson's theory of alcoholism and addiction.

During the 1970s and early 1980s, alcoholism and addiction studies once again returned to looking primarily at psychological and sociological explanations for alcohol addiction. The disease model of alcohol addiction fell out of currency, although some studies still incorporated disease into their explanations when combined with other social

explanations for addiction. Terms such as ambivalence, frail morality, deviance and denial were often used to conceptualize and characterize the nature of alcoholism (Room, 1976; Anderson, 1981; Ries, 1977). During the 1970s, there was a return to arguments like those made in the 1950s regarding the role of integrated social and cultural attitudes toward drinking, arguments first developed by Straus and Bacon (1953). Room (1976) cites a formal submission to the United States Congress by Dr. Morris Chafetz, who was a former director of the federal alcoholism agency—the National Institute on Alcohol Abuse and Addiction. Dr. Chafetz argued that because of American attitudes of ambivalence and guilt toward drinking, alcoholism rates were likely to be higher compared to societies where drinking norms are integrated into societal ideology. Due to these ambivalent attitudes, then, Chafetz argued that it becomes increasingly difficult for Americans to develop a cultural and social environment that encourages responsible drinking behaviors. Room (1976) notes that this submission to the U.S. Congress provides a rare instance of the impact of sociological thought on influencing public policy.

Room (1976) also argued that the term “ambivalence” seemingly serves as a large-scale macro sociological explanation for wide spread alcohol use as opposed to explaining in greater depth the micro level interactions in which individuals engage. By examining only these large-scale processes through which alcoholism emerges as a social issue, Room argued, we exclude many of the individual interactions that affect alcohol use. Therefore, Room posited that within a model involving two levels (the individual and a larger system), there is a need to explain the role of deviant behavior in alcoholism that is not created exclusively in terms of individualism but that is instead created on the basis of repeated, defective interpersonal social interactions. These repeated, defective

interpersonal social interactions are a critical component to an alcoholic's flawed epistemology as it is described by Bateson (1971). Although Room does not cite Bateson or discuss the role of epistemologies in the (1976) article, there are clear connections between the theoretical concepts of the two authors.

In 1978, Schneider posited that deviant drinking was a type of disease that was politically and socially constructed. The crux of Schneider's argument is that alcoholism as a disease should be considered through interpersonal social examinations rather than by scientific or medical investigation. Schneider cites Benjamin Rush (1784) as one of the first social scientists to study alcoholism in the context of language such as addiction and disease; however, Rush does not describe disease within a medical context. Rather, addiction was for Rush the consequence of a loss of control over drinking behaviors: the concepts of will and desire were juxtaposed with one another, with an individual's will to stop drinking being over powered by the desire to drink. This juxtaposition turns out also to be an important aspect of Bateson's theory of alcoholism and addiction, according to which the individual continues to lose his or her repeated battle for control over their drinking, a behavioral pattern that reinforces an alcoholic's flawed epistemology.

In an early study of the success of Alcoholics Anonymous, Trice and Roman (1970) found that success in AA could be attributed to the replacement of stigmatized labels with socially acceptable identities. That is, AA acted as a mechanism through which alcoholics learned to positively reshape their identities. Friedson (1970) similarly noted that the conception and operationalization of alcoholism as a medical disease promotes a negative stigma and suggests that illnesses should therefore be considered as "social objects" (339). Rather than utilizing a disease model in which alcoholism is portrayed as a consequence of physiological and psychological conditions, according to

Friedson, illnesses such as alcoholism and addiction may be better understood to result from a dysfunction in the social sphere of an individual's life. In a survey study of American public opinions on different illnesses and other physiological conditions, Ries (1977) found that individuals were more intolerant of alcoholics and alcoholic behaviors than they were of individuals who were blind and epileptic. Ries' study demonstrates sociological attempts to understand and explain the roles of individuals with illnesses and other health conditions within the public sphere. Contrary to earlier studies that corroborated the notion that Americans held predominantly ambivalent attitudes toward drinkers and alcoholic behaviors, Ries' study proposed that Americans, in fact, held strikingly negative attitudes toward drinking.

Alcoholic denial, or the state in which a drinker denies that they have a dependence on alcohol, is a critical component when it comes to understanding an alcoholic's relationship to others. Wiesman (1972) argued that alcoholic denial may occur only within certain types of relationships, and particularly ones that the individual wants to protect. The state of denial both becomes embedded within the processes and decisions that are involved in drinking behaviors and enables the persistence of a flawed epistemology of the world. Brissett (1988) addressed alcoholic denial, arguing that denial is a defense mechanism that alcoholics inadvertently devise to protect themselves from the self-knowledge that they do, in fact, have a problem with alcohol use. For Brissett, the concept of rationalization is key to understanding alcoholic denial in three main areas: the amount and extent of one's drinking, the connections between drinking behaviors and consequential problems in an individual's life, and the degree to which individuals have control over their drinking. When it comes to consideration of the importance of rationalization and denial in the formation and maintenance of social relationships, there

are clear connections between how individuals perceive their drinking behaviors and the epistemologies within which they operate. If an alcoholic is operating in their everyday life within a flawed epistemology that promotes rationalization and denial of their substance abuse, the alcoholic may find that relationships with their loved ones begin to be negatively impacted over time. Studies of the impact of alcoholism and addiction on the quality of relationships signals the beginning of a more transactional and relational approach.

Specifically, Beauchamp (1980) argued that there is a cultural tendency to transform interpersonal problems into intrapersonal problems. Rather than viewing alcoholism and addiction as a manifestation of negative interactions with others, the alcoholic, as an individual, comes to be perceived as the center of the problem. Stein (1985) developed a similar type of argument to Beauchamp, positing that alcoholism involved a collusion between different facets of the alcoholic's life, including family and normative society. While many studies of alcoholism attempt to understand the phenomenon through a cultural, psychological, and biological framework, fewer sociological studies attempt to explain alcoholism from a perspective similar to that of Beauchamp and Stein. Rather than attempting to explain alcoholism as a consequence of psychological or intrapersonal problems, Beauchamp, Stein, and Bateson offer ways to examine alcoholism that focus on the problems within the interpersonal transactional relationships of an individual as opposed to looking exclusively at the individual as the unit of inquiry.

Although Beauchamp, Stein, and Bateson represent a shift in theoretical ideologies regarding the study of alcoholism and addiction framed within transactionalism, alcoholism and addiction studies in the late 1990s and early 2000s

reveal a return to the concept of disease, a framework prevalent in the 1700s (Benezet, 1774), and 1800s (Rush, 1814). The concept of alcoholism and addiction as a chronic disease also re-emerged in the 1970s and 1990s rhetoric in the policies developed by the National Council on Alcoholism and Drug Dependence as well as the American Society of Addiction Medicine that addressed the issues of acute care regarding the treatment of addiction (White, Boyle, & Loveland 2002). Bride and Nackerud (2002) argued that although the disease model of alcoholism had lost its status as a primary paradigm for studying addiction internationally, the United States nevertheless continued to utilize the disease paradigm as a primary explanation for understanding and treating addiction throughout the 1990s and early 2000s. For example, Morse and Flavin argue that “alcoholism is a primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. The disease is often progressive and fatal” (1992, p. 1013).

In the late 1990s, addiction and alcoholism were studied primarily within the framework of disease and epidemiology, with particular interest in the prevalence of liver disease (Bunout, 1999; Currall, 1998). Researchers also sought to understand genetic determinants of alcohol and opioid addictions, perpetuating the disease model of addiction as a primary paradigm (DuPont, 1998; Begleiter & Kissin, 1995; Terenius, 1996). The disease concept of alcoholism persisted in the early 2000s, with researchers continuing to seek genetic explanations for alcoholism and addiction (Ammendola et al., 2001; Kurtz, 2002; Zintzaras et al., 2006). Despite the prevalence of the disease model of alcoholism as the primary paradigm in the United States, Heather (2002) argues that although excessive alcohol consumption can be a catalyst for physical diseases, such as

liver disease, it is not a disease itself. A survey of the literature highlights the scarcity of research during the early 2000s that wholly refutes the disease model of alcoholism.

Although studies of alcoholism still continue to draw from genetic, neurological, and psychological explanations for addiction (Agrawal & Lynskey, 2008; Miranda et al., 2009; Jupp & Dalley, 2014), more researchers are now looking to cultural and social explanations for the prevalence of addiction (Room, 2014; Reinarman, 2014).

Furthermore, numerous contemporary studies of Alcoholics Anonymous seek to understand the specific roles that AA plays in an individual's recovery and changing behaviors (Kelly, 2017; Dermatis & Galanter, 2016). As opposed to solely utilizing the paradigm of the disease model of addiction, there is growing interest among scholars to examine multiple dimensions of alcoholics' lives, including both interpersonal and intrapersonal explanations for addiction as well as the use of social networks to gain insight into how various relationships influence drinking behaviors (Hill & Leeming, 2014; Kelly et al., 2014).

The paucity of contemporary literature that specifically seeks to examine alcoholism from a social, relational perspective, however, reveals the clear need to more thoroughly explore how relational sociology—including Bateson's cybernetics and systems theory—offers meaningful new approaches to empirically studying alcoholism and addiction.

### *Relational Sociology*

Emirbayer's (1997) *Manifesto for a Relational Sociology* is one of the most widely cited arguments for the practice of relational sociology. Emirbayer cites Dewey and Bentley (1949) for their examination of the dynamic processes that result from individuals deriving meaning, significance, and identity from transactions. Emirbayer



similarly cites Somers and Gibson (1949) for their idea that the relational approach embeds the individual in relationships that shift within time and space. That is, an individual in a relationship not only changes on the intrapersonal level but also has the ability to affect the nature of an interpersonal relationship. As individuals interact and react on the micro level, relationships are also simultaneously shifting across time. For relational theorists, individuals are not the unit of inquiry; rather it is the relationship itself that is of importance.

Emirbayer contrasts substantialism with relationalism, arguing that these concepts differ on their views of nature and the construction of social reality. Substantialism posits that substances, being, and “things” constitute the units of inquiry, a framework that is found in Western language, and that articulates a concept developed by Norbert Elias (definition cited in Emirbayer 1997). Relationalism or a transactional approach, as Emirbayer writes, is about understanding the relationships between actors as being “within fields of mutual determination and flux” (1997, p. 288). The unit of inquiry, then, is the dynamic relationships and processes that emerge between the actors as opposed to the actors themselves as the objects of inquiry. Depeltau (2008, p. 65) similarly argues that transactionalism (relationalism) was “founded on the idea that the production of the social world happens through social relations and in a physical environment.” Within Emirbayer’s manifesto on relational sociology, it is clear that understanding the context in which social action occurs is critical in any discussion of how individuals perceive their relationships with others.

Within the latter part of the manifesto, Emirbayer explores the role of social network analysis with regard to relationalism, citing Burt (1980) for his description of a network structure. The network structure, according to Burt (1980), is understood in

terms of the relations in which people are involved and the extent to which individuals are connected to one another within their primary groups. Within the flawed epistemology that Bateson describes within his theory of alcoholism, it is clear that individuals who do not perceive that they have strong relationships with their family continue to drink in order to restore feelings of connectedness and belonging. For alcoholics, according to Bateson, drinking to the point of intoxication allows them to correct their current flawed epistemology of isolation from others to an epistemology that represents their ideal view of how their world is constituted. This epistemology, however, is similarly flawed because it is derived from a state of inebriation and creates a false social reality.

Burkitt (2016) posited that scholars should begin to shift their focus from a critical realist approach to a perspective that is more reflexive. Although Burkitt does not strictly use the term relationalism within his study, his discussion of the importance of interactions and relationships implies a relational or transactional approach. Burkitt notes that the critical realist approach is a distinctively Western formulation that emphasizes that agents or actors are autonomous. Rather than viewing individuals as autonomous actors who act as separate and discrete agents making deliberate choices in their actions, Burkitt suggests that scholars view actors instead as independent but intermittently reflexive. That is, actors need to be seen as responsive to the sensitivities of others and to the nature of interpersonal interactions. He argues that our agency is constituted from our “emotional relatedness to others” (2016, p. 1). Like Somers and Gibson (1994), Burkitt posits that relationships are relatively fluid and on-going. He argues that humans are always nested in some form of social relations, and that these social relations contain an emotional dimension. The emotions that are involved in such interactions or transactions

include feelings of “compulsion, attachment, loyalty, affiliation, identification, trust, love, need, friendship, or their opposites and, most crucially, ambivalences (2016, p. 27).

The concept of power is also fundamental in considering agency in relationships. In his manifesto, Emirbayer’s addresses Bourdieu and Foucault’s conceptualization of power at great length. Rather than looking at power as it is traditionally understood, as a type of “substance,” Bourdieu and Foucault suggest that power is a characteristic of a multi-personal relationship rather than a characteristic of discrete, autonomous individuals themselves. Examining power as a characteristic of a relationship is, in turn, critical for understanding the complex relationships that alcoholics have to themselves, to the system of alcohol, to other individuals, and to a higher power. Power, as understood through relationalism, plays an even more essential role in the process of recovery and treatment for alcoholics within Alcoholics Anonymous, whose program revolves around the ties and relationships of power that individuals possess. According to Burkitt, individuals inform their own decisions and behaviors to act in a certain way on the basis of consideration and deliberation within the interdependent ties they have with one another. Agency, then, occurs within and between interactants who are themselves “deeply dialogical and polyphonic” (2016, p. 30). The interdependent relationships that Burkitt examines demonstrate how individuals or actors are embedded in relations that are founded upon emotional bonds and joint activities. Perhaps it is the presence of these emotional bonds and joint activities that permits alcoholics seeking recovery to achieve sobriety for an extended period of time because they serve as a true correction for their flawed epistemology. Rather than intoxication serving merely as a temporary correction for a flawed epistemology, the restoration of social relationships through emotional

connectedness and shared activities may actually enable alcoholics to shift their own perspectives.

Drawing from the 1990s synthesis of cultural sociology with social network analysis, Prandini (2015) suggests that a new sociological paradigm has emerged. Prandini concludes from a comparison of four theoretical perspectives of relational sociology that there is yet to be a clear or definite consensus concerning the tenets of relational sociology. His critique, however, does identify some clear areas of agreement among the scholars. Social reality, for scholars like Jan Fuhse and Francois Depelteau, is created through the establishment, reproduction, and modification of social relationships and it cannot exist outside of interdependency (paraphrased from Prandini, 2015). Nick Crossley argues that the social world is a complex “network of interactions and ties between actors who are themselves formed in these interactions” (Prandini, 2015). Pierpaolo Donati, as discussed in Prandini (2015), argues that social relations are made by individuals; however, these relations are not made *of* individuals. The sociological study of the complex relations among individuals as the unit of analysis provides a valuable new perspective for understanding the ways in which individuals choose to interact with their external environment and with others. Transactions between actors, as Depelteau (2008) posits, shape our future interactions, suggesting that relational sociology offers particularly useful methods for understanding and interpreting agency and action.

#### *Relational Sociology and Gregory Bateson's Theory of Alcoholism*

Depelteau's (2008) concept of transaction, or relationalism, reveals a clear connection with Gregory Bateson's operationalization of cybernetics and systems theory. Depelteau's model, in which every step of the transaction is dependent on its history (that

is, the action and reaction of each actor sets the precedent for the next sequence of events), resonates with Bateson's discussion of two different types of relationships: complementary and symmetrical. Bateson (1972), in his theory of alcoholism, describes the nature of complementary and symmetrical relationships as they relate to the epistemologies held by alcoholics. For Bateson, symmetrical relationships are characterized by the alcoholic's desire to obtain, establish, and maintain power and control over their drinking. Symmetrical relationships are also a characteristic of a flawed epistemology, in which individuals see themselves in a type of competition, both with others and with alcohol itself.

Complementary relationships, on the other hand, are often characterized by a type of surrender to a power that is perceived as greater than oneself. Through the acknowledgement that one does not, in fact, have control over their drinking, Bateson argues that an alcoholic is capable of recovering from their addiction and is able to begin rebuilding relationships. Complementary relationships, then, are symbolic of a transformed epistemology in which the individual no longer feels a need to compete against others and against alcohol. For Bateson, the relationships that any individual maintains to the "system" of alcohol and to others is critical in understanding the framework from which an alcoholic operates and, more importantly, for understanding how Alcoholics Anonymous seeks to help alcoholics in recovery. Bateson's use of cybernetics and systems theory in the examination of alcoholic epistemologies relates to the practice of relational sociology (note: Bateson does not use the term relational sociology in his work) in that it focuses on the interactions that alcoholics maintain with their friends and family and with their addiction itself.

For Bateson, the problem of alcoholism extends beyond the individual. The nature of the problem for alcoholics is embedded in the symmetrical relationships that an alcoholic has to others and to the system of alcohol. Bateson argues that within Western (Occidental) culture, there is a tendency for language to center on concepts of competition and rivalry, creating a social environment that both enables and encourages heavy drinking. This concept relates to Depelteau's (2008) argument that the production of the social world, in fact, occurs within interactions and the physical environment. As the individual participates in social drinking with friends, Bateson proposes, that individual is more likely to consume greater amounts of alcohol as a consequence of an Occidental or flawed epistemology.

In a multi-level ecological and system dynamic study of drinking, Clapp and colleagues (2018) found that drinkers were, in fact, significantly influenced by their drinking companions and vice versa, demonstrating the active and reactive relationships that occur and shift within time and space. Although the authors do not utilize or refer to Bateson's concepts of symmetrical and complementary relationships, their observations and findings nevertheless reflect the presence of symmetrical relationships within drinking events, mainly through a perceived competition with others. The individuals did not necessarily have to engage physically in any particular type of explicit competition; rather, it was their perception of inherent competition that led people to consume greater amounts of alcohol. The alcoholic not only maintains symmetrical relationships with his or her drinking companions but with others as well. Bateson notes that as family members, employers, or other people central to the alcoholic's life begin to remark on the alcoholic's drinking behaviors, the alcoholic becomes more likely to try to control his or her addiction. Bateson referred to the alcoholic's cyclical desire to control their drinking

as alcoholic pride, which reflects the growing symmetrical relationship the alcoholic develops to the system of alcohol. In order to demonstrate they have control over their addiction, alcoholics may attempt to abstain from drinking for a period of time, whether for a few days or a few weeks. Once alcoholics persuade themselves that they can control their drinking behaviors because they have been able to successfully abstain from alcohol for that period of time, they may allow themselves to have a drink in order to prove that they can once again stop.

The self-testing that occurs with such alcoholics creates a paradoxical and destructive cycle in which individuals perceive that they must drink to prove that they have the ability to stop drinking. This symmetrical relationship consequently reinforces an epistemology that ultimately prevents individuals from maintaining a sober lifestyle because the challenge of a drink remains present in the alcoholic's life. By applying relational sociology, we may be able to qualitatively dissect the nature of the relationship that an alcoholic has to the system of alcohol. By examining the different types of relationships that individuals have to others and to alcohol, we may be better able to understand how those relationships create new relationships in and of themselves. That is, how might a symmetrical relationship with alcohol generate symmetrical relationships with family members, and how might such symmetrical relationships with family result in the persistence of a symmetrical relationship with alcohol? As opposed to looking at individual psychological explanations for negative relationships with family or negative interactions with alcohol, relational sociology allows us to broaden the unit of inquiry to the level of the relationship. How do those relationships and interactions reinforce or challenge deeply held epistemologies?

By applying Bateson's model of alcoholism and his examination of the role of Alcoholics Anonymous, we can observe a fundamental shift from symmetrical to complementary relationships. Rather than maintaining the symmetrical relationships with others and to alcohol that are embedded in the false epistemology held by alcoholics, Alcoholics Anonymous attempts to change the epistemologies of alcoholics through the development of complementary relationships to others, to alcohol, and to a higher power. Barnes (2009) writes that while a symmetrical relationship with alcohol characteristically situates alcoholism outside of the self, a complementary relationship embeds the alcoholic directly within the system of alcohol. Rather than trying to prove that he or she can overcome the greater system of alcohol by means of alcoholic pride (the repeated self-testing to assure oneself of control) and will power, the alcoholic surrenders to the greater system of alcohol, leading to a new complementary relationship. Bateson argues that through this surrender to the system of alcohol, the alcoholic acknowledges that he or she cannot be the "captain of [their] soul" (Bateson, 1972, p. 441, gendered language changed from the original [his]). Employing a relational sociological approach allows us to better understand and examine how that relationship is able to change. Rather than examining changes within the individual self, a relational sociological approach would seek to examine and assess changing relationships that alcoholics have to others and to the system of alcohol.

With regard to the concept of power as a characteristic of a relationship, as discussed by Emirbayer (1997), the relationship of the alcoholic to alcohol can be reasonably argued to be a relationship of power. The alcoholic seeks to establish control of their alcoholism through alcoholic pride and self-testing, ultimately reinforcing a flawed epistemology in which the alcoholic presumes to have control over the system of



alcohol. The relationship of power is characterized by the alcoholic's determination to prove they are the "captain of their soul" and yet, paradoxically, the more they try to control their addiction, the more deeply imbedded they become in the flawed symmetrical relationship with alcohol.

The first three steps of the Twelve Step program of AA rely on the alcoholic's willing surrender to a higher power (Alcoholics Anonymous, 1939). As part of this surrender, the alcoholic acknowledges that they are powerless over alcohol, an admission that requires both humility and bravery. The relationship of power, therefore, shifts as power becomes a characteristic of a type of complementary relationship rather than a symmetrical relationship. Through honest admission that he or she is powerless over alcohol, the alcoholic accepts AA's notion that there is no true, absolute state of sobriety, but rather a conscious, deliberate choice to be not intoxicated. For the alcoholic, in other words, there is power in deliberately choosing to abstain from alcohol. By accepting that the possibility of taking a drink is always present within oneself, the alcoholic is able to make a deliberate decision to not drink, acknowledging and exercising a concept of power and responsibility that is not present in the epistemology that reinforces symmetrical relationships. As alcoholics seeking recovery acknowledge that they do not have control over their addiction, a surrender to a higher power occurs, allowing for an epistemological shift from symmetrical to complementary. Although AA in its early stages conceptualized the higher power as a Christian God, members of AA today are empowered to interpret the higher power however they may choose. The role of the higher power, as Bateson posits, is to provide a model, whether real or fictional, to which alcoholics are to surrender their pride and addiction. As opposed to challenging the higher power for control, the alcoholic ultimately has to admit, humbly, that they do not

have control. Regardless of how the individual conceptualizes the higher power within the 12 Steps, Bateson argues, the salutary complementary relationships replace the counterproductive and destructive symmetrical relationships that the alcoholic once maintained to others, to alcohol, and to themselves.

With regard to the academic literature addressing the spiritual components of AA, Swora (2004) notes that the disciplines of psychology and sociology often try to transform spiritual concepts to sociological and psychological terms. Swora argues that in doing so, these disciplines try to explain the spiritual nature of AA in ways that are more immediately tangible. A search of academic literature regarding sociological examinations of Alcoholics Anonymous yielded few results; however, many sociological studies demonstrate how participation in spiritual or religious activities is demonstrably important for health and well-being (Green & Elliott, 2010; Hill, Rote, Ellison et al., 2014). With regard to the alcoholic's willing surrender to a higher power, the concept of motivation becomes a critical component to examine. The alcoholic must be both willing and motivated to recover, which, when attempting the 12 Steps of AA, requires the acknowledgement of that higher power. Oman (2018) argues that spirituality and religion are significantly related to the concept of motivation in that they "commonly reflect our ultimate concerns, our deepest motives" (p. 2). On the other hand, however, Galanter (2014) found that the seemingly explicit religious components of AA were difficult for alcoholics to accept. For Bateson (1972), recognition of a higher power of any sort rests in alcoholics' acknowledgement that there is some coherent system that may not be fully apparent but that nevertheless is far greater than themselves. It is the recognition and acknowledgement of this greater system that allows for alcoholics to begin the process of recovery.

AA literature suggests that alcoholics cannot be fully committed to AA without the experience of hitting some form of a “bottom.” Young (2011) addresses the concepts of “high-bottoms” and “low-bottoms,” finding distinct differences among those who choose to seek recovery and those who do not. Individuals who identify as having experienced high bottoms are alcoholics who have demonstrably higher motivation to seek and attain sobriety before they begin to lose tangible objects in their life or who have not yet encountered an experience that has affected them in a deeply profound and destructive way. Bentley (2017) argues that individuals who are low bottom alcoholics, on the other hand, are less likely to actively pursue recovery, and more likely to relapse into drinking once they leave a treatment or recovery program. More specifically, Bentley posits that low bottom alcoholics are less likely in any event to enter a recovery program such as AA at a high bottom stage due to limitations of their social networks (2017, p. 63). Low bottom alcoholics’ social networks, for instance, are less likely to include active AA members who may encourage them to attend AA meetings. A relational sociological perspective on this phenomenon suggests that the types of relationships (symmetrical or complementary) that alcoholics maintain with others plays a considerable role in their pursuit of treatment or recovery.

Active involvement and participation within the AA program are associated with higher rates of abstinence from alcohol (Jenkins & Tonigan, 2011; Magura et al., 2013). The formation of positive relationships within the structure of AA has also been associated with success in sobriety. Tonigan and Rice (2012) found that individuals who perceived that others in their AA meetings had strong social ties were more likely to attend and participate in AA activities. Perceived relationship quality within AA also predicted individual sobriety; specifically, individuals who believed that others within the

group were working toward the similar goal of alcohol abstinence were more likely themselves to follow the 12 steps and decrease alcohol consumption (Rynes, Tonigan & Rice, 2013). Shared narratives and life experiences are also important for alcoholism recovery. Both Cain (1991) and Humphreys (2000) found that within the network of AA, individuals are likely to develop better understandings of their relationships with others, with alcohol, and with themselves, leading to a strengthening of their own self-identity. In a recent study of the rhetoric of AA, Wolf (2018) found evidence for the development of community through commonly used language among the members of AA, arguing specifically that shared language serves as a mechanism through which fellowship is strengthened and individuals can find recovery.

For Bateson (1972), involvement in the AA program is concerned not only with individual recovery, but also with the relationships that alcoholics establish and maintain with others. Involvement in AA and the positive consequences that manifest in restored relationships characterizes a systems theory, cybernetic, and relational epistemology in which individuals no longer perceive themselves as existing outside of a system; rather, the individual is embedded in multiple interconnected relationships and networks that perpetually inform one another. Bateson's theory of alcoholism fundamentally rests on the epistemological changes that occur as individuals transform symmetrical relationships into complementary relationships

## RESEARCH QUESTION AND HYPOTHESES

The overarching question guiding this study is: Can we use a relational sociological approach to examine whether Bateson's Theory of Alcoholism and Addiction represents an accurate reflection of the lived experiences of recovering and non-recovering alcoholics?

I hypothesize that, through interviews with recovering and non-recovering alcoholics, Bateson's Theory of Alcoholism and Addiction will be supported through participant self-described perceptions of their relationships with the system of alcohol, with friends and family, and with a higher power. I also hypothesize that through descriptions of engagement with an alcohol or drug recovery program, participants will exemplify a fundamental epistemological change, from an Occidental epistemology to a cybernetic epistemology.

## CHAPTER 3. METHODS

### *3.1 Conceptual Framework*

To explore whether Gregory Bateson's Theory of Alcoholism and Addiction (TAA) is reflective of the real-life experiences of recovering and non-recovering alcoholics, data were collected through 20 audio recorded in-depth semi-structured personal interviews. Utilizing deductive qualitative analysis of Gregory Bateson's "The cybernetics of 'self': A theory of Alcoholism," a finite state diagram was constructed to better understand the theoretical framework in which Bateson grounded his ideas [see Figure 1]. Following the chain of epistemological processes rooted in Bateson's Theory of Alcoholism and Addiction (TAA) allowed for the development of interview questions that measure five specific constructs: symmetrical relationships, complementary relationships, higher power, rock bottom, and Alcoholics Anonymous. Each construct measured aims to corroborate Bateson's TAA by providing evidence of how individuals, through self-described experiences, engage in behaviors that reflect changing epistemological processes.

### *3.2 Recruitment and Sample*

All study materials for the "Drinking Behaviors, Relationships, and Recovery Study" were approved by the Institutional Review Board as well as approved by the community agency in which recruitment and data collection would take place. The Bridge Behavioral Health (The Bridge) is a nationally-accredited treatment center located in Lincoln, Nebraska, that specializes in the treatment of both alcoholism and drug addiction and that provides customized treatment programs for each individual. Prior to the distribution of all study materials, feedback on interview procedures and questions were obtained from professional clinicians at The Bridge to ensure the safety of the

participants. Upon feedback and review of recruitment procedures, flyers were distributed to The Bridge, where various Alcoholics Anonymous and Narcotics Anonymous groups were able to access them. The recruitment flyer included a brief statement of purpose for the study, the mode in which the interview would be conducted, eligibility requirements, as well as an emphasized cash incentive for completing the interview. Participants were given contact information on flyer tabs containing a university phone number and a university email address to inquire about participation in the study. [see Appendix A for example of the recruitment flyer that was distributed to The Bridge]. Through purposive sampling, I limited the number of participants to 20 individuals who were in either active recovery or active drinking. The study sought to examine 10 individuals in active drinking and 10 individuals in active recovery and did not consider limitations on either gender or racial/ethnic composition of the sample size. To be eligible for participation in the study, three criteria had to be met:

- a. Participants had to be 25 years of age or older
- b. Participants had to have either 60 days of continuous sobriety or 60 days of active drinking
- c. Participants had to have either attended an alcohol or drug recovery program at least once a week in the past 60 days or not attended an alcohol or drug recovery program at least once a week in the past 60 days.

Individuals who had 60 days of continuous sobriety but did not attend an alcohol or drug recovery program were considered ineligible for the study, as were individuals who were in active drinking but had attended an alcohol or drug recovery program at least once a week in the past 60 days. When individuals contacted me, they were screened on the telephone for eligibility [see Appendix B for telephone administered eligibility screener]. While 12 individuals utilized information provided on the flyer tabs to contact me directly regarding participation in the study, several individuals informed me that they had been made aware of the study through conversations with other

individuals during their recovery program meetings. Individuals in either the residential treatment or detox program who were eligible for the study were also recruited by professionals at The Bridge. Those eligible participants who were in either the residential treatment program or the detox program were those who did not have 60 days of continuous sobriety and many of them had not been at The Bridge long enough to have attended an alcohol or drug related recovery program at least once a week in the past 60 days.

With permission from The Bridge, interviews were conducted in a private room at The Bridge for confidentiality purposes. Participants were also given a mental health screener prior to obtaining signature for consent [see Appendix C for the mental health screener that was administered]. Informed written voluntary consent was obtained from all participants prior to audio recording. Participants were given a \$25 cash incentive, a copy of the informed consent, and a list of local and national alcohol and drug recovery resources at the completion of the interview.

Although the interview questions measure identical constructs across the two samples, the wording of the questions varied slightly depending on whether the participant was in active drinking or active recovery [see Appendix D and Appendix E for a full copy of the interview scripts for the order in which the questions were asked]. For individuals in the sample for active recovery, questions measuring the various constructs were worded to encourage participants to describe their experiences with substance misuse and the quality of their relationships prior to, during, and after their active participation in an alcohol or drug recovery program. For individuals in the sample for active drinking, questions measuring the various constructs were worded to encourage participants to reflect on their current experiences with substance misuse and the quality



of their relationships at the time of the interview and discuss how the quality of their relationships may change with active participation in an alcohol or drug recovery program.

### *3.3 Transcription and Coding*

Audio recorded interviews were uploaded to an encrypted Box folder provided through the University of Nebraska-Lincoln and recorded sessions were deleted from the audio recording device. The audio files were then downloaded from the Box folder to a program called Express Scribe, a user-friendly program for transcribing interviews. Microsoft Word transcriptions of the interviews were then uploaded to the secure box folder and the audio files were deleted from the transcription program. Microsoft Word was utilized to organize the coding schemes and to code the interviews. The codes developed for this study are grounded in Bateson's TAA [see Appendix F for the list of codes]. Although other themes emerged through data analysis, the aim of this study was to examine the four constructs outlined by Bateson. Each overarching theme or construct was coded as a parental code and was derived from the major arguments within Bateson's TAA: symmetrical relationships, complementary relationships, rock bottom, and Alcoholics Anonymous. To further analyze how each overarching construct operates within the level of individual experiences, child codes were created to measure how different components of those constructs demonstrate different aspects of epistemologies.

#### *3.3a Symmetrical Relationships (Parent Code)*

The construct of symmetrical relationships intends to measure how individuals reflect on and characterize the nature of their relationships. According to Bateson's TAA, symmetrical relationships, generally, are characterized by an internalized sense of competition for power and control over social relationships, the system of alcohol, and a

higher power. Symmetrical relationships reflect an Occidental epistemology in which ideologies of competition and control overshadow ideologies that encourage cooperation, compassion, and humility. Four child codes were developed from this parent code to better understand the epistemology that encourages symmetrical relationships: symmetrical relationship with alcohol, alcoholic pride, symmetrical relationship with family and friends, and symmetrical relationship with a higher power,

1. Symmetrical with alcohol: Interviews were coded for this theme based on self-described experiences with alcohol, in which subjects reflected on moments or periods of time where they felt as though they had exerted a type of control over their addiction or felt as though they had lost control of their addiction. Similarly, questions were asked to measure how participants describe their relationship, generally, with the system of alcohol. Individuals who examined specific feelings related to being intoxicated and sober were coded for this subtheme. Participants who described relationships with alcohol that were reflective of competitive power dynamics were also coded for this subtheme. Although this subtheme emerged throughout the interviews with individuals in both samples (active drinking and active recovery) the following questions were specifically written to measure this concept. The questions below were asked of individuals who were in the sample for active drinking. These questions were also asked in the active recovery sample, with slight changes in wording to reflect the participant's experiences with continuous sobriety.
  - a. "Can you describe some reasons for why you drink?"
  - b. "What sorts of emotions do you feel when you are intoxicated?"
  - c. "Are there moments in which you feel that you do not have control over your drinking?"

- i. If yes: How do you feel in those moments?
  - ii. Are there people that you talk to about these feelings?"
2. Alcoholic pride: Interviews were initially coded for alcoholic pride as an isolated construct representing forms of alcoholic pride based on participant self-described experiences in which they explicitly discuss a process in which they attempt to control their addiction. Upon reviewing Bateson's TAA, it is clear that this concept actually examines how alcoholic pride is a specific characteristic of symmetrical relationships. There are no specific questions that measure this idea; rather, this is a subtheme that emerges from participant descriptions of their symmetrical relationships with alcohol. As individuals attempt to control their addiction and ultimately fail, they repeatedly challenge themselves to try to control their addiction.
3. Symmetrical with family and friends: Interviews were coded for this theme based on participant self-described experiences with their family and friends and on their reflections on the quality of their relationships. Specifically, this subtheme measures how individuals in both active drinking and active recovery view the status of power dynamics within family and friend relationships. Individuals who identify experiences in which they challenge or challenged family and friends over their substance misuse were coded as symmetrical with family and friends, to reflect the competitive nature of symmetrical relationships. Although this subtheme was described throughout interviews with individuals in both active drinking and active recovery samples, the following questions were specifically asked to measure the nature of competitive symmetrical relationships. The questions below were asked of individuals who were in the sample for active drinking. These

questions were also asked of the active recovery sample with slight changes in wording to reflect current relationship qualities.

- a. “Who are the people who you feel most comfortable drinking with? What are their relationships to you?
    - i. How would you describe your drinking behaviors with these individuals?
      1. How often do you drink together?
      2. How much do you drink together?”
  - b. “Who are the people who you feel most uncomfortable drinking around?
    - i. What are their relationships to you?
      1. Why do you feel uncomfortable?”
  - c. “Do you prefer drinking by yourself or drinking with others?”
  - d. “Within the last year, have any of your family or friends come to you with concerns about your drinking behaviors?
    - i. If they have:
      1. What sorts of things do they say to you?
      2. How do you feel about their concerns?
      3. How do you react?
      4. When your family and friends do confront you, do your own feelings change? Does your drinking change in response to your own concerns? “
    - ii. If they have not:
      1. Why do you think they have not talked to you about your drinking behaviors?”
4. Symmetrical with higher power: Interviews were coded for this theme based on participant self-described experiences and relationships with a higher power. Participants who described their relationship with a higher power as one that is characterized predominantly by punishment were coded for this subtheme. Participants who also characterized their relationship within a framework of competition and control were similarly coded for this subtheme. This subtheme reflects a type of relationship in which individuals express a loss of control of their addiction by means of their higher power. The following questions were asked specifically to analyze participants’

experiences with and attitudes toward the use of a higher power within an alcohol or drug recovery program. The questions below were identically asked of individuals who were in the samples for active drinking and active recovery.

- a. “As you may know, Alcoholics Anonymous emphasizes the presence and usefulness of a higher power in their recovery program.
  - i. What does a higher power mean to you?
  - ii. Do you feel the concept of a higher power is important in maintaining continuous sobriety?
    1. If not, then what are important factors for maintaining continuous sobriety?
  - iii. In what ways do you see the concept of a higher power being useful?
  - iv. In what ways do you see the concept a higher power being not useful?”

### *3.3b Rock Bottom*

The construct of rock bottom intends to measure the type of experiences and feelings that individuals have that lead them to believe they are at rock bottom. The literature of Alcoholics Anonymous suggests that hitting a “rock bottom” is a crucial component of alcohol and drug misuse recovery. Therefore, rock bottom was selected as a construct that holds importance for understanding how individuals characterize their personal feelings and experiences associated with the term rock bottom. The questions also seek to understand how people may characterize the experiences of rock bottom for others, providing evidence of the importance for us to examine not only individuals singularly within a relationship, but to also study the types of relationships that individuals have with others and how those relationships impact interpretations of individual experiences. Both samples of active recovery and active drinking participants were asked similarly worded questions regarding the nature of rock bottom. The following questions were asked to the samples of participants.

1. “People often use the phrase “hitting rock bottom” in speaking about their experiences with addiction. Do you think there is a rock bottom?
  - a. If yes:
    - i. What do you think it means to have hit rock bottom?
    - ii. Do you believe that you have ever hit a rock bottom?
    - iii. What are some of the emotions and experiences do you believe people have when they believe they’re at rock bottom?
    - d. What do you think are some of the experiences and feelings that lead people to start a recovery program?
  - b. If no:
    - i. What do you think people mean when they talk about a rock bottom?
    - ii. What do you think are some of the experiences and feelings that lead people to start a recovery program?”

### 3.3c. *Alcoholics Anonymous (parent code)*

The construct of Alcoholics Anonymous intends to measure participant attitudes toward alcohol or drug recovery programs. This construct measures different aspects of alcohol and drug use recovery programs: perceptions of success, perceptions of failures, and shared experiences within the programs. Participants in the sample for active recovery were asked slightly different questions than those in the sample for active drinking. The following questions were asked to participants in the sample for active drinking.

- “1. Have you ever considered starting a recovery program?
  - a. If yes: Which ones are you considering? Why? What drew you to that particular program?
  - b. If no: Why have you not considered a recovery program?
2. What are some ways that you see recovery programs being useful in maintaining continuous sobriety?
3. Why do you think people join recovery programs that involve a group setting?”

For individuals in the sample for active recovery, the following questions were asked:

- “1. What type of recovery program are you in? (AA, another 12 step program)
  - a. Why did you choose that particular program?
  - b. In what ways has that recovery program been successful?
    - i. Are there ways in which the program has been unsuccessful? How so?”

Within this overarching construct of Alcoholics Anonymous, three specific themes emerged: self-perceptions of success, self-perceptions of failure, and self-perceptions of the importance of shared group experiences. The questions listed above are the only questions that were asked of the participants that were designed to measure the broad construct of Alcoholics Anonymous. The themes of success, failure, and shared experiences are described as follows:

a. Success: Interviews were coded for this theme when individuals described attitudes toward either Alcoholics Anonymous or another recovery program that reflected positive opinions of the recovery program itself, the members within it, and perceptions of self-progress in recovery and maintaining continuous sobriety.

b. Failure: Interviews were coded for this theme when individuals described attitudes toward either Alcoholics Anonymous or another recovery program that reflected negative opinions of the recovery program itself, the members within it, failure to maintain continuous sobriety, and rejection of group ideologies relating to the higher power.

c. Shared Experiences: Interviews were coded for this theme when individuals described experiences in either Alcoholics Anonymous or another recovery program in which they felt they shared similar stories of addiction. Participants who expressed the importance of shared stories and community were coded for this theme.

### *3.3d. Complementary Relationships (Parent Code)*

The construct of complementary relationships intends to measure how individuals reflect on and characterize the nature of their relationships. According to Bateson's TAA, complementary relationships, generally, are characterized by a form of surrender within social relationships, the system of alcohol, and a higher power. The act of surrender

represents a change in epistemology within an individual, moving from symmetrical to complementary. Within this framework, a complementary epistemology is reflective of a cybernetic understanding of the self. Three child codes were developed from this parent code in order to better understand how a complementary epistemology reflects an individual's greater understanding of the self: complementary relationship with alcohol, complementary relationship with friends and family, and complementary relationship with a higher power.

1. Complementary with alcohol: Interviews were coded for this theme when participants described moments or experiences in which they admitted defeat by the system of alcohol. Participants who described the processes in which they came to the realization that they did not or could not control their addiction were coded for this subtheme. This subtheme emerged from questions that asked participants to reflect on the nature of their relationships with alcohol. The questions that were asked that measured symmetrical relationships with alcohol were also likely to measure complementary relationships with alcohol, depending on whether the individual was in the active recovery or the active drinking sample. No specific questions were created for measuring and coding this subtheme.
2. Complementary with friends and family: Interviews were coded for this theme when participants described ways in which relationships with friends and family either change or were changed with an alcohol or drug recovery program. For individuals in the active drinking sample, the questions ask the participant to reflect on the future quality of their relationships while individuals in the active recovery sample are asked to reflect on the current quality of their relationships.



The following questions were asked to the active drinking sample to measure this theme of complementary relationships with friends and family. These questions were also asked to the active recovery sample with slight changes in wording to reflect current relationship qualities.

- a. “Do you think relationships change (both with those you are comfortable drinking with and those you uncomfortable drinking around) when individuals start a recovery program for their drinking behaviors?
    - i. a. How do they change?”
  - b. “What are some ways in which involvement in a recovery program may affect relationships with friends and family?
    - i. a. How might it affect those relationships?”
3. Complementary with higher power: Interviews were coded for this theme when they expressed a relationship with a higher power characterized by forgiveness and surrender. Individuals who explicitly described a relationship with a higher power in which they both surrendered to and asked for help from their higher power were coded for this theme. The set of questions intended to measure this concept are the same questions that were asked for the theme of “symmetrical with higher power.” No new interview questions were explicitly created to measure the theme of complementary relationships with a higher power because I expected that active recovery participants would clearly express a different, more complementary type of relationship with a higher power compared to active drinking participants who have not been actively engaged with the alcohol or drug recovery program literature for as long.

The organization and categorization of the overarching constructs of symmetrical relationships, complementary relationships, rock bottom, and Alcoholics Anonymous help to elucidate the epistemological processes of Bateson’s TAA. By coding the interviews using the overarching constructs as well as the refined coding themes,

interviews were analyzed to examine two principles of Bateson's TAA : 1) how various symmetrical and complementary relationships that individuals create and maintain within the cybernetic system reflect either Occidental or Cybernetic epistemologies; and 2) how participation in alcohol or drug recovery programs, such as AA or NA, act to encourage the epistemological shift that must occur for continuous sobriety.

## CHAPTER 4. RESULTS

### 4.1. Demographics

The overall study (n=20) was comprised of 15 male participants and five female participants. The average age of all 20 participants was 52. Of the 10 individuals in the subsample who are in *active recovery*: four are currently employed as full-time alcohol or drug counselors or recovery advocates, two are retired alcohol and drug recovery advocates, one is a retired military veteran, one works in janitorial services, one is unemployed, and one is a manufacturing supervisor. Within this subsample of active recovery, 9 identify as male and 4 identify as female. Although participants were not asked for their residential status, one individual in the active recovery sample identified as being homeless. Two individuals indicated that they originally attended Alcoholics Anonymous but found that Narcotics Anonymous was better suited for their needs. Because the study did not limit recovery programs to only Alcoholics Anonymous, these participants were included in the sample. In addition, one participant in this subsample of active recovery indicated that although they attended Alcoholics Anonymous regularly in the past, their current form of a regular recovery program was a Native American sweat lodge gathering with other individuals who also have continuous sobriety.

Of the 10 individuals in the *active drinking* subsample: seven individuals identified as being unemployed and three individuals identified as having part time jobs as a college instructor, ITS employee, and an employee of a Big-Box retailer. Within this subsample, 9 identify as male and 1 identify as female. In addition, 8 of the participants in this subsample were either in the residential treatment program or in the detox program. Although I did not seek out the residential status of any participant, 20% of the

individuals who were not residents at The Bridge at the time of the interview identified as being homeless.

#### *4.2. Analyses*

The following analyses are ordered by overarching constructs: symmetrical relationships, rock bottom, Alcoholics Anonymous, and complementary relationships. Each construct is then organized into the various child codes/themes in which the interviews were analyzed. Participant names have been changed to pseudonyms chosen by the participant. Quotations were taken verbatim from the audio recorded transcripts and include filler words in order to allow readers to fully experience the discourse of the interview.

##### *4.2a Symmetrical Relationships (Construct)*

###### *Symmetrical with alcohol*

All participants in both samples, active drinking and active recovery, were identified and coded as having expressed a symmetrical relationship with alcohol. Symmetrical relationships with alcohol were characterized as relationships in which the participant felt as though they could not socialize or experience daily life without the aid of alcohol, expressing a dependency on either alcohol or a substance. An analysis of the question asking participants for their reasons for drinking provides an explanation for how participants form and maintain a symmetrical relationship with alcohol. For example, 11 participants described how they believed that consuming greater amounts of alcohol helped them to navigate social situations and “fit in” with their peers and colleagues. Similarly, 9 participants indicated that they were involved in alcohol or drug misuse because of insecurity and anxiety that affected their everyday activities with family or their career. Half of the participants cited family history of drinking as a

catalyst for their own addiction. Less than half of the participants (35%) discussed how loss of a job or a loved one encouraged heavy alcohol consumption. Thirty percent of participants described how drinking is or was a way to escape and numb feelings of sadness and anger. Other responses that only a small number of participants indicated for reasons for drinking include rage or anger, boredom, and liking the taste or effect of alcohol. Reasons for drinking provide insight into how individuals come to understand a relationship with alcohol. For the individual who believes that the world around them is “insane,” alcohol serves as a means of correcting the environment around them, a characteristic of a flawed Occidental epistemology. If an alcoholic believes that the substance they use has a positive influence on self-image and self-worth as well as an effective façade of improved relationship quality, a symmetrical relationship with alcohol is formed and maintained. As the individual seeks to correct errors in their epistemology, the stronger the dependence becomes, further strengthening the symmetrical relationship the individual has with alcohol. For example, 11 participants described how discovering that greater amounts of alcohol helped them to navigate social situations that caused anxiety, led them to believe that they needed the alcohol for future social situations.

Participant responses to feelings of intoxication similarly mirror a symmetrical relationship with alcohol. Forty percent of participants indicated that during periods of intoxication, their mood was lifted and they felt a sense of happiness or joy that accompanied feelings of sociability. Only 5 participants described feelings of depression or sadness during periods of intoxication. Sadness was characterized by the six participants as a consequence of guilt and shame for what they believe they had done to their families. Twenty five percent described being angry while intoxicated, with the anger being directed toward either themselves or loved ones. Thirty percent of

participants described feeling a sense of invincibility or motivation during intoxication while 30% indicated that their intoxication led them to feel emotionally numb. Only two participants were coded as describing feeling sentimental while intoxicated. Perceived feelings of intoxication encourage the maintenance of a symmetrical relationship with alcohol and an Occidental epistemology since they encourage individuals to attach consequential tangible experiences to perceived corrections for flaws in their reality.

When asked about feelings of control over their addiction, participants overwhelmingly described experiences in which they felt they had lost control of their alcohol or substance use behaviors. Fifteen participants described feeling loss of control over their addiction.

- 1) “I had an illusion of control. I thought I had control. But in reality I didn’t.” –Bob, *recovered alcoholic*
- 2) “I mean...for me, Maia, the only control I have over my drinking is complete abstinence. Um, there’s the phrase one’s too many, a thousand’s not enough.”—Tumac, *nonrecovered alcoholic*

Quotations one and two provide evidence of how individuals describe their relationships with alcohol, demonstrating a symmetrical relationship with alcohol. The first quotation echoes many of the sentiments felt by other participants who were in active recovery, showing that many who felt that they had control over their addiction were under an illusion of control by an Occidental epistemology. Individuals in active recovery reflected on experiences in which they believed they could stop drinking to the point of “blacking out” but were unable to do so. Feelings of loss of control were also coded with 55% of individuals describing feeling shame, guilt, depression, or powerlessness. The second quotation also characterizes many of the statements made by those in the active drinking sample. For these individuals, many of whom are in the residential treatment program, there is recognition that loss of control over the addiction

exists; however, according to Bateson and the Alcoholics/Narcotics Anonymous literature, individuals cannot fully recover from their addiction until there is not only a recognition and acknowledgement but also an action that drives the individual to seek recovery.

Of the total number of participants who indicated feeling a loss of control, individuals who were in the sample for active recovery were more likely to talk about their feelings at greater length than those in the sample for active drinking. Of the four individuals who identified as believing they had control over their addiction, three of them were in the sample for active recovery. Only one individual from the sample for active drinking believed that they could control their drinking by making efforts to attend Alcoholics Anonymous meetings and connecting with like-minded individuals. This ideology suggests a deeply held internalized symmetrical relationship with alcohol in which the individual believes that through determination and desire to get better, they can defeat the system of alcohol and addiction. According to Bateson, this symmetrical relationship will only grow stronger the more the individual attempts to control their addiction.

#### Alcoholic Pride

Alcoholic pride, as defined by Bateson, is characterized by a process in which the alcoholic attempts to control their addiction through repeated self-testing. Within the finite state diagram, alcoholic pride leads to a state of runaway in which the alcoholic continuously tries to prove, either to themselves or to others, that they can control their addiction by attempting periods of sobriety. Once the individual achieves a personal goal of sobriety, for example maintaining continuous sobriety for a week, the individual may challenge themselves to a drink or substance in order to demonstrate perceived control, a

swift shift from a symmetrical relationship with alcohol to a complementary one, in which the alcoholic has submitted to the system of alcohol. Seventy five percent of all participants described experiences in which they repeatedly attempted to control their addiction.

- 1) “And then I’ll quit drinking for a couple days or week and then show them I’m okay, and then I’ll start to believe I’m okay, and I’ll start drinking again” –T, *nonrecovered alcoholic*
- 2) “I think I would drink less. I’m going out tonight, I’m just going to have one or two and just socialize but that didn’t last very long, I’m only going to drink on the weekends, um. I’m not going to drink during the week, um, you know, little things like that” –Bubbles, *recovered alcoholic*

Quotations one and two are representative of the experiences described by participants in both the active drinking and the active recovery sample. The first quotation provides evidence of how alcoholics remain in a symmetrical relationship with the system of alcohol through repeated attempts to maintain sobriety. For the alcoholic, a flawed epistemology in which the alcoholic views themselves in competition with the system of alcohol encourages a continuous symmetrical relationship. Not only does the alcoholic view themselves in personal competition with the system of alcohol, they also view themselves in competition with others, whether real or fictional. Within this flawed epistemology, the alcoholic views these real or fictional others as a threat or challenge to their behaviors. The more the alcoholic continues to perceive a need to prove a demonstrable control over their drinking, the further embedded they become in a symmetrical relationship with alcohol. The more the alcoholic challenges themselves to remain sober, the more their symmetrical relationship with alcohol continues to grow stronger, and the more likely they are to continue drinking. Bateson argues that to escape this paradoxical situation, the alcoholic will either admit defeat by the system of alcohol



through hitting a bottom or, more profoundly, die trying to establish control over their addiction.

### Symmetrical with Friends and Family

All participants in both samples described experiences and feelings that are enveloped in the concept of symmetrical relationships with friends and family. The category of friends and family was left undefined for the participant in order to allow them to speak without constraints about relationships most salient to them. Participants who felt threatened or challenged by their friends and family with regard to their addiction were coded as having symmetrical relationships with them. Examples of challenges or threats to the participant include partner separation, removal from the home environment, and loss of friendships. Participants were asked to describe their drinking behaviors with regard to their social relationships. Eighty percent of the total sample provided descriptions of the types of individuals with whom they felt most comfortable drinking. Of the 80%, all participants indicated that they were most comfortable drinking with either a spouse or partner, long-time friends, colleagues, or strangers. No participant discussed feeling comfortable drinking with a family member, including parents, children, or siblings. On the other hand, 100% of the total sample described a type of relationship in which they would feel uncomfortable drinking with or around the other individual. The large majority of individuals described feeling uncomfortable drinking around parents, siblings, and supervisors. One individual, however, responded differently from all other participants for this question:

- 1) “People that can put drinks down. That was, you know, cuz that’s again that’s.. I never knew who I was going to drink with that day. I might just be walking down the street going to do a 6 pack and run into someone that maybe doesn’t drink as much as I do, so I’d feel kind of embarrassed. So like I said, that’s why I’d make sure I’d get mine right first so they only think..so people that basically weren’t alcoholics. I didn’t really want to drink with them.” –Michael, *unrecovered alcoholic*

This quotation suggests that the symmetrical relationships that the alcoholic maintains with established friends and family can also exist for the alcoholic with others, either real or fictional. According to Bateson, an Occidental epistemology provides a framework in which individuals perceive themselves as being outside of larger social connections. Individuals who identified feeling comfortable drinking around their peers described experiences in which there was an actualized external type of competition (e.g., seeing who could drink the most without passing out) and an internalized type of competition in which the alcoholic believed they were in a competition with another person to establish control or power over their addiction. When asked whether they prefer to drink by themselves or to drink with others, 12 participants indicated that they either currently preferred to drink by themselves or previously used to drink by themselves. The most frequently cited reasons for drinking alone were shame and guilt, unpredictable behaviors from other alcoholics, not wanting to share, and relaxation. To better examine how individuals interpret their relationships within the construct of symmetrical relationships, participants were asked to reflect on what family and friends have said to them regarding their drinking behaviors.

- 1) “They would encourage me to do something to get help. Some were ultimatums, you know threats, so to speak...Changing those relationships if I didn’t do something” – JC, *recovered alcoholic*
- 2) “Well like with my mom, she’s you know, she says you’ve done it before and you’ve put 2 ½ years together, I’ve put a year together, a year together, here together there. She say[s] you’ve done it before, you can do it again. You just have to figure out how you can make it permanent” – Storm, *nonrecovered alcoholic*

Quotation one is representative of a large majority of participants who described strained family relationships that often include ultimatums and threats. The symmetrical relationships between alcoholics and their friends and family are maintained while alcoholics continue to engage in drinking behaviors at the expense of their relationships

with others. Quotation two reflects a scenario expressed by a small number of the active drinking participants who had previously attempted alcohol recovery. Within this situation, family members believe that because the alcoholic has previously been successful at maintaining continuous sobriety, even for a period as short as 30 days, there is hope that they can maintain longer periods of sobriety. While this may appear to others as encouragement or support, individuals who have a flawed epistemology may interpret such encouragement as a personal attack or challenge. Because family and friends may try to encourage alcoholics and substance users to seek professional help or join a recovery program, the alcoholic, who has an Occidental flawed epistemology, perceives this encouragement as a threat, leading them to continue drinking in order to prove they can stop on their own. Participants described feelings of resentment, anger, and denial when friends or family confronted them with their concerns.

1). “I would respond to my sister and my friend, like I would instantly text them back and say why are you threatening me? I see it as a threat. I used to see it as a threat.” –John, *nonrecovered alcoholic*

2) “well I felt like it was not any of their business, that I wasn’t doing anything wrong, that I wasn’t hurting anybody but myself, um that uh they should be more concerned with other things going on, not with me”—Veronica, *recovered alcoholic*

3) “Yeah, I’d get really really mad. You know, and mostly it wasn’t that I was mad at them or anything, I wanted all that to stop, and one way to do that was to get mad. Real mad. So. So then they’d go away”—Joe, *recovered alcoholic*

The above quotations are reflective of the overall described experiences of alcoholics both in active recovery and active drinking. For both samples, participants expressed irritation with their friends and family during confrontations over drinking behaviors. Denial was also a commonly discussed sentiment, with participants describing how they did not believe they had a problem with alcohol use. Within an Occidental epistemology, the alcoholic does not see themselves as the “problem” in their relationships. Bateson argues that when the alcoholic is in a period of intoxication, there

is a temporary correction within the epistemology of the alcohol, which enables the alcoholic to feel and act as though they are part of the group, shifting from symmetrical to complementary relationships.

Symmetrical with higher power

When asked about the nature of their relationships with a higher power, 65% of all participants expressed previous or current feelings of negativity in their relationship with a higher power of their own definition. Participants who described feeling that their higher power was vindictive or punitive were coded as having a symmetrical relationship with a higher power. Many of the participants who expressed feelings of negativity toward a higher power spoke about past experiences or traumas in their lives that led them to drinking more heavily or using substances more frequently. Participants spoke about feeling as though their higher power, which was defined as a Christian God for many of them, was punishing them for past actions, leading them to seek an escape from feelings of vindictiveness. The most commonly used word to describe a negative relationship with a higher power was “anger.” Many participants spoke about being angry with or angry towards their higher power.

- 1) “I was angry at God for not answering my prayers, seemingly to be distant, and not really a human object but if there is a god, it didn’t make any sense to me that a lot of the hardship I’ve had in my life. Why me you know? I was in a lot of self-pity.”—  
Sport, *recovered alcoholic*

The above quotation reflects many of the sentiments expressed by other participants regarding their relationship with a higher power. Sport, a recovered alcoholic, who had experienced verbal abuse as a child and whose first wife died of cancer, described how his negative feelings toward his higher power encouraged his drinking behaviors, resulting in a reinforced symmetrical relationship with a higher power. In an analysis of the subsamples of participants who were coded as having a

symmetrical relationship with a higher power, data show that 60% of the individuals in the sample of active drinkers describe having negative attitudes, beliefs, and opinions of a higher power with regard to alcohol and drug recovery programs.

1. “Well, I think for a lot of people, even outside AA, it limits them because they are so tunnel vision and then they only see what they think God wants them to see, and behave. A way that they think God wants them to behave, but worst of all, they then try to force other people to do or not do what they think is right instead of just letting the...so, that sort of hypocrisy thing” –David, *nonrecovered alcoholic*
2. “I’ve seen a lot of people who very very sincerely have a belief in a higher power um who still struggle with addiction and alcoholism and um and the answer to that is you’re not doing it right. You’re not really believing. You’re not truly giving your will and life over to the care of God as you understand him. I think it’s kind of..not kind of.. very counterproductive, um, it also um it’s sort of condescending that if you don’t have belief that means you’re not ready to get well”—Cosmo, *nonrecovered alcoholic*

These quotations are reflective of the beliefs and attitudes toward a higher power that were common within the sample of active drinkers. Individuals in the active drinking sample associated alcohol and drug recovery programs, such as AA and NA, with a strong tendency toward religiosity. In his interview, David expressed that within AA, he felt that members used religion and the higher power as a means of judging morality with regard to drinking behaviors. Cosmo’s experiences reflect not only a symmetrical relationship with a higher power but also symmetrical relationships with others within alcohol and drug recovery programs. David and Cosmo both described their perceptions that AA is more of a religious “cult” than a spiritual recovery program. Although Bateson and AA/NA utilize terminology related to less dogmatic spirituality as compared to strict religiosity, several participants in the active drinking sample described previously choosing not to seek recovery based on the perceived religiosity of the recovery program. These quotations provide evidence of how symmetrical relationships with a higher power can influence decisions to seek and engage in recovery programs.

Within a flawed epistemology, symmetrical patterns and relationships escalate as the alcoholic continues to challenge both the system of alcohol itself and fictionalized or real others. As Bateson argues, in Occidental culture and within an Occidental epistemology, alcoholics are compelled to prove control and power over their addiction, enforcing symmetrical patterns. For alcoholics, errors and flaws within their concept of the world become intolerable, leading them to drink to correct their errors. Although the effects of alcohol provide a temporary correction to the flawed epistemology, the alcoholic remains in a deadly feedback cycle. Relationships with friends and family continue to deteriorate as the alcoholic's symmetrical relationship with alcohol takes precedence over caring about relationships with loved ones, a form of schismogenesis in which the alcoholic finds themselves ever further isolated from others. This symmetrical schismogenesis only acts to reinforce an alcoholic's flawed epistemology. Although intoxication provides the alcoholic with a temporary change in epistemology, which enables more favorable complementary relationships in which the alcoholic feels included within the larger group, the alcoholic ultimately retains a flawed Occidental epistemology.

#### *4.2b Rock Bottom (Construct)*

Both Bateson and the AA/NA literature theorize that in order for an alcoholic to willingly seek recovery and be able to maintain continuous sobriety, the individual must hit some sort of bottom. To better understand how individuals in both the active drinking and active recovery sample describe their experiences with rock bottom, individuals were asked to discuss characteristics of "rock bottom." Participants were also asked to discuss personal experiences in which they felt that they had hit a rock bottom. When asked to

define what rock bottom meant to the participant, 30% of all participants defined rock bottom as death.

- 1) “Yes I do. I think it’s death. Um, and I think that you can stop digging whenever you want.” –Jason, *recovered alcoholic*
- 2) “Death. Beyond that, no. As long as uh, as long as you’re still alive and still drinking, things are going to get worse. At least that’s been my experience and it’s my belief.”—Tumac, *nonrecovered alcoholic*

Quotations one and two reflect the similar definitions provided by other participants who also believe that the only rock bottom for those with an addiction is death. Of the 30% who describe rock bottom as death, four were in the sample for active recovery. On the other hand, other participants characterized rock bottom as a loss of relationships, material possessions, and employment. Twenty five percent of individuals also described how experiences with car accidents, DUIs/DWIs, and spending time in jail or prison led them to believe they were at a rock bottom. Twenty five percent of participants spoke about how homelessness felt like a rock bottom. Although in the active recovery sample, one participant, who personally chose the interview nickname Rumpelstiltskin, held up his backpack and told me that the contents of his backpack were the only possessions that he currently owned. His rock bottom was manifested through feelings of embarrassment and shame at being 35 years old and not having a place or possessions of his own. Rock bottom was also broadly characterized by all 20 participants as feelings of depression, fear, suicidal thoughts, and guilt. Seven participants described suicidal feelings and three of those participants had attempted suicide. Interestingly, only one participant out of the seven who described suicidal thoughts and feelings was in the sample for active drinkers.

- 1) “And I also was trying to kill myself because I used to be a RN and I knew with a blood clot you’ve got to take blood thinners but you can’t drink with blood thinners cuz that affects the medication, it affects the blood clot, and so I wasn’t taking the blood thinners because I wasn’t going to quit drinking um, and I knew eventually I’d throw a

clot and it'd go to my lungs, brain, or heart and kill me.”—Joe, *recovered alcoholic*

2) “Uh 3 years ago, I shut myself in my car in a garage and closed the door. And let the motor run and shut my eyes and that was it, I was ready to die. I was hoping I would die. And I didn't. The garage leaked so any carbon monoxide wasn't strong enough to kill me but I woke up 8 hours later disoriented and confused. And I stumbled out into the yard, backyard, and um, realized what I'd done and how sorry I was for thinking I had the right to take my own life. That was my rock bottom, you know. An epiphany. A near death experience” —Sport, *recovered alcoholic*

For these two participants, in particular, their attempted suicides were a catalyst for seeking recovery. Joe, a recovered alcoholic, spoke candidly about the moment in which he collapsed on the floor after a medical episode, and in that moment, he experienced an epiphany in which he was determined that he was going to live and seek help for his addiction. Similarly, for Sport, the moment in which he realized he had hit his rock bottom through his suicide attempt was the moment in which he realized he not only needed help in recovery but that he wanted to seek help. Bateson's TAA and the AA/NA literature suggests that an alcoholic or an addict has to encounter a “spiritual experience” in which the alcoholic recognizes a loss of self-power over their addiction. One participant, in particular, spoke about his rock bottom in terms of loss of control over his drinking.

1) “When you finally accept the fact that you are powerless, I have no control over your drinking or whatever you're doing[...]like it finally hits you quick because you've been in denial for a long time until you...you finally lose everything and you're kinda just beat. Physically. Mentally. Emotionally. You just..time to surrender” —Cory, *nonrecovered alcoholic*

Although Cory is in the sample for active drinking, his insights provide evidence for Bateson's TAA. Bateson argues that defeat by the system of alcohol is not only necessary to convince the alcoholic that a change is needed but that it is the first step in that process. Only two participants specifically stated that they had not yet hit a rock bottom. Both Grubby and John, nonrecovered alcoholics, asserted that although they felt they had hit a rock bottom at one point, they had not truly found a bottom. For example,



John, whose children were removed from the home by Child Protective Services, spoke about how although he missed his children, that experience was not a rock bottom for him. For John, that experience was a “reality check” as opposed to a rock bottom. Grubby described how his rock bottom was manifested through depression and extreme weight loss, yet, in reflection about the question of hitting a personal rock bottom, he stated “Damn close, but no. My attitude’s not.” In fact, Grubby specifically stated in his interview that “If I want to quit, I’ll quit. But I just don’t want to.”

Bateson’s TAA suggests that without an experience of defeat, the alcoholic’s “myth of self power” is not broken by the “demonstration of a greater power” (1972: 442). Bateson argues that although AA attempts to explain that individuals who have not hit bottom have weak prospects for recovery, there is the possibility that individuals can hit “bottoms” many times and that those instances may encourage momentary positive changes in behaviors. Yet, Bateson further posits that because of an alcoholic’s flawed epistemology, this step toward recognition and acceptance of defeat by the system of alcohol, is at least a change from a flawed epistemology to a “more correct epistemology” (442).

#### *4.3c Alcoholics Anonymous (Construct)*

Bateson’s analysis of the theology of AA suggests that individuals who are actively engaging with the Twelve Steps maintain complementary relationships with the system of alcohol, friends and family. Bateson’s theory of the cybernetics of the self becomes critical to the analysis of AA, particularly in his discussion of the higher power. While Bateson focuses strictly on the theology of Alcoholics Anonymous, I chose to allow participants who regularly attended any drug or alcohol recovery program to be eligible for the active recovery sample in order to gather insight into how people engage

with the recovery program itself and with other members. Participants were asked to describe what type of recovery program they were in, and why they chose it, as well as some of the successes and failures of the recovery program of their choice. Of the 10 individuals in the active recovery sample, seven attended Alcoholics Anonymous, two attended Narcotics Anonymous, and one individual hosted and participated in regular Native American sweat lodge meetings with other individuals with continuous sobriety. Of the 10 individuals recruited for the active drinking sample, eight were currently in the detox or residential treatment program at The Bridge, meaning that they were exposed to the Alcoholics or Narcotics Anonymous literature; however, they qualified for the study as they had not been regularly attending at least once a week during the last 60 days at the time of the interview. The other two individuals recruited for the active drinking sample were not involved in any alcohol or drug recovery program at the time of the interview. More than half of all participants indicated that they had unsuccessfully participated in previous alcohol or drug use treatment programs.

When asked about perceived successes and failures of their alcohol or drug recovery program, 13 participants described experiences and feelings of success within their AA/NA or other drug recovery program. Although six of those participants are in the active drinking sample, their interviews provide insight as to how the AA or NA group functions to strengthen healthy complementary relationships and provide social and emotional support.

1) “I didn’t have a life before AA. I had a drinking life but a lot of times that was just going down to the basement with a bottle and maybe a computer and the news. And not talking to people. AA has gotten me out and I have to associate with other members of the program. I don’t have to but I like to. And we have a good time”—Bob, *recovered alcoholic*

2) “I felt great, I mean, I was very welcomed back, even if I had been gone for a long time. People are happy to see me. And um that’s the way we treat everyone even if they’ve been gone for a long time (participant crying)” –Terry, *nonrecovered alcoholic*

Bob, a recovered alcoholic, spoke about how different his life became after joining AA and regularly attending meetings. His experiences and feelings were also shared by other participants in the active recovery sample. AA and NA provide opportunities for individuals to connect with others who have shared experiences and stories. Terry, who was early in the detox program at The Bridge, had a particularly difficult time sharing her experiences with alcoholism. Terry had several unsuccessful attempts at alcohol treatment and was currently at The Bridge because of an ultimatum from her family. Her perception of the success of AA was shared by other participants who similarly indicated that AA was a social group that was welcoming of other individuals regardless of how long they had been away from the program. Participants who described positive feelings, attitudes, and opinions toward AA, NA, or other recovery programs, were coded as describing success of Alcoholics Anonymous (other programs).

Despite the majority of participants who did not find any faults or failures within AA, NA or other recovery programs, a few participants indicated dissatisfaction with the recovery programs. Individuals were coded as describing failures of recovery programs when they expressed negative attitudes, beliefs, and opinions toward a recovery program and were able to describe what feature of the recovery program they took issue with. A few participants described feeling that among AA and NA group meetings the formation of cliques had led to judgmental and unsafe spaces for sharing personal experiences. In her interview, Jason spoke about the beginning of her journey to recovery from alcohol and drug misuse. Initially, Jason began attending AA meetings with a friend who also was addicted to alcohol and drugs; however, Jason described feeling unwelcomed to the AA recovery program because of her polysubstance misuse. Specifically, she spoke about

feeling that AA was interested in helping individuals who only used alcohol, and felt that she did not have a positive experience with either the AA program itself or the members attending the AA meetings. Among those who were coded as describing failures of recovery programs, the most commonly cited reason for failure was related to the spiritual nature of AA and NA. In particular, some participants took issue with the concept of the higher power as being represented by God in both the literature and physical meetings. For example, one participant, George, found that the recitation of the “Serenity Prayer” at the end of AA meetings made it seem as though it were a Christian meeting as opposed to a nonjudgmental, welcoming recovery group. Although George continued to attend AA meetings, she ultimately decided to host and attend a Native American sweat lodge recovery program with other individuals seeking continuous sobriety. Cosmo, a nonrecovered alcoholic, similarly spoke about disliking the seemingly “fundamental” religious approaches of AA.

1) “it’s a very moral approach to it and regardless of whether they say it’s spiritual rather than religious, it’s a very religious program and I’m an atheist. And um so, there are times when some of it..nuts and bolts and details are not really to my taste.. [...] And you have to follow it word for word. And people who recover without the use of the 12 steps weren’t real alcoholics to begin with”—Cosmo, *nonrecovered alcoholic*

While some individuals shared similar specific feelings of disdain for the perceived Christian religiosity of the program, most participants found that the concept of a higher power was important for maintaining continuous sobriety. To better understand how individuals conceptualize a higher power in their own process of recovery, participants were asked to characterize and define their higher power. Of the total sample, 55% of participants identified as Christian and stated that their higher power was Jesus Christ or God. Bateson addresses the use of the Christian version of the “Serenity Prayer” in AA meetings by examining spirituality in relation to the concept of the double bind, in which the Serenity Prayer “frees the worshipper from these maddening bonds” (454).

That is, the Serenity Prayer is intended to encourage individuals to hand their mental burdens over to God “as [we] understand him to be.” Rather than attempting to control the addiction through self-power and desire, the individual willingly admits that they cannot control their addictions.

Thirty five percent of all participants also described the recovery group itself as a form of a higher power. The large majority of all participants (70%) spoke about the importance of the concept of there being something greater than ourselves.

1) “Believing there’s something more powerful than you that will help you if you let him help you”—Storm, *nonrecovered alcoholic*

2) “I’ve had a lot of people tell me all different higher powers that they believe in. Whatever it is, it has to be greater than them”—Veronica, *recovered alcoholic*

The quotations above reflects beliefs and attitudes toward a higher power similar to what many participants in both samples felt. Only one participant in the entire sample identified as atheist; however, when asked about the benefits of a higher power, he spoke about feeling as though there were some entity greater than ourselves that shapes and guides us to our decisions.

According to Bateson’s TAA, this acknowledgement of something greater than ourselves with regard to the concept of a higher power can be understood in the context of cybernetics. Through cybernetics, we can examine how the “self,” is only a “small part of a much larger trial-and error-system” (Bateson 1972, p. 452). That is, the individual is embedded in a much larger system that influences how we think, act, and make decisions. Bateson argues that a favorable relationship with a higher power is attained through the process or act of “hitting bottom” and by surrendering to a higher power. For many of the participants, the process of hitting bottom was associated with a simultaneous surrender to a higher power for help in recovery.

Shared stories, narratives, and experiences of alcoholics within the context of AA or NA were coded in 15 participant interviews. Participants spoke enthusiastically about the quality of their relationships with others when asked about the importance of shared experiences in recovery. Participants in the sample for active drinking reflected specifically on their need for social and emotional support. Those individuals in the residential treatment or detox program spoke directly about their realization that they could not maintain continuous sobriety on their own.

1) “I need, I need the support of um likeminded individuals and I need the, you know, not only the support but you know the advice and guidance, the sponsorship, uh yeah, I can’t do it alone.”-Tumac, *nonrecovered alcoholic*

2) “most everybody’s been through an experience that you’ve been through and you don’t know how to handle it and they can tell you how they handled it.”—Onion, *recovered alcoholic*

The above quotations are representative of the general statements made by other participants regarding the importance of having a social support group in which individuals can share their personal experiences with addiction and the processes toward recovery. For some participants, shared stories and narratives allowed participants to feel as though they were not alone in their recovery. This sense of isolation and alienation is characteristic of a flawed epistemology in which the alcoholic views the “self” as separated from the rest of the world. With regard to Bateson’s cybernetic epistemology, AA/NA and other recovery programs may serve as vehicles through which alcoholics may be able to reevaluate their relationships within the context of a community of likeminded individuals.

Although most individuals employed positive language to describe the importance and value of shared stories and narratives within the setting of a recovery program, two participants found that the quality of the meeting was highly dependent on the attending members. Storm, a nonrecovered alcoholic, and Rumpelstiltskin, a recovered alcoholic,

discussed how their experience with their local AA group led them to consume more alcohol than they were previously consuming. For these two individuals, their AA meetings were characterized by “whining and complaining,” “telling war stories,” and “talking about being drunk.” In one instance, Storm described leaving an early morning meeting and immediately going to the nearby liquor store to purchase a drink before work. For these individuals, the environments of their particular recovery programs seemingly enforce symmetrical relationships with others. For those whose AA or NA programs provide an opportunity for people to discuss not only their stories of alcoholism or addiction but also their recovery stories, complementary relationships with others and with alcohol are formed. Bateson’s study of the theology of AA suggests that individuals in the recovery programs of AA or NA are likely to experience an epistemological change in which their relationships are characterized by an acknowledgement of surrender. For alcoholics, this complementary surrender occurs through a recognition of defeat by the system of alcohol. Rather than attempting to overpower their addiction through repetitive cycles of self-testing, the alcoholic willingly admits that the desire to drink is always within the “self.” It is through a recognition of a cybernetic system that alcoholics are empowered to maintain continuous sobriety by encouraging noncompetitive relationships with others and with alcohol.

#### *4.3 d Complementary Relationships (Construct)*

##### Complementary Relationships with alcohol

Participants in the sample for active recovery were coded as having a complementary relationship with alcohol when they described experiences and feelings of defeat by the system of alcohol or loss of control. Of the participants in the sample for active recovery, 7 individuals explicitly described having complementary relationships

with alcohol. The 3 individuals in the active recovery sample who were not coded for complementary relationships with alcohol did not describe their experiences with defeat or loss of control. A complementary relationship with alcohol was commonly characterized as acknowledging that the urge to drink is always present within the “self,” evidence of Bateson’s TAA in which an epistemological change has occurred.

1) “I still think about drinking once in a while and how good it would be and how nice it would be and all that stuff but it’d be insane for me to do that. And that’s why we have a step now about returning us to sanity—you know, and I go to a meeting a day and as long as I go to a meeting a day I’m reminded of what being sane for me looks like. Being sane is being sober”—Bob, *recovered alcoholic*

Bob’s reflections reveal an epistemological shift from a symmetrical to a more complementary state of mind. Within the Occidental epistemology, sobriety is a state of insanity, in which the alcoholic must drink in order to correct errors in their world. Within the more complementary, cybernetic epistemology, the world is no longer “insane” and the alcoholic is better able to cope with various problems. For alcoholics in active recovery, sobriety is sanity and allows them to have better relationships with others and relieves them of their anxieties. JC’s interview provides further evidence of an attitude that is reflective of a more cybernetic epistemology

“You’re still an alcoholic but you don’t have to be miserable, you don’t have to be sick, you don’t have to be anxious, you don’t have to be confused. You work the steps in this program, you can be recovered. And that was kind of the lightbulb so to speak that, I still didn’t want to believe it yet because I was physically sober but not mentally even close to..and I tried to make my mind just disagree with that fact. I wanted to stay miserable because I had an excuse to drink”—JC, *recovered alcoholic*

JC’s quotation is especially interesting because it is reflective of change from an Occidental to a cybernetic epistemology. His last sentence reveals a previously held symmetrical relationship with both alcohol and with others. For JC, his personal feelings of misery due to unemployment served not only as an excuse to drink but it, in fact, reinforced symmetrical relationships he had with friends and loved ones, which in turn



only strengthened his symmetrical relationship with alcohol. His first sentence, however, reflects a Batesonian complementary relationship with alcohol, in which he recognizes that an alcoholic will always remain an alcoholic because the addiction is embedded within the “self.” Nevertheless, through working the stages of the Twelve Steps, an individual is able to recover.

Of the participants in the sample for active drinking, only 2 individuals were coded as speaking about future complementary relationships with alcohol. This is unsurprising since individuals who are in active recovery are more likely to be able to reflect on their own personal experiences with alcohol recovery. For the two individuals who did briefly discuss complementary relationships with alcohol, their statements reflect a move toward a more complementary relationship with alcohol. Both T and Storm spoke about desiring the strength that comes from their higher power to resist drinking and “getting drunk.” The acknowledgment of outside strength reveals a complementary understanding of the “self” and the world around them. The shift from symmetrical to complementary relationships with alcohol enables the alcoholic to form more complementary relationships with friends and family.

#### Complementary Relationships with Friends and family

Bateson argues that through an Occidental epistemology, the effects of alcohol enable individuals to act and feel as though they are part of the group when, in reality, symmetrical relationships with others are strengthening. Within a cybernetic epistemology, however, relationships are more complementary in that individuals no longer see themselves in competition with others and are able to maintain more positive relationships with others. Participants in the sample for active recovery were asked to describe how their relationships have changed through their recovery process, and

participants in the sample for active drinking were asked to reflect on how they believe relationships may change through the process of recovery. Among all participants asked to reflect on changing relationships, 17 individuals discussed either having broken up friendships or having to break up friendships with other users during recovery. For some, the new support system of AA and the friendships created with other AA members enabled them to realize that certain friendships had to be discontinued in order to maintain continuous sobriety. One participant, Bubbles, described how her friends abandoned her as she was beginning her own recovery journey and left her feeling isolated. She explains, however, that the support system of AA allowed her to develop positive, healthy relationships with other people including romantic partners.

Of the 10 individuals in the active recovery sample, 100% of participants were coded as describing currently positive relationships with their family because of their sobriety. Several participants in this sample related that because of their continuous sobriety and restored relationships with loved ones, they were being invited to family functions from which they had previously been excluded. For instance, Veronica described how one year her family held a Christmas celebration without telling her because of her refusal to seek treatment for her drug addiction, leaving her feeling alienated from loved ones. This situation is reflective of Occidental symmetrical relationships with both alcohol and friends and family. Her reformed relationships with her loved ones are evidence of a cybernetic epistemology in which she is no longer trying to prove to either herself or her loved ones that she has control over her addiction. Paradoxically, her admission of no control is in some way a restoration of self-power in her decision to not engage in addictive behaviors. The development of new social and emotional support networks provides evidence of how individuals move from an

epistemology that enables the individual to see the “self” as separated from the rest of the world to an epistemology in which the “self” is recognized to be embedded within other systems.

Of the 10 participants in the active drinking sample, 100% of the individuals were coded as reflecting specifically on the changing quality of relationships with friends and family. While 6 of the participants in this sample spoke about perceived positive change of relationships with loved ones, 4 expressed concern about their process of recovery. When asked specifically how relationships may change when a person enters recovery, David’s response was particularly interesting.

1) “Well say it’s friends and they were both drinkers and one starts not drinking, I think the recovery person becomes somewhat afraid of the other person because they don’t want that person to drag them down. I think the drinking person resents the recovery person because not only do they sort of feel bad because their friend thought the drinking was bad but also they no longer have the friend that they have. Uh, you know, even if they got together for coffee and stuff, the recovery person is a completely different person” –David, *nonrecovered alcoholic*

David’s concerns about recovery were also shared by other nonrecovered alcoholics, Michael, Tumac, and Cosmo. Michael’s response was most similar to David’s, expressing how nonalcoholic individuals in relationships with alcoholics may feel threatened by the alcoholic’s recovery because they are no longer the primary source of emotional support. Specifically, these individuals described how relationships may deteriorate as alcoholics seek recovery. Cosmo and Tumac describe dysfunctional relationships in which the alcoholic is enabled by the other individual, and how the dynamic of the relationship changes drastically during the process of recovery. They both describe how the process of recovery requires the alcoholic’s full attention so that relationships with friends and family may be abandoned as they form new relationships with individuals in AA or NA. Rather than viewing the recovery process as entirely positive for relationship quality, these individuals view recovery as a potential source of

strain and anxiety for the other person. Comso specifically spoke about how individuals in recovery can self-isolate themselves from their previous lives as they devote much of their attention and energy toward the AA group. What is interesting about this perspective is that from an Occidental epistemological point of view, the alcoholic is self-isolating themselves by engaging with people with whom they have a symmetrical relationship. Bateson argues that it is through the process of recovery and engagement in a program such as AA or NA that previously symmetrical relationships can be restored through a complementary epistemology, therefore allowing the alcoholic to feel and act more as part of the system of others.

Generally, active engagement in a recovery program was associated with a more favorable perspective upon relationships with others, providing evidence for Bateson's TAA in which recovery programs act to reshape alcoholic Occidental epistemologies into more complementary cybernetic epistemologies. The formation of relationships with likeminded individuals appears to be crucial to maintaining continuous sobriety. Evidence from the interviews suggests that the function of the recovery program is not only to help individuals maintain sobriety, but also to provide them with tools for reconciling with others and building stronger more positive relationships. If individuals do not perceive themselves as in competition with others, fictional or real, the alcoholic is less likely to view themselves as having to prove control or power. Bateson's TAA regarding shifting epistemologies is evidenced by complementary interactions with members of AA and with alcoholics' friends and families.

Complementary relationships with higher power

Bateson's TAA concludes with an analysis of the complementary relationships that alcoholics form through a new cybernetic epistemology. Complementary

schismogenesis emerges through a cybernetic epistemology. That is, the more individuals express a submissive relationship to a higher power through the admission of loss of control, the more likely they are to refrain from alcohol or other substances. Individuals were coded as having complementary relationships with a higher power if they described positive attitudes, feelings, and opinions toward their higher power with regard to their addiction. Of the entire sample, 19 participants were coded as either exhibiting complementary relationships or expressing the value of a positive relationship with a higher power. Of the participants in the active recovery sample, 100% were coded as having a complementary relationship with their higher power.

1) “My God is a forgiving, altruistic, omnipresent being if you want to call it these big words. But I mean my God is everywhere I can find him, he has always been there, it’s just for the lack of me not looking for him the entire time. He’s willing to let me go through things similar to this in order to help other people and by helping other people, that’s where I can maintain self-worth, sobriety, and things that can’t be taken from me physically”—JC, *recovered alcoholic*

JC’s response was best representative of other participant sentiments regarding a positive relationship with a higher power. “Forgiving” and “loving” were the words most commonly used to describe the nature of the higher power by all participants. Participant responses indicate that epistemological changes occur through their perceived connectedness with their higher power. Most participants describe praying to a higher power on a daily basis for strength and guidance in their relationships and their decision to resist alcohol.

As opposed to characterizing a higher power through terms of symmetry, such as punishment and reward, the higher power within a cybernetic epistemology does not punish or reward individuals. Bateson argues that this epistemological change occurs through an alcoholic’s recognition of a power greater than oneself and that it lies in direct contrast to the alcoholic’s symmetrical pride. Occidental epistemology places the

individual or the “self” outside of a cybernetic, leading to a façade of control and power over both their addiction and others. A cybernetic epistemology, on the other hand, places the “self” within the system, enabling alcoholics to view themselves as part of a system of others. Bateson’s analysis of the Serenity Prayer in relation to the double bind is especially important in understanding how individuals experience an epistemological change through the spirituality of the recovery program. As Bateson argues, alcoholic pride is a manifestation of a symmetrical double bind in which the alcoholic cannot escape from the cycle of addictive self-testing. If a symmetrical double bind of alcoholic pride exists, Bateson further posits that a converse of the double bind may also exist. A more correct cybernetic epistemology leads to the emergence of a complementary double bind. Bateson argues that the serenity prayer which states “God grant us the serenity to accept the things we cannot change, courage to change the things we can, and wisdom to know the difference” has only one conclusion—“There are no alternatives” (1972:454). The double bind of the complementary relationship with a higher power suggests that by accepting the help of the higher power, the alcoholic is freed from the bonds of the symmetrical alcoholic pride. Evidence of this ideology was present in many of the participants’ statements regarding the complementary nature of their relationships with their higher powers, suggesting that this double bind does, in fact, exist.

## CHAPTER 5. LIMITATIONS AND DISCUSSION

Results of this study are not generalizable beyond this limited population sample. The aim of this study was to recruit 20 individuals, 10 in active recovery and 10 in active drinking, and quotas were not utilized to secure predetermined numbers of people based on race or gender. The results of this study are indicative of primarily middle-aged White men and are not reflective of the general experiences of women, other racial or ethnic groups, or other age demographics. Future studies regarding epistemological changes from active drinking to active recovery would utilize purposive sampling to recruit a wider sample of individuals. A further limitation to this study is that participants who were in the active drinking sample had had prior experiences with either a drug or alcohol recovery program; therefore, answers of the participants in the active drinking sample may have been biased due to their prior knowledge of AA or NA. To better understand true ideological and epistemological differences among individuals who are in active recovery versus active drinking, recruitment of participants would have to be strategized to target individuals who have no prior experience and engagement with an alcohol or drug recovery program.

Bateson's TAA provides a theoretical framework for interpreting the real-life experiences of individuals in active drinking and active recovery. Described experiences and feelings associated with symmetrical relationships with alcohol, friends and family, and a higher power are reflective of an Occidental epistemology that separates the "self" from other systems. Within these symmetrical relationships, the individual attempts to challenge the system of alcohol through the process of alcoholic pride. As the alcoholic isolates themselves and becomes further embedded in the cyclical process of self-testing, relationships with friends and family continue to deteriorate, leading to ever greater

isolation. Perceptions of a punitive and vengeful higher power are also symptomatic of an Occidental epistemology and encourage addictive behaviors. By “hitting a bottom,” AA/NA and Bateson argue, alcoholics are more likely to be successful in their recovery process because they must willingly admit a defeat by a system greater than themselves. Through this defeat, an epistemological change occurs in which the alcoholic is no longer in a competitive relationship with others or with alcohol. Rather, the alcoholic is in a submissive relationship in which they no longer try to control their addiction but instead accept the greater power of the alcoholic system.

Participant interviews reveal this very nature of epistemological changes. Participant interviews for those in the active drinking sample were much more reflective of Occidental epistemologies, in which subjects still made distinct efforts to try to control their addiction through self-testing. Although all participants in the active drinking sample were able to reflect on potential changes in relationship quality, four of those participants believed that those altered relationships would be worse before seeking recovery. Generally, those participants who did not have 60 days of continuous sobriety and who did not attend a recovery program at least once a week during the last 60 days preceding the time of the interview provide evidence for the validity of Bateson’s arguments regarding symmetrical relationships and Occidental epistemology. Those in the sample for active recovery reveal that they have experienced an epistemological change that is manifested through perceived relationship qualities with other people and with their higher powers. As opposed to trying to control their addiction through testing of sobriety, these participants acknowledged an acceptance of the powerful strength of their addiction. Yet their participation in recovery programs allows them to resist the urge to drink by means of their relationships with others.



Shared experiences and stories within the AA and NA recovery programs reveal the importance of these social and emotional support groups. The positive relationships formed through sponsorship, friendships with other members, and outside social functions suggest that it is not only attendance in recovery programs that enables continuous sobriety; rather, it is the quality of the relationships formed in those programs that encourages epistemological change. Individuals in the active recovery sample were able to narrate stories of their experiences as alcoholics, demonstrating a fundamental change from symmetrical to complementary relationships and from Occidental to cybernetic epistemologies. Interviews from participants in the active recovery sample who were able to reflect on their relationships prior to and after active engagement in a recovery program provide strong evidence for the validity of Bateson's TAA regarding complementary relationships and cybernetic epistemologies.

## CHAPTER 6. CONCLUSIONS AND IMPLICATIONS

Results of this study support Bateson's TAA by providing evidence of how individual epistemologies can change with engagement in recovery programs such as AA and NA. This study provides further support for the efficacy of relational sociology in understanding how relationships can encourage and discourage the formation of Occidental and cybernetic epistemologies. As opposed to studying individual behaviors and ideologies as the unit of inquiry, relational sociology suggests that perhaps examinations of the perceived relationships of the alcoholic to alcohol, to friends and family, and to a higher power can provide more critical insight for the productive study of alcoholism and addiction. Given the importance of understanding alcohol and substance addiction as a public health issue, a relational sociological approach that examines the forms and functions of social, interpersonal relationships contributes significantly to the growing research on the development of treatment and recovery programs.

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## APPENDIX B : SCREENING PROCEDURES

### Participant Screening Procedures-Audio Recorded Interview

The SECONDARY INVESTIGATOR will complete the following steps when someone contacts the study team:

- A. **Email reply:** “Thank you for your interest in the Drinking Behaviors, Relationships, and Recovery Study. Please call us at (402) 472-5974 anytime Monday through Friday between 8am and 1pm. To determine eligibility for participating in the study, we have three brief questions for you. This call should take no longer than 5 minutes. We look forward to hearing from you.”
- B. **Phone Reply:** “Thank you for your interest in the Drinking Behaviors, Relationships, and Recovery Study. This study is examining the ways in which alcohol use affects the language people use to describe their relationships with other people. We have three brief questions to determine if you are eligible to participate:
  1. How old are you? (if younger than 25: I am very sorry, but you don’t quite fit the age range we are looking for. Thanks for calling!)
  2. In the last 60 days, have you maintained continuous sobriety (for further clarification, abstained from alcohol use within the last 60 days)?
    - a. If yes: Within the last 60 days, have you attended Alcoholics Anonymous or another recovery program at least once a week?
      - i. If yes: Eligible for the study
      - ii. If no: Not Eligible for the study → “I am very sorry, but you don’t quite fit the profile of individuals we are looking for. Thanks for calling!”
    - b. If no: Within the last 60 days, have you attended Alcoholics Anonymous or another recovery program at least once a week?
      - i. If yes: Not Eligible for the study → “I am very sorry, but you don’t quite fit the profile of individuals we are looking for. Thanks for calling!”
      - ii. If no: Eligible for the study
  3. If they are eligible for the study: “Thank you! You are eligible to participate in our study. The in-person interview will take approximately an hour, and it will be completed in a private room. We can complete the interview either at the space that is available at the Bridge Behavioral Health or we can complete the interview at Benton Hall. Do you have a preference? (wait for a response)—Great, let’s go ahead and schedule an in-person interview. Can I get a first name and initial of your last name?”
    - a. [To SCHEDULE INTERVIEW] “What are some days and times that would work for you over the next few weeks?”
    - b. “To send you a reminder about the interview date and time, is there a preferred way that I could contact you? This can be either email, phone, text, whichever you’d prefer?”



## APPENDIX C: COGNITIVE SCREENER

**COGNITIVE SCREENER**

**COG1.** I am going to name three objects. Please wait until I say all three words, and then repeat them. Remember what they are because I am going to ask you to name them again in a few minutes. Please repeat these words for me: YELLOW—TABLE—PENNY. (3 TIMES)

DID THE RESPONDENT CORRECTLY REPEAT ALL THREE WORDS? Y / N

<b>CS1.</b>	What year is this?	_____	CORRECT.....1
<b>CS2.</b>	What month is this?	_____	CORRECT.... 1
<b>CS3.</b>	What is the day of the week?	_____	CORRECT.... 1
<b>CS4.</b>	What were the three objects I asked you to remember?	_____	CORRECT.... 1
		_____	CORRECT.... 1
		_____	CORRECT.... 1

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**Scoring** Total Correct: \_\_\_\_ / 6 Total Incorrect: \_\_\_\_ / 6

(0-3 correct) **FAIL. STOP**

(4-6 correct) **PASS. PROCEED TO INTERVIEW QUESTIONS**

## APPENDIX D: INTERVIEW SCRIPT FOR ACTIVE DRINKING SAMPLE

Interview Script for individuals who do not attend AA or another recovery program weekly AND have not maintained 60 days of continuous sobriety

**\*\*Have them read and sign the *Informed Written Consent*\*\***

### A: Introduction Statement

“Today we will be asking you some questions about yourself, your drinking behaviors, and your relationships with others. You are free to skip any questions and say as much or as little as you want as we go through them. The first few questions will be some general information about yourself. We want to keep this interview anonymous, which means that your name and any identifying information will not be attached to your interview. Do you have any questions before we begin?”

1. If yes: Answer questions
2. If no: Proceed to general questions

“These next few questions will just ask you for some general information about yourself.”

### B: General Questions

1. Can you give me a nickname for yourself that I can use during our interview?
2. How old are you?
3. What gender do you identify as?
4. What is your marital status? (Married, Widowed, Divorced, Separated, Long Term Partner, etc)
  - a. Are you currently in a relationship?
  - b. How would you describe that relationship?
5. What type of work do you do?
  - a. Do you consider your work full time or part time?
  - b. Do you receive health insurance from your employer?
  - c. Do you receive any sorts of benefits or services from your employer?  
(Examples: work day care, vacation days, paid leave, etc.)
6. Do you have any children under the age of 19 who currently live in your home? By children, we mean any biological children, adopted children, step children, or any

other child you may be a guardian of?

- a. Do you care for any children in your home under the age of 19 who you are not a legal guardian of?
7. Do you provide caregiver support for other individuals in your life?
- a. What is their relationship to you? (Examples: elderly or disabled parent, family member, or adult child)

“Great, so we’re going to move on now to some general questions that will ask you about your drinking behaviors”

#### C: Drinking Behavior Questions

1. How old were you when you had your first drink?
2. At what age did you begin to drink more heavily?
  - a. On average, how many drinks do you have during a day?
  - b. On average, how many drinks do you have during a week?
3. Do your drinking behaviors ever change depending on if it is a weekday, a weekend, or a holiday?
4. Have you ever considered quitting drinking within the last year?
  - a. If you have: what is the longest that you have gone without a drink?

“With these next sets of questions, I’d like to talk to you more about your relationships that you have with other people and your interactions with alcohol.”

#### D: Drinking Behavior Content Questions

1. To start off, can you describe some reasons for why you drink?
  - a. Can you recall the emotions that you feel during those times?
2. What sorts of emotions do you feel when you are intoxicated?
  - a. What sorts of emotions are you feeling when you are not intoxicated?
3. Within the last year or so, have you ever been concerned about your own drinking behaviors?
  - a. If you have been: Are there people you have felt comfortable talking to about your concerns? If so, how did they respond to you?
  - b. If you haven’t been: Describe how you see your own drinking behaviors. Do you feel they are normal compared to others?
4. Who are the people who you feel most comfortable drinking with? What are their relationships to you?
  - a. How would you describe your drinking behaviors with these individuals?

- i. How often do you drink together?
  - ii. How much do you drink together?
5. Are there people who you feel uncomfortable drinking around?
  - a. What are their relationships to you?
  - b. Why do you feel uncomfortable?
6. Do you prefer drinking by yourself or drinking with others?
  - a. Why do you prefer respondent choice?
7. Within the last year, have any of your friends or family come to you with concerns about your drinking behaviors?
  - a. If they have:
    - i. What sorts of things do they say to you?
    - ii. How do you feel about their concerns?
    - iii. How do you react?
    - iv. When your friends and family confront you, do your own feelings about your drinking change? Does your drinking change in response to your own concerns?
  - b. If they have not:
    - i. Why do you think they have not talked to you about your drinking behaviors?
8. Are there moments in which you feel that you do not have control over your drinking?
  - a. If Yes:
    - i. How do you feel in those moments?
    - ii. Are there people that you talk to about these feelings?
  - b. If no:
    - i. On a scale of 1 to 10 , with 1 being not at all confident and 10 being very confident, how confident are you that you have control over your drinking?
9. People often use the phrase “hitting rock bottom” in speaking about their experiences with addiction.
  - a. Do you think there is a rock bottom?
    - i. If yes:
      1. What do you think it means to have hit rock bottom?
      2. Do you believe that you have ever hit a rock bottom?
      3. What are some of the emotions and experiences do you believe people have when they believe they're at rock bottom?
      4. What do you think are some of the experiences and feelings

that lead people to start a recovery program?

ii. If no:

1. What do you think people mean when they talk about a rock bottom?
2. What do you think are some of the experiences and feelings that lead people to start a recovery program?

10. Do you think relationships change (both with those you are comfortable drinking with and those you uncomfortable drinking around) when individuals start a recovery program for their drinking behaviors?

a. How do they change?

11. Have you ever considered starting a recovery program?

- a. If yes: Which ones are you considering? Why? What drew you to that particular program?
- b. If no: Why have you not considered a recovery program?

12. What are some ways that you see recovery programs being useful in maintaining continuous sobriety?

13. Why do you think people join recovery programs that involve a group setting?

14. As you may potentially know, Alcoholics Anonymous emphasizes the presence and usefulness of a higher power in their recovery program.

- a. What does a higher power mean to you?
- b. Do you feel the concept of a higher power may be important in maintaining continuous sobriety?
  - i. If yes, how is it important?
  - ii. If not, then what are some ways that you think people are able to successfully maintain continuous sobriety?
- c. In what ways do you see the concept of a higher power being useful?
- d. In what ways do you see the concept of a higher power being not useful?

15. What are some ways in which involvement in a recovery program may affect relationships with friends and family?

a. How might it affect those relationships?

“Great, so now I want to give you the opportunity to let me know if you feel that there are topics and concepts that we should have covered but that we did not get to.

a. Do you have any topics that you believe we should talk about that were not

discussed?

“Well that was the last of my questions. I appreciate that you’ve been so forthcoming with your answers.”

E. Closing Statement

“Thank you so much for answering these questions and providing valuable feedback for our study. Once again, your privacy is important to us and there will be no personal identifying information in any of the final study reports, publications, or thesis materials. If you have any questions or concerns regarding this interview, please don’t hesitate to contact either me or Dr. Kirk Dombrowski, the Principal Investigator for the study. Our contact information is at the top of the paper that is paper clipped to the \$25. If I can just have you sign this receipt to verify you received the \$25, we should be good to go. Thanks again for your time. I hope you have a wonderful rest of the day.”

## APPENDIX E: INTERVIEW SCRIPT FOR ACTIVE RECOVERY SAMPLE

Interview Script for individuals who attend either AA or another recovery program weekly AND have maintained 60 days of continuous sobriety:

**\*\*Have them read and sign the *Informed Written Consent*\*\***

### A: Introduction Statement

“Today we will be asking you some questions about yourself, your drinking behaviors, and your relationships with others. You are free to skip any questions and say as much or as little as you want as we go through them. The first few questions will be some general information about yourself. We want to keep this interview anonymous, which means that your name and any identifying information will not be attached to your interview. Do you have any questions before we begin?”

1. If yes: Answer questions
2. If no: Proceed to general questions

“These next few questions will just ask you for some general information about yourself.”

### B: General Questions

1. Can you give me a nickname for yourself that I can use during our interview?
2. How old are you?
3. What gender do you identify as?
4. What is your marital status? (Married, Widowed, Divorced, Separated, Long Term Partner, etc)
  - a. Are you currently in a relationship?
  - b. How would you describe that relationship?
5. What type of work do you do?
  - a. Do you consider your work full time or part time?
  - b. Do you receive health insurance from your employer?
  - c. Do you receive any sorts of benefits or services from your employer? (Examples: work day care, vacation days, paid leave, etc.)
6. Do you have any children under the age of 19 who currently live in your home? By children, we mean any biological children, adopted children, step children, or any other child you may be a guardian of?

- a. Do you care for any children in your home under the age of 19 who you are not a legal guardian of?
- 7. Do you provide caregiver support for other individuals in your life?
  - a. What is their relationship to you? (Examples: elderly or disabled parent, family member, or adult child)

“Great, so we’re going to move on now to some general questions that will ask you about your past drinking behaviors”

#### C: Drinking Behavior Questions

1. How old were you when you had your first drink?
2. At what age did you begin to drink more heavily?
  - a. On average, how many drinks would you have during a day?
  - b. On average, how many drinks would you having during a week?
3. Did your drinking behaviors ever change depending on it if was a weekday, a weekend, or a holiday?
4. How long have you abstained from alcohol?

“With these next sets of questions, I’d like to talk to you more about your relationships that you have with other people and your interactions with alcohol.

#### D: Drinking Behavior Content Questions

1. To start off, can you describe some reasons for why you used to drink?
  - a. Can you recall any of the emotions that you were feeling during those times?
2. What sorts of emotions did you feel when you were intoxicated?
  - a. What sorts of emotions were you feeling when you were not intoxicated?
3. Were you ever concerned about your own drinking behaviors?
  - a. If you were concerned: Were there people who you felt comfortable talking to about your concerns? If so, how did they respond?
  - b. If you weren’t concerned: Describe how you saw your own drinking behaviors. Did you feel they were normal?
4. Who were the people who you felt the most comfortable drinking with? What was their relationship to you?



- a. How would you describe your drinking behaviors with these individuals?
  - i. How often would you drink together?
  - ii. How much would you drink together?
  
5. Were there people who you felt uncomfortable drinking around?
  - a. What was their relationship to you?
  - b. Why did you feel uncomfortable?
  
6. Did you prefer drinking by yourself or drinking with others?
  - a. Why did you prefer respondent choice?
  
7. Were there instances in which any of your friends or family came to you with concerns about your drinking behaviors?
  - a. If they did:
    - i. What sorts of things did they say to you?
    - ii. How did you feel about their concerns?
    - iii. How did you react?
    - iv. When your friends and family confronted you, did your own feelings about your drinking change? Did your drinking change in response to your own feelings?
  - b. If they did not:
    - i. Why do you think they didn't come to you with concerns?
  
8. Were there moments in which you felt you could not control your drinking behaviors?
  - a. If yes:
    - i. How did you feel in those moments?
    - ii. Were there people that you talked to about these feelings?
  - b. If no: On a scale of 1 to 10, with 1 being not at all confident and 10 being very confident, how confident were you that you had control over your drinking?
  
9. People often use the phrase "hitting rock bottom" in speaking about their experiences recovering from an addiction.
  - a. Do you think there is a rock bottom?
    - i. If yes:
      1. What do you think rock bottom means/how would you describe rock bottom?
      2. Do you believe you have ever hit rock bottom?
      3. What were some of emotions you were feeling after you felt you hit rock bottom?
      4. What were some of the experiences and feelings that led you to believe you were at rock bottom?
      5. What were some of the experiences and feelings that you were having that motivated you to enter recovery?

- ii. If no:
  - 1. What do you think people are talking about when they talk about rock bottom?
  - 2. What were some of the experiences and feelings that you were having that motivated you to enter recovery?
  
- 10. As you began to start the process of a recovery program, what were your relationships like with the people you previously felt most comfortable drinking with?
  - a. With the people you were most uncomfortable drinking around, what were your relationships like?
  
- 11. What type of recovery program are you in? (AA, another 12 step program)
  - a. Why did you choose that particular program?
  - b. In what ways has that recovery program been successful?
    - i. Are there ways in which the program has been unsuccessful?
      - 1. How so?
  
- 12. As you may know, Alcoholics Anonymous emphasizes the presence and usefulness of a higher power in their recovery program
  - a. What does a higher power mean to you?
  - b. Do you feel the concept of a higher power is important in maintaining continuous sobriety?
    - i. If not, then what are important factors in maintaining continuous sobriety?
  - c. In what ways do you see the concept of a higher power being useful?
  - d. In what ways do you see the concept of a higher power being not useful?
  
- 13. Did your recovery program affect the way you viewed your relationships with friends and family?
  - a. How did it affect those relationships?

“Great, so now I want to give you the opportunity to let me know if you feel that there are topics and concepts that we should have covered but that we did not get to.

a.

Do you have any topics that you believe we should talk about that were not discussed?

“I have two quick last questions that I’d like for you to answer.

- b. What are some of the things that have helped you during the recovery process?
- c. What are some of the things that may have hindered you during the recovery

process”.

“Well that was the last of my questions. I appreciate that you’ve been so forthcoming with your answers.”

#### E. Closing Statement

“Thank you so much for answering these questions and providing valuable feedback for our study. Once again, your privacy is important to us and there will be no personal identifying information in any of the final study reports, publications, or thesis materials. If you have any questions or concerns regarding this interview, please don’t hesitate to contact either me or Dr. Kirk Dombrowski, the Principal Investigator for the study. Our contact information is at the top of the paper that is paper clipped to the \$25. If I can just have you sign this receipt to verify you received the \$25, we should be good to go. Thanks again for your time. I hope you have a wonderful rest of the day.”

## APPENDIX F: CODES

1. ALCOHOLIC FEELINGS
2. ALCOHOLICS ANONYMOUS (PARENT CODE):
  1. Perceived successes (child code)
  2. Perceived failures (child code)
  3. Shared experiences (child code)
3. CHANGING RELATIONSHIPS
4. COMFORTABLE DRINKING WITH
5. COMPLEMENTARY RELATIONSHIPS (PARENT CODE):
  1. Complementary with alcohol (child code)
  2. Complementary with friends and family (child code)
  3. Complementary with higher power (child code)
6. CONTROL OVER ADDICTION
7. DRINKING BEHAVIORS
8. FEELINGS WHEN INTOXICATED
9. FEELINGS WHEN SOBER
10. HEALTH PROBLEMS
11. LEGAL TROUBLES
12. MOTIVATION FOR RECOVERY
13. NORMAL DRINKING
14. REASONS FOR DRINKING
15. ROCK BOTTOM
16. SUICIDAL OR SUICIDE ATTEMPTS
17. SYMMETRICAL RELATIONSHIPS (PARENT CODE):
  1. Symmetrical with alcohol (child code)
  2. Alcoholic Pride (child code)
  3. Symmetrical with friends and family (child code)
  4. Symmetrical with higher power (child code)
18. UNCOMFORTABLE DRINKING WITH

FIGURE 1. FINITE STATE DIAGRAM

