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Leaving the drug addict role and creating a recovering identity-variations by gender : a qualitative study

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Leaving the Drug Addict Role and
Creating a Recovering Identity-
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Abstract

This study seeks to understand gender variance when an individual leaves a "drug addict role" and creates a "recovering addict role" within the ideological constraints of 12-step programs (Alcoholics Anonymous or Narcotics Anonymous). Noting the limitations of addiction literature when examining the experiences of the entire gender variation spectrum, the researcher set out to identify whether this process varied among the genders and explore these results.

Twelve qualitative interviews were conducted with addicts of various genders who had at least one year of sobriety within the 12-step program of Alcoholics Anonymous or Narcotics Anonymous. Participants were asked to share their histories in moving from active addiction into a 12-step recovery. Semi-structured questions were asked to elicit data on events, beliefs, and experiences significant to ones' addiction and subsequent recovery.

Findings from the twelve interviews suggest that while addicts share many common experiences, the process of moving from active addiction towards a 12-step recovery does vary among genders. Conclusions from this study imply that both active addiction and a 12-step recovery impacts genders differently. Implications warrant

further examination of addiction and recovery along the gender variation spectrum. This information can guide mental health professionals toward a deeper and more "gender-compassionate" understanding of a recovering addict regardless of how that individual self-identifies.

LEAVING THE DRUG ADDICT ROLE AND CREATING A RECOVERING

IDENTITY-VARIATIONS BY GENDER: A QUALITATIVE STUDY

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements for the
degree of Master of Social Work.

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Chapter I

Introduction

Drug addiction has inarguably permeated all levels of society, leaving an excruciating impact on both the addict and significant others. Both devastating and baffling, the nature of addiction has been examined by a wealth of literature attempting to dissect the powerful forces behind it and discover the best route towards recovery. However, complex and multidimensional factors such as gender are often disregarded as an insignificant piece of the puzzle, leaving the literature incomplete. Recently, literature investigating the nature of addiction among various genders has emerged and exposed a desperate need for stronger support among previously ignored populations such as women and transgender men and women.

In spite of this vital information, there continues to be little understanding surrounding addiction along the entire gender variation spectrum. This is a particularly devastating fact considering that transgender people have a statistically higher chance of becoming addicts then either men or women have (Fraser, 2009; Lombardi & van Servellen, 2000). Not only does this invisibility contribute to a lack of resources, support, and compassion for the struggling addict but also limits our understanding of genders' influence on addiction as a whole. Without this understanding, our paths towards recovery will remain obscure.

It is impossible to explore recovery from addiction without also discussing the 12-step model, seen within the programs of Alcoholics Anonymous and Narcotics

Anonymous. These programs have proven themselves to be one of the most accessible and influential paths to abstinence (Anderson, 1998; Sanders, 2006). How does this one model affect people from a variety of genders? Just as gender influences an addicts' experience in active addiction, gender also plays a dynamic role in shaping an addicts' recovery. Investigating these nuances increases our understanding of these particularly vulnerable populations while also contributing to our insight into the unique components of a sober life.

The question remains: How does leaving a drug addict role and creating a recovering identity vary among the genders? Exploring this question is our responsibility as clinicians in this field; the result can further our knowledge of addiction and recovery, work against the contempt and stigma associated with certain identities, and continue to build an environment that is recovery conducive for all addicts.

The following study investigates personal experiences of gender during active addiction and recovery within 12-step programs. The existing literature will first be reviewed with specific emphasis on self-psychology as the lens to conceptualize how identity is affected by addiction and recovery. This literature will be enhanced with a discussion on pertinent aspects of gender variation. After this review, the experiences of twelve recovering addicts from across the gender variation spectrum will be explored. The discussion of the results will center on emerging themes of initial reasons of turning to substance use, experiences during active addiction, reasons for entering a 12-step program, benefits found in the 12-step program, challenges found in the 12-step program, and the process of finding ones' place within the 12-step program. Finally, this work will

examine the possible impact of these results and acknowledge the resulting implications

for clinical practice.

Chapter II

Literature Review

Introduction

This qualitative study seeks to understand gender variance when an individual leaves an "active drug addict role" and creates a "recovering addict role" within the ideological constraints of 12-step programs. While much study has been done surrounding drug addiction and recovery, until recently, there has been little exploration of the recovery process across the entire spectrum of gender variation. This chapter seeks to explore current available literature on identity, addiction, recovery, and gender.

As there is a wealth of literature exploring addiction along with extensive work on gender, an exhaustive review is beyond the scope of this project. However, this review will cover several areas. First, work centering on identity is briefly researched, followed by an overview of addiction. Next, an exploration of recovery is presented with an emphasis on 12-step programs (Alcoholics Anonymous and Narcotics Anonymous) as the modality in focus. Finally, after explaining the identity transformation involved in moving from addiction to a 12-step recovery, the complex subject of gender variation within this process will be investigated. Throughout each section, aspects of Heinz Kohut's (1923-1981) theory of self-psychology will be used to further break down and clarify the formation of identity and self.

Identity

Social science literature usually refers to 'identity' as individuals' ideas of who they are, what sort of people they are, and how they relate to others (Koski-Jannes, 2002). Identity can also be conceived as a sense of self-continuity (Dunkel, Minor, & Babineau, 2010), a "clear unmistakable sense of [one's] own endurance through time, a sense of sameness" (Sani, 2008, p.1). As human beings, our identities serve as lenses through which we understand -- and ultimately how we behave -- in the world. This 'lens' has been conceptualized from many angles as history, philosophy, psychology, and social sciences have conjured up a variety of ways to define and compartmentalize an identity, or rather, a self. Self-psychology provides one perspective with which to understand this basic yet complex entity.

The self-psychology lens.

Self-psychology emphasizes an individual's subjective sense of a resilient identity within the social context of time, place, and culture (Brown, 2010; Young, 1994). Kohut[1] (1977) saw the self as "the center of the individual's psychological universe" (p. 311) through which each person organizes experiences and regulates self-esteem. Since all that can be observed is a self-representation, Kohut asserts the impossibility of completely understanding "the self." In spite of this, Kohut's theory of self-psychology provides deep insight into this fundamental aspect of human beings.

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[1] Heinz Kohut (1913-1981) was born in Vienna. After receiving a medical degree from the University of Vienna he developed an interest in psychoanalysis, with a special interest in clients presenting with "unhealthy amounts of narcissism." However, Kohut found Freud's drive theory and traditional psychoanalysis misguided. His belief that a healthy self is created through experiences of others (selfobjects) meeting the self's particular needs became the basis of self-psychology.

The self is developed and sustained through psychological nutrients which have been termed 'selfobjects'. These support the self through "affect attunement, consensual validation, tension regulation and soothing, recognition of one's autonomous potential, and restoration of a temporarily threatened fragmentation of the self" (Chesick, 1993, p. 357). Kohut maintained the interactions between the selfobjects and the self during childhood solidify a healthy or damaged self (Kohut & Wolf, 1978). He stipulates that positive interactions are psychologically necessary for the healthy regulation of self-esteem and mood (Ulman & Paul, 2006). The selfobjects initially supply the functions that develop into solid structures of a healthy self, which Kohut breaks down into three distinct poles (Young, 1994).

The first pole labeled the 'grandiose self,' needs others to reflect and identify the self's talents, abilities, and characteristics. The self is "affirmed by recognition, appreciation, and enjoyment" (Young, 1994, p. 206). In addition to receiving praise, the grandiose self also is an element of the self that needs feelings recognized and mirrored back (Kohut, 1971). A self with a satisfied grandiose pole develops the function of self-esteem and is able to "monitor minor fluctuations and to bolster one's flagging self-esteem in the wake of slights and criticisms" (p. 206). With sufficient 'grandiose selfobject' experiences, the self develops drive and ambition to use talents as well as an ability to recognize and regulate emotion.

The next pole, the 'idealized parent imago' symbolizes the self's need "to see strength and wonder outside of the self in others, so as to merge with their growth enhancing qualities" (Flanagan, 2002, p. 185). The self must feel protected but also find

some quality of an idealized caretaker, usually a parent, to emulate. Appropriate "idealized selfobject" experiences involve the discouraged self receiving inspiration, encouragement, and motivation from the selfobject. This experience matures into self-regulation and the ability to self-soothe and inspire in the face of disappointment (Ulman, & Paul, 2006).

Finally, the twinship pole, represents the need to feel a sense of sameness and find others similar to the self for understanding and acceptance (Flanagan, 2002; Goldstein, 2001). The selfobject satisfying the twinship pole assures an alienated or isolated self of similar, like-minded others. The resulting self-efficacy allows the self to pursue personal interests and participate in supportive relationships (Young, 1994). Rector (2000) comments on the essential nature of "twinship," stating it contributes to a strengthened sense of cohesion and a "self less likely to be derailed in the face of disappointment and narcissistic injury" (p. 258).

An infant requires selfobjects to meet the tripolar needs the new self is initially unable to meet (Flanagan, 2002). As the selfobjects fill these needs, Kohut stresses empathy as an essential aspect of the selfobject's response. Empathy can be understood as the "capacity to think and feel oneself into the inner life of another" (Kohut, 1984, p. 82) and becomes the channel through which the self can receive the support from the selfobject. A selfobject with empathic attunement is able to respond to the needs of the self in such a way that the self feels seen, accepted, admired, and protected.

While it is important for caregivers to remain empathically in tune to the needs of the developing self, Kohut affirmed that various non-traumatic empathic failures were not

only unavoidable but also essential (Flanagan, 2002). These "optimal frustrations" contribute to the essential process of internalizing the idealization, mirroring, or understanding from the selfobjects, which Kohut termed 'transmuting internalization' (Kohut, 1971). As a person matures, Kohut describes the 'transmuting internalization' as the development of the ego. It is now possible for the self to rely on its own capacity for the needs previously managed by the selfobjects. For instance, a child who has generally received empathic mirroring is able to self-soothe for a period of time if their caregiver is slow to respond. The appropriate continuation of this process allows an adult self to seek out needed support, discuss emotions, and fulfill needs appropriately.

While these interactions in early development are especially important, the need for selfobjects never completely vanishes (Chesick, 1993; Kohut, 1984; Flanagan, 2002). Kohut rejects the idea of complete autonomy as a sign of health and instead, defines health as the self's ability to seek out functional, supportive relationships with others (Elson, 1986), which he termed "healthy narcissism." A person with healthy narcissism is able to recognize the self's unique qualities while also understanding and respecting the individuality of others.

Ultimately, it is the empathic selfobjects which foster healthy narcissism and create a strong, resilient self (Chesick, 1993). The importance of selfobjects cannot be overstated. When the needs of the self remain unmet, the self is unable to build its' own internal functions and resorts to inappropriate or harmful means to meet its' needs. These major disruptions in the relationship between the self and selfobjects during development

can lead to psychopathology (Kohut, 1984). Addiction is one possible outcome of this disruption.

Addiction

Many conceptualizations of substance abuse and addiction exist, however, according to the DSM-IV, substance dependence or addiction is defined as a maladaptive pattern of substance use leading to clinically significant impairment or distress (American Psychiatric Association [DSM-IV-TR], 2000). For the purposes of this study, a "substance" is defined as any mind-altering drug, including alcohol.

There is a multitude of ways to conceptualize the process of assuming an active drug addict role. The medical model has included set markers for identifying an addict including tolerance, withdrawal, unsuccessful attempts to control use, use continued despite negative results, and substance use placed ahead of important relationships in the users' lives (DSM-IV). Sociologist Richard Stephens (1991) places heavy emphasis on little social concern for one's behavior, the adoption of deviant values, and manipulative relationships as indicators of having assumed an addict role.

Stephens argues that addiction signifies much more than simple drug use. For many addicts, the related behaviors form such an integral part of their sense of self and coping mechanisms that relinquishing the "beliefs and behavioral strategies" presents fundamental identity issues (Koski-Jannes, 2002; Stephens, 1991). Viewing Stephens' concept of the 'addict' through self-psychology deepens the understanding of a self caught in addiction.

Self-psychology lens. Self-psychology considers all disorders as occurring when legitimate, developmental needs are not met (Chesick, 1993; Kohut, 1977; Goldstein, 2001). Goldstein (2001) elaborates on Kohut's view that psychopathology stems from deficits within the self, stating that "missing or underdeveloped elements in the self structure come about as a result of traumatic empathic failures with respect to the child's emerging needs" (p. 43). When the parents constantly fail to provide relief from mental distress, the child is left developmentally arrested and the capacity for the appropriate search and usage of selfobjects is compromised (Ulman & Paul, 2006). Kohut (1977) describes these moments as "crystallization points for later psychopathology" (p. 74).

Kohut understood addiction as an unsuccessful attempt to alleviate distress and fulfill previously unmet needs (Weegman, 2002). Sensing the 'deficient self,' an individual may initially turn to substances as a way to meet the needs or perhaps destroy the needs completely (Ettorre, 1992). The substance can become a substitute for a selfobject's failure during the individuals' development. Yet as the self attempts to repair, the vital process of transmuting internalization is arrested (Ulman & Paul, 2006; Weegman, 2002).

From this perspective, an addict has endured severe damage to the self before any drugs have been ingested; substance use provides a temporary way for the addict to numb pain and dissociate from the damages of daily life (Ulman & Paul, 2006). Conforming to the drug addict role may initially appear to satisfy the craving for twinship, idealization, or mirroring, the absence of which causes emptiness, shame, anxiety, panic, loneliness, and rage (Finley, 2004; Flanagan, 2002). However, once the drugs are introduced, the

addiction continues to mutate and destroy the unique aspects of the self (Anderson, 1998; Weegman, 2002).

Substance abuse has been both theoretically and empirically linked to low levels of self-esteem, which is the function a grandiose pole regulates. Kohut (1977) writes "it is the very lack of self-esteem, the uncertainty about the very existence of the self, the dreadful feeling of the fragmentation of the self that the addict tries to counteract by his addiction" (p.197) effectively destroying normal narcissism. This unhealthy narcissism has ceased to be a source of healthy self-esteem and instead has been warped into a defense mechanism against the absence of self-worth and the presence of shame.

By definition, shame implies the feeling of the self exposed of its perceived "badness, weakness, powerlessness, and neediness" (Flores, 1997, p.237). This sparks a drive to hide these imperfections, not only from others but also from the self. False pride and grandiosity are called upon to inflate the self and defend against all awareness of shameful defects (Ulman, & Paul, 2006). Substances become an intricate aspect of the defense used to bolster the grandiose self and its defenses, substituting for healthy selfobjects.

A deficit in the idealized parent imago pole could also contribute to substance use. The self must merge with strong, comforting selfobjects in order to feel safe and protected. Kohut describes the individual as ideally being "born into a matrix of responsive selfobjects" (Kohut, 1985, p. 287). The most natural primary selfobject to empathically and protectively respond to the self is a parent, however parents are often unable to respond positively if their own selfobject needs have not been adequately met

(Buirski & Kottler, 2007). Consequently, many individuals find themselves without access to responsive selfobjects.

A breakdown in the family system, or an emotionally and possibly physically detached parent substantially increases the chances of their child abusing substances (Levenkron, 2006; Sussman, Skara, & Ames, 2008). The absence of an idealized parent or a traumatic de-idealization can result in a sense of abandonment and weak self-structure. Kohut (1977) noted that a child who is unable to find a target for a merger within the idealized parental strength becomes too emotionally reliant on external sources for sustenance, which provides the basis for an addiction propensity. It is the drug that becomes symbolically soothing and accepting (Tolpin, 1996).

Finally, living with a deficit in the twinship pole can leave an individual feeling isolated, different, and alienated which creates a drive to find any way possible to fill this void (Jenkins & Zunguze, 1998). Flanagan discusses the importance of twinship in human development and suggests that "too much time without a feeling of twinship can make people feel like they are unraveling and losing touch with themselves" (Flanagan, 2002, p.189). Avoiding these feelings becomes paramount and substance use can initially achieve a sense of identity with others who use. The self may also consciously seek out intense twinship experiences in order to feel connected, validated, and alive (Flanagan, 2002; Goldstein, 2001). Once again, the drugs have taken the place of vital, healthy selfobjects.

Ulman & Paul (2006) describe authentic selfobjects as being transformative, evolutionary, rehabilitative, and generative-essentially supporting the growth and strength

of psychic structure building. Conversely, false selfobjects, such as drugs, are deformative, devolutionary, degenerative, and debilitative—eroding the basic psychic structure of the self. While an individual who constantly alters his or her consciousness over a long period of time through substance abuse "may experience an initial sense of pleasure and euphoria, eventually such a form of addictive repetition leads to the serious warping and distortion of a person's sense of the subjective reality of self and the world" (Ulman & Paul, 2006, p. 8). Tolpin & Kohut (1980) acknowledge addictions' purpose is a resolution of the self's deficits, however they also observe the addict as condemned to an infinite quest for an authentic selfobject which will remain elusive forever, while the self is further distorted and damaged.

What began as a way to connect with others or bolster self-esteem becomes isolating and degrading (Anderson, 1998). The demands of the "diseased" self become more intense, urgent, and primitive while the self engages in increasingly deviant and destructive behaviors to satisfy those demands (Ulman & Paul, 2006). Stephens (1991) projected that the greater the "role strain" felt by the person, the more the "addict identity" behavior clashes with other parts of the self, the higher the chance that the individual will leave the active drug-addict role to shape a new identity in recovery.

Recovery

The painful choice to quit an addictive substance is merely a prelude to finding a path of recovery, which can be thought of as reclaiming sanity and developing the real self (Brown, 2004; Koski-Jannes, 2002). Helen Rose Ebaugh (1998) explores this process of exiting the drug addict role, describing "disengagement from a role that is

central to one's self-identity and the reestablishment of an identity in a new role that takes into account one's ex-role" (p. 157). As Ebaugh explains, releasing a role also means embracing a new identity that includes "learning the tasks, relations, and behaviors that would promote continued abstinence from drugs and alcohol" (p.157). Similar to the path into addiction, leaving it can also be described as a transformation of identity (Shinebourne, & Smith, 2009). While there are many theoretical models meant to chart the process of terminating an addiction (Anderson, 1998), the scope of this project primarily focuses on the creation of a new, sober identity through the 12-step programs of Alcoholics Anonymous and Narcotics Anonymous[2].

12-step programs. As 12-step programs and ideology strongly influence modern day drug treatment, they undoubtedly contribute to the social construction of a recovering identity for many individuals. 12-step programs provide an agenda for abstinence and a pathway for lasting sobriety (Diamond, 2000; Gray, 2005; Sanders, 2006; Wallace, 1996). 12-step programs are self-described as fellowships of people who come together to help each other recover from their addictions.

Alcoholics Anonymous literature describes the organization as follows:

> Alcoholics Anonymous is a fellowship of men and women who share their experience, strength, and hope with each other that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. There are no dues or fees for AA membership; we are self-supporting through our own contributions. AA is not allied with any sect, denomination, politics, organization, or institution; does not wish to engage in any controversy; neither endorses nor opposes any causes. Our

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[2] Alcoholics Anonymous (AA) emerged in 1935 founded by two alcoholics—Bill Wilson and Dr. Bob. In the late 1950's AA member Jimmy Kinnon worked to create Narcotics Anonymous (NA). Both are based upon spiritual principles.

primary purpose is to stay sober and help other alcoholics to achieve sobriety. (Alcoholics Anonymous Grapevine, 2007, p.1)

Narcotics Anonymous literature describes the organization as follows:

NA is a nonprofit fellowship or society of men and women for whom drugs had become a major problem. We are recovering addicts who meet regularly to help each other stay clean. This is a program of complete abstinence from all drugs. There is only one requirement for membership, the desire to stop using…Our program is a set of principles written so simply that we can follow them in our daily lives. The most important thing about them is that they work. There are no strings attached to NA. We are not affiliated with any other organizations. We have no initiation fees or dues, no pledges to sign, no promises to make to anyone. We are not connected with any political, religious, or law enforcement groups, and are under no surveillance at any time. Anyone may join us regardless of age, race, sexual identity, creed, religion, or lack of religion. We are not interested in what or how much you used or who your connections were, what you have done in the past, how much or how little you have, but only in what you want to do about your problem and how we can help. The newcomer is the most important person at any meeting, because we can only keep what we have by giving it away. We have learned from our group experience that those who keep coming to our meetings regularly stay clean. (Narcotics Anonymous World Services, 1986, p.2)

12-step programs are free of charge and are self-supporting through voluntary contributions of its members. Both programs are founded on the same traditions, which ensure that each group stays true to the primary purpose of carrying the message to the addict and alcoholic who still suffer (Alcoholics Anonymous, 2001; Narcotics Anonymous, 2005). This message is given under the theory that an addict will recover if the provided path—the steps—is followed thoroughly.

The steps. The very process of working through the twelve steps promotes a change of self, thus discarding the role of active drug addict and creating a new identity in recovery (Wallace, 1996). Sustaining a unified sense of self can require intense experiences, such as a spiritual revelation, whether religious or non-religious (Gray,

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2005). The change that members of 12-step fellowships undergo has in fact been

described as an intense--often spiritual--experience, a transformation of identity

(Shinebourne, & Smith, 2009).

The 12-steps map out the same process in both fellowships:

1. We admitted we were powerless over alcohol [our addiction] — that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God <u>as we understood Him</u>.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God, <u>as we understood Him</u>, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics [addicts], and to practice these principles in all our affairs. (Alcoholics Anonymous, Twelve Steps and Twelve Traditions, 2001, p. 5-9)

Starting from a place of "surrender" the addicts admit that the current way of life

is failing and that they are powerless to effect lasting change without help. This must

take place before any other progress can be expected (Sanders, 2006; Wallace, 1996).

Next, the steps suggest that the persons look for a power greater than themselves to which

they turn over the self-will that drove them into addiction. This "higher power" could be

conceived as the 12-step group, the Universe, "Good Orderly Direction" from someone

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else in recovery, God as they understand God, or any other conceptualization of the term (Wallace, 1996).

Following this process, the addicts begin to undergo a thorough self-examination through a personal inventory. Sharing this inventory with another person establishes a way that shortcomings as well as strengths can be brought to light (Sanders, 2006; Wallace, 1996). After working to understand these weaknesses or "defects of character," the addicts work on cultivating a willingness and effort to change them. Many members believe that ignoring this vital part in the recovery process could potentially lead back to drug use (Wallace, 1996). Next each individual focuses on mending relationships that were hurt during active addiction. Finally, the recovering addicts work to live an honest, purposeful life while helping other addicts to achieve sobriety.

A commonly heard saying in 12-step meetings is "the same person will use [drink] again" (Rafalovich, 1999) meaning that if an addict truly wants to stop using, the core *self* must change. 12-step programs offer the steps as the pathway to this change. The new identity also finds support revolving around the unique culture of the program. Both AA and NA are rich in tradition and ritual which can initially seem intimidating and confusing (Rafalovich, 1999), yet immersing the self in this new environment becomes crucial to developing the new identity. This involves attending meetings, developing a sober/clean network of other addicts in recovery, reading the AA or NA literature, seeking guidance from another addict with more sober/clean time, hearing the narratives of other addicts in recovery, and perhaps most importantly—developing a personal

narrative of "what it was like, what happened, and what it's like now" (Diamond, 2000; Wallace, 1996).

The stories. 12-step programs traditionally focus on the experience of "telling and re-telling the stories of now-sober alcoholics and addicts" (Diamond, 2000). Literature within the programs of AA and NA ("The Big Book of Alcoholics Anonymous" and "The Basic Text of Narcotics Anonymous") devotes more than half of its content to the narration of early members' stories. Those who have achieved lasting sobriety, typically point to an identity change made possible through the personal narratives heard in the meetings (Rafalovich, 1999). Members are encouraged to share about this literal transformation in the commonly accepted format of speaking about "what it was like, what happened and what it's like now" (Diamond, 2000; Rafalovich, 1999; Wallace, 1996). These typical narratives describe who the addicts were before substances, who they were after substances, and who they are now in recovery. This story becomes an essential part of a sober identity and a means to identify with others in recovery (Gray, 2005; Sanders, 2006).

Self-psychology lens. Ulman & Paul (2006) explore the 'auxiliary selfobject function' of 12-step programs, understanding the 12-step process as addressing Kohut's ideas of peoples' tripolar needs to be accepted, embraced, and celebrated. As self-psychology primarily understands addiction as a result of un-met needs, the work in recovery is centered on repairing and furthering development of the self. The addict must let go of the problematic attempt at self-repair (substance use) and learn how to replace it with healthy interpersonal relationships (Flores, 1997). 12-step program's predictability

and consistency provides an environment where the addict can meet selfobject needs in a safe, healthy way. Viewing the program through Kohut's self-psychology can further break down how the three poles of the self are healed and strengthened.

12-step programs espouse that it is only through working with others will addicts truly recover (Wallace, 1996), this essential piece of the program supports the development of the grandiose self. Through "being of service" individuals are provided an opportunity to make a contribution and discover a feeling of being useful and capable. Robinson (2010) discusses the value in "seeing oneself as a positive influence in someone's life" (p. 139). Addicts who enter the program feeling incapable are granted the opportunity to provide strength for another through sponsoring, chairing meetings, making coffee, acting as treasurer or secretary for a group, or simply listening to another addict. This mutual aid supports both the addict offering help as well as the addict receiving it. As members provide a space for addicts to share their stories, feelings of pain, happiness, fear, anger, and sadness experienced in recovery are mirrored back, contributing to the reconstruction of a fragmented self. With this help from the group, the addict is able to let go of unhealthy shame, ultimately restoring a balanced sense of self-esteem and addressing the needs of the grandiose self.

The second pole, "the idealized parent imago," is an important aspect of 12-step programs. The addict can receive this necessary strength "by identification with some greater source of wisdom" (Robinson, 2010, p.138) such as a sponsor who literally provides 're-parenting'. Addicts are encouraged to choose a sponsor who lives an admirable life in addition to possessing longer sobriety and more program experience

(Robinson, 2010; Wallace, 1996). Sponsors are meant to "provide 12-step instruction, a set of codified procedures to promote abstinence, to improve relationships and to inspire fundamental changes in lifestyle" (Crape, 2002, p. 292). Through this process, sponsees are seen and valued for who they truly are and gradually gain confidence in living a sober life.

The twinship pole is addressed within the rooms of AA or NA as members hear other recovering addicts speak of their feelings and begin to feel less isolated (Rafalovich, 1999). Through identification with other members, they are able to accept themselves—even identities they had previously labeled as "bad," such as their addiction (Flores, 1997). Rather then a despised aspect of themselves, it now becomes a link to others and a way to belong.

Before sharing in meetings, members begin with stating their first name followed by "I'm an addict (or alcoholic)," emphasizing the commonality that each addict shares with every other person in the room (Rafalovich, 1999). Other unique phrases and key words used in meetings form a distinct "language" which is completely familiar only to other members (Wallace, 1996). Once understood, the use of this "common language" further increases a sense of belonging (Rafalovich, 1999). Combined with other tacitly understood customs, the addicts discover a culture they can claim as their own.

This 12-step emphasis on selfobjects points to Kohut's stipulation that health is found in gratifying interpersonal relationships—not in independent self-reliance. This concept is supported and stressed to all recovering addicts. Flores (1997) comments on the mutuality of 12-step programs—one addict helping another—as "a cornerstone of the

recovery process and the main reason why 12-step programs are so successful" (p. 245).

This approach combats isolation and softens defenses— the driving forces behind

addiction (Kurtz, 1982). AA and NA have understood these defenses of grandiosity, self-

centeredness, and lack of humility as a false self, and the most difficult obstacles in

recovery (Flores, 1997). 12-step programs have proved themselves uniquely capable of

addressing addicts' needs through consistent acceptance, recognition, and support--

enabling the true self to emerge.

Gender Variation

In order to amplify the understanding of the addiction and recovery process, it is

necessary to use Kohut's concept of empathy, to "think and feel oneself into the inner life

of another person (Kohut, 1984, p.82). Gender identity's impact on the self's inner life is

powerful, yet traditional addiction literature often fails to incorporate it. This leaves the

explored experience of addiction and recovery incomplete. Following a brief

examination of 'gender identity' through the self-psychology lens, the review will turn to

defining the path from addiction to recovery as it varies among the genders. The review is

constricted both by society's current understanding of gender and by the limited

exploration of gender variance.

Gender identity. Gender remains both complex and multidimensional; however

the scope of this research is primarily focused on differentiating the concepts of ones'

physical sex and ones' gender while exploring the idea of 'gender identity'. While sex

refers to the biological and physiological characteristics of a person, gender is a social

construct that is created and shaped by cultural values, perceptions, and practices

(Carinci, &Wong, 2009). Gender identity refers to a fundamental and inherent sense of belonging to, along with an acceptance of, a certain gender (Tobin, Menon, Menon, Perry, Spatta, & Hodges, 2010). Rather than a simple association between the self and same-gender words, gender identity is multifaceted, with angles such as contentment with one's gender, self-assessed gender typicality, and a felt pressure to conform to gender roles (Tobin, Menon, Menon, Perry, Spatta, & Hodges, 2010). This pressure inevitably involves each gender experiencing a "self-mutilation" as the self is forced to eradicate "characteristics coded by the culture as belonging only to the other gender" (Lisak, 1992, p. 215).

This study explores male, female, and transgender identities. Males are defined as individuals with physically masculine traits, possessing a male gender identity, and whose gender expression is usually congruent with society's understanding of male. Females are defined as people with physically feminine traits, a female gendered identity, and whose gender expression is typically congruent with society's understanding of female. Transgender is defined here as any individual whose gender expression and identity deviates from the traditionally accepted social roles, including those identifying with a gender different from their physical sex, those whose gender expression does not conform to social expectations, and those who experience a mind/body mismatch which is affected by the social stigma associated with gender variance (Fraser, 2009). While both female and male pronouns are used to describe individuals who transition from male to female as well as from female to male respectively, the literature fails to capture the

true complexity of gender variance as it is limited by a language firmly rooted in the current binary system.

Self-psychology lens. While self-psychology language remains gender neutral, Kohut did not focus on gender-identity as a significant variable to the cohesive self. In spite of this absence, applying the tripolar self conceptualization can deepen an understanding of gender identity construction. In addition to clarifying the developmental process, this lens also illuminates the restrictive effect of society's current binary system on the emerging identity. Blazina (2004) argues that gender socialization interferes with the opportunity for the self to fully develop appropriate tripolar experiences—leading to a fragile, false self.

Exploring the grandiose need presents unique challenges for the developing gendered selves. While men hold most positions of power in society with an appearance of abundant praise and acknowledgement (Case, 2007; Ettorre, 1992), the current structure leaves men with little voice to express emotions of intense sadness, vulnerability, isolation, disconnection, and despair (Levant, 2001; Poe, 2004; Pollack, 2006). Society denies these emotions so that they cannot be mirrored back, restricting the male's ability to tolerate and manage them through appropriate relationships with selfobjects (Rohr, 2010). Women are understood as 'emotionally expressive' and have been granted more allowance to feel and express intense emotions, however they are denied the clear recognition granted to men (Ettorre, 1992). Transgender selves are denied a recognized identity, let alone a voice with which to express that identity (Lombardi, 2007). Consistently told they are not acceptable as they are, the grandiose

pole for most transgender individuals remains unmet until the authentic self is given voice and encounters gratifying selfobjects (Fraser, 2009).

When addressing the 'idealized parent imago' pole, the emerging gender identity searches for the strong, wise, protector. For the developing male and female identity, the most natural selfobject with which to merge is a same-sex guardian, parent, or other significant adult (Lombardi, 2007). While all gender identities must find safety in a selfobject, not every self is able to meet this need fully. Well-intentioned caregivers push the false self towards normative gender roles, yet the actual self remains unprotected (Blazina, 2004). Gender stereotypes promoting these normative gender roles stand as an obstacle for the true self receiving developmental needs (Tobin, Menon, Menon, Perry, Spatta, & Hodges, 2010). Regardless of the position in society, each group is burdened with these confining stereotypes.

Men are expected to value strength and power while restricting both emotional display and affection with other men (Galligan, Barnett, Brennan, & Israel, 2010). Although the developing male self searches for a protector, the socialized selfobject (parent) may discourage signs of weakness or requests for protection (Blazina, 2004). Instead the male is expected to embody strength without an adequate opportunity to feel externally protected. Conversely, while the female self is granted protection she is denied an internalized sense of safety. Emulating a same-sex selfobject, a developing female self will encounter the expectation of weakness and helplessness (Tobin, Menon, Menon, Perry, Spatta, & Hodges 2010).

Similar to the male and female selves, the transgender self is unlikely to find a selfobject to protect and encourage a completely authentic self-development (Lombardi, 2007). However, the transgender self also encounters a unique challenge of social pressure to drastically deny authentic visible gender expression. Although a false self may receive the desired approval and safety—the genuine inner identity remains silenced and invisible (Mallon, 1999).

Finally, following a self-psychology perspective, Blazina (2004) suggests the strength, health, and cohesiveness of the gendered self depends in part on recognizing the self in others: the twinship pole. This intense, inherent need for "sameness" when combined with the pre-developed roles for males and females results in the "disidentification by compartmentalization or cutting off" (p. 53) parts of the actual self. The adoption of the traditional gender roles is an attempt to avoid the isolation and anxiety of being different (Lombardi, 2007). While taking on these stereotypes seems to promise the fulfillment of the twinship pole, both males and females must sacrifice aspects of the self to accurately play the part. For transgendered individuals, the promise of twinship is non-existent; the transgender identity remains absent in the binary structure (Fraser, 2009). The transgender self, perhaps more so than the male and female counterparts, must constantly shift or alter the self. This attempt to avoid a serious empathic failure solidifies a false self, actually causing further damage to the authentic self (Bilodeau, & Renn, 2005).

The presence and severity of certain empathic failures mold the unique realities for the various genders (Mallon, 1999). Pathology develops as gender identities are

denied vital needs, damaging aspects of the authentic self and fostering instead, a false self. An individual may turn to substances to make up for deficits, support the defensive false self, and conceal the true self (Ulman, & Paul, 2004). This 'solution' addresses the common issue of the injured self, but just as the self is defined in part by gender, the role of addict also varies by gender.

Addiction and Gender

While addiction can affect an individual from any gender, its emergence and development may differ drastically. Existing literature states that not only do women's encounters with drugs differ from men's, but the reasons to turn towards substance use may differ as well (Anderson, 1998; Baker, 2000; Copeland, & Hall, 1992; Ettorre, 1992; Lombardi, 2007). Literature has yet to include transgender addicts in the same main discourse on gender alongside men and women. This results in a limited understanding of the transgender addict, but also constricts the knowledge of gender as a whole.

Self-psychology lens. As self-psychology points to unmet developmental needs, the empathic failures each gender endures can help explain an addicts' particular deficits. An addict can sustain injury in any area of the tripolar self, however research has pointed to common unmet needs unique to particular genders (Bilodeau, & Renn, 2005; Blazina, 2004; Fraser, 2009). Mirroring, idealization, and grandiosity are vital to every cohesive self (Kohut, 1977) yet gender socialization has left certain genders particularly vulnerable to certain empathic traumas (Blazina, 2004).

The first grandiose pole emerges as deficient with each gender; "active addicts across the board have low self-esteem" (Ulman & Paul, 2004, p. 231) yet women are at a

higher risk of encountering this injury from unique angles. Often confronting set expectations of wife, mother, and/or sexual partner, a woman who deviates from full devotion to these roles traditionally experiences socially sanctioned shame (Baker, 2000). The familiar sense of shame also appears in addressing the painful reality of sexual abuse, familiar to many female addicts (Ettorre, 1997). These events often destroy self-esteem and fragment the self, presenting as both initial reasons to begin using and as common experiences during active addiction (Anderson, 1998). Substances become a way to manage the shame and self-blame so many survivors of childhood and sexual abuse feel (Anderson, 1998; Ettorre, 1992).

When turning attention to male addicts, the pole of the 'idealized parent imago' becomes particularly salient; a common trend is an identification with an older male such as father or older brother (Blazina, 2004). If drinking or using is a bonding activity between a son and his father, the developing male self searching for a selfobject may use substances to "merge with the idealized parent imago" (Straussner, & Zelvin, 2001, p. 299). Men are encouraged to show strength and assume the role of protector without needing protection themselves; this can prove to be a "very lonely and self-defeating world" (Rohr, 2010, p.20). Although denying a need does not eradicate it, male addicts may turn to substances in order to hide this particular deficit through the drug's pseudo-protection, temporarily removing fear and pain (Ulman, & Paul, 2004).

More likely than either men or women to turn to drug abuse, those who self-identify as transgender are presumably subjected to more traumatic, empathic failures than any other gender (Bilodeau, & Renn, 2005). While all three poles are essential to a

cohesive self, the need for a twinship experience is perhaps most urgent for a trans person on both an individual and a social level (Fraser, 2009). Due to gender variance invisibility in society and the associated stigma, children who are developing a trans identity rarely have their experience mirrored back to them (Fraser, 2009; Lombardi, 2007). This results in feeling as though the self is lost and fragmented (Kohut, 1977). Not only is the self unmirrored, but the very concept of the transgender self is considered deviant. Because of the shame surrounding this identity, many trans adolescents experience feelings of isolation, depression, and hopelessness (Bilodeau, & Renn, 2005; Fraser, 2009).

The current binary system empathically fails each gender in certain ways, guaranteeing some deficit in the tripolar self. While all genders experience empathic failures in any area, the reviewed literature highlights specific challenges gender identities can encounter. These different experiences contribute to the unique reasons behind substance abuse as well as solutions for recovery. Exploring these variations becomes imperative to thoroughly understanding a gender identity's experience as an active and recovering addict.

Recovery and Gender

The socialization of the genders, the oppression or privilege the individual has experienced, will no doubt influence each step towards sobriety. The initial doubts surrounding the addict identity that creep into the mind of the woman may be different from the doubts that affect the man, (Anderson, 1998; Aston, 2009) which in turn may differ from the doubts that first occur to an addict with a transgender identity. In spite of

these different reasons and experiences, many addicts turn to the same 12-step programs to recover.

Self-Psychology. 12-step programs are set up to help heal each aspect of the tripolar self through identification with other addicts (mirroring), working with a sponsor (idealized parent imago), and adopting a sense of self that is free of excessive shame and grandiosity (grandiose self). Although the same suggestions are encouraged for "anyone with a desire to stop using," (Basic Text Narcotics Anonymous, 2005, pg. 65)–the original program was geared towards the male addict, with certain traditional family values and conservative gender roles (Makela, 1996). This trend has shifted as the current fellowships include male, female and transgender addicts. Based on the addicts' gender identity, the entire program is experienced differently and different obstacles on the road to sobriety are encountered (Anderson, 1998).

The grandiose pole is addressed through finding purpose in the program—gained by the significant, paradoxical admission of powerlessness. The first step "We admitted we were powerless over our addiction (alcohol), that our lives had become unmanageable" (Alcoholics Anonymous, 2001; Narcotics Anonymous, 2005) is presented to every addict who enters the program. However, the concept of powerlessness may be internalized quite differently depending on the gender identity of the addict (Sanders, 2006). The man may consider his masculinity as intricately bound with 'being in control'; meaning a loss of control signifies a loss of masculinity (Straussner, & Zelvin, 2001). For the woman and the transgender person, the concept of "powerlessness" can also seem difficult to acknowledge.

Often, a woman whose social role has already rendered her powerless, she can feel as though her addiction is her solution to feeling helpless (Brown, 2004; Ettorre, 1997; Sanders, 2006). She, like the person with a transgender identity, has been stripped of agency in society and embracing powerlessness to achieve sobriety can feel impossible at first. In spite of this, many addicts are able to gain a sense of empowerment and healing through the paradoxical first three steps of admitting powerlessness, looking towards a "power greater than themselves," and turning their will over to that power (Sanders, 2006).

The next pole of the idealized parent imago brings gender identity issues to the foreground as 12-step programs encourage addicts to find and work with a sponsor of the same sex (Wallace, 1996). This task may prove easier for a woman who has been given social permission to express her emotions with other women while men have been discouraged from intimately connecting with another man to "protect" their masculinity (Blazina, 2004). Difficult for the man, this task can prove impossible for the trans person who may feel caught in the binary system and unable to truly meet the suggestion for a same-sex sponsor. It may prove difficult to find a trans addict with more time *and* a program the addict desires to emulate while the prospect of trusting an unknown male or female can appear frightening.

When addressing the twinship pole, most men can find relief in relating with other addicts, 67% of which will probably be male (White, 1998). Women may also encounter a relief in encountering other female addicts even though they may not be in the majority. In spite of this, the woman may struggle with feeling at ease in a program with the

language almost exclusively directed at men (Sanders, 2006). Most 12-step literature and the language conceptualizing a Higher Power stem from patriarchal roots, all subtle reminders that the program was not initially created for women.

Identifying with other addicts may present even more challenges for the trans person; the struggle to find other transgender addicts can spark familiar feelings of isolation (Lombardi, 2007). A trans addict must also face another fear when entering a 12-step program surrounding the very real possibility of confronting transphobia from the very people with whom the "newcomer" needs to work (Fraser, 2009). Even though 12-step program membership only requires a desire to "stop using", unfortunately many trans people have encountered a great deal of the hostility present in society at large within other recovering addicts (Lombardi, 2007). Finnegan & McNally (1987) describe the fear a trans person experienced when attending meetings where he "did not feel free to talk to anyone about his feelings or experiences. He didn't know where he belonged, who he was or what to do" (p. 86).

The program states that *any* addict can recover if they follow the path laid out before them, a path presenting unique challenges among the genders (Anderson, 1998; Kipnis, 1991). While the program steps and suggestions remain the same regardless of the addict's gender identity, meetings specifically for each gender have emerged (Alcoholics Anonymous, 1992; Narcotics Anonymous, 2005), acknowledging different gendered realities. The presence of meetings open only to men, meetings solely for women, and meetings exclusively for transgender individuals demonstrates an attempt to

create a safe, empathic space for every addict working to recover an authentic, cohesive self.

Summary

Since recovery from addiction involves building an authentic self, it is essential to have a theoretical understanding of each genders' identity development in addition to a theoretical understanding of addiction (Kipnis, 1991). Each gender experiences addiction and recovery differently, yet much of the literature is devoted to exploring an addict's experience without considering the gendered self. Because ones' gender identity drastically alters ones' reality, exploring the unique gendered experience of the addict is crucial. Omitting this angle or ignoring the presence of an entire gender identity has left the understanding of the addict, and any subsequent recovering self, incomplete.

Chapter III

Methodology

Problem Formulation

This qualitative study was designed to explore the experience of leaving an active drug addict role and assuming a recovering identity within the ideological constraints of a 12-step program across the gender variation spectrum. As the literature revealed, an individuals' sense of self is multifaceted and deconstructing socially created concepts such as gender is integral in understanding a persons' identity. Although a person from any gender can become an addict, a persons' gender greatly affects the experience of both addiction and recovery. In spite of this, recovery from substance abuse is often approached without regard to gender variation across the entire spectrum. This study hopes to turn attention to this angle of recovery. This chapter presents the methods of research used in this study and will describe the sample selection, data collection, and data analysis procedures.

Research Questions/Hypotheses

The research questions explore the self's path from active drug addict to a recovering addict in a 12-step program followed by an examination if and how gender variation can affect this process. The stated research questions are: 1) What is the path from an active drug addict to a recovering drug addict within 12-step ideological constraints? and; 2) How does this process vary among the genders? The hypothesis follows the observed and noted reality differences each gender experiences (Anderson,

1998; Baker, 2000; Copeland, & Hall, 1992; Ettorre, 1992; Lombardi, 2007; Sanders, 2006) and posits that the experience of both active drug addiction and recovery will vary among the genders.

Research Design

Individuals were asked to participate in a semi-structured interview, meant to gather information on each recovering persons' experience with emphasis on ones' gender identity. The qualitative nature of the study allowed for each participants' voice and own words to be heard. This study was a flexible methods design focusing on the in-depth, semi-structured interviews with 12 individuals (four male, four transgender, and four female) who self-identify as recovering addicts with at least one year of clean and sober time as active members of Alcoholics Anonymous or Narcotics Anonymous. The goal was to explore each individuals' unique experiences in both addiction and recovery while also examining the possible effect ones' gender identity has on this process. A comparative analysis of each response was completed to demonstrate patterns among same-gender identities. This analysis also highlighted the presence of any impact these unique gendered experiences had on the recovering addict.

Face to face interviews were used to facilitate the exploration of in-depth responses. The outlined privacy procedures of this study was approved by the Human Subject Review Board (HSRB) at Smith College School for Social Work prior to data collection (Appendix A).

Research Participants and Sampling

Following the inclusion criteria, each participant was 1) over 18 years of age, 2) an active member of either Alcoholics Anonymous or Narcotics Anonymous in the Washington, DC metropolitan area, and 3) self-reported a length of sobriety or clean time of at least one year.

As this study used flexible methods, the sample of the study was a non-probability sample of convenience. Recruitment procedures included the snowball method, word of mouth, and posted fliers. This allowed for contact information for the researcher, who was available both by email and phone, to be dispersed. The sample size for this study was 12 individuals: four who self-identified as transgender, four who self-identified as male, and four who identified as female. Although the sample size of 12 limited the possibility of diversity in age, ethnicity, race, sexual orientation, etc., efforts to recruit in a variety of clubhouses and neighborhoods ensured that the possibility of participation was open to more than one homogenous population.

Once an interested participant contacted the researcher, the study was explained and any questions were answered. Each participant was screened to ensure that all inclusion criteria were met. After contact information was gathered from participants who agreed to be part of the study, the researcher assured confidentiality of all collected information. The informed consent letter was emailed or sent via postal mail after each participant was informed that they were able to withdraw from the study by March 1st, 2011, at which time all information regarding them would be destroyed. At the end of this initial contact, a mutually convenient time and place was arranged for each 50-60

minute interview in settings such as 12-step clubhouses and coffee shops. Each

participant was also informed that the researcher was available to answer any other

questions or concerns should they arise.

Data Collection Procedures

Data was collected through semi-structured interviews conducted at mutually convenient

locations. Before each interview, participants were given an informed consent document

(Appendix A) describing their participation in the study and their rights as human

subjects including the optional nature of each question, the right to end the interview at

anytime, and the right to withdraw from the study until March 1st, 2010. Potential risks

and benefits of participation were also outlined.

Informed consent was reviewed and collected along with permission to tape

record the interviews. The researcher provided extra copies of the informed consent at the

interview as needed. The participant and researcher each kept a signed copy of the

informed consent document and the researcher will keep these documents in a secured

environment separate from the data for three years after the conclusion of the study as

mandated by Federal regulations.

In order to ensure participant confidentiality, demographic information,

transcripts, audiotapes, and any researcher notes have been kept separate from informed

consent documents and are identified by number codes rather than names or other

identifiable information. Any names or other identifiable information recorded during

the interviews was disguised for transcriptions and the final thesis project. The

researchers informed each participant of the confidentiality parameters, describing the use of pseudonyms within the project to preserve anonymity.

After participants had read and signed the informed consent, each was asked to complete a short demographic questionnaire (Appendix B). Demographic data was collected to contextualize the participant's unique experience and further understand diversity within the group of interviewees, illuminating how a person's many identities intersect with their gender identity. The participants were provided opportunities to address any questions or concerns prior to and immediately before the interview. The interview took approximately one hour and consisted of twelve open-ended interview questions (Appendix C), intended to bring forth experience and insight on identities as active addicts and recovering addicts.

Potential Risks

Participants were made aware of any potential risks as they were asked to recall experiences from active addiction and recovery. Each person was informed that speaking on questions surrounding past and potentially present struggles surrounding addiction and recovery could bring up feelings related to these experiences. All interviewees were also given referrals to a variety of community supports in case any difficult feelings emerged.

Potential Benefits

While participation offered no tangible benefit, it provided space for previously silenced individuals to share their experiences. The interview proved to be a potentially empowering experience as each participant made contributions which may be helpful in deepening the understanding of addiction and recovery.

Data Analysis

Each interview question focused on highlighting the effect ones' gender identity had on the complex process of moving from addiction to recovery in a 12-step program. Data collected from the demographic information was combined with the interview data allowing each participant to be included in a combined analysis. All collected responses and demographic data were transcribed manually followed by a process of open coding to discover major themes. All narratives were compared and the qualitative responses were grouped by both similarities and differences.

Open coding involved breaking data down, examining the information, and comparing for both similarities and differences (Rubin & Babbie, 2006). The analyses of the coded responses were used to determine themes among addicts within various gender identities. Themes and similar responses were noted throughout the process as the data was being gathered. This was accomplished by grouping all responses to the related questions, reading through each response, and color coding major themes or unusual responses. This data was also coded in a Microsoft Excel spreadsheet with each question having a separate sheet, providing a quick visual of the collected data.

As the sample size of this research design is small, the results will not hold a strong transferability outside of the specified research. In spite of this, the study provides insight into areas for further research with larger samples, thus gaining data that could be generalized for the substance abuse field. The following chapter outlines the findings

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Chapter IV

Findings

This chapter presents the results derived from 12 qualitative interviews with participants (4 female, 4 transgender, and 4 male) who have self-identified as recovering addicts with over one year of sobriety in the 12-step programs of Alcoholics Anonymous and/or Narcotics Anonymous. The purpose of this study is to deepen an understanding of the experience of both addiction and 12-step recovery as it varies among the genders. There is a wealth of literature dealing with addiction (Aston, 2009; Baker, 2009; Cochran, Peavy & Cauce, 2007; Copeland & Hall, 1992; Gray, 2005; Levenkron, 2006; Stephens, 1991; Sussman, Skara & Ames, 2008, Ulman & Paul, 2006), some of which acknowledges differences among male and female addicts (Anderson, 1998; Ettore, 1992; Flores, 1997; Sanders, 2006); however there is an absence of research across the entire gender variation spectrum, leaving the experiences of many addicts unexamined.

All 12 interviews were conducted in accordance to the previously stated research methods. The findings of this study have been broken down into six major themes emerging within the interviews including: (1) initial reasons for turning to substance use; (2) experiences during active addiction; (3) reasons for entering a 12-step program; (4) supports found within the 12-step program; (5) challenges faced within the 12-step program; and (6) finding one's place within the 12-step program. These themes represent the shared experiences of each participant and also provide a framework with which to review the retrieved data.

This research explores the histories of addicts- many whose stories have remained largely overlooked in current literature, such as trans men and trans women. The researcher chose to group transgender participants in the same category regardless of a male or female gender due to current social language limitations surrounding gender. This decision will be further discussed in the following chapter.

Participant Demographics

All twelve participants were either from or currently lived in the DC metropolitan area. Each recovering addict had attended AA or NA meetings in the DC metropolitan area and were found through participant advertising or snowballing efforts. Due to the convenient quality of this sample there is a lack of diversity within it. The sample population is 83% (n=10) racially white, 8% (n=1) identifies as Latino, and 8% (n=1) identifies as Black. The gender breakdown of the participants was 33.3% (n=4) female, 33.3% (n=4) male, and 33.3% (n=4) who self identified as trans. Breaking down this trans identity further, 25% (n=3) identified as trans women, and 8% (n=1) identified as a trans man. The age of participants ranged a span of 52 years, the oldest being 75 years old and the youngest participant being 23 years old. The mean average and median age of the participants was 38 years old, while the mode was 37 years old.

The primary exclusionary criteria for this study was that all participants must self identify as addicts recovering in the 12-step program of either Alcoholics Anonymous or Narcotics Anonymous. While each participant had at least one year of self-reported clean time, the actual time of abstinence varied greatly with the least amount of time being 2 years and the greatest amount of time being 32 years. The approximate average clean

time of the participants was 9 years. Due to this variation, some accounts proved to be more retrospective than others. All participants considered themselves addicts (or alcoholics) in spite of the time away from active substance use, choosing to conceptualize themselves as addicts (or alcoholics) in recovery. See Table 1: *General Demographics.*

Female participants (non-trans). The four females had an average age of 28 and 100% identified as both white and heterosexual. All female participants were college educated and three had obtained a graduate degree. One female identified as Christian (Catholic), one female identified as Jewish while the other two females claimed they had no religious affiliation, choosing instead to define themselves as "spiritual, not religious." One female participant was married, one female was in a committed, long-term relationship, while the other two females were single at the time of the interview. All women were employed and earned between $30,000 and $80,000 with the average range falling between $40,000 and $59,000.   While all female participants claimed Alcoholics Anonymous as their primary 12-step program, all revealed occasional attendance of Narcotics Anonymous meetings. The average clean time was approximately 4 years. See Table 2: *Female (non-trans) Demographics*

Male participants (non-trans). The four males had an average age of 48. Three males identified as white while one male identified as Latino. Three of the male participants identified as heterosexual while one male identified as gay. The male participants had completed between 6 and 18 years of education with an average of 14 years. Two of the male participants identified as Christian, one declared himself agnostic, while the other male self-identified as "spiritual, not religious." Two of the

male participants were married while the other two males were single at the time of the interview. One man was retired while three of the men were employed and earned between $20,000 and $80,000 with the average range falling between $40,000 and $59,000. Three of the male participants claimed Alcoholics Anonymous as their primary 12-step program yet had attended some Narcotics Anonymous meetings. One male declared both Alcoholics Anonymous and Narcotics Anonymous as programs of equal importance in his recovery. The average clean time was 16 years. See Table 3: *Male (non-trans) Demographics*

    Transgender participants (male and female). The four trans participants had an average age of 37. One trans woman identified as Black while the other three participants identified as white. The trans man and two trans women identified as heterosexual while one trans woman identified as lesbian. Two trans women had obtained graduate degrees, one trans woman had completed 10 years of school and one trans man had completed 12 years of school. One trans female identified as Jewish, one trans man declared himself agnostic, while two trans women chose to identify as "spiritual not religious." All four participants were in committed, long term relationships and all were employed at the time of the interview earning between $40,000 and $100,000 with the average range falling between $60,000 and $80,000. All three trans women and the trans man claimed Alcoholics Anonymous as their primary 12-step program and all discussed occasional attendance at Narcotics Anonymous meetings. The average clean time was 8 years. See Table 4: *Transgender Demographics.*

Table 1 *General Demographics*

Variable	General (n=12)
Age	
Under 25	n=2
25-45	n=6
45-65	n=3
Above 65	n=1
Race	
White	n=10
Black	n=1
Latino	n=1
Clean/Sober Time	
1-5 years	n=4
5-10 years	n=5
10-15 years	n=1
15-20 years	n=1
20+ years	n=1
Education Level	
Up to Middle-School	n=1
Up to High-School	n=3
College Degree	n=2
Graduate Degree	n=6
Employment Status	
Employed	n=11
Unemployed	n/a
Retired	n=1
Income Level	
Up to $39,000	n=4
$40,000-$59,000	n=3
$60,000-$79,000	n=2
$80,000+	n=3
Relationship Status	
Single	n=4
Committed Relationship	n=5
Married	n=3
Religious Affiliation	
Jewish	n=2
Catholic	n=1
Protestant	n=2
Spiritual Not Religious	n=5
Agnostic	n=2

Table 2: *Female (non-trans) Demographics*

Variable	Female (n=4)
Age	
Under 25	n=2
25-45	n=2
45-65	n=1
Above 65	n/a
Race	
White	n=4
Black	n/a
Latino	n/a
Clean/Sober Time	
1-5 years	n=3
5-10 years	n=1
10-15 years	n/a
15-20 years	n/a
20+ years	n/a
Education Level	
Up to Middle-School	n/a
Up to High-School	n/a
College Degree	n=1
Graduate Degree	n=3
Employment Status	
Employed	n=4
Unemployed	n/a
Retired	n/a
Income Level	
Up to $39,000	n=2
$40,000-$59,000	n=1
$60,000-$79,000	n/a
$80,000+	n=1
Relationship Status	
Single	n=2
Committed Relationship	n=1
Married	n=1
Religious Affiliation	
Jewish	n=1
Catholic	n=1
Protestant	n/a
Spiritual Not Religious	n=2
Agnostic	n/a

Table 3: *Male (non-trans) Demographics*

Variable	Male (n=4)
Age	
Under 25	n/a
25-45	n=2
45-65	n=1
Above 65	n=1
Race	
White	n=3
Black	n/a
Latino	n=1
Clean/Sober Time	
1-5 years	n=1
5-10 years	n=1
10-15 years	n/a
15-20 years	n=1
20+ years	n=1
Education Level	
Up to Middle-School	n=1
Up to High-School	n=1
College Degree	n=1
Graduate Degree	n=1
Employment Status	
Employed	n=3
Unemployed	n/a
Retired	n=1
Income Level	
Up to $39,000	n=2
$40,000-$59,000	n/a
$60,000-$79,000	n=1
$80,000+	n=1
Relationship Status	
Single	n=2
Committed Relationship	n/a
Married	n=2
Religious Affiliation	
Jewish	n/a
Catholic	n/a
Protestant	n=2
Spiritual Not Religious	n=1
Agnostic	n=1

Table 4: *Transgender Demographics.*

Variable	Trans (n=4) *3 trans women; 1 trans man*
Age	
Under 25	n/a
25-45	n=3
45-65	n=1
Above 65	n/a
Race	
White	n=3
Black	n=1
Latino	n/a
Clean/Sober Time	
1-5 years	n/a
5-10 years	n=3
10-15 years	n=1
15-20 years	n/a
20+ years	n/a
Education Level	
Up to Middle-School	n/a
Up to High-School	n=2
College Degree	n/a
Graduate Degree	n=2
Employment Status	
Employed	n=4
Unemployed	n/a
Retired	n/a
Income Level	
Up to $39,000	n/a
$40,000-$59,000	n=2
$60,000-$79,000	n=1
$80,000+	n=1
Relationship Status	
Single	n/a
Committed Relationship	n=4
Married	n/a
Religious Affiliation	
Jewish	n=1
Catholic	n/a
Protestant	n/a
Spiritual Not Religious	n=2
Agnostic	n=1

The chapter will now present the six themes found within the interviews. In each theme, the similarities amongst all the addicts will first be identified, followed by an examination of each gender's unique experiences as reported by female participants, male participants, and transgender participants both male and female.

Description of Findings

    Theme one: initial reasons for turning to substance use. Before examining the experiences within addiction or recovery, this research explores the various reasons each person cited when first turning towards mood altering substances. When asked to describe reasons for first turning to substance use every participant (n=12) centered their responses on feeling isolated and 'different.' One male respondent, Eric, described the experience:

> I never felt like I fit in. Even when surrounded by other people I felt like I was entirely alone. I was a really shy kid and my parents would try to encourage me to participate with the family but I felt like there was something wrong with me…I mean no matter who I chose to hang out with, I didn't find my role that everyone else seemed to have found. I was really searching for that place, searching for meaning. It wasn't until I picked up [substances] that I thought I really had found who I was supposed to be, and with who.

Most participants recalled this sense of feeling different and found that drinking or using brought some relief as they fit into a circle of substance using friends, however, three participants possessed few memories before drugs. While the substances also alleviated that sense of "being different," for these addicts, it was introduced within the family during early childhood as an acceptable way of coping with life. Sean, a trans man, explained:

I remember feeling very different than the rest of my family at age four. I used to try and attach myself to other people and other families trying to figure out where I belonged. My family was constantly looking for me, like at the mall or something, and would find me talking with other adults asking them to adopt me. It wasn't until age five or six when I was given my own drinks that I stopped doing that. I remember my mom asking me what kind of beer I wanted—I wanted my own bottles of Highland beer—and after I had my own supply, I found the family more tolerable.

A male participant, Andrew, described a similarly early introduction to alcohol

and drugs.

I remember not feeling quite comfortable in my own skin. You know, I had that feeling of terminal uniqueness. But I don't have too many memories before I started drinking other than that feeling. Alcohol was always around me and my parents thought nothing of it when I drank whatever was lying around the house. And soon I was just drinking right along with them before I even left elementary school.

While each addict spoke on this feeling of constantly different otherwise referred

to in AA as "terminal uniqueness," certain themes emerged as specific to each gender.

Each of the women participants detailed feelings of anxiety and depression resulting from

trauma as contributing to the isolation. A female participant, Anya, elaborated on these

reasons for first turning to substances:

I was definitely depressed. I was incapable of dealing with life. I was constantly anxious and full of panic attacks. I could not handle any emotions besides rage. So when those emotions would happen I would go to self-harm. Either cutting or I had a lot of eating issues too… So I was definitely depressed and felt isolated. I felt alone. I felt completely crazy—things were happening to me that I didn't understand. I know now it was abuse but I was terrified that everyone was going to find out how crazy I was. I was constantly hiding things about myself. I could hide from myself and from others with drugs….and keep the anxiety and depression away.

Vicky, another female participant, also mentioned experiences of childhood trauma as

events that contributed to the initial difficult feelings. Vicky explained:

I had a pretty dicey childhood—and had to go through quite a bit of trauma. I intuitively knew it was something the other kids at school wouldn't understand, so I kept my mouth shut. This may have protected me from the judgment I was sure they would have, but it certainly increased the isolation. I walked around with all this by myself…looking back, I think I was probably a pretty depressed kid.

When turning to explore the experiences of the male participants, all four of the men placed more emphasis on the external relationships or activities that pointed to their isolation rather than the feelings or events behind the sense of "not belonging." A male participant, Scott, mentioned:

I was never a part of anything…even with my family—I knew they loved me but I never had a close attachment to them. So substances came with a peer group— not pressure but the opportunity to be a member of that group. It offered me the chance to join in.

Another man, Marc, spoke on the different solitary activities he took part in because of the opportunity they afforded to avoid people:

I didn't have many friends…I took to a lot of solitary activities. Rather than play baseball, I played golf—because golf is a solitary activity. I was really into just listening to the radio. I even played saxophone for about 8 years…and even though the idea is to play with other people, I didn't. But then when I turned about 15 or 16, my music teacher started pushing me to play with other people so I quit. The idea of being with other people was just terrifying. Alcohol and pot took away that fear…I couldn't believe that I could actually belong somewhere until I found them.

Finally, it is the feelings that are once again stressed among the transgender participants. Both the trans man and all three trans women spoke on using substances in part, due to the feeling of a strong "disconnect" between their gender identity and the gender presentation they were encouraged to adopt. Maria, a trans woman, remarked that alcohol "saved my life. It suppressed the thought 'I'm a girl, I'm a girl, I'm a girl' that would've destroyed me in high school." Alisa, also a trans woman, drew another direct

correlation between her drug use and the societal pressure to conform to a gender

presentation that felt completely wrong:

> I spent a great deal of time watching other boys…how was I supposed to act?
> Who was I supposed to be? I mean, I was alright at it—it helped that I was very
> athletic and I loved playing sports but everything else felt so wrong. I hated who
> I was because I knew it was just unacceptable, warped…but the way I had to
> behave to hide…it felt fraudulent…well it was. It felt like the core of my being
> was wrong and this life I was supposed to lead was cutting me up. Once I found
> alcohol and then graduated to drugs, I felt more at peace—because I wasn't aware
> of myself anymore.

Sean, a trans man, spoke on the pressures of constantly hiding the true [Sean] and a

similar sense of finding relief through substances. He explained:

> I wasn't sure what was wrong but I kept [Sean] hidden from everyone…including
> me. I just kept pressing him down. I never really tried to completely conform. I
> was alright with being a tomboy and pretty soon into middle school I declared
> myself a butch lesbian. I was alright with that. But subconsciously I knew it was
> something else. I just couldn't face it. And when alcohol wasn't enough to keep
> it buried, I moved to drugs. At first, this was my way of maintaining the lie and I
> thought my own sanity too. Turns out, forcing yourself to be someone else is not
> sane.

All participants described turning to substances in response to overwhelming

feelings of isolation, however, as hypothesized, specific themes emerged according to the

participants' gender identity. Every female participant centered her response around the

effects of trauma, while each male participant described the opportunity to belong that

substances provided. Finally, the trans man and all three trans women explained the

distress of conforming to a false identity and the initial relief brought on by substance

use.

Theme two: experiences during active addiction. This next section explores

this basic similarity along with some of the variations within active addiction. Each

participant described the overarching experience of first using drugs and alcohol as a way to deal with life but eventually found that using substances replaced their life. Anya, a female participant, described the support substances initially provided for her in the midst of her stress:

> I definitely loved the feeling of not being present. And I think a lot of what was going on in my life at that time contributed to that, it was a lot… my mother was in the midst of a mental breakdown. Vicodin became the perfect way to escape…and ultimately helped me deal with it all. Drinking and vicodin gave me freedom and what I thought was peace. I was happy or numb…I couldn't really tell the difference between the two. But I thought I was happy. I could laugh and be normal and shit that happened to me didn't matter at all...I could break away from the constant memories.

Sean, a trans man echoed this feeling of reaching for substances as a support:

> Once it became acceptable for me to get fucked up and drink at home with them [the family] then I was okay. All that trauma, all those fucked up experiences didn't matter so much anymore. I could endure…go through whatever because I had everything else to just numb out. I could go to school—even though I was a complete fuck up there---but I could go. I could show up and be somewhat normal because of the alcohol and drugs. That was *why* people thought I was 'okay' for as long as they did. Cause I was completely fucked up all the time.

Marc, a male participant, spoke to the diversion and fun he first received from substances:

> You hear in the rooms all of this dark talk about drugs—which nearer to the end it was. But if it was like that from the beginning, none of us would be in here [the program]. It was fun at first. Life was finally a blast. And I felt like I could actually have fun and laugh and all that stuff the normies (*non-alcoholics)* do. I felt free of the every day boredom. I mean, we did some crazy shit back then and it felt like this is why people like to be alive. I get it now! This is fun and feeling free.

While all the participants recalled using substances as their tool to get through life, each participant also spoke on the substance use "spiraling out of control." It was

this spiral that revealed gender variation. Anya explained how her "drinking spiraled out of control when I went to college after my first sexual assault…I couldn't give it up even though the consequences began to be pretty painful."

Yasmine also described a traumatic event occurring soon after she began drinking:

> I had an inkling that I couldn't stop drinking and that my life was spinning out of control when I was 16 after a particularly traumatic experience—pretty much an assault...I was so drunk and incapable of really doing anything. So I said to myself, 'you've got to stop and figure out a way not to be so fucked up.' But even though I knew that the drinking was directly tied into this event that had hurt me so much, it was also already the way I dealt with life. So it was absolute insanity—I was drinking to cover up the pain of my drinking. And I also knew that if I kept drinking I would continue to be vulnerable to more fucked up shit but I kept that covered up with the delusion that I could control both my drinking and the people around me. Next time I would be stronger, next time I would…I don't know what I thought I'd be. Looking back, I didn't even have the vaguest idea *who* I was. But it was still delusional. When I think back on my drinking career, I see how powerless I was in every single aspect of my life—it's a miracle more didn't happen to me.

Vicky stated:

> I personally believe that addiction is genetic but gets woken up with trauma. And as a child I was molested and throughout my drinking career, I had been assaulted and I think that had a lot to do with my gender. Especially as a woman who goes out and parties and seems loose and by flirting, men assume certain things…it becomes ok to do…you know… whatever to her...

Conversely, each man spoke on the effects their substance use had on their health or careers. A male participant, Scott, spoke on his "brushes with everything from medical issues to law enforcement issues" while Andrew recalled his frustration with missing many job opportunities:

> I just kept getting passed over for that manager position. At the time, I didn't connect it with the fact that I was drunk all the time…at work. I carried the alcohol with me and I guess it was this unspoken thing—nobody really commented on it if I managed to get my work done but I thought that if nobody

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commented on it, that meant that nobody knew. So thought it was just unfair that I didn't get raises and promotions—everybody's against me. He's out to get me or the boss doesn't like me. What was actually happening was I was running around in a circle chasing alcohol while everything else was going by…God was pointing me in the right direction…He always does, but I was too drunk to even look for God, let alone try and go in the right direction. I try not to think about where I *could've* been at this point in my life if I only had not been drunk all the time…if I wasn't so focused on that next drink, where my career could've gone. I mean, I'm grateful—don't get me wrong—I know that God's watching out for me now but I was always told I could've been something in school. I was a smart kid. And I ended up a drunk who didn't get sober until he was incapable of holding any job at all. Even a job at McDonalds.

The responses among those who identified as transgender centered on the

realization of a totally lost self brought to light by self-identified 'deviant' behavior.

Sean, a trans man, spoke on the violent person he became while drinking and using and

the effects this had both his career and personal relationships. All three trans women

interviewed focused most on the lengths they went to in order to obtain their drugs.

Christine, a trans woman, mentioned that as she moved from alcohol to

methamphetamines, her "life really began to fall apart…I would do anything at all to get

that high." Alisa, a trans woman, recalled:

I had no money. The speed at which I spent thousands of dollars was astonishing. So at the end of some nights, I tricked—it was a fast hundred. After spending all that money, you still want more. You still really need more—it's not a question of *wanting* it anymore. And that need gets more desperate as you keep going.

The participant responses clearly described the wreckage that substances caused

in their lives. While substance use initially provided temporary relief, eventually this use

became extreme in spite of the direct connection to negative consequences such as

destroyed careers or trauma. However, as the substances were now the mechanism for

dealing with life, letting them go and entering recovery was reported as a terrifying prospect.

Theme three: reasons for entering a 12-step program. The choice to quit using substances and enter a life of recovery is frequently preceded by painful events, sometimes referred to in 12-step programs as "hitting bottom." The addict has reached a point where the pain of continuing substance use is greater than the fear of entering recovery. Although the instigating events varied greatly among the participants and ranged from broken relationships to physical injuries to legal requirements, all genders cited similar feelings of desperation, hopelessness, and terror.

One woman described a different reason, citing legal obligations when entering AA but added it was the visible effect sobriety had on her relationship that provided the initial motivation to remain sober. Two of the women spoke of turning to recovery when a significant other ended the relationship due to their drinking. Anya described her process of deciding to get sober:

> I had this terrible break up with a guy who I thought was my dream guy. He was just perfect, he was tall, he had a successful job, this big guy that I finally felt safe with. He ended it with me because I was too much to handle…because of my alcohol use. So that was really the driving force behind it…I was like 'Fuck! Everyone is picking up on this' and that's when I tried killing myself and it didn't work... So the following weekend, I was like, OK I'm not going to drink. I'm just not going to do it. And in the past, I had been able to stop for a day or two…sometimes even a week or two early on. So I was like, 'I'm just not going to do it.' And within a couple of hours I started drinking….I had some family members who had tried AA so I knew about it and suddenly it just came to me to go to AA so I thought I'd give it a shot…I had reached a point where I couldn't imagine life with or without alcohol. And that's a pretty fucking scary place to be.

Yasmine also remarked on her interpersonal relationships as a driving force behind her decision to enter recovery:

It was this realization that I was choosing drugs over anyone else in my life. Nobody wanted to be around me using anymore…everyone knew I had a problem. So I was alone a lot. Rather than spend time with my friends, I got high. Rather than spend time with my family, I got high. Rather than do anything with anyone, I got high. It started with being around other people but ended with me all by myself, fucked up, losing my mind…alone. And each time I chose to get high, I isolated myself from the real world more and more. I just felt like shit more and more. Each time I got fucked up I did something stupid or something scary happened or both. It just wasn't getting better. And I was alone. I wanted to die but thought I'd try AA before I off-ed myself. Thank God I did because it gave me 'me' and I want to protect me now.

Each of the men interviewed included distinct 12-step language when describing their reasons for entering recovery. Marc, Andrew, and Scott all described being "sick and tired of being sick and tired" –a phrase commonly heard in meetings meant to describe gaining the motivation to change painful circumstances. Andrew explained:

I just got sick and tired of being sick and tired. I had hit bottom. I knew I was an alcoholic and there was no more joy in drinking. It wasn't a big story or nothing. I just walked into the rooms. Enough people had told me about it. So I came, came to, and came to believe. Once I got in the rooms I had the gift of desperation so I admitted I was powerless and my life was unmanageable, let go and let God. Realized that my stinking thinking was my problem. You know, "to thine own self be true" it says right here on the coin (*anniversary coin*) –the steps taught me who God made me to be.

Eric commented on coming to the realization of powerlessness:

I remember waking up in the middle of an airport in Georgia on my way to Mexico. I had taken my mother's credit card and had spent the past three days drinking and snorting [cocaine] before apparently buying a ticket to Mexico. I didn't have a great memory of what had happened but I knew I didn't have any control and that feeling of complete and total powerlessness…I hope I never forget that feeling. I was totally powerless and my life was unmanageable in every way. I couldn't manage any of it. And this wasn't who I wanted to be. I feel like I took my first step that day. I didn't need any more convincing that I was an addict. I called my sister who is in the rooms and she 12-stepped me. I've been here ever since.

These men spoke about entering recovery after realizing they were not who they wanted to be. The transgender participants echoed this while citing their gender identity as the center of this discovery. All three trans women spoke of their growing consciousness of their gender identity as a turning point; each described the choice to enter recovery as coupled with a beginning acceptance of their true identity. Christine, a trans woman, described her need to "end my life as it was—either through suicide or recovery. I knew that recovery would also mean fully transitioning at that point in addition to putting down the drugs and alcohol. It was the hardest decision I had ever made." Maria, also a trans woman, explained that while she couldn't fully claim her true gender identity quite yet, she knew that "getting sober meant that I would start bring it up to the front. I would surrender and drop the drugs and it would also mean surrendering the fight to be a man. It was letting everything go."

Sean, a trans man, remarked that while making the decision to get sober, he was not yet able to come to terms with his gender identity. He spoke of only being able to tackle one at a time and described realizing his addiction:

> I just realized I would never ever be done. The moment I really made the decision is a kinda anti-climactic compared to everything else that had been happening. I had been hanging out at a bar that these friends of mine owned…a really cool lesbian couple. We had been drinking and doing blow all night but when they wanted to go home, I wasn't done. So they gave me a bottle of vodka and the rest of the blow and I sat outside by a tree near my house and just kept going. I had to be at work the next day and I kept saying 'just a little longer, just a little longer' even though I knew it wouldn't ever be enough. The sun started coming up and people started leaving their houses for work and I kept going until all that blow was gone and all the vodka. And I wanted more. It still wasn't enough. It would never be enough. It was at that point that I realized I had to stop because I would never ever be satisfied. Had I consciously made the connection between drugs and keeping myself stuck as female, I don't think I would've stopped. At that point, I probably would've chosen suicide instead.

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Although Sean did not explicitly connect his decision to stop using to embracing his gender identity, he had gained the insight to connect his using with a deep need that could never fully be satisfied. Each participant had reached the conclusion that substances were no longer providing the relief sought and often in desperation, turned to a 12-step program.

Theme four: supports found within the 12-Step Program. Every participant (n=12) approached the rooms of either Alcoholics Anonymous or Narcotics Anonymous because they felt there was no other way out. Vicky mentioned, "I tried everything on my own. I tried to control it and I tried to stop it. I tried therapy and getting more serious about religion. I tried to kill myself but that didn't work. In the end, I came to AA because I was out of ideas." The interviews revealed that for these addicts, 12-step programs provided an end to the cycle of using substances. When asked about the specific aspects of the program that benefited them the most, all of the participants (n=12) spoke to the fellowship of other addicts. Alisa, a trans woman, commented, "it's an amazing feeling to walk into a room and realize that you are not alone. You are not an inherently bad person. There are so many people who understand exactly what you've been struggling with. That felt like the beginning of my life."

This section revealed the most diversity among the genders. Four participants-one trans man, one woman, and one male, cited the 12- steps as the most important and beneficial aspect of their programs aside from the fellowship of other addicts. One female participant and one male participant, pointed to the strengthening of their relationship with a higher power as the most important aspect to a sober life. One female

participant described the focus on honesty, which enabled her to live a sober life. One

trans woman spoke about the literature—particularly the *Big Book of Alcoholics*

Anonymous and the *Twelve Steps and Twelve Traditions* as the most important part of her

sobriety. Three participants, one female, one trans woman, and one male discussed the

support sponsorship had provided in their lives. Two participants, one male and one trans

woman, explained that every aspect of the program was vital to a lasting sobriety. Scott,

a male participant, explained:

> I mean, it's the fellowship—one alcoholic helping another—that is really the
> foundation of the entire program. And the part that I found initially the easiest to
> grasp so was initially the most helpful to me. So if I had to pick one thing, I guess
> I would pick that. But it's really everything—the literature, sponsorship, your
> Higher Power, meetings, 12-step work…oh yeah, the steps in general, the
> traditions, maintaining an attitude of gratitude…I really can't pick one part. The
> entire thing, all of the suggestions are important for my sobriety. If I let one bit
> go, the entire structure begins to suffer.

While each addict ultimately pointed to different aspects, the trans participants

demonstrated a pattern of commenting that the support of the program enabled them to

fully accept their gender identities. Whether it was sponsorship, the literature, the steps,

or the fellowship, the trans man and all the trans women spoke to the process of using the

12-step tools when transitioning.

Sean, a trans man, described the process of going through the fourth and fifth

steps[3] as instrumental in coming to terms with his true identity:

> That fourth step almost took me out. I was so terrified of really confronting
> myself. I held onto that label of being a very butch lesbian but the deeper I went
> into that fourth step the more afraid I was getting. Once I finished it, I had to
> make a decision of whether or not I was going to read it to my sponsor. I knew

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[3] Step 4: Made a searching and fearless moral inventory of ourselves; Step 5: Admitted to God, to
ourselves, and to another human being the exact nature of our wrongs.

that if I didn't read it to her, I would go out. And die. I knew that. I called my sponsor with every intention of telling her to fuck off—that I wasn't going to tell her anything. But instead I just burst into tears. When I met her and told her everything on my fourth, she told me "this is what you are drinking over and this is what will kill you. You need to make a decision—are you going to live or are you going to die? You can accept yourself as a man or I might as well buy you a drink right now." She was harsh—but she was right. And that saved my life.

Maria, a trans woman, spoke on a similar turning point when confronting her gender identity. She talked about her sponsor as the reason she lived "a life second to none as a woman" today:

> I remember I picked this sponsor because I thought he would immediately reject me…and prove my point that AA had no place for a person like me. He was this big, jock, misogynistic, asshole. But fuck if he didn't immediately give me his number and set up a time to get coffee as soon as I walked up to him. In fact, he was the person who told me a couple years into my sobriety that I needed to accept the fact that I was a woman and just transition already. So I transitioned in AA…in front of other alcoholics who loved me for who I was in spite of my own hatred for myself. Without that love and blunt honesty, I don't think I would be here. At the very least, I would be sober but completely miserable.

In every case, regardless of the cited benefits, every participant found that the program offered a way to live life without using substances. The life that had formerly been so terrifying was now manageable. Because the most commonly cited reason for first picking up substances was a feeling of loneliness and difference, it is understandable that the most commonly cited benefit of the program is the strength of the fellowship, which cut through the overwhelming isolation.

Theme five: challenges found within 12-Step Programs. While the program provided each addict interviewed a foundation for sobriety and ultimately a new life, there are various aspects of the program with which the participants struggled. When asked to comment on this portion of the interview, the overwhelming majority of

participants (n=10) spoke on "the God thing." Michelle described the continuous

challenge this aspect of the program posed:

> Oh that whole God thing has been a huge challenge. "I came to believe." I still struggle with those words. I struggle with the concept of a higher power. I try not to deconstruct these things too much. I did spend several months deconstructing it and getting pissed at AA and it didn't help. The serenity I like comes when I just ignore the things I can't understand. Not ignore in a bad way, but just putting it on a shelf and maybe looking at it later. I'm taking what I need and am leaving the rest. But the concepts of faith are hard for me. But like I said. I can go to other people to make a good decision--the group is my higher power. I know a lot of newcomers use that but I'm going to be an old timer using that. Cause I mean the group makes a better decision that is better than I could. And they are higher than me…I'm not sure I'm comfortable calling it God really but I struggled to get to this point. I struggle with all of that daily stuff--like meditation and conscious contact[4]. Conscious? I don't even know what that means. Like is the other contact not conscious, like I'm conscious so is my higher power conscious? I don't know. Contact implies a two way street….but I just do it. I don't ask questions...I pray and am surprisingly good at prayer even though when I do it, I'm just like "I don't know what I'm doing"

While three of the women interviewed spoke on their issue with an emphasis on a

higher power, all four women described a difficulty relating to a higher power that was

consistently referred to with male pronouns[5]. Vicky explained:

> I mean, it's a hard enough pill to swallow that you have to believe in God. Turn your will and your life over to God. But a male God? I have to turn my will and my life over to another guy? What the fuck is that? I'm not changing all this in my life just to switch the men who get to control my life. Does that sound a little dramatic? Yeah… they say it's of your own understanding but AA does have it's roots in that male Christian God. That was my attitude when I first came in…and it still bothers me a little bit but a few years later, I can accept the limitations that Bill[6] and them had in the society they were part of. Just because the language expresses the views of those men, doesn't mean the essence of the suggestion isn't relevant to me.

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[4] Participant is referring to the 11th step: "Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for the knowledge of His will for us, and the power to carry that out

[5] In AA and NA literature, God is referred to as a 'he'. This use of the male pronoun is a trend also seen when describing the alcoholic.

[6] Bill Wilson, co-founder of Alcoholics Anonymous

Anya echoed the challenges she found in the heavy use of male pronouns generally found within the program literature:

> Oh, I have huge issues with the Big Book! Not all of the Big Book. There are a few chapters, like 'To the Wives' that I find to be incredibly offensive. I treasure the Big Book and just because I have these opinions doesn't mean I want it to change at all. I mean, this has been there and this was the start of it and millions upon millions of people are sober because of it. But I definitely think because it was written in the past, there are a lot of old, cultural undertones to it, which are not relevant. And I definitely feel reading the Big Book, as a woman, I feel isolated from it. Especially when I read 'To the Wives'…I mean there's some stuff in there that's important but I just feel like I'm not connected to it necessarily. So I guess that would be my number one complaint.

All four women also spoke about their frequent attendance at women's meetings, referring to them as safer spaces than mixed meetings. Yasmine explained her reasons for attending single sex meetings:

> I go to women's meetings because that's where you can share about the unique suffering that it is to be a woman and an alcoholic. A lot of us had been assaulted or we've put ourselves in compromising situations that for men are not nearly as traumatizing. I slept with a lot of people when I was drinking. I was terrified I had an STD or was infertile--cause how have I not gotten pregnant. And relationships...you don't want to share about that in a room full of men because there is always that undercurrent of like if you are sharing about problems with your boyfriend or how you are struggling with being on your own, you don't want to introduce that factor of sexuality or your relationships to men who then know all of your darkest secrets. It's just not a safe idea. Are the rooms the safest place for me? Yes, they saved my life. But are there some sick men in AA who could probably hurt me? Absolutely...and I've seen that first hand.

> When asked to comment on any aspect of the program he found challenging,

Andrew responded:

> I love every part of the program. There isn't anything I struggled with--that's except for that old stinking thinking--but that's on me. I was my biggest problem. If I am having a problem with the program, I need to look at what my part is. What am I having trouble accepting? All I really had to do is let go and let God and the program would do its work on me.

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The other two male participants commented on an initial difficulty relating to a

room where they were often the only person identifying with certain minority groups.

Eric, a self-identified Latino, described:

> I had a huge issue trying to relate to a bunch of white people. Usually they were
> coming from different worlds then mine and I would sit there rejecting every
> suggestion they gave me because they couldn't possibly understand my world. A
> lot of that was my own resistance to sobriety in general, but it is still difficult to
> be the only Latino in a room—it's a feeling of vulnerability that I just have to put
> aside while I'm trying to hear what is being said. Because I know listening to
> these people will save my life.

Another male participant, Marc, who self-identified as gay, commented on a similar

feeling when first dealing with his sexual orientation. He explained:

> I didn't really want to talk at first because I was just coming out and coming to
> terms with being gay. I was afraid that I would be rejected and then I'd lose this
> chance at breaking free from the alcohol. But I mean, this is DC and it turned out
> most of that was in my head. I ended up first going to a lot of gay meetings but as
> I got more comfortable with my sexuality, I actually find that straight meetings
> enables me to focus on sobriety rather than my social life in meetings. The gay
> meetings were instrumental at first though—I don't think I would've said a word
> in the beginning feeling so painfully gay in a room of straight guys.

The trans man and the trans women described a comparable trepidation when first

entering the rooms. All the participants who identified as trans spoke to the assumption

that other members of AA or NA would view them the same way they viewed

themselves. Maria, a trans woman, discussed dealing with this fear and how she

subsequently resolved it:

> I had such a low opinion of myself. I mean I knew who I was—who I was
> 'supposed to accept' but I thought no way. I am not going to be a black trans
> woman….I thought they were all prostitutes. If anyone saw me to be a black
> trans woman, they would see me the exact same way I saw me. And that was not
> a pretty picture…I knew that AA wasn't made specifically for me. There's that

one place in the literature where they talk about wanting to keep the blacks out, the queers, the crackpots, and the fallen women out[7]. So essentially, that's me. But I was so desperate. I was terrified but I think I had managed to realize that I did not want to die. So all of those 'he' pronouns and that assumption that everyone is straight with the same-gender sponsor rule…I just dealt with it. Because I didn't want to die. I was desperate enough to just take the suggestions and look beyond all of that other stuff. Okay, so the Big Book talks to the 'straight man' but maybe it can work for me too. If you stay too hung up on all that other stuff, you aren't desperate enough. And I was pretty desperate. In reality, all of that other crap is dealt with using "principles before personalities" – sure there are assholes in the rooms. Of course, there are people who don't accept me or who look down on me—but unless they are working a program and following the traditions, they probably won't stay sober. And if they are, they will learn to just "live and let live."

While the challenges described were both many and diverse, the desperation to find a new way of life inspired each addict to either trust the program—accepting its limitations in order to access the supports.

Theme six: "take what you like and leave the rest[8]": finding a place in the rooms. The reported challenges encountered in the program mirror the level of effort necessary when finding a place within the rooms of AA or NA. Participants who found themselves members of any "oppressed identity" indicated a higher level of awareness on the presence of specific issues related to gender and subsequently more difficulty finding their place. The message "take what you like and leave the rest" proved particularly applicable for these individuals as they sought to mold the program towards supporting their unique identities.

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[7] Participant is referring to the book Twelve Steps and Twelve Traditions in the description of the creation of the third tradition.
[8] "*Take what you like and leave the rest*" is a phrase often heard in 12-step meetings, encouraging members to choose the messages they feel apply to them and let go of the others. This is an effort to prevent addicts from writing off the entire program after hearing comments they may not find relevant.

All female participants (n=4) reported a "high consciousness" of their gender and a subsequent heightened vulnerability to trauma throughout the interviews. Michelle spoke to equating this consciousness with a lack of safety:

> I have pretty high consciousness of being a woman alcoholic. I wish that I could say that gender didn't really matter and we are all just alcoholics…I mean, at the core we are but I think there's a reason I am most comfortable around gay people and women in intimate scenarios. I think I always have been. I'm happily married…it's not about anything related to that….But with straight men, I suspect their motives, I'll share at mixed meetings with straight guys but ultimately I'm not going to really let go. I don't feel safe to do that. I am always aware on some level how the straight men may be seeing me or interpreting my words or behaviors.

Her allusion that at the core "we are all just alcoholics" was the focus of the responses from the two, white, heterosexual male addicts who each denied a relevance of gender related issues within the program. Scott mentioned:

> I think the beauty of the program is how we as alcoholics can relate to everyone else regardless of gender or sexual orientation or age. I don't really consider my gender to be a salient part in a meeting. I relate to the feelings and let go of everything else. Many of those sort of social issues seem to resolve themselves within our traditions.

The men who had mentioned an "oppressed identity" whether race or sexual orientation speculated on the challenges different genders could face, while also even altering their own behavior in response to those challenges. Eric discussed his decision to attend men's meetings regularly:

> I go to men's meetings because I can't really let go in mixed meetings. I know a lot of women—pretty much all the women addicts I've known closely have had some bad experience with men and have been raped or abused….a lot of sexual trauma I guess is what I'm saying. I don't want to say or do anything to further traumatize anybody. There are a lot of men in the rooms. Usually in the meetings there are more men than women and if I am uncomfortable being the only Latino in a room, I'm guessing there are probably women who feel similarly if there are not a lot of other women in the room. I also can't really share openly if I'm so

aware of how a woman in the rooms is going to first react to what I'm saying and sometimes I'm just trying to impress her…It's just less complicated if I have something hard to talk about that I'm talking to another man. Unless I know her and she's a good, close, platonic friend.

Exploring the responses of transgender participants found a "constant consciousness" of gender within the rooms of AA or NA. Maria, a trans woman spoke to this:

The whole male/female thing is so present in the literature and the meetings. Pick a sponsor of your own gender. God is a He. Get a network with people of your own kind. New girls, stay away from old men. It's all very black and white. Before I transitioned, I got caught up in all of that. I got a male sponsor because I technically was still "male" or at least was desperately still clinging to that. But it just wasn't…I don't know…it wasn't "right." Just how it wasn't "right" out there [*outside the 12-step program*]. It wasn't really something that stuck out to me in the rooms though because it was just how I went through the world. So it was here too. I could either let that take me out or I could use the tools of the program to discover who I was and "to mine own self be true." Now I sponsor and I've sponsored everyone, gay men, straight men, women…I've got this young little 'lez' now. She struggles with the gender thing and gets mad at every male pronoun in the rooms. So she's mad all the time. And I keep telling her—"just leave all that stuff behind right now. Use the tools that are being given to you. If I can find a place for me in this program, then so can you. Acceptance. That's the way it is right now…you need to get sober and this is what's going to get you sober." Because all of that anger at "the man" is a way to avoid looking at herself…and it's a resentment that will kill her.

While Maria talked of finding her place in the program, Sean, a trans man discussed the difficulty of finding specific places for transgender alcoholics:

There was that one meeting for the trans folk but it ended up being shut down because we kept relapsing…nobody was coming anymore. So few of us make it…I know trans people who tried the program and ended up killing themselves. As for a group of trans people in the rooms…I don't know of that many who have stayed. Because you really are forced to confront gender—that issue that we all ran away from through booze. If a trans alcoholic doesn't directly kill themselves, it is so rare that they stay in the rooms. It's possible to get and stay sober. Absolutely. But you have to find that solid, God-given person who helps you confront yourself in an environment that can at times be more focused on gender than even out there [outside the rooms]. You disclose who you really

are—you risk disgust from the people who are your only chance at living. Most of that was in my head, I never got anything other than love from other alcoholics but some of it is real. And you have to choose—a certain, familiar death with booze or an uncertain, terrifying, possible death without booze or a possible life you cannot even imagine yet.

The program was not initially created for women, trans men, and trans women and each spoke to the difficulties encountered when recovering in the predominantly male space. However, most participants also discussed the desire to leave active addiction and create a life in recovery as a strong motivation to navigate this new community.

Summary

The six major themes encompassing the study emerged as: reasons for turning to substance use, experiences during active addiction, reasons for entering a 12-step program, supports found within the 12-step program, challenges found within the 12-step program, and finally, finding a place within the 12-step program. While every participant spoke on each of these six themes, the responses indicate patterns of variation among the genders' experience. The following chapter presents a critical analysis of these findings and further explores the gender variations within experiences of addiction and recovery.

Chapter V

Discussion

Review of the Findings

The findings suggest that while addicts share many common experiences, the process of moving from active addiction towards a 12-step recovery does vary among genders. The complexity of this process is conveyed through the six themes discussed in the previous chapter. Delving into these themes has illuminated both similar core traits within addiction and subsequent recovery along with the unique manner in which each gender experiences these traits. The findings begin to fill in gaps within the main discourse on addiction and gender, particularly noting the increased risk of addiction within the transgender community, while exploring these experiences alongside those of non-transgender male and female addicts. The following subsections focus on the initial research question: How does leaving the drug addict role and creating a recovering identity vary by gender? This section will further discuss the themes explored in the previous chapter of initial reasons for turning to substance use, experiences during active addiction, reasons for entering a 12-step program, benefits found in a 12-step program, challenges found in a 12-step program, and finding a place within a 12-step program. The methodological strengths and limitations will then be explored, followed by an investigation of professional practice implications. Finally, the writer will propose suggestions for further study.

Theme one: initial reasons for turning to substance use. As discussed in the literature review, Kohut (1977) saw the self as "the center of the individual's psychological universe" (p. 311) through which each person organizes experiences and regulates self-esteem. The different genders pointed to significant experiences which played a role in their choice to pick up substances, enter a 12-step program, and live a sober life. As every participant recalled a feeling of isolation, the findings support the basic premise of addiction as an attempt to soothe the self or resolve an unmet need. Probing more deeply into this common feeling of isolation resulted in the emergence of a clear variation among the genders.

Men spoke to a constant feeling of not belonging; fear and beliefs of inadequacy were seen as blocks to connecting with core groups of people. The current binary structure around gender is described in the literature as leaving men with little voice to express emotions of intense sadness, vulnerability, isolation, disconnection, and despair (Levant, 2001; Poe, 2004; Pollack, 2006). In support of this literature, the findings generate the hypothesis that this commonly cited feeling was unable to be expressed, in part due to this strict conceptualization of 'masculinity.'

Turning attention to women brings the focus on trauma, particularly sexual abuse, as a key factor in paving the road to addiction. The women interviewed spoke often on a sense of vulnerability and danger, which echoed the literatures' emphasis on society's denial for women to develop an internalized sense of safety (Tobin, Menon, Menon, Perry, Spatta, & Hodges 2010). As women are at a particularly high risk for experiencing

sexual trauma both as children and during active addiction, the findings promote the supposition that this violence against the gendered self, leaves female addicts in a unique position. Their feelings, while also initially described as 'isolated' and 'feeling different' could stem from a different place than a male who has not experienced sexual trauma.

Finally, the trans man and the trans women discussed their constant struggle between their core selves and the selves society has dictated for them. These findings once again, support the literatures' description of a serious empathic failure causing damage to the authentic self within the trans person (Bilodeau, & Renn, 2005). Neither the non-trans male or female participants described such a fierce clash of selves or such a desperate need to bury their true gender. With no real acceptable identity to develop, the trans person's isolation develops from yet another type of traumatic failure than the non-transgender addict. This initial feeling of isolation and the resulting action of turning to substances may have been the same for every individual regardless of gender, yet the findings point towards confirming the hypothesized differences among the genders when exploring the identity prior to addiction.

Theme two: experiences during active addiction. As was discussed in the literature review, addicts of various genders experience active addiction differently (Anderson, 1998; Baker, 2000; Bilodeau, & Renn, 2005; Blazina, 2004; Copeland, & Hall, 1992; Ettorre, 1992; Fraser, 2009; Lombardi, 2007). Addiction generally progresses as the addict, in search of a satisfying selfobject, ingests more and more of a substance yet warps the self instead (Kohut, 1977). This premise of addiction remains the same among all participants.

A central aspect of this research involved examining the role of 'drug addict.' The findings support the previously discussed set markers for identifying an addict such as unsuccessful attempts to control use, use despite negative results, substance use placed ahead of important relationships, and continuing deviant behavior in pursuit of use. The results continued to support the literature stating that men and women's encounters with drugs differ (Anderson, 1998; Baker, 2000; Copeland, & Hall, 1992; Ettorre, 1992; Lombardi, 2007) yet also incorporated voices from the transgender population.

Differences in the process of "hitting bottom" mirrored the previously reviewed socialization experiences among the genders. Men pointed to destroyed health and careers, demonstrating more external concerns relating to professional growth (Anderson, 1998). Frustrations centered on lack of positive recognition or unwanted attention on events that reflected poorly on a public identity. Each man spoke on eventually finding themselves just as isolated as they felt prior to first ingesting their substance of choice. The shame they described stemmed from a feeling that they had failed to live up to expectations of success.

Each woman's responses supported the literature (Tobin, Menon, Menon, Perry, Spatta, & Hodges 2010) describing the constant vulnerability and trauma as major consequences of drinking and using. However, just as substance-use often resulted in harmful and terrifying events, the substances also served as the relief to soothe the pain stemming from surviving sexual violence. The compulsion to alleviate the overwhelming emotions often persisted in spite of awareness of this cycle.

The trans participants concentrated on the deviant behavior their substance use promoted. Until recently, this population has been denied much focus in literature, yet the current social structure labels this trans identity as deviant (Lombardi, 2007). There is a strong focus on who the self is *supposed* to be and on painful attempts to pass as socially acceptable; this could possibly contribute to an attention towards 'deviant' behavior as an addict. Each gender attributed different consequences of addiction as what ultimately pushed them towards AA or NA—the men pointing to destroyed professional identities, women commenting on trauma, while the trans individuals exploring the deviant behavior their addiction promoted. It is these different emphases that illuminate how addiction impacts diverse identities.

Theme three: reasons for entering a 12-step program. As described in the literature, the more the addict self clashes with the true self, the more likely the addict will search for a life in recovery (Stephens, 1991). The men more commonly reported this described clash of the selves and spoke of the realization they were not living as their 'true selves.' In cases where the self had been attacked through trauma or suffocated by social norms as described by the women, trans man, and trans women interviewed, the choice was more often between suicide and sobriety. The theme among these addicts was either unawareness or a terror of the 'true self.'

The literature points to interpersonal relationships as reasons many women enter recovery (Anderson, 1998; Brown, 2000; Ettorre, 1997), which was a theme among three of the four women interviewed. Losses of significant others provided incentive to begin recovery. While one woman pointed to an end of a relationship as the catalyst, another

woman spoke to a realization that she was choosing substances over anyone else in her life. Demonstrating the contrast between the two genders, the literature supported the concept that women's sense of self is based more in her maintenance of relationships while each man spoke to a realization of personal powerlessness in careers or health (Anderson, 1998).

Different from the women, the men used distinct 12-step language when describing their entrance into AA or NA. This could connect with the level of ease with which the male addicts initially related to the program. The literature has described the two men, Bill W. and Dr. Bob, who started Alcoholics Anonymous and pointed to the male perspective inherent within the program. When speaking to their decision to enter a 12-step program, each man's response centered on the first step[9], often using the key words of "powerlessness and unmanageability."

Finally, three of the trans addicts all spoke to their growing awareness of their true gender identity and the difficulty in keeping it suppressed. The literature exploring the experience of transgender addicts remains limited yet studies do demonstrate a greater risk among transgender individuals for addiction (Lombardi, 2007). The results of this study have illuminated the experiences of these trans addicts for whom both the reason for turning to substances and a huge part in turning to recovery had its roots in gender identity. Drugs provided a way to hide the true self until this process became unbearable to continue. For these addicts, it was both the harmful consequences of drug use in

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[9] Step 1: We admitted we were powerless over alcohol [our addiction], that our lives had become unmanageable.

addition to the suffocating experience of hiding behind the drug use that inspired the first attempts towards recovery.

Theme four: supports found within the 12-step program. The research then investigated the addicts' experiences in a 12-step recovery. Comments on the benefits of the program proved to show significant variation both among and within the genders, yet one significant tie among every recovering addict was the strength found among a fellowship of other addicts. This relates to the initial feeling of emptiness, loneliness, and 'terminal uniqueness' that was cited as the addicts' inner world before turning to drugs for relief. The fellowship of AA or NA began to fill the deep need for twinship, providing access to a support network of others trying to stay clean and sober.

The most significant findings were discovered within the transgender population. All trans addicts described how the tools within the 12-step programs not only provided the courage to face a deep-rooted terror of the true gender identity, but also supported the development of the gender identity. For these addicts, the initial choice between suicide and recovery spoke to the intensity of this internal struggle, reinforced constantly by the societal message of acceptable gender norms. Although literature has commented on the strictly gendered nature of 12-step programs (Anderson, 1998), the experiences of these individuals speaks to the powerful tools at the disposal of recovering addicts, allowing them to discover and heal the true self - even if that self is not obviously represented in the rooms of AA or NA.

Theme five: challenges found within 12-step program. Perhaps the most significant discussion was found within responses on challenges within AA or NA and

the paralleled consciousness of gender-related issues within the program. As discussed in the literature review, Alcoholics Anonymous was founded with little attention paid to various races, sexualities, genders, ethnicities, etc. Bill Wilson and Dr. Bob, two white, heterosexual men, created the program (Alcoholics Anonymous; Brown, 2004; Diamond, 2000) from the perspective of a dominant identity. The two self-identified heterosexual, white, male participants commented that any struggles they faced in the program came from their own issues rather than actual problems of the program. When asked to comment on gender, both men declared gender was a non-issue in the rooms of Alcoholics Anonymous and Narcotics Anonymous. The men who possessed 'oppressed identities' not only commented on perceived program problems, but also speculated on unique obstacles other genders may face. They were able to translate their own experiences related to 'fitting in' into experiences women, trans men, and trans women might encounter.

For the woman, trans man, and trans women interviewed, gender played salient yet vastly different roles in the genders' experience of recovery. The responses generated by women supported the literature as each participant had struggled with both the heavy focus on the male alcoholic and the general conceptualization of a male God. The issues of vulnerability and trauma histories once again played a role in a hesitancy to fully 'let go' in mixed meetings. In spite of these challenges, the general attitude of the participants was that the program was considered to be the foundation to a sober life.

While the trans man and trans women also mentioned struggling to find a place in the program, each trans participant had found a balance between accepting the programs'

limitations and using the program tools to develop their own identities. A review of the

literature revealed that transgender individuals are a high-risk population for addiction

(Lombardi, 2007), the absence of discussion around trans experiences or resources could

contribute to the difficulties every trans participant mentioned. For many of these addicts,

sobriety became a life and death issue, yet the available resources may initially appear

hidden behind a heavy gender-emphasis when exploring a life in recovery. In spite of

these added obstacles, each participant described their own unique path to creating a

sober self.

Theme six: "take what you like, and leave the rest": finding a place in the 12-step program. This research sought to illuminate the process an addict experiences when

moving from active addiction into a 12-step recovery while attempting to understand how

people of various genders can relate to this one program. As discussed, men, women,

trans men, and trans women encountered different challenges when relating to their

fellowship and this section focuses on the level of adjustment each addict made when

developing their program of recovery.

When speaking with the white, heterosexual male addicts, little adjustment to the

basic identity was needed while the addicts who held oppressed gender, racial, or sexual

orientation identities found initial difficulty relating to others. There was a fear that this

oppressed identity would restrict help and acceptance from a group now seen as essential

to recovery. The 10 addicts who found themselves out of the dominant group were set

with the task of creating a space for themselves with room to grow and develop unique

sober selves. Each story highlighted the strength of the third tradition of Alcoholics

Anonymous which states that "the only requirement for membership is a desire to stop

drinking" (Twelve Steps and Twelve Traditions, 2007, p.139). While the focus on

recognizing and healing the wounded aspects of the self was constantly present, it was

the spaciousness provided within the traditions that allowed for this process to develop.

Gender identity was particularly salient for women, trans men, and trans women.

Women spoke to hesitancy in sharing openly in mixed meetings while trans men and

trans women remarked on a terror in publically acknowledging who they knew they were.

Traumas, whether sexual abuse, physical abuse, or the constant message that this core

aspect of an identity was unacceptable contributed to initial trepidation and often a

persistent sense of insecurity rooted in a history of rejection and danger.

However, many of the addicts interviewed spoke to the gravity of "hitting

bottom" and the subsequent choice between sobriety and suicide. This fear of death may

have pushed some of these addicts to figuring out a way to 'work' a program that at first

glance may have seemed unwelcoming to their specific identities.

Methodological Strengths and Limitations

The most obvious methodological limitation of this study is that due to the

researchers' time and resource restriction, the study engaged a small sample size, limiting

the applicability of this study's conclusion. While unable to provide universally valid

results, this study offers a small investigation revealing the potential for similar

conclusions upon expanded research.

This research will hopefully illuminate certain histories that have remained

largely overlooked, yet the researcher acknowledges the current accepted language

surrounding gender and identity poses a limitation to the study, particularly when exploring the experiences of the transgender population. The choice to group those who identify as transgender into one category regardless of a male or female gender is due in part to limited resources, time constraints, and lack of existing literature. This research construction is not meant to assert that 'transgender' is in itself an identity without first acknowledging that trans men and trans women have vastly different realities. Ultimately, while they share the common experience of transitioning from one gender presentation to another, the researcher acknowledges the trans man participant understands himself first as male while each of the trans women understand themselves first as female—rather than primarily as transgender.

Both an observed limitation and strength to this study is the author's identification as a member of the study's population. As an individual who identifies as a female recovering addict, the writer is able to identify with the experiences of the participants. Recruiting proved heavily reliant on the authors' fluency of the 12-step culture in the Washington, DC area along with her existing connections in the AA and NA programs. While the researcher did not explicitly mention her identity as an addict in recovery, her knowledge and use of the 12-step language served to insinuate a certain level of shared experience.

As the researcher used a snowball method of recruitment, she used known connections within the 12-step community to assist in finding interested participants. Many recovering addicts place heavy emphasis in sharing their stories to help other addicts; a familiarity with these experiences may have increased the motivation to

participate in this study. The tradition of "one addict talking to another" may have increased feelings of support and comfort during the interviews.

Yet another limitation is the imbalance between the number of trans women participants versus the one trans male participant. Each trans participant acknowledged the difficulty in locating trans addicts with over a year in AA or NA due to the unique obstacles a trans person faces in recovery and while transitioning. While this fact in itself is noteworthy and merits further investigation, the researcher also notes the desirability of interviewing a balanced sample of trans men and trans women, not only as an important aspect to a comprehensive study but also, as an acknowledgement of the differences between trans men and trans women. Due to the time and resource constraints, the researcher was able to interview three trans women and only one trans male.

In spite of these limitations, this study provided the opportunity for the often invisible and silenced populations within our society to give voice to their experiences. Due to the tradition of anonymity in 12-step recovery, participants across the gender spectrum are frequently left unseen and unheard. A major strength of this research comes from the valuable contribution of first hand narratives from trans men and trans women, adding to the scarce literature on addiction and recovery.

Implications for Professional Practice

The conclusions of this study point to both theoretical and practice implications for addicts at any point along the gender variation spectrum and more specifically, for addicts in recovery. The literature review resembles society's current attitudes regarding the "appropriate" gender identity and reluctance to provide an adequate space for the

transgender individual. As a result, when considering issues such as addiction, not only does the understanding of addiction among the genders remain incomplete, but also wholly compassionate, empathic responses to addicts working towards sobriety remain limited.

The NASW Code of Ethics (1996) calls for social workers to cultivate understanding and sensitivity to cultures and differences among people—a particularly salient request for the researched topic. The combined need to appreciate the nuances of the significant culture of 12-step programs and to explore the realities of a diverse array of individuals within that culture seems imperative when working with addicts in recovery. Although this study remains limited, it illustrated some of these diverse realities while indicating the necessity of furthering this research.

Specific clinical recommendations for engagement and treatment can emerge from these initial results especially for addicts who do not fall into the white, heterosexual male role. Some of the interviewees spoke to the challenges many encountered when navigating a world clearly not created for them; this provides some insight into how clinical professionals can better enhance support for the addict. Further understanding of the experiences of addicts across the gender spectrum has the potential to shape clinical analysis of clients, inform sensitive client interventions, promote awareness of clinical bias and countertransferance issues while ultimately increasing gender-compassionate treatment for any addict. Clinicians can provide added support for an addict struggling to reconcile an oppressed identity in an unwelcoming environment,

particularly focusing on strengthening the addicts' acceptance of an identity, which may initially feel lost within the 12-step world.

Implications for Further Research

Due to the small sample size and lack of diversity, primary implication for further research is an expanded study of a similar design, which integrates a larger sample size and increased diversity. While an observed strength of this study's methodology was the researcher's shared identity with the research population and first hand familiarity with the 12-step culture, this strength also affects the participant responses which can lead to other research implications. There may be a significant difference in what an addict will share about their experiences depending on the interviewers' level of cultural competency within the 12-step program.

The candor with which the participants spoke to the interviewer suggests a positive response. However, the researcher notes that as this study is conducted by a member of the studied population with both implicit and explicit biases, further research is encouraged. Other research implications point clearly to more focus on exploring the experiences of trans men and trans women in active addiction and recovery as well as a need to include this population in the general addiction discourse as a step towards broadening effective help available.

Further research regarding addicts who sought help in a 12-step program and were unable to find relief, particularly among those who do not identify as white, heterosexual men is highly recommended. While each of the addicts interviewed was able to find a place in the program and subsequently recover, rich information could be gathered from

those who chose to leave the rooms of a 12-step program. Yet speaking with those who could find no solution within the 12-steps can reach a population perhaps even more forgotten then any other addict. The avenues this can reveal will deepen our understanding of gender, addiction, and how to best support any addict who wants to recover.

This study has demonstrated significant variation when exploring the experiences of addicts across the gender spectrum. The narratives of these twelve participants highlighted both similarities and differences in addiction and a subsequent 12-step recovery as well as the incomplete nature of the current literature. It is believed by the writer that furthering an understanding of the complex and multifaceted nature of addiction can be useful to clinicians as they support this population in recovery. The results of this study clearly reveal different obstacles for the various genders, laying groundwork for future research in this area.

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Appendix A

Human Subjects Review Board Permission Letter

November 25, 2010

Georgiana Mora

Dear Georgiana,

Your second revisions have been reviewed and approved and we are now happy to give final approval to your interesting study.

Please note the following requirements:

Consent Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your project.

Sincerely,

Ann Hartman, D.S.W.
Chair, Human Subjects Review Committee

CC: Nora Padykula, Research Advisor

Appendix B

Informed Consent Form

Dear Research Participant,

My name is Georgiana Mora, and I am a graduate student at Smith College School for Social Work. I am conducting a research project designed to explore recovering identities in 12-step programs. This exploratory study will investigate the process an addicted individual undergoes when leaving an "active drug addict role" and working towards a recovering identity. I am especially interested in looking at how gender plays into this process. This study will be presented as a thesis, is being conducted as part of the Master's of Social Work degree at Smith College School for Social Work, and may be used in possible future presentations or publications on the topic.

Please consider participating if you identify as an addict or alcoholic, consider yourself a member of either Alcoholics Anonymous or Narcotics Anonymous, have at least one year clean and sober, and are over the age of 18. If you choose to participate, I will ask you to sit for a taped interview with me that will last approximately 50-60 minutes. Prior to the interview, you will be asked to answer a brief demographic questionnaire asking about your age, education, and other individual characteristics so that I may describe the diversity of my sample in my thesis report. The interview itself will consist of semi-structured questions focusing on your own experience in addiction, recovery, and how you have found your gender has influenced or not influenced this. The total amount of time for participation will be approximately one hour. I will meet you at a mutually agreed-upon location that is private, such as a room in a 12-step clubhouse or some other location that is convenient for you.

Participation in this study will ask for recall of experience in active addiction and personal struggles in recovery. Speaking on these struggles may bring up related feelings. In case you feel a need for additional support, a list of referrals will be provided to each participant.

While there will be no financial benefit for taking part in the study, participation will allow you to share your experience. Your contributions will provide important information that may be helpful in deepening an understanding of addiction and recovery. Your confidentiality will be protected in a number of ways. The demographic questionnaire and the audiotape of the interview will be assigned a number for identification. You will not be asked to state your name while the tape is running, and you are asked not to include any identifying information in any examples you may use. Some illustrative quotes will be used in the thesis, but will be reported without identifying information and disguised if necessary. I will be the primary handler of all data including tapes and any transcripts created. My research advisor will have access to the data collected during the interview including any transcripts or summaries created and will assist in the analysis of the data. I will keep the demographic questionnaires, tapes, transcripts, and other data in a locked and secure environment for three years following the completion of the research, consistent with Federal regulations. After that time, all material will be kept secured or destroyed.

As a voluntary participant, you have the right to withdraw from the study at any time – before, during, or after the interview – without penalty. You may withdraw from the study until March 1st, 2011.

If you have any questions or concerns about this research or your part in it, you may call the Chair of Human Subjects Review and SSW at (413) 585-7974.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION; THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS; AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Signature of Participant	Date

Signature of Researcher	Date

Thank you for participating in this study. If you have any questions or would like to withdraw from the study, please contact:

Georgiana Mora
Smith College: School for Social Work
(202)2553446
gmora@smith.edu

Please keep a copy of this consent form for your records.

Appendix C

Community Referrals

Crisis

Washington DC Crisis Hotline
1.888.793.4357

_____

Addictions

Alcoholics Anonymous
202.966.9155
www.aa-dc.org

Alcohol Hotline
1.800.331.2900 (24 hour referral hotline)

Narcotics Anonymous
202.399.5316
www.na.org

_____

AIDS/HIV

Community Health Care, INC.
123 45th St., NE
Washington DC 20019
202.388.7890
www.unityhealthcare.org

Whitman-Walker Clinic-Regional Locations
1801 14th St NW
Washington DC 20009
292.939.7690
www.wwc.org

AIDS Information Line
202.332.AIDS (24 hours)

_____

Domestic Violence

DC City Wide Domestic Violence Hotline
202.333.STOP

DC Coalition Against Domestic Violence
202.299.1181
www.dccadv.org

_____

Elderly Assistance

Adult Protection Services
202.541.3950 (24 hour hotline)

National Center on Elder Abuse
302.831.3525
www.ncea.aoa.gov

_____

General Mental Health

Department of Mental Health
64 New York Avenue, NE, 4th Floor
Washington, DC 20002
202.673.7440 (main)
1.888.793.4357 (24 hotline)

Psychiatric Institute of Washington
4228 Wisconsin Ave., NW

Washington, DC 20016
202.885.5600

NAMI
Colonial Place Three
2107 Wilson Blvd., Suite 300
Arlington, VA 22201-3042
(800) 950-NAMI
www.nami.org

National Association of Social Workers
750 First St., N.E., Suite 700
Washington, D.C. 20002-4241
(800) 638-8799
www.naswdc.org

Answers Please! (Referral Service)
202.463.6211 (hotline)

Health Care

Unity Health Care, INC.
202.715.7900
www.unityhealthcare.org

Hospitals

Georgetown University Hospital
3800 Reservoir Road, NW
Washington DC 20007
202.444.2000 (main line)
202.444.2119 (ER)
www.georgetownuniversityhospital.org

George Washington Hospital Center
900 23rd St., NW
Washington, DC 20037

202.715.4000 (main line)
202.741.4911 (ER)
www.gwhospital.com

Howard University Hospital
2041 Georgia Ave, NW
Washington DC 20030
202.865.6100
www.huhosp.org

Washington Hospital Center
110 Irving St., NW
Washington, DC 20010
202. 877.7000 (main line)
202.877.3627 (ER)
www.whcenter.org

Sexual Assault

Washington DC Rape Crisis Center
202.232.0789
202.333.7273 (24 hour hotline)

1-6 (male survivors of childhood sexual abuse)
www.1in6.org

Crime Victims Compensation Program
202.879.4216
www.dccourts.gov

Suicide Prevention

Comprehensive Psychiatric Emergency Program
202.673.9319 (main)
888.793.4357 (hotline)

Appendix D

Demographics Questionnaire

The following questions are used to contextualize each participant's experience and further understand the diversity within the group of interviewees.

1. Age: _____

2. Race/Ethnicity: _____

3. Sexual Orientation: _____

4. Highest level of education: _____

5. Income level

     a. $0 - $19,000

     b. $19,000 - $39,000

     c. $40,000-$59,000

     d. $60,000-$79,000

     e. $80,000-$99,000

     f. $100,000 or higher

6. Religious affiliation: _____

7. Marital status: _____

Appendix E

Interview Questions

1. How would you describe your gender identity?

2. What does this gender mean to you?

3. Has your gender identity evolved both in active addiction and recovery?

4. How do you think this gender is viewed by society? How has this view influenced you?

5. How, if at all, did this gender influence your childhood?

6. How would you describe yourself prior to your first drug or drink? *(AA language - what it was like)*

7. How would you explain moving from someone who did not drink or use drugs to becoming someone who did drink or use drugs?

    a. What factors were occurring when you took your first drug or drink?

    b. Why did you take your first drug or drink?

8. When did you realize that you were addicted? *(AA language - what happened)*

9. What does being an addict mean for you?

10. Describe your addiction.

    a. How did your addiction change from the first drug to the last?

    b. How, if at all, did addiction influence your gender identity or your sense who you are?

11. Why did you first decide to stop using?

12. Describe your relationship to the program (AA or NA). *(AA language - what it's like now)*

    a. How did you end up in the rooms of Alcoholics Anonymous or Narcotics Anonymous?

    b. How, if at all, has the program benefited you? What aspect of the program, if any, have you benefited?

    c. What aspect of the program, if any, do you struggle with?