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An interpersonal approach to alcoholism : the transformation of self through Alcoholics Anonymous.

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| Item Type | dissertation |
| Authors | Schnall, Sandra Joy |
| DOI | 10.7275/n7n1-r512 |
| Download date | 2025-07-04 11:48:14 |
| Link to Item | https://hdl.handle.net/20.500.14394/11707 |

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AN INTERPERSONAL APPROACH TO ALCOHOLISM: THE TRANSFORMATION OF
SELF THROUGH ALCOHOLICS ANONYMOUS

A Dissertation Presented

By

SANDRA JOY SCHNALL

Submitted to the Graduate School of the
University of Massachusetts in partial fulfillment
of the requirements for the degree of

DOCTOR OF PHILOSOPHY

September 1980

Psychology



Sandra Joy Schnall 1980

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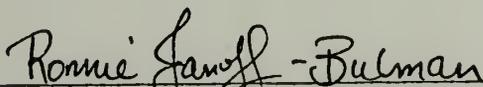
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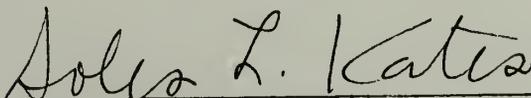
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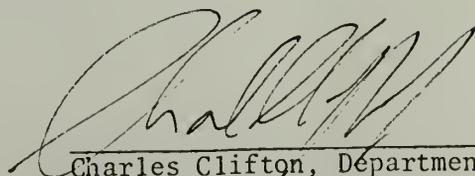
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This dissertation is dedicated to the memory of
my father, Matthew Schnall

ACKNOWLEDGEMENTS

I wish to thank Dolly Collins and Cathy Leahy for teaching me about alcoholism and for their enthusiasm about my work. I also wish to thank my advisor Sheldon Cashdan for his inspiration for the research project and for teaching me to investigate complex phenomena by looking for an underlying series of stages in an ongoing process. Special appreciation is expressed to Michael Bardsley, Julia Demmin, and June Turcotte for their enduring emotional support, for their personal commitment to me, and for their excellent editing. I also wish to thank Carla Thomas for her enormous help with transcribing tapes. Some of the others who provided help when I needed it were Margaret Robison, Margaret Holland, John Chenaille, and Betty Jean Hendricks.

Finally, I wish to express deep gratitude to the people from Alcoholics Anonymous who participated in this study for their honesty, for sharing their "experience, strength, and hope," and for helping me to feel so welcomed.

Sandra Joy Schnall

ABSTRACT

An Interpersonal Approach to Alcoholism: The Transformation of
the Self Through Alcoholics Anonymous

(September, 1980)

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Directed by: Professor Sheldon Cashdan

My goal was to formulate a conceptualization of change that could include such dramatic manifestations as the achievement of sobriety in Alcoholics Anonymous as well as the more subtle personality reorganization of long-term psychotherapy. The construct which helped to integrate a social approach to personality change with a psychoanalytic approach is the interpersonal Self--the Self as the embodiment of interpersonal experiences. An interpersonal theory of the Self was presented based upon the symbolic interactionism of George Herbert Mead, the interpersonal psychoanalytic approach of Harry Stack Sullivan, and object-relations theories. Approaching the problem of alcoholism from an interpersonal perspective, I present a theory which describes how the Self of the alcoholic is bestowed, maintained and transformed through interpersonal experiences. The research project focused upon the process by which the alcoholic Self is transformed,

Twenty subjects were interviewed who were participants in Alcoholics Anonymous. Subjects varied on the degree of difficulty they experienced controlling the urge for alcohol and/or another drug. Based

upon the interviews, I related the A. A. program of recovery, the Twelve Steps, and the interpersonal experiences of A. A. members to an intrapersonal process involved in self-transformation, and I examined the nature of the obstacles to self-transformation.

Members' control over their addiction to alcohol is based upon the construction of a new identity. Through assuming new roles and responsibilities and through developing a supportive network of relationships, new attitudes and values are internalized. Whereas control over the urge for alcohol involves the internalization of new norms, self-transformation involves a shift in the source of self-esteem from the negative introject, the personification of the bad mothering figure, to a new source of control--a positive introject identified as the God of one's understanding. The positive introject, emerging from a positive infant-mothering relationship, provides the infant with a basic sense of trust and a positive feeling about the Self. A. A.'s strategy is to provide members with this basic foundation which they are lacking.

In order for a positive introject to be internalized, the control by the negative introject must be completely undermined. A. A. accomplishes this by encouraging members to act in ways that are incongruent with their most basic attitude--the repudiation of the need for tenderness. Members' ability to shift control away from the negative introject depended upon the degree to which they could risk asking for help.

A major finding is that the organization of the Self is determined

by the member's need to maintain a connection with the figure who controls his/her self-esteem. When the negative introject was in control, members only adopted attitudes and behaviors which would not threaten the connection with the negative introject. When the control by the negative introject was undermined but a positive introject was not yet internalized, members were dependent upon the organization as a transitional life line to maintain the new perspective and to withstand the anxiety precipitated by separation from the negative introject. When the control of the personality shifted from the negative introject to an internalized positive introject, a new Self, with God as its primary evaluator, emerged.

A significant finding is that a new spiritual Self can exist independently of and alongside with the former alcoholic Self. The degree to which aspects of the former Self were integrated within the new spiritual Self depended upon members' willingness to risk interpersonal exposure. A members' relationship with God could be used either to reinforce the repudiation of aspects of the Self associated with guilt and shame or to provide a basis for integrating split off aspects of the Self. Implications for individual psychotherapy with alcoholics were also discussed.

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CHAPTER I

INTRODUCTION

In general, this dissertation is concerned with the problem of alcoholism. More specifically, the process by which an alcoholic gains control over his or her addiction is examined. My interest in alcoholism emerged from my work as a clinician at a community mental health agency which focused on alcohol and drug related problems. The challenge my work presented was to understand the nature of alcoholism and to discover how to treat this problem. Because I worked with several clients who were active members of alcoholics Anonymous (A. A.), a non-professional, self-help organization, I became interested in the question of whether A. A. facilitated or hindered therapeutic growth. At the time, my view of therapeutic growth centered on the self-awareness that emerged from insight-oriented, psychodynamic psychotherapy. Despite the fact that A. A. is often referred to as the preferred treatment modality for alcoholism or as a necessary adjunct to individual as well as other types of therapy, I thought that the change which takes place in A. A. must be "less real" or "less important" than that which takes place during psychotherapy. My concern was whether the in-depth self-exploration demanded of psychotherapy would compliment or conflict with the specific prescriptions for behavior which characterize the A. A. program.

I found my bias toward psychotherapy challenged by the effects which participation in A. A. appeared to precipitate. The A. A. program seemed to provide clients with a "strength" that can be characterized as a set of beliefs about themselves and the world that better

enabled them to withstand painful feelings and to maintain a positive attitude toward growth. Sarbin's (1971) view of change supported my observations. Sarbin claims that significant examples of behavioral reorganization have been brushed aside as being less important than that which takes place during psychotherapy, and suggests that understanding more dramatic manifestations of change may actually shed light on the very complicated processes involved in psychotherapy. Among the examples of dramatic change he cites are religious conversion experiences, "brain washing" or political conversion experiences, the rehabilitation of heroin addicts, and the achievement of sobriety through Alcoholics Anonymous. He presents a preliminary hypothesis, based upon the common themes that emerged from his study of various examples, that significant behavioral reorganization can be understood as a "reconstitution of the self" through a change in the conditions for locating the self in "the cosmological and social ecologies." Sarbin's view of change as a reconstitution of the self through a change in social environment seemed quite different from the psychoanalytic and humanistic views with which I was familiar: "making the unconscious conscious," "working through the transference," "building ego strength," and "actualizing the self."

My question of whether participation in A. A. facilitated or hindered therapeutic growth eventually led me to the broader question of what change is and how it occurs. My goal was to formulate a conceptualization of change that could include both phenomena such as A. A. and the profound insights into the human psyche which are the legacy of psychoanalysis. The construct which helped to bridge the gap between

Sarbin's "reconstituted self" and psychoanalytic and humanistic theories of personality development and reorganization is the interpersonal Self or the Self as the embodiment of interpersonal experiences. In Chapter II, I present the interpersonal theory of the Self. Approaching the problem of alcoholism through understanding the nature of the interpersonal Self, I develop an interpersonal conceptualization of alcoholism. In Chapter II, I present an interpersonal approach to the process of change of the Self, and a research project to investigate the process by which the Self of the alcoholic is transformed through participation in Alcoholics Anonymous. In this present chapter, I will review the literature pertaining to the etiology and treatment of alcoholism.

What is alcoholism? The various ways in which alcoholism has been defined have led to large discrepancies in the estimated number of alcoholics. Predictions indicate fifteen to twenty million persons in the United States suffer from alcoholism. The confusion about the definition of alcoholism in part stems from whether alcoholism is viewed as a symptom of underlying psychopathology or as a disease which causes various mental, physical, and social symptoms. As a disease, alcoholism is viewed as a physical illness, progressing through specific stages, toward an often fatal outcome. Estimates are based upon the presence or absence of specific physical symptoms and tend to be conservative. When alcoholism is viewed as a symptom of an underlying emotional disorder, estimates are quite high, including what the proponents of the "disease" model might view as "problem drinkers."

Jellinek (1952) is most responsible for the clarification of alco-

holism as both symptom and disease. Jellinek's definition of alcoholism is the habitual recourse to alcohol to relieve the daily stresses of living. He distinguishes between two types of alcoholics, the nonaddictive alcoholic and the addictive alcoholic. He claims that both groups are psychologically dependent upon alcohol to cope with an underlying emotional disorder, but that only the addictive alcoholics undergo a physical process which is then superimposed upon the abnormal psychological condition of which alcoholism is a symptom. It is this physical process that Jellinek refers to as a disease, the major symptoms of which are "blackouts" and loss of control over the quantity of intake of alcohol.

In an alcoholic blackout, the drinker, who may not show signs of intoxication and may carry on a reasonable conversation or engage in elaborate behaviors, will have no memory of such events the next day. Whereas the nonaddictive alcoholic experiences blackouts infrequently and only following marked intoxication, the addictive alcoholic experiences blackouts with increasing frequency following only a moderate intake of alcohol. Loss of control, the critical symptom of alcohol addiction occurring only in addictive alcoholics, refers to the physical demand for alcohol following the ingestion of alcohol and lasting until the drinker is too intoxicated or too sick to ingest more alcohol. Thus, loss of control refers to the inability of the alcoholic to control the quantity of alcohol once she or he has started to drink, but does not refer to the inability to refuse the initial drink. Whether or not the alcoholic will take "the first drink" which results in a drinking bout is determined primarily by psychological factors.

Based upon a questionnaire administered to some 2,000 alcoholics, Jellinek formulated his concept of stages of alcoholism. He outlines the following four stages: the pre-alcoholic phase, the prodromal phase, and the chronic phase. The pre-alcoholic phase begins with drinking as an occasional relief from stress. After six months to two years, a proportion of these drinkers, the prospective alcoholics, take recourse to alcohol relief practically daily and develop a tolerance to alcohol; larger amounts of alcohol are needed to reach the desired state of sedation. Drinking is heavy but does not lead to over intoxication. After several months to two years of this type of drinking, the alcoholic experiences the sudden onset of the alcoholic "blackout," which begins the prodromal phase. Although the two types of alcoholics can begin to be distinguished at this phase, both groups show similar patterns such as surreptitious drinking and a preoccupation with alcohol which indicate that alcohol has become a drug that is needed psychologically. In this phase the consumption of alcohol is heavy, but again does not lead to overt intoxication. After six months to four or five years, the addictive alcoholics experience a loss of control over the intake of alcohol, marking the beginning of the crucial phase. Unaware that they have undergone a disease process which makes it impossible to control alcohol intake, they alter the patterns of their drinking through a change in their type of drink or through periods of abstinence in a desperate attempt to regain the will power they think they have lost. Intoxication is limited to the evening hours, interfering more with personal relationships than with job performance.

The nonaddictive alcoholic may consume the same amount of alcohol

as the addictive alcoholic, but seldom progresses to the final phase of alcoholism. The onset of the chronic phase, marked by "morning drinking," leads to prolonged intoxication, popularly known as "benders." A loss of alcohol tolerance, signifying brain damage, is observed: the amount of alcohol needed to bring about a stuporous state is reduced. Finally, symptoms such as tremors, indefinable fears, and psychomotor inhibitions appear as soon as alcohol disappears from the system. The need to control these symptoms exceeds the need of relieving the original underlying personality conflicts.

The nature of the factors which predispose an alcoholic to the onset of the physically addictive process is unknown. Whether such factors are of a psychological or physical nature, it is clear that a physical process is superimposed upon a psychological condition. Lisansky (1906) states that the etiology of alcoholism is likely to be a complex of several different predisposing constellations of personality traits, in combination with specific physiological and sociocultural conditions. The present inquiry focuses only upon the nature of the predisposing constellation of personality traits.

The alcoholic personality--fact or fiction? Much of the research on alcoholism has focused on a search for a character structure which may predispose an individual to alcoholism. Since alcoholism has not been associated with any single clinical diagnosis or with any specific personality trait, many researchers have concluded that the search for an alcoholic personality is a blind alley. Other theorists argue that the wide range of clinical diagnoses found among addictive drinkers does not

preclude the role of specific personality constellations as basic to the etiology of alcoholism. Zwerling and Rosenbaum (1959, p. 625) state that the argument of "nonspecificity" confuses process and content: "a constellation of traits may well be hypothesized to be basic to the etiology of addictive drinking, and yet be embedded in such a diversity of character structures as to be obscured to eyes focused only upon the most dominant integration of the total personality." The view proposed here is that it would be premature to abandon the search for a constellation of traits since there have been inadequate methods and theories to guide investigations.

The male alcoholic. Despite the heterogeneity among male alcoholics, certain personality traits are repeatedly ascribed to the male alcoholic. The following list of traits has been compiled from several studies and review articles.¹ Male alcoholics have been found to be: schizoid; dependent and in conflict over having dependency longings; hostile and aggressive; impulsive; depressive, guilt-ridden, and masochistic; excessively concerned with power; markedly defensive; exaggeratedly identified with the male sex-role; and sexually conflicted. Schizoid refers to a distrustful withdrawal from people, a basic sense of isolation, self-absorption, and immature, autistic modes of thinking. Dependency longings have been found to be manifested by insatiable needs for affection and security, an underlying wish for the passive role, an overattachment or overinvolvement with the mothering figure, and an intense dependence-independence conflict. Measures of hostility reveal that alcoholics experience a chronic rage, show more unrestrained ag-

gression, and have difficulties coping with intense aggressive impulses. Impulsivity, a low frustration tolerance, and a high intolerance of pain, have been ascribed by many researchers and theorists to the alcoholic. Depression, guilt, and masochism have been found to be frequent reactions of the alcoholic to chronic rage and low self-esteem. Exaggerated power concerns refer to the alcoholic's need to gain power, glory, and influence over others. Feelings of weakness and inadequacy as well as the admission of an alcohol problem are defended by the pervasive use of denial. Finally male alcoholics are exaggeratedly masculine and sexually conflicted, as revealed by sexual immaturity and latent homosexual feelings.

The comparison of the active alcoholic with other groups is confounded by the effects of the disease of alcoholism. Active alcoholics have been compared with alcoholics who have abstained from alcohol for a substantial period of time in order to discern the secondary characteristics of the disease of alcoholism. This approach is of questionable value since the recovered alcoholic might have undergone significant personality changes during the recovery process. Several longitudinal studies help to illuminate whether the above traits are antecedents or consequences of alcoholism.

Jones (1968) interviewed participants of the Oakland Growth Study, all of whom were in their late forties, about their current drinking practices. On that basis, he divided the group into problem, heavy, moderate, and light drinkers, and abstainers and compared their personality characteristics during the three periods that had been studied; junior high school, senior high school, and adulthood (age thirty-

eight). As junior high school students, future alcoholics, compared to those not becoming alcoholic, were rated as more undercontrolled, rebellious, overtly hostile, self-indulgent, expressive, assertive, talkative, more likely to push limits, and as less fastidious. An overemphasis on masculinity, as indicated by high ratings at all three age levels, was seen as a concern about functioning in the masculine role. The extrovert behavior of the pre-alcoholic was viewed as a defense mechanism which functioned successfully in the same sex groups in junior high schools but which interfered with heterosexual adjustment in high school. Included among ratings on which future moderate drinkers and abstainers had significantly higher scores than future problem drinkers are those exemplifying ambition and rational control and the ability to function in a dependent relationship.

McCord et al. (1960) studied predominately lower social class male subjects, over a five year period, from about nine to mid-teens. The boys who later became alcoholic were more likely to be outwardly self-confident, undisturbed by abnormal fears, indifferent toward siblings, and disapproving of their mothers; and they were more likely to exhibit unrestrained aggression, sadism, sexual anxiety, and activity, rather than passivity. Loper's et al. (1973) study of the MMPI characteristics of college freshman males who later became alcoholics confirms the findings that pre-alcoholics are more likely to be active, aggressive, impulsive, and antisocial.

Notably absent in these studies are the depressive trends and social isolation found in studies of active or recovered alcoholics. Trice (1965) hypothesizes two types of alcoholics, an isolated intro-

vert and an affiliative extrovert drinker. Jellinek's (1952) view is that these traits are secondary characteristics of the disease of alcoholism, whereas Machover (1959b) argues that since these traits are salient features of the recovered alcoholic, they represent enduring personality traits. Along this line, Jones (1968) hypothesizes that these traits may underlie the defensive extroversive behavior of the pre-alcoholic.

The female alcoholic. Significantly less research has been conducted with female than with male alcoholics. The following summary of research pertaining to the female alcoholic is based primarily on Gomberg's review of the literature (1976). Studies comparing the drinking patterns of male and female alcoholics have found that the female alcoholic is more likely than her male counterpart to drink as a reaction to a life crisis, to begin drinking at a later age, and to progress through the stages of alcoholism at a faster rate. Although female alcoholics have been found to be a more heterogeneous group than the males, white, middle-class female alcoholics are, in general, strongly identified with the traditional female role, socially isolated and angry. While highly valuing and identifying with the female sex-role, they have also been found to have great difficulty living out the role. Emotionally unrewarding marriages and marital conflict are viewed by female alcoholics as the most outstanding situation in their lives and a major precipitant of drinking. Also, the female alcoholic has been found to be "more masculine" than the non-alcoholic on role relevant preferences, sex-role style, and measures of unconscious feminine-mas-

culine identification.

Wilsnack's (1973) view is that the female alcoholic attempts to resolve her sexual identity conflict through drinking. Based upon her study of the effects of social drinking at parties upon fantasy projection (TAT), Wilsnack concludes that social drinking for women reduces power or aggressive fantasies and increases "womanly feelings." Although the effect of alcohol on feelings of femininity might initially influence the female alcoholic, heavy drinking appears to have a different effect; female alcoholics frequently explode their anger while intoxicated.

The only longitudinal study investigating the antecedents of alcoholism in women is that of Jones (1971). Following the method described in her study of males, Jones found that in junior high school future alcoholic women were submissive, distrustful, passively resentful, conflict-ridden, and exaggeratedly identified with the female sex-role. The passivity of the pre-alcoholic adolescent is replaced by active rebellion in adulthood. Unlike the pre-alcoholic males, the pre-alcoholic females showed much in common with future abstainers. The two characteristics that distinguished female pre-alcoholics from female abstainers were that abstainers showed both a greater impulse control and a greater capacity to accept a dependent relationship. The traits that were common to both future male and female alcoholics were impulsivity and instability. The traits salient in the profile of the pre-alcoholic female but absent in pre-alcoholic males were depressive, self-negating, and distrustful tendencies. Jones' conclusion supports the above findings; that the pre-

alcoholic adolescent female attempts to solve her interpersonal problems by escaping into "ultrafemininity," a route doomed to failure following her disillusionment in marriage.

Theories of alcoholism. A depiction of a constellation or pattern of traits which might contribute to a predisposition to alcoholism does not explain how such traits predispose an individual to alcoholism. Levy (1958) argues that an understanding of alcoholism will follow from the identification of the major functions of alcohol. If the major functions are limited in number, then there should be a limit to the variety of psychological structures that can use these functions as problem-solving techniques. The major functions of alcohol identified by various theorists are as follows: (1) gratification of oral needs; (2) resolution of an independence-dependence conflict; (3) gratification of aggressive impulses; (4) enhancement of feelings of personal power.

Gratification of oral needs. Fenichel (1945) includes alcoholism among the character disorders. The major problem in the character disorders is not an unconscious conflict which must be surfaced, but a lack of ego development to a sufficient state of emotional maturity. The common features of a character disorder are a primitively structured personality fixated at the oral stage of development, exhibiting passive-dependent behavior, impulsivity, strong denial as a dominant defense mechanism, and an inability to form deep lasting relationships. Because the ego is weak, normal frustrations and negative feelings cannot be coped with. This description shares many features with the

pattern of traits that has been ascribed to the male alcoholic.

The major tension that a person with a character disorder needs to escape from is depression. Oral supplies, including love, approval, and prestige, are needed to escape, deny, or reassure against this danger, and to satisfy a deep, primitive desire for fulfillment. The major conflict of the alcoholic is between the tendency toward violence as a result of inevitable frustration of oral demands and the tendency to repress all aggressiveness through fear over loss of love. The desire for alcohol becomes an irresistible impulse because alcohol satisfies deep oral needs while simultaneously affording a protection against depression through an artificially produced mania.

Resolution of an independence-dependence conflict. Knight (1937) argues that the recourse to alcohol rather than to a different symptom picture is the premium of masculinity put on "hard drinking." Like Fenichel, Knight says that alcohol fulfills primitive needs for oral gratification, but that alcohol also allows the drinker to overcome feelings of inferiority associated with the need for passive dependence. Based on his interviews with some thirty adult male alcoholics, Knight concludes that the alcoholic suffers from conflicting and unstable parental identifications. He found the mothers of alcoholics to be over-protective and indulgent, fostering excessive oral demands. He found the fathers to be critical and domineering, trying to force their sons into independence by holding them too rigidly to reality requirements. In spite of the fathers' attempt to force their sons out of passivity, they unconsciously thwarted their sons' attempts at independence by their excessive demands.

Lisansky (1960) agrees with Knight's theory that alcoholics suffer from an intense independence-dependence conflict, but she has found that Knight's description of parental rearing behaviors is not typical of all parents of alcoholics. She argues that a variety of parental behaviors can produce such a conflict. Lisansky's conclusion is that due to the alcoholic's intense needs for dependency, situations which demand independence precipitate the conflict. McCord's (1960) extensive research led him to conclude that the alcoholic resolves the conflict over dependency by surrendering to dependency which he feels that alcoholism represents. Whatever the version, the inability to form dependent relationships that was found by Jones to distinguish pre-alcoholic adolescent males and females from adolescents who did not develop a problem with alcohol lends support to a hypothesized independence-dependence conflict which is resolved through alcoholism.

Gratification of aggressive impulses. The relationship between anger, aggressive behavior, and alcohol intoxication is complex. Whereas some persons are thought to drink in order to act aggressively, others are viewed as drinking in order to avoid aggressive behavior. Accordingly, Simmel (1948) distinguishes between two types of alcoholics, "the reactive drinker" and "the addictive drinker." The reactive drinker is seen as escaping an unbearable external reality and, under the veil of drunkenness, finding a way to discharge aggressions against a frustrating world. Knight also distinguishes a reactive drinker from an addictive drinker: the reactive drinker is seen as a compulsive

type personality, characterized by reliability and responsibility, who needs a temporary regression into passivity to cope with stress. Thus, Simmel's reactive drinker reacts to external stress whereas Knight's reactive drinker reacts to internal stress. Common to both definitions is the function of alcohol to paralyze the superego so that barriers of suppression and regression are released.

The addictive drinkers, according to Simmel, feel homicidal when they have to refrain from drinking; his view is that homicidal impulses are satisfied through drinking by symbolically attacking and destroying introjected objects. Like Fenichel, Simmel views addictive alcoholism as a protection against depression, but differs with respect to how this is accomplished. Depression is regarded as the result of anger directed toward the introjected object, which is experienced as the Self. Unlike Knight, Simmel views the addictive alcoholic as one who has a compulsive type of neurosis (Knight's reactive drinker) and who, under the experience of intoxication, regresses to a narcissistic neurosis of the manic-depressive type.

Glover (1949) views alcoholism as an attempt to resolve unconscious conflicts arising from developmental levels not as early as the psychoses nor as late as the psychoneuroses. Alcoholism is described as a "transitional" state or symptom complex which may be part of a variety of psychic disorders. Glover claims that alcohol permits a symbolic dramatization of primitive unconscious fantasies concerning love and hate relationships with parental objects. The drug itself represents an external object endowed with loving and hating characteristics originally associated with one or the other parent; the drug

is both a symbolic love object which is incorporated and a powerful and dangerous substance which destroys enemies felt to reside within the Self. Glover distinguishes a paranoid type and a depressive type. For the paranoid type, the drug is used to destroy internal enemies. For the depressive type, the drug is used to cure abnormalities of a primitive conscience. In so doing, excessive castration anxiety, the feelings of impotence and inner insufficiency are alleviated.

Of interest is Simmel and Glover's emphasis on ego and superego factors, introjected objects and a primitive conscience, features not usually associated with character disorders. According to their views, alcohol can be said to quell feelings directed toward and from internal objects; this hypothesis will be clarified and developed in the following chapter. Of further interest is the difficulty ascribing a type of character structure to the alcoholic. Whereas Knight identifies the two types of drinkers as a compulsive neurotic type and a character disordered type, Simmel identifies both types with the alcoholic, the former prior to the onset of alcoholism, and the latter resulting from the effect of alcoholism on personality structure. In addition, a further distinction is made between alcoholism precipitated by external stress versus internal stress. Cases of alcoholism which are precipitated by a life crisis and function to discharge frustration and anger may involve a different etiology than alcoholism precipitated primarily by internal factors.

Enhancement of feelings of personal power. The power theory, based on the research of McClelland et al. (1972), states that drinking is regarded as a masculine activity because it actually promotes

feelings associated with exaggerated masculinity. Drinkers in a sober condition are higher on traits that increase for everyone under alcohol and lower on traits that decrease under the influence of alcohol: during heavy drinking aggression, autonomy, and personal power fantasies increase and tendencies toward nurturance, affiliation, and deference decrease. Fantasies of aroused or satisfied oral dependency needs were not found to be more frequent during drinking periods than during nondrinking periods. McClelland concludes that men who have accentuated needs for personal power drink excessively. By personal power, McClelland refers to a concern with personal domination over others, gaining power, glory, and influence without reference to others.

McClelland's hypothesis is that such men want power but feel weak; they vigorously attempt to overcome doubts about their potency and suppress feelings of weakness. In Davis' study (1972), which experimentally manipulated power concerns, he found that men who felt powerful, rather than men who felt powerless, drank more. As a result of Davis' finding, McClelland suggests that a personalized power concern may develop in part defensively and in part offensively--an assertive stance toward life helping to create the need for personal power. Besides the lack of identification of how the enhancement of feelings of personal power helps alcoholics to cope, an additional problem is how the power theory would apply to females. Female alcoholics, like male alcoholics, show excessive concern for personal power, but unlike male alcoholics, fantasies of personal power decrease rather than increase under the influence of alcohol.

Evaluation of the theories of alcoholism. Each of the views described present interesting insights but fail to develop these insights into theories which can meaningfully account for the data. The dependency theory which holds that drinking satisfies unmet dependency needs must contend with the lack of evidence that such needs are aroused or satisfied through drinking. A problem with the view that drinking is chosen because it provides a masculine facade while satisfying needs for passivity and dependency is that drinking actually enhances feelings of masculinity. Theorists who view alcoholism as a defense against depression or as a resolution of ambivalent feelings need to clarify the mechanisms involved and to identify why alcohol, rather than another symptom, is chosen to cope with pervasive conflicts. The power theory, although promising with respect to a clear identification of a major effect of alcoholism, has not yet demonstrated the type of personality which might benefit by increased feelings of personal power nor the reason why females behave so differently. However, it is my view that all of the above theories significantly contribute to an understanding of alcoholism, but that the theories have not yet been integrated meaningfully. In the following chapter, I will present a theoretical integration which attempts to account for the various research findings.

Treatment of alcoholism. Kissin (1976) describes the sequence of interventions in the treatment of alcoholism as follows: (1) breaking the addictive cycle, (2) treating special medical and social problems, and (3) treating the core problem. The single most important inter-

vention for the alcoholic on an acute binge is to help him or her stop drinking by controlling the withdrawal symptoms as much as possible. This is best accomplished by short-term inpatient detoxification. Detoxification from acute withdrawal symptoms takes from one to three weeks, though the craving from residual physical dependence may exist for some time after. The early postwithdrawal period is often associated with acute feelings of depression, inadequacy, and craving based upon psychological dependence. Short-term (three to six weeks), inpatient rehabilitation units have been developed to help the alcoholic through this period. Following detoxification, the craving of the early postwithdrawal period, and any necessary medical and social interventions, the core problem underlying the initial recourse to alcohol surfaces.

The core problem is psychological dependence caused from either social or psychological factors. When social factors predominate, alcoholism is viewed as a learned, adaptive skill which aids the survival of the person in adverse circumstances. For example, the ghetto alcoholic who has never developed a stable socio-economic position or who lacks the potential for doing so would benefit primarily from social rehabilitation. When psychological factors predominate, the task is to transform the alcoholic from a "immature, inadequate, passive dependent, impulsive, alienated, anxious, depressed, nonreality oriented, and often intoxicated" person to a "mature, adequate, controlled, relating, realistic, and abstinent" person (Kissin, 1976, p. 27). Stated in these terms, one can appreciate the metamorphoses involved. The

way in which this task is approached depends upon the particular theoretical orientation of the practitioner.

The approaches to the treatment of alcoholism include the following: medical, behavioral, psychotherapeutic, and social-psychological. Physicians treat a large segment of the alcoholic population with tranquilizers and deterrent medications such as antabuse; the assumption is that psychological dependence is a result of underlying psychophysiological factors that can be treated pharmacologically. A problem with this approach is that alcoholics will be as likely to abuse prescribed medications as they would alcohol. From a behavioral viewpoint, psychological dependence is viewed as a learned conditioned response which can be unlearned through various techniques of behavior therapy. Although some inpatient rehabilitations are designed according to this approach, behavior therapy with alcoholics is as yet a limited approach. Despite claims that alcoholics do not respond to individual psychotherapy, it remains a major treatment modality. According to Zwerling (1959), the individual psychotherapist working with alcoholics should consider the following to help treatment: the massive use of denial by the alcoholic must be dealt with at the earliest occasion; abstinence must be total and lifelong; moral judgements must be avoided by the therapists as alcoholics are highly sensitive to such criticisms; the classical psychoanalytic technique is ineffective in treating alcoholism; and participation in Alcoholics Anonymous should be an adjunct to individual therapy. Kissin (1976) claims that the approach to individual therapy that is most effective with alcoholics is an existential approach: the ther-

apist should be warm, tolerant, objective, realistic, active and relating, and should attempt to establish as deep and personal a relationship with the client as is possible under professional circumstances. Such an approach helps the alcoholic to learn that satisfaction can be derived from relating to other people authentically.

The social-psychological approach (Kissen, 1976) is often claimed to be the most effective approach to alcoholism and to drug addiction in general. This approach stresses the importance of group dynamics in molding individual behavior and includes group counseling and social rehabilitation. The constellation of inadequacies of the alcoholic, such as emotional immaturity, inadequate personal and social relatedness, and an unwillingness to face reality, is viewed as particularly susceptible to the influence of a group to reeducate the alcoholic in the ways of society. Alcoholics Anonymous, basically a social-psychological approach, is referred to as the most significant treatment modality for alcoholism and will be the focus of the research project described in Chapter III. A brief description of A. A. and of the literature pertaining to how A. A. helps an alcoholic gain control over addiction is presented below.

Alcoholics Anonymous. A. A. was founded in 1935 by two men known as Bill W. and Dr. Bob. Both men were addictive alcoholics in advanced stages of the disease who had repeatedly tried to gain control over their addiction through various treatment methods. Bill W. describes his "release" from alcoholism as a spiritual experience of great impact and dimension which was precipitated by a communication with an alcoholic friend. His friend, as well as several other alcoholics, had achieved

sobriety as a result of his participation in the Oxford Group, an evangelical movement stressing principles of self-survey, confession, restitution, and the giving of oneself to others. Since he had long considered his friend a hopeless case, Bill found his friend's release from alcohol, with the absence of the usual depression, terribly convincing. However, after Bill stopped drinking, he fell into a depression. Following what he describes as a surrender to God in despair, he had a religious conversion experience which permanently cured him of his alcoholism. He envisioned "a society of alcoholics, each identifying with, and transmitting his experience to the next--chain style" (Wilson, 1939).

During the ensuing months, Bill frequently visited other alcoholics, pressing upon them a need for conversion like his own, but no one responded. Five months later, while on a business trip, he headed for the bar. For the first time he was struck by the realization that he needed another alcoholic to keep him sober as much as the alcoholic needed him. As a result of his efforts to locate another alcoholic, he was put into contact with Dr. Bob, a surgeon "hopelessly" addicted to alcohol. It was the five hour meeting between the two men that began Alcoholics Anonymous. Together they contacted other alcoholics. After lengthy discussions among the first hundred members, Bill W. wrote the first section of the basic textbook, Alcoholics Anonymous, which also contained twenty-eight other members' histories in their own words. In the book the program of recovery which until then was "word-of-mouth" was codified into the "Twelve Steps" of A. A. (See Appendix A).

In Alcoholics Anonymous, alcoholism is described as a spiritual, mental, and physical disease. Spiritually, the alcoholic is seen as an extreme example of "self-will run riot"; the alcoholic's need "to run the whole show" has led to an unmanageable existence. Mentally, the alcoholic is seen as having defective relationships with others as a result of irrational resentments and dishonesty. Physically, the alcoholic is seen as suffering from a fatal disease. Although the aim of the program is abstinence, the program focuses upon rectifying the alcoholic's spiritual and mental "sickness." In the Twelve Steps, one is encouraged to surrender one's will to a higher power, which may be the A. A. fellowship, an unsuspected inner resource, or a conception of God in one's own terms, to examine oneself, to admit all wrongdoings, and to take responsibility for one's behavior. Although Bill W., the architect and historian of A. A., describes his own release from alcoholism as a religious conversion experience, the movement is not viewed as religious in nature. Most members are described as experiencing what William James calls the "educational variety" of spiritual awakenings, which develop slowly over a period of time and in the company of one's peers.

The local or neighborhood group is the primary operating unit of A. A. Each group is autonomous and self-supporting. Central offices on both a local and national level have no formal authority over any group or member. In order to insure that A. A. remains essentially "one drunk talking to another in confidence, candor, and trust" (Wilson, 1939), additional principles pertaining to the functioning of the organization itself were drawn up and referred to as the "Twelve Tra-

ditions" (Wilson, 1952). The Traditions help prevent the use of the fellowship for public prestige or personal gain by insisting that A. A. members and groups never lend the A. A. name to an enterprise or public controversy. Anonymity is said to be the foundation of the Traditions, reminding the A. A. member to place principles before personalities and to keep to the purpose of carrying the message to the alcoholic who still suffers. The Traditions also protect the non-hierarchical structure and the nonprofessional, lay character of the organization (see Appendix B).

The only requirement for participating in A. A. is a desire to stop drinking. The major activity of a member is to attend weekly meetings of an A. A. group. Although most members have a "home group" and attend its meetings with the most regularity, they can also go to other meetings. In the 1977 survey (Norris, 1978), it was found that ninety-five percent of A. A. members attend at least one meeting per week and that fifty-five percent attend meetings three or more times a week. At a meeting two members from another group speak for about a half hour each about their experiences with alcohol, about how A. A. has helped them, and about issues with which they are coping. The other members simply listen. Whereas these meetings are open to the general public, the weekly Twelve Steps meetings are open only to the alcoholic. At these meetings members discuss with each other the particular step in the program that they are working on.

All members, especially those who are having difficulty with the initial steps, are encouraged to seek a sponsor, a member of A. A. with "good sobriety," to help them through the program. Members are

encouraged to ask for help from their sponsors or from other members whenever they need it. The degree of involvement between the sponsor and the new A. A. member varies according to the needs and personalities of both persons. It is not uncommon for sponsors to fully commit themselves on a twenty-four hour basis to helping new members achieve sobriety. Besides these formal aspects of the program, A. A. members also participate in a variety of informal social activities which help build a network of interpersonal relationships. Such activities include socializing at a local A. A. clubhouse, visiting institutions with other A. A. members, or holding office in a club or service center.

Leach and Norris (1974) describe the following sequence of activities which an A. A. member would follow: (1) learning of the existence of A. A.; (2) perceiving A. A. as relevant to one's needs; (3) being referred to A. A. by a helping agency; (4) making first contact with A. A. by attending an open meeting, visiting an A. A. office, or visiting or being visited by an A. A. member or two; (5) attending a closed A. A. meeting; (6) participating in various A. A. activities which enable the alcoholic to internalize the norms of the movement; (7) taking the last drink; (8) making a twelve step visit to help another alcoholic; and (9) speaking at an A. A. meeting. Not all A. A. members proceed through this sequence in the exact order. Some activities may occur almost simultaneously for some members, while in other cases months or years may elapse between activities. Joining A. A. is viewed as a learning process during which relapses occur at almost any point before the last drink, and sometimes even after speaking at A. A.

meetings, the final commitment. As a learning process, the program is set up so that members can take responsibility for their learning and can discover what they need through the advice and examples set by other members.

The success of A. A. has been attributed by various theorists to the following aspects of the program: the encouragement given to the alcoholic to express dependency needs; the importance of the group subculture in the internalization of new standards of behavior; the construction of powerful reaction-formations; and the development of a new belief system or social identity. Bacon et al. (1965) attributes success to the encouragement given to members to express dependency needs by telling their troubles and to ask for help any time of the day or night. As a new member, one is supported by the larger group and forgiven for backsliding. The final goal is to have the members become nurturant toward others. The group helps the immature, dependent member mature through functioning as an auxiliary superego and through providing living models of successful change as well as a sense of belonging to a family (Baekeland, 1976).

Simmel (1948) attributes the success of A. A. to the erection of powerful reaction-formations which enable the alcoholic to cope with aspects of his or her personality which underlie the recourse to alcohol. Simmel claims that the alcoholic's psychopathological formula of destroy or be destroyed is changed to save and be saved. Also, the alcoholic is seen as substituting identification with the A. A. group for his or her need to devour, a need previously manifested by the

addiction itself. Other theorists note that a number of defense mechanisms are turned into their opposites. Unlike Simmel's view, maladaptive coping mechanisms appear to be challenged effectively rather than substituted for. Denial is changed to open acknowledgement, and the tendency to project blame onto others is changed to blame of oneself and to take responsibility for one's actions. The ensuing guilt is then alleviated through the spiritual experience (Baekeland, 1976). Along the same line, McClelland (1972) suggests that the success of A. A. is the result of the effective socialization of the alcoholic's power drive through destroying his fantasies of omnipotence and by getting him or her to do things for others.

Sarbin (1971) would view the challenge to the alcoholic's defense system as an integral part of the process by which social identity is altered. Sarbin describes the process whereby a former identity is relinquished and a new identity is formed as follows: a change of belief system takes place by an assault on the old Self through arousing cognitive strain and through restricting the previous techniques for reducing strain. In order to make sense of the confusion of input, the structure of the belief system must be altered. Change is facilitated by what Sarbin calls the introjection of the "Other." The "Other" is the personification of the group's beliefs in an esteemed member or teacher of the group who serves as an evaluative audience for the adaptive measures that the person takes in handling the strains involved in the change process. In A. A., the "Other" could be the "higher power," the A. A. fellowship, or the A. A. sponsor. Rokeach (1960) also attributes the success of A. A. to its effect

on the alcoholic's belief system. He claims that the alcoholic has a "closed thinking system" which is easier to change by exchanging a total set of old ideas all at once for a total set of new ideas rather than by changing beliefs piecemeal or gradually. In Alcoholic Anonymous Bill W. notes that success of the program depends on completely letting go of old ideas.

What is lacking in the various explanations of how participating in A. A. effects change is a theoretical framework pertaining to what change is, how it occurs, and what types of change the alcoholic needs to make. It is unclear how expressing dependency needs, socializing dissocial impulses, building or challenging defense mechanisms, or altering belief systems help the alcoholic to gain control over addiction. Although all these views may well describe important aspects of the change process, that process has not yet been delineated. What is needed is research which relates the program of recovery, the Twelve Steps, and interpersonal experiences of an A. A. member to an intrapersonal process involved in achieving abstinence. In Chapter III this type of research is proposed. Before investigating how the Self of the alcoholic is changed through the interpersonal experiences of A. A., I will discuss how the Self which is conducive to the development of alcoholism is bestowed through interpersonal experiences and how alcohol functions to maintain that Self.

CHAPTER I I

THE INTERPERSONAL SELF

The purpose of this chapter is to develop an interpersonal conceptualization of alcoholism. My approach to the problem of alcoholism is through understanding the nature of the Self. Several theories of the Self are presented in which the construct of the Self is seen as the embodiment of interpersonal experiences. The theories included are not inclusive or even representative but are seen as having made unique contributions to the interpersonal theory of the Self. In order to highlight its major tenets and contribution, the interpersonal approach will be briefly compared with traditional psychoanalytic, humanistic, and behavioristic approaches to the Self.

In traditional psychoanalytic theory, the Self is viewed as either synonymous with the ego or else as a secondary phenomena, an auxillary descriptive term which refers to the person as subject or object. As object, the Self is the schema or internal representation that people have of themselves. As subject or object, it is viewed as of secondary importance since the true subject matter of the psychic apparatus is thought to be psychic structures. The Self as the ego or psychic structure is seen as an a priori, metaphysical entity with static boundaries and qualities. Interpersonal experience affects the early maturational unfolding of needs, impulses, and capacities; a result is an emphasis on developmental issues which are either resolved or are focused upon in a repetitive, compulsive fashion. Ongoing

interpersonal experience has minimal effects.

In the humanistic view, the emphasis is not on psychic structure but rather on the Self as a pristine, atomistic structure. As such, it is isolated from the process of living and is unaffected in its essence by human experience. The viewpoint here is teleological: the potential of the Self is there from the start and basically needs the proper interpersonal climate to realize or to actualize itself. Interpersonal experience affects whether self-experience will be facilitated or impeded. With unconditional positive regard, the Self flourishes whereas conditional regard results in representations of the Self that are not congruent with organismic experiences. Thus, ongoing experience effects whether or not a hypothesized true Self will be realized.

The behaviorist view argues against the value of a theory of the Self. The concept of a Self or trait is proposed to account for the consistency in behavior. Consistency in behavior, the behaviorists argue, can be attributed more to situational determinants than to individual differences. The situation itself or the interaction between the particular situation and the particular individual's response to that situation accounts much more for the variation in behavior than do individual differences per se. A Self that is not anchored in situational determinants is seen as a mythical entity.

In the interpersonal approach, the Self is not conceived as a psychic apparatus nor as a secondary phenomena. The interpersonal Self is the fundamental concept for understanding persons; it is the

organization of experiences, thus, people are what their experiences have been. The humanistic view of an atomistic, pristine core is seen as illusory. The basic components of the Self are interactions with other persons, and though the whole may transcend its parts, the whole is limited by its parts in both content and structure. The Self, rather than behavior, is seen as situationally determined; the Self represents internal transactions based upon external interactions and, as an organization of experience, it manifests consistency across situations. Finally, the Self is maintained by ongoing interpersonal experiences and is capable of being transformed by such experience. The question of significance from an interpersonal approach is how the Self is bestowed, maintained, and transformed through interpersonal experience.

There is not a unified conception of an interpersonal theory of Self. Rather, theorists have focused upon different issues from differing orientations. The symbolic interactionism of Mead clearly states the interpersonal theses in his depiction of social development of the Self. The contribution of Sullivan's interpersonal psychoanalytic approach is to demonstrate the role of emotion and motivation in the development and maintenance of the Self. Finally, Fairbairn's and Guntrip's object-relations theory describes fundamental developmental positions of the Self in terms of a person's need for love relations rather than impulse need for gratification.

PART ONE

A Symbolic Interactionist View of the SelfMead's theory of the genesis of mind and Self.

The development of the mind. Mead's (1939) starting point for developing a theory of the Self is a depiction of the genesis of the mind. The concept of the Self can only be applied to human beings. An understanding of the nature of the Self can be approached by understanding what is also unique to being human, having a capacity for self-reflexivity and having a mind. The capacity for self-reflexivity, being able to be aware of one's own behavior, is Mead's definition of consciousness.

Mead argues that the mind can be studied by observing the actions of individuals. According to Mead, the radical behaviorism of Watson mistakenly attempted to explain inner experience in terms of external behavior and to reduce what is uniquely human to non-mentalistic terms. Mead states that if the mind is conceived as functional and natural rather than transcendental, it becomes possible to deal with it in behavioristic terms. He terms his approach social behaviorism.

The social act, Mead's basic datum, is viewed as a dynamic whole that cannot be explained by building it out of a stimulus-response chain. It encompasses the total processes involved in human activity: its initial point is an impulse that maintains the life process by the selection of certain types of needed stimuli, and its terminal point is some objective which gives release to an impulse.

In between, one is in the process of constructing and organizing one's behavior. It is during this phase that the "act" undergoes its most significant development. The control of the social act by the covert activity of the mind is what distinguishes the social act from action at the nonhuman level.

Mead's thesis is that the covert activity of the mind is derived from the overt activity of the social act. In order to demonstrate that the mind both controls and is a product of the social act, Mead compares the social act with action at the nonhuman level. Action at the nonhuman level is described by Mead as "a conversation of gestures." Each organism adjusts instinctively to the other; the behavior of one organism automatically triggers a response in another organism, which in turn triggers a response in the first organism. Gestures are those phases of the act which bring about the adjustment of responses of the organisms to each other. The act of adjustive response of the second organism gives to the gestures of the first organism whatever meaning it has.

Mind emerges when the organism is able to point out meanings. The organism making the gesture knows what the other organism is responding to. The ability to identify that "this leads to that," and to get some gesture, vocal or otherwise, which can be used to indicate the implications to one's Self and others is distinctively human. This is made possible by the capacity of people to take the attitude of others toward themselves, to internalize the response of others to their gestures, before actually engaging in concrete activity. One

can then respond to one's own gestures as the other person responds.

Meaning can be stated in terms of symbols or language, but language simply lifts out of the social process a situation which is logically or implicitly already there. The language symbol is simply a conscious gesture. It is a symbol to indicate a phase of the social act, the adjustive response of the second organism to the gestures of the first organism, which gives the act its meaning. The mind can be said to be a mechanism of control over meanings through the use of language. An animal makes reconstructions only by trial and error, and the combination that is successful simply maintains itself. Language makes it possible to reconstruct an act by picking out responses and holding them in the organism. The reconstruction of an act or "thinking" is the symbolic dramatization of the external conversation of gestures whereby one can identify what in one's behavior calls forth what responses in others.

The Self as a social product. The emergence of the Self is closely linked with the development of the mind. People's realities, their definitions and meanings of themselves and the world, are viewed as social products of the particular social groups to which they belong. This is so because the mind or consciousness can only emerge through internalizing the response of the other to one's gestures, and it is the other's response that gives the gesture its definition and meaning. Likewise, the experience of having a Self depends upon being able to become an object to oneself, to describe oneself as one would any other object in the environment. It is

only through taking the roles of others can one come to experience oneself as an object. By taking the roles of others, one can describe what "me" is. Thus, one's experience of oneself is through the definitions and meanings of others.

The stages in the development of the Self. The development of the Self is concurrent with the development of the ability to take roles. Mead delineates three stages: 1) the preparatory stage, 2) the play stage, and 3) the game stage. The preparatory stage involves meaningless imitation by the infant, putting itself in the position of others and acting like them. In the play stage, actual playing of roles occurs. However, the child passes from one role to another in an unorganized, inconsistent fashion. The child has no unitary standpoint from which to view itself, and hence has no unified conception of itself. The child rather forms a number of separate and discrete objects of itself, depending on the roles it acts toward itself. The game stage marks the last stage in the development of the Self. The child finds itself in situations where it must take a number of roles simultaneously in order to respond to the expectations of several people at the same time.

The child becomes enabled to do this by abstracting a "composite" role out of the concrete roles of particular persons. In the course of association with others, the child builds up "a generalized other," a generalized role or standpoint from which the child views his or her behavior. S/he can now view himself or herself from a consistent standpoint and can act with a certain amount of consistency in a

variety of situations; s/he acts in accordance with a generalized set of expectations and definitions that have been internalized. This view of the Self has been called "the looking glass" since people "know" themselves only through the eyes of others.

The "I" and the "Me." Mead distinguishes two analytically distinguishable aspects of the ongoing process of Self: The "I" and the "Me." The "I" is the impulsive tendency of the individual; it is the initial, spontaneous, unorganized aspect of human experience. It represents the undirected tendencies of the person. The "Me" is the generalized other which is internalized and identified with. The "Me" determines the sort of expression which can take place, sets the stage and gives the cues.

Every act begins in the form of an "I" and usually ends in the form of "Me." For the "I" represents the initiation of the act prior to its coming under the control of the definitions and expectations of others (the "Me"). The "Me" gives direction to the act. Human beings, then can be viewed as a perpetual series of initiations of acts by the "I" and of acting-back-upon the act (that is, guidance of the act) by the "Me." The act is a resultant of this interplay. (Meltzer, 1967, pp. 11-12)

Self-control. Self-control is social control through language cues or talking to oneself. "Talking to oneself" is the inner dramatization of the external conversation of gestures whereby persons can identify what in their behavior calls forth what response in others. In this way quick analysis of lines of action is socially determined. In impulsive or uncontrolled conduct, the "Me" does not determine the expression of the "I." Behavior is unorganized and undirected, with greatly reduced awareness of the Self. In extreme

impulsive behavior, there is substantial reduction in consciousness. The mind and the Self are reflexive states, dependent upon the capacity to take the attitude of the other toward the Self. Any interference with that capacity will result in reduction of consciousness and awareness of the Self.

Cashdan (1978) describes how external interactions are transformed into inner control. A person's conversation with others on a covert level, the inner dramatization of the external interaction, comes to be experienced as an inner dialogue between the "Me" and the "I." The "internalized other" is psychically transformed into the "Me." Therefore, one can "carry on a conversation" with another person in the guise of "talking to oneself" and not really be aware that one is conversing with another "person." For example, a child may be inwardly telling off a parent who is berating him or her for being a failure. The inner dramatization is transformed to the child telling him or herself that he or she is a failure. The message is a communication from the parent, but the source of the communication is no longer in awareness. In conversing with others, there is no awareness of an inner dialogue with significant others or with the Self. The child will now be saying to someone, "I am a failure."

Mead's "Me" versus Freud's superego. Freud's superego represents the internalization of real or imagined regulatory interactions with the environment which involve a moral aspect. Mead's "Me" also represents the internalization of interactions with the environment, but not just for the purpose of controlling impulses.

Rather, the internalization of the attitudes of others toward the Self provides the Self with its form and definitions, without which the mind and the Self cannot emerge. The "Me" is a phase of the Self that is integral to the meaning of Self and cannot be conceived as a separate agency which exerts control over impulse life.

In Carlos Castaneda's Tales of Power, the view of the Self presented by the main character, don Juan, a Yaqui Indian sorcerer, illustrates Mead's view of the inner audience: "'I've told you that the internal dialogue is what grounds us,' don Juan said. 'The world is such and such or so and so, only because we talk to ourselves about its being such and such and so and so.'" When don Juan teaches Castaneda how to stop the internal dialogue at will, Castaneda describes the experience as follows: "My entire thought process had stopped and I felt that I was practically suspended, floating. A sensation of panic had ensued from that awareness and I had to resume my internal dialogue as antidote" (Castaneda, 1976, p. 13). To bypass the inner audience is to experience a loss of self and panic.

Summary of the symbolic interactionist view of the Self. The Self is viewed as a social process and product, encapsulating interpersonal experiences with significant others. The Self emerges through internalizing and identifying with the attitudes, expectations, and definitions of others. Internalization refers to the transformation of actual interactions with the environment into inner regulations and characteristics; one reacts to oneself as other persons in the environment acted toward one. Identification refers to the final

transformation whereby one identifies with the attitudes, expectations, and values of significant others as "Me."

The sense of Self as a coherent entity which manifests consistency across a variety of situations emerges when the child is able to generate a composite picture of the expectations, attitudes, and definitions of significant others. This composite picture is Mead's "generalized other" which enables one to identify a single "me" through viewing oneself from an internal frame of reference. "Me" is then defined by the internalized "generalized other" rather than by the reflected appraisal from each new situation or interaction. A need to depend upon each new situation and interaction to define the Self would indicate an absence of an internal framework. Since people are dependent upon others to define themselves, they are always in the process of defining themselves or knowing themselves, but a coherent sense of Self depends upon doing so from a stable internal frame of reference.

Self-control is not viewed as a conflict between agencies of the mind but as inextricably related to the structure and content of the Self. The internalization of interactions not only serves to control impulse expression but also to provide the Self with its form and definition. Self-control results from an inner dialogue between what Mead calls the "I" and the "Me," the "Me" being the inner audience derived from interactions with significant others which are internalized and identified with. The Self cannot function independently of the inner audience since it is the inner audience which defines

the Self.

The symbolic interactionist Self and alcoholism. The ingestion of alcohol reduces consciousness, which Mead has defined as the ability to be aware of what in one's behavior elicits what response in others. The intoxicated person is often unaware of the effects of his or her behavior on others. This lack of awareness is experienced by many as a pleasurable lessening of inhibitions. Persons can relax their vigilance about whether or not their behavior is in accord with the social norms and expectations of the situation. Alcohol also appears to silence inner voices through interfering with one's ability to converse with oneself. It mutes the inner audience which directs, controls, and evaluates what one thinks, feels, and does. By silencing evaluative messages to oneself, one also loses the ability to control and to be aware of one's behavior through incapacitating the part of the Self which gives definition and direction to the Self. Thus, alcohol ingestion may initially serve to relax inhibitions, but with increasing consumption, can result in a total loss of self-control and self-organization.

The implication of the symbolic interactionist approach to understanding the alcoholic is that the alcoholic is negatively self-evaluative and in conflict with the internalized attitudes, values, and expectations of significant others. The alcoholic's attempt to silence the critical voices of significant others can be viewed as a need to assert his or her power over them. The alcoholic state is experienced as omnipotence, an expression of the "I"

not under the influence of the definitions and expectations of others. For the nonalcoholic, such an experience may serve as a pleasant release that enables him or her to withstand the ongoing frustrations of living. For the alcoholic, the need to shut off the inner audience may be constant.

The finding that a salient characteristic of the alcoholic is the use of denial as a pervasive defense mechanism suggests that alcohol might serve to reinforce a general coping style. Denial refers not only to the drinking problem but also to feelings of inadequacy and weakness. The alcoholic is in need of silencing a negatively evaluative inner audience which also appears to have failed to provide a vehicle for organizing impulses into the structure of the Self. The finding that pre-alcoholic males and females show poor impulse control (Jones, 1968, 1971) reveals a problem in the basic organization of the Self; the interplay between the "I" and the "Me," between impulse and control on which the Self is based, is lacking.

PART TWO

An Interpersonal Psychoanalytic View of the Self

Sullivan's theory of the Self. Sullivan (1953) considered Mead a major influence on his theory of personality and on his breaking with Freudian psychoanalysis. Sullivan's contribution was the creation of a theory which connected social and developmental psychology with psychoanalytic theory. Although Sullivan's theory transcends the psychoanalytic framework, he considered himself within that tradition due to his belief that the concepts of the active nature of repression and unconscious motivation are cornerstones of human personality. Sullivan's contribution to Mead was to extend his analysis of the Self to include the differential effects of positive and negative interactions with significant others on the development of an interpersonal Self.

The good mother and the bad mother. According to Sullivan, experiences which precede the development of the Self but which have an effect on its development occur early in infancy. The basic mode of communication between mother and infant is empathy, the capacity to experience directly and consciously another's emotional state. Before the infant has developed enough time sense and perceptual experience to identify individuals, the infant identifies the emotional attitudes of the primary caretaker, primarily the mother. The emotional attitude associated with satisfying, loving transactions, which Sullivan terms tenderness, is personified by the infant as the "good mother." The emotional attitude associated with bad, frustrating

transactions, which Sullivan identifies as anxiety, is personified by the infant as the "bad mother." The personified good mother and personified bad mother refer to the organization of the experiences of the infant with the mothering one or ones along two basic dimensions and could refer to two aspects of experience with one person or with more than one person. Since the infant cannot yet identify persons, it is not relevant with whom the bad mother experiences occur but rather the frequency of their occurrences.

The nature of anxiety. Anxiety, according to Sullivan, is the most central emotional state to understanding human behavior. He says that anxiety is communicated empathically from the parenting person to the infant, even if the parent is not manifesting any particular disturbing behavior. The anxious emotional state of the parent may be completely unrelated to his or her experience with the infant but will nevertheless be induced in the infant. Anxiety opposes the satisfaction of needs. The feeding experience is transformed by anxiety; the hungry infant will reject the anxious mother's breast. But more significantly, Sullivan claims that there is no action associated with its relief. Crying remains for some time the most effective infantile behavior appropriate to the relief of fear, which Sullivan defines as the experience of unsatisfied need. But crying might induce even greater anxiety in the infant by exacerbating the parent's anxiety. Such an upward spiral could be dangerous to the infant's well-being. For example, the combination of unsatisfied need and anxiety could lead to respiratory failure and even general convulsions.

The need for interpersonal security is the need to be rid of anxiety. The need for security can be distinguished from all other needs by the lack of action associated with its relief. In order to survive the infant needs to learn to avoid the experience of anxiety, since it cannot escape from anxiety once it is induced. Under the driving force of the need to avoid anxiety, the infant learns to distinguish the bad mother from the good mother. This distinction involves a complex refinement of visual and auditory perception. The "appearance" of the bad mother may be recognized by subtle movements, such as voice tone and facial expression, which Sullivan terms forbidding gestures. The appearance of the good mother is recognized by voice tone and facial expression associated with tenderness. The distinction by the infant of the good mother and bad mother ultimately results in the development of parallel distinction by the infant of a "good me" and "bad me."

The good-me, the bad-me, and the not-me. In mid-infancy, two personifications or organizations of experiences are manifested: the "good-me" and the "bad-me." The good-me is the beginning personification of the infant's experience of itself based upon satisfactions which have been enhanced by the parent with rewarding increments of tenderness. The bad-me is the beginning personification of its experience of certain of its behaviors which are frequently associated with tenseness and forbidding gestures on the part of the parent. Another personification which is manifested is the "not-me." This personification differs in kind from the good-me and the bad-me; it

refers to behaviors of the infant which were unthinkable to the parenting figure. As Mead states in his theory of mind, consciousness develops by responding to the Self as another responds; in order for an experience to register it must be responded to, either approvingly or disapprovingly. Not-me refers to behaviors of the infant that are responded to with extreme anxiety which functions like a "blow on the head," totally impeding the infant's experience of itself. The parent, in short, lets it be known that in that particular aspect, the infant does not exist.

These rudimentary personifications are precursors to the development of the Self; the infant experiences itself as three distinct personifications just as it experiences the parenting person(s) as two distinct persons. In the later part of infancy, the infant begins to form a single personification of the primary caretaker and within a couple of years after the end of infancy, evidence of the personifications of the good mother and bad mother is only evident in unconscious manifestations, such as dreams. The pressures of language force the child to develop a single personification of the parent. This personification will be much more influenced by what the parent thinks about himself or herself than by experiences associated by the infant with the original personifications. For example, if the parent views himself or herself as unselfish and concerned about the child, but the child's experience of the parent is quite opposite, the child will adopt the parent's version of reality in order to maintain a connection with the parent. When the child is able to perceive the parent as a more or

less logical entity, the child can then organize its attitudes and behaviors accordingly. Thus, the child may experience itself as too selfish and demanding, which would allow the child to experience the parent as the parent says s/he is. The child's organization of its attitudes and behaviors to maintain a connection with the parent marks the beginning of the Self.

The self-system. The Self is defined by Sullivan (1950) as simply the content of consciousness or the direct awareness of oneself and one's appraisal of oneself in the eyes of others. Sullivan's definition communicates his view that the Self is a process which requires another Self to be definable. The only "commodity" Sullivan ascribes to the Self is the self-image, which incorporates both the personification of the good-me and the bad-me and defines the boundaries of the not-me. The self-image is one's appraisal of oneself in the eyes of others, and it reflects the parental conception of how much the child can hope to accomplish in life.

Sullivan's definition of the Self and the self-image is essentially similar to Mead's view. However, Sullivan (1970) proposes a system that controls the content of consciousness which he calls the self-system. The function of the self-system is to avoid increments in anxiety through focusing only on events which elicit minimum anxiety, and through selective inattention to internal and external perceptions which elicit moderate or severe anxiety.

Anxiety, which is elicited during infancy by loss of support and tenderness, is elicited following infancy by a loss of self-esteem.

When the child or adult is anxious, s/he is experiencing himself or herself in a way that was communicated by the parent as "bad" or "nonexistent," threatening his or her relationship with the parent. The self-system maintains interpersonal security by avoiding any experience which would elicit the self-perceptions of the bad-me and the not-me and by attempting to live the parent's version of the good-me.

What is identified as "I," "me," and "my body" includes those needs, related functions, and satisfactions which were approved and which can be experienced and executed in full awareness. Since the personification of the good-me is based upon experiences in which satisfactions are enhanced by tenderness, there is much incentive to live the good-me. Good-me experiences of the Self indicate anxiety-free interactions in which one is directly aware of oneself and of one's appraisal by others. Thus, one can be maximally self-observant. Sullivan identifies the good-me as the basis for the productive functions of the self-system. In Mead's terminology, the productive functions reflect an organization of "me" which allows for expansion to new frontiers.

The personifications of the bad-me and not me provide the basis of what Sullivan refers to as the security apparatus of the self-system. Behaviors, perceptions, thoughts, etc. of the child which elicited anxiety in the parent as well as aspects of the parent which were experienced by the child as too threatening to the relationship with the parent are either symbolized in a distorted fashion or

dissociated. Anxiety, Sullivan says, greatly interferes with the learning process since it impedes self-observation, resulting in distorted symbolizations of the Self and others called parataxic distortions.

Parataxic distortions are the symbolization of interactions with significant others under the impact of anxiety and underlie transference phenomena. The child's understanding of what in its behavior elicited the parental response is impeded by anxiety. The child's confusion is compounded by the parent's mislabelling of the child's experience in order for the parent to justify his or her reaction. For example, if expressions of the child's need for tenderness are met with a tense rebuff from the parent that the child is too demanding, the child will experience the need for tenderness as selfishness and will expect others not to be able to cope with his or her needs. Severe anxiety totally impedes the capacity for self-observation and any experience of the Self. The behaviors associated with the sudden onset of anxiety are dissociated, and a threat to their emergence would result in total insecurity and a loss of Self. Thus, bad-me experiences result in distorted symbolizations of the Self and others, whereas not-me experiences are not symbolized at all.

Parataxic distortions serve to maintain emotional rapport with the parenting figures by enabling children to view their parents as basically good and themselves as needing to eliminate the "bad" aspects of the Self. The self-system helps to maintain these fallacious convictions about the Self through obfuscating the

self-image and through avoiding any information that would seriously challenge it. Thus, people may act as if they experience the need for tenderness as selfishness but will not be aware of doing so and will resist having this pointed out to them. The degree to which one is unaware of oneself and needs to orient oneself toward interpersonal security rather than toward growth will depend upon the degree to which the Self is experienced as bad-me and not-me.

Chrzanowski (1977) illustrates the interplay between the Self, the self-system, and anxiety by the analogy of the eye, the pupil, and the retina in perception:

It is the function of the pupil to adjust the amount of light that is permitted to impinge on the retina. The aperture of the opening is related to the intensity of light. Intense light constricts the aperture, and dim light produces an optimal opening. This principle can be applied to an operational conceptualization between the Self, self-system and anxiety in the following manner. What can be "seen" by the Self (i.e., the content of consciousness) is controlled by the amount of light the self-system permits to be shed on the awareness of the prevailing interpersonal situation. This, in turn, depends on the intensity of anxiety in the picture (pp. 103-4).

The conditions for change of the Self. The self-system is very resistant to change. It is essential for growth and survival, while at the same time it represents the most obstinate barrier in overcoming distorted perceptions. The self-system tends to isolate the person and stand in the way of more intimate dealings with other people which are crucial for new learning. However, tensions within the self-system help to prevent the Self from stagnating. Genuine needs which have been associated with anxiety and suppressed push for

recognition. Productive functions of the Self, not associated with anxiety, push to new frontiers that may be inconsistent with the constrictions of the self-system.

The crucial factor, cited by Sullivan (Pearce & Newton, 1974), in determining whether the overall directions of the personality will be toward growth or toward deterioration is the intensity of the prohibition against replacing the mothering figure by acquiring additional sources of tenderness. People require validation for every point of progress in interpersonal relationships. If the mothering figure has forbidden interpersonal expansion, one can only free oneself by telling oneself that one needs no such tenderness. This plan invariably miscarries because if the need for tenderness is dissociated effectively, the possibility of finding new validators or sponsors for independent development grows increasingly less possible. Since the mother cannot be replaced, she continues to be the secret, central figure.

So, for Sullivan, the handicap in adulthood is not the need for missed mothering but fidelity to the mother's prohibition to avoid satisfaction. Change can only take place by allowing new validators to replace the original parental audience. The difficulty is that the original audience, the parenting figure(s), must find the new behavior conceivable, or the audience for that behavior conceivable, for the behavior to be integrated into the Self. If not, the basic tenets of the self-system must be challenged in order to allow the individual new sources of tenderness, validation, and learning. The connection with the parents, as well as the learning that was

consolidated in their presence will be threatened. The necessity of a transitional life line from early parental relationships to the consolidation of current relationships becomes obvious if change is to take place.

Epstein's Self-theory: a theory of a theory. Epstein's theory of the Self clarifies Sullivan's self-system. The Self, according to Epstein, does not refer to people's perception of themselves as objects, but it is a cognitive organization, a conceptual system which accounts for reality in such a way that will produce the most favorable pleasure/pain ratio over the foreseeable future. Just as scientists need a theory to make sense of a limited body of information they wish to understand, persons need a theory to make sense out of the world.

Like any theory, an individual's self-theory consists of a hierarchical arrangement of major and minor postulates. The lowest level of a postulate is a relatively narrow generalization derived directly from experience. Such lower order postulates are organized into broad postulates, and these, in turn, into yet broader ones. An example of a lower order postulate is, "I am a good ping pong player." An example of a higher order postulate is, "I am a good athlete." A yet higher order postulate is, "I am a worthy human being." It is obvious that minor, or lower order postulates can be invalidated without serious consequences to the self-system, as they encompass relatively little of the self-system, but that invalidation of a major postulate has serious consequences, as it affects the whole network of other postulates. (Epstein, 1980, p. 103)

A person's overall self-evaluation of self-esteem is a major postulate of an individual's self-theory and is derived, in a way that Mead and Sullivan suggest, by internalizing the evaluations of

oneself by others. Self-esteem is just one of the major postulates. People also have major postulates pertaining to their theory of the world. Since major postulates are broad generalizations removed from immediate experience, they are not easily invalidated. Moreover, major postulates tend to function as self-fulfilling prophecies since they influence what experiences a person will seek out and how these experiences are interpreted.

Epstein's view is that the theories of Mead and Sullivan indicate how the development of the self-system or self-theory is rewarded in social interaction. A self-system is useful to the child in gaining approval and avoiding disapproval from the mothering person and in learning roles that will gain social approval. But Epstein says that though the maintenance of self-esteem is a crucial function of the self-system or theory, it is not the only function. As was noted, people need a theory to assimilate the data of experience and to maintain a favorable pleasure/pain ratio. But above all else, people need to maintain a unified conceptual system. If the need to maintain one's organization of reality is in opposition to one's need to maintain self-esteem, one will maintain a negative view of oneself and appear to act in ways that are contrary to one's welfare.

Sullivan's self-system, comprised of productive functions and the security apparatus, is basically Epstein's self-theory. Epstein clarifies Sullivan's view and extends its ramifications by his depiction of the self-system as a cognitive organization which not only maintains self-esteem but also enables people to make sense out of

their experience. Sullivan identifies the Self with the good-me, or that which is represented in consciousness, whereas Epstein identifies the Self with the inner conceptual system. In Sullivan's system, since consciousness is controlled by the self-system, the distinction between the Self and the self-system does not seem significant. However, Sullivan's basic premise is that the Self needs another Self to be definable. The Self is formed by the definition of others and by the common patterns of activity which the person internalizes. The self-system can be conceived as a complex cognitive organization which surrounds this basic interpersonal core.

The self-system and alcoholism. Alcoholism involves a process of deterioration of the Self. Most often, the alcoholic loses all that is important: family, job, friends, reputation in the community. Alcohol becomes the central purpose for living and the alcoholic's only solace. Alcoholics often describe alcohol as their only friend, even though their alcoholism precipitates their isolation. The Self deteriorates because it no longer participates in the interactions which give meaning, definition, and structure to the Self.

The deterioration of the Self can be attributed to the disease of alcoholism. The hypothesis presented here is that the alcoholic condition is the culmination of the alcoholic's prohibition against feeling or revealing any weakness or personal limitations. As was previously stated, alcoholics deny these trends in their personality. Moreover, they show an excessive concern with gaining power, glory,

and influence. A central postulate of the alcoholic's self-system appears to be a need to handle everything by oneself, which is based upon the repudiation of the need for tenderness. To need help or to admit failure or weakness seems to be experienced as a complete loss of self-esteem.

Sullivan says that the repudiation of the need for tenderness may result from a tense rebuff by the parenting figure or from one's need to free oneself from a parent who will not allow for interpersonal expansion. Both these trends are supported in the literature. Pre-alcoholic males and females show less capacity to accept dependent relationships (Jones, 1968, 1971). Other research shows a predominate theme of alcoholics is a strong attachment to the mother figure (Zwerling & Rosenbaum, 1959; Machover & Pusso, 1959a). Finally, clinicians have identified intense dependency needs as a major characteristic of alcoholics (Knight, 1937; Fenichel, 1945; Lolli, 1956).

The way in which the alcoholic appears to cope with the intense need for tenderness from a mother who could not meet this need, or whose price for having this need met was experienced by him or her as too great, is to deny the intensity of the longing. However, the repudiation of the need for tenderness results in the mothering figure remaining the sole audience for his or her behavior, determining what is right or wrong, real or unreal. Alcohol would enable the person to deny the influence of the mothering figure while, at the same time, quelling the ensuing anxiety associated with separation from her. By

silencing the inner audience, bad-me and not-me experiences of the Self can emerge. However, the expression of repudiated aspects of the Self can create a vicious circle by precipitating a need to quell the guilt and anxiety which later follows.

Thus, the conflict that the alcoholic faces is that s/he cannot live with or live without the mothering figure. In order for the mothering figure to be replaced as the primary evaluator, a major postulate based upon the repudiation of the need for tenderness must be challenged. Such a challenge, according to Epstein, can result in a profound disorganization of the self-system and will be strongly resisted. It is hypothesized that Alcoholic Anonymous provides a transitional life line from the initial self-organization to a new self-organization. Before discussing this hypothesis, the picture of the alcoholic needs to be completed. In the following section, the concept of "weak ego strength" from an interactional approach is presented to further understand the self-defeating behavior of the alcoholic.

PART THREE

An Object-Relations View of the Self

Object-relations theory as conceived by Fairbairn and developed by Guntrip (1969, 1973) is viewed as an interpersonal version of psychoanalytic theory. Sullivan is seen as a turning point. However, Sullivan's view of the Self, according to Guntrip, is far too narrow. Sullivan's Self is seen as a culturally determined anxiety product which leaves the rest of the personality outside consciousness. It is the work of Klein that is the decisive breakthrough. Klein's exploration of the internal fantasy world of children revealed that "the rest of the personality" is involved in a highly personalized world of relationships between the Self and aspects of the parenting figure(s). The Self of Sullivan is thus viewed as a truncated, partial, or false Self. According to object-relations theory, the "rest of the Self" is involved in emotionally-laden internal relationships. Object relations theory explores the nature of these initial relationships and their effects on the development of the Self.

Person ego versus system ego. Object-relations theory begins with the idea of the whole person rather than a dualism of radically opposed structures. The ego refers to the whole person rather than to a system within the psychic apparatus. The idea of a primitive id dictating to a socialized ego, or vice versa, is seen as naive. The human infant is viewed as a unitary dynamic whole with innate potential for developing into a whole Self, using its psychosomatic energies for self-expression and self-realization in interpersonal

relationships.

The need for a love relationship, the object, is the fundamental need of the person ego or psychic Self. The need for an object cannot be reduced to the satisfaction of needs. The ego needs an object to personalize, to give it definition. Fairbairn says that the ego impregnates objects in itself. Thus, object-relation theorists differ with the humanistic theorists in that though they recognize that from the start the psyche has innate potential to develop into a whole person, they also state that "the self is as much created by its symbols, as it is represented and expressed by them" (Khan, p. 294). The Self is not just realized in the medium of human relationships, it is created by interpersonal experiences.

Good and bad objects. Good object-relations preserve the basic unity of the Self, whereas bad object-relations result in the loss of this unity. The idea of the "good object" and the "bad object" parallels Sullivan's theory of good mother and bad mother. Good object-relations promote the experience described by Sullivan as the good-mother-good-me and provide the foundation for a strong person ego. Bad object-relations are parenting characterized by rejection, impingement and/or neglect and result in ego weakness. The experience of bad object, however, goes beyond the development of a truncated Self and an anti-anxiety system. Rather, bad objects result in a failure to individuate, to separate from the parenting figure, and in the creation of an internal world which duplicates the original bad parenting relationship. How people deal with their internalized bad objects, how

identified they are with them, and how they complicate the relations with external objects are viewed as the fundamental issues of development.

Good object-relations. The transitional stage from total fusion of the infant with the parenting person to the infant's psychic separation characterized by the ability of the child to be alone, to entertain itself, is a stage in which the threat of ego-loss is constant. Ego-loss is a state of feeling unrelated, of falling into a mental vacuum, of psychic death, and is akin to Sullivan's description of the experience of anxiety in infancy. At this stage, from fusion to separation, the infant "exists" only in relation to another person. It is the mental image of that person who keeps the infant psychically alive. Ribble's work with institutionalized children clearly indicates that retardation, even death, can result from lack of stimulation, being handled, talked to, etc., even if bodily needs are satisfied. The mind is in constant need of objects. To be out of connection with the parent before one is able to keep oneself psychically alive is, according to Fairbairn and Guntrip, the basic terror of being human. How does the infant or child keep itself psychically in existence?

Winnicott (1965) says that in the "good enough holding environment," the infant learns the capacity to be alone in the presence of the parenting figure. The infant is secure enough about the parent's presence that it no longer needs to be concerned about it. This means that when the mental image of the parent begins to fade, the parent was there with enough regularity and tenderness to assure the infant

of the parent's presence and support.

This regularity enables the infant to maintain the illusion that the infant can create the mothering figure. The mother's eventual task is to disillusion the infant, but she has no hope of success unless at first she has been able to give sufficient opportunity for illusion. According to Winnicott, what helps the infant to grapple with the fact that external reality does not conform to subjective fantasies is the transitional object. The transitional object is an object or things which, although an external object, feels very much a part of oneself. It soothes and allays anxiety, but, unlike the first doll or stuffed animal, is not perceived as separate. There is a magical relation to it--a possession that is part of oneself and part of the world" (p. 240). An example of a transitional object is an eiderdown which the infant carries around at all times and which takes on certain of its characteristics, such as smell. The illusion that the transitional object is part of the infant must not be challenged, as for example by washing it, in order to serve the purpose of allaying the anxiety associated with separation. The infant's attachment to its first doll or stuffed animal indicates further development in the child's establishment of itself as separate in relation to real, external love objects.

"Good enough holding environment" denotes that although there is leeway in the infant's toleration of frustration of the fundamental need of a love object, too much frustration will result in psychopathology. Frequent experiences with ego-loss result in an excessive

need of environmental support without which, as an adult, s/he is apt to re-experience feelings of unreality and terror. Such an adult is in need of a good "object," the term object being more descriptive here than person, since the need stems from an early developmental stage where persons are experienced in terms of the infant's basic need for support. In order to grow toward autonomous, mature personhood, where the orientation of the adult is personal satisfaction rather than interpersonal security, s/he needs a relationship which would provide unconditional support and positive regard. However, the internalization and identification with bad objects or introjects impedes the possibility of finding and accepting need support as an adult.

Bad object relations. Guntrip describes three types of bad object relations as follows: tantalizing refusal by those responsible for the infant to satisfy the infant's libidinal needs; impingement of a hostile, aggressive object; and neglect as in non-recognition or desertion. Tantalizing refusal refers to a parent who is experienced by the infant as exciting but never satisfying the infant's needs. Oral-sadistic needs become so intense that the infant fears destroying the object. Aggressive impingement is parenting which the infant experiences as overwhelming and frightening. The parent overwhelms through aggressively imposing his or her own needs on the infant, rather than responding to the infant, or through overt, hostile behavior. Aggressive impingement precipitates the need to escape to a safe, secure place inside oneself rather than to an

intensification of libidinal needs, and it results in strong passive tendencies. Nonrecognition or neglect is viewed by Guntrip as having the most serious consequences. The infant's experience is akin to death and dying and, in extreme cases, leads to a failure to thrive.

Although each type of parenting has differing effects on the developing psyche, what is common to bad object-relations is the frustration of the infant's fundamental need of a love object. Following Klein's scheme, Fairbairn describes two major reactions to the frustration of the need of a love object as the paranoid-schizoid reaction and depressive reaction. Fairbairn says that when you cannot get what you want from the person you need, you may, instead of getting angry, get more and more hungry. Love made hungry is the paranoid-schizoid reaction to an object perceived as a "desirable deserter." The infant experiences aroused impulses which are so powerful that they are feared as devouring and destructive. "Paranoid" refers to the acute persecutory anxiety that the infant experiences as a result of attributing to the love object its own desire to totally possess and devour so that it will never be left to starve. "Schizoid" refers to the need to withdraw from the external object in order to avoid the fear of destroying or being destroyed. Parenting characterized by tantalizing refusal would likely result in a relatively greater intensification of impulses, whereas parenting characterized by aggressive impingement would result in a relatively intense fear of the environment. Guntrip describes the effects of the respective parenting as "the hungry repressed infant" versus "the frightened

regressed infant."

The paranoid-schizoid reaction is based upon the failure of the pre-ambivalent relationship in which the infant is completely dependent upon the parenting figure for psychic support. The relationship is viewed as pre-ambivalent since the infant is not yet object-related. If this stage is partly or completely overcome, the following stage for the infant is coping with the ambivalent feelings that attachment to an external object elicits. The object to whom one is attached and by whom one is satisfied but then rejected is perceived as a "hateful robber" who elicits murderous rage rather than hunger. Love made angry is the depressive reaction. The fear is of destroying the object; the ensuing danger to the infant is depressive paralysis or inhibition so as not to destroy the love object.

How does the infant cope with bad object-relations? In order to survive, the infant needs to maintain rapport with the parenting figure(s). The developing infant would not survive if it was in constant fear of devouring or destroying the love object or was always goaded to anger. The infant takes into its inner world aspects of the parent and of its developing Self which are too threatening to be experienced. The inner reality comes to mirror the "bad" aspects of the external reality, but, as a result, the external world can be experienced as basically "good." The internalization of the bad object, or the "bad mother" in Sullivan's terms, allows the infant to relate to the good aspects of the parenting figure.

The inner world: object-splitting and ego-splitting. In the

inner reality, the bad object is "split" into two aspects which reflect the dual nature of bad object experiences, the "exciting object" and the "rejecting object." The exciting object refers to the infant's experience of the parent as tantalizing but not satisfying its libidinal needs. The rejecting aspect refers to the rejecting, angry, authoritarian parent who actively denies satisfaction. A parallel splitting of the part of the Self which has withdrawn inside away from outer reality takes place; the dissociated aspects of the Self mirror the objective experience.

The ego developed by the exciting object is called the infantile libidinal ego, referring to the hunger and anger that are set up by the craving for personal relationships and which are manifested in adult life by chronic overdependency, compulsive sexuality, and craving for appreciation. The ego developed by the rejecting object is called the infantile antilibidinal ego; it is identified with the rejecting parent and is manifested in the adult as an undeveloped, childish, self-persecuting conscience. The antilibidinal ego induces fear, guilt, and an intolerance of weakness and vulnerability. Guntrip proposes a final split within the libidinal ego which he calls the regressed ego. The traumatized, exhausted heart of the libidinal ego withdraws still deeper within the person. The active oral libidinal ego is tied to a terrifying world of internal bad objects, and a passive regressed libidinal ego, concerned only with need to escape, gives up all object-relations in favor of an enclosed protective environment.

After the emotionally disturbing aspects of both objects and ego have been split off, a central ego or conscious self remains. The central ego conforms to an idealized version of the parent, whom the child seeks to view without much feeling and with whom conformity is accepted in hope of at least gaining approval. Unless children's real life relationships are actually good enough to keep them in genuine touch with the outer world, they become more and more dominated by fear and retreat to the inner world of fantasized objects. Breaking off emotional rapport with the external world presents two dangers; the danger of ego-loss through depersonalization or the danger of ego-loss through regression.

If external objects are renounced, a central ego will be devoid of feeling and will be living in a detached, withdrawn way, resulting in severe depersonalization. Depersonalization is feeling cut off, out of touch, unreal, with life seeming futile and meaningless, a state referred to as the "schizoid self." If the major portion of the Self has split off from the central ego, there will exist in the personality a strong pull to regress or to escape to an objectless state. The strain of forcing the Self to relate to external reality when only a small portion of the Self is available is considerable.

Living in the internal fantasy world and the projected fantasy world constitutes a defense against the danger of loss of the ego through too complete regression and depersonalization. The danger of total regression is offset because portions of the Self are involved in internalized object-relations. At least in fantasy, the Self is

object-related. Feelings of depersonalization exist to the degree to which the libidinal aspects of the Self are withdrawn into the inner world. Internal object-relations allow the central ego the possibility of a partial regression.

Partial regression allows a person to express the needs and feelings of the libidinal ego while remaining withdrawn, to varying degrees, from external reality. The person projects his or her inner fantasy world onto outer reality without losing contact with reality. The expression of the libidinal ego will invariably involve distortions of external objects since the libidinal ego is tied to bad objects. Thus, the person will experience others as "desirable deserters," "hateful robbers," "aggressive impingers," etc. Although "acting out" often has negative connotations based upon the lack of control and distortion associated with such behavior, object-relations theorists view acting out and regressive symptoms as an attempt to keep the Self interacting on an emotional level with other persons, if only on a fantasy level. The adult ego may feel too insubstantial to establish a real emotional connection; the most authentic emotional expression may be the dissociated infantile ego.

Partial regression requires a certain degree of ego strength. Persons whose entire Self exists in inner fantasy relations and persons whose inner world is devoid of inner relations will resist a partial regression. If the entire Self exists in fantasy relations, the central ego becomes a false self devoid of substance. The danger of psychoses exists if the central ego, the aspect of the Self capable

of self-observation and reality sense, collapses. Regression is resisted in order to avert a psychotic episode. Regression is also resisted by persons whose inner world, as a result of neglect, is empty of even persecutory or tantalizing objects. The danger of ego-loss through a total regression or through depersonalization is at a maximum. The Self is maintained by a manic defense, including compulsive activity and the inability to relax, to stop thinking, or to fall asleep, or by rigid identification with another person or cause. The antilibidinal ego is identified by Guntrip as an additional source of resistance to a partial regression and as the obstacle to change.

The reunification of the split psyche. Object-relations view change as the unification of the split psychic Self. As in the psychoanalytic tradition, the needs and distortions of the libidinal ego are worked through in the transference relationship. Of greater significance is reaching the withdrawn, traumatized heart of the Self which has retreated from both external and internal relationships, "the regressed ego." Contacting the regressed ego allows for a rebirth of the Self and involves a long-term relationship of profound trust. What is identified as the greatest source of resistance to change is the antilibidinal ego.

The antilibidinal ego, having identified with the rejecting parent's persecution of the libidinal ego, acts toward its own needy, suffering Self as if it were a part of the Self that could be disowned, split off, crushed out of existence. The degree of identification of the central ego with the antilibidinal ego depends

upon the degree to which the libidinal aspects of the Self are repudiated. For example, children who "missed childhood" because they had to assume adult behavior at an early age or whose needs were repressed and repudiated attempt to "raise themselves" through substituting a selfhood based upon feelings and needs with a Self based upon rigid parental identification. Such persons show a ceaseless driving of themselves, revealing a similarity with victims of neglect whose childhood Self has failed to personalize due to lack of interactions.

A sado-masochistic deadlock exists between the libidinal ego and the antilibidinal ego. The libidinal ego fantasizes possessing and devouring the exciting object, while the antilibidinal ego fantasizes destroying the libidinal ego. Although the conflict between the libidinal and the antilibidinal ego sounds like the Freudian conflict between the id and the superego, a major difference is that both the libidinal and antilibidinal egos resist giving up the internal persecutor, the bad object.

Although the central ego may appear to be fiercely independent, the split off aspects of the Self are tied to an inner world of objects. The inner struggle plays out the drama around the failure of the psychic Self to separate from the parenting figure. To give up the bad object is akin to forcing an infant to take care of itself before it is ready. Thus, Fairbairn views the basic conflict as a struggle between dependence and independence, or in other terms, between fusion and separation. The rejecting object can be given up

if the antilibidinal ego allows the Self to experience the ensuing vulnerability and if a replacement is available. What is involved is a need for a good object from which the individual can separate through repeating the developmental stages: from dependence to attachment to a transitional object to feeling for real objects.

Sullivan's concept of the bad mother-bad me has striking similarities to Fairbairn's rejecting object-antilibidinal ego. The most striking similarity is that just as the antilibidinal ego must be seriously undermined if change in the Self is to occur, in Sullivan's scheme the self-system's anti-anxiety system, which comes into being as a result of bad mother experiences, has to be challenged if change is to occur. Both theorists agree that the great resistance to change is caused by the threat that such a challenge poses to the relationship with the introjected parent, the threat being loss and separation anxiety. Guntrip seeks to contact the withdrawn heart of the Self, whereas Sullivan speaks of validating functions which have been dissociated from the Self. Although their respective views do not differ in essence from each other, object-relation's depiction of the vicissitudes of the dissociated aspects of the Self and the struggle to maintain the relationship with the parent enriches Sullivan's theory.

Alcoholism from an object-relations viewpoint. Object-relations theory of ego weakness provides a framework which effectively integrates the research findings pertaining to the alcoholic presented in the introduction and the insights about the alcoholic and alcoholism from

a symbolic interactionist view and psychoanalytic interpersonal view. The organization of the Self conducive to the development of alcoholism appears to be based upon primary failure in the development of the Self, which object relations theorists call "ego splitting." The alcoholic's need for a love object and the rage at the frustration of this basic need is viewed as having primary significance.

Anger and aggression are salient features of the alcoholic's profile. Zwerling and Rosenbaum's (1959) study of alcoholics showed that chronic rage is expressed often by some alcoholics while inebriated, sometimes by others while sober, and by some others only in murderous nightmares and hallucinations. Prealcoholic adolescent boys were more overtly aggressive (Jones, 1968) and showed more restrained aggression and sadism (McCord, 1960) than adolescents who did not later become alcoholic. Prealcoholic adolescent girls were found to be passively resentful (Jones, 1971). The alcoholic's intense dependency needs have been previously discussed.

The importance of anger in the alcoholic's profile suggests that the alcoholic has been able to form an attachment to a love object, the mothering figure, but is intensely ambivalent as a result of the frustration of his or her basic needs by the mothering figure. It is hypothesized that the alcoholic copes with intense ambivalence by identifying with the mothering figure's rejection of the libidinal ego.

The identification with the rejecting attitudes of the parent enables him or her to keep from experiencing the parent as a "hateful

robber" but leads to feelings of being bad or always needing to be better. The pre-alcoholic attempts to live out either a morally idealized version of the Self or to defensively repudiate all moral feelings in order to cope with guilt and depression. Aspects of the mothering figure which provoke rage are "not seen." The research findings that depression, guilt, and masochism are additional features of the alcoholic profile support the above speculations.

Major aspects of the Self appear to be split off from the central ego, conscious self, or that which is identified as "Me." In the terminology of object-relations theory, the libidinal and anti-libidinal egos predominate, leaving a severely truncated or false self to interact with the external world. In the terminology of Sullivan, major aspects of the Self are experiences as bad-me and not-me resulting in the development of a self-system geared toward defending against a loss of self-esteem rather than growth.

It was noted that a major tenet of the alcoholic's self-system is the denial of weakness and repudiation of the need for tenderness. A similar characterization is made of the antilibidinal ego--a ceaseless driving of the Self in order to gain control and power over the Self. What has been identified as the alcoholics' excessive concern with gaining power, glory, and influence can be viewed as a manifestation of their need for power over aspects of themselves. The alcoholic needs to deny the power of the rejecting parent over them and the injury that such rejection has on their self-esteem.

The use of denial as a defense mechanism is seen by psychoanalytic

theorists as a relatively "primitive" defense. As such, this denotes an unstable defense system of a weak ego. An additional manifestation of a weak ego is impulsivity, which has also been attributed to alcoholics. The alcoholic ego is weak because major aspects of himself or herself are excluded from the organization of the conscious self. As was discussed, self-control is based upon an impulse to react followed by a quick analysis of options which is socially determined. For the alcoholic, authentic self-expression is suppressed and identification with the rejecting parent is substituted. The learning necessary to modulate impulse expression is prevented. Rather, the alcoholic impulsively acts out, a form of self-expression that by-passes the evaluation of the internalized audience.

The self presented to others is interpersonally shallow. Superficial sociability is substituted for intimacy, since intimacy triggers transference reactions, i.e., mistrust, rage, guilt. The alcoholic has been described as basically "schizoid," referring to the tendency toward withdrawal, mistrust of others, egocentricity, and a basic sense of isolation and estrangement. His or her identity seems to be based on what one should be or on an environmental pattern which is rigidly adhered to. The alcoholic's exaggerated sexual identification might be explained as such. The conflicts that sexual identification have been noted to evoke in the alcoholic belie its authenticity. In any event, alcoholics are noted for "playing" roles, suggesting a "false self" hiding authentic self-expression.

PART FOUR

Conclusion: An Interpersonal Approach to Alcoholism

The problem of alcoholism is approached in this chapter through understanding the nature of what has been referred to as the interpersonal Self. From the symbolic interactionist approach, it was hypothesized that persons susceptible to alcoholism have a constant need to shut off inner, failure-predicting messages. Alcohol silences the inner audience which controls what one thinks, feels and does through interfering with one's ability to talk to oneself. As a result, the subtle interplay between impulse expression and impulse control, based upon the internalization of external interactions, is impeded. The alcoholic's attempt to function as if s/he could act independently of the inner audience is doomed to fail since it is the inner audience which provides the Self with its definition.

Sullivan's contribution is to demonstrate the importance of anxiety in the formation and maintenance of the Self. What a person identifies as "me" is the representation which elicits the least anxiety in interactions with significant others. It is hypothesized that persons susceptible to alcoholism have a severely truncated experience of themselves as a result of parental rejection of major aspects of their personalities. In order to maintain a relationship with parenting figures, such persons have internalized and identified with their parents' view of themselves as failures. The conflict that such persons face is that in order to feel better about themselves, they need to break free of the power that the internalized parent has

over them, but in so doing, the connection with the parenting figure is threatened. The alcoholic's way of coping is to deny his or her need for tenderness and approval, and to suppress the inner audience and the ensuing separation anxiety through alcohol.

In order for persons to become truly free of self-definitions based upon rejecting, internalized parents, a "transitional life line" is needed to provide the support necessary to give up the initial self-system based upon survival with parenting figures for a self-system geared to personal growth and satisfaction. Since alcoholics deny their need for others, they prevent the interpersonal experiences upon which any new definition of the Self must be based. The rejecting internalized parent remains the sole audience for their behavior.

The contribution of object-relations theory to the understanding of alcoholism is that the aspect of the Self which is excluded from the conscious organization of the Self is the foundation upon which the interpersonal Self develops. It is hypothesized that the process of separation of the alcoholic from the mothering figure was arrested as a result of severe frustration of the infant's need for support and tenderness. In order to cope with this developmental mishap, the infantile ego along with its experience of the bad object withdrew into the inner world. The effect on the developing psyche is that a major aspect of the Self remains infantile. The growth of the Self has been depicted as a process of differentiation whereby the Self develops from an undifferentiated, unified whole into a more complex structure through interactions with others. Thus, since the infantile ego is

withdrawn from external interactions, it remains relatively undifferentiated, mainly characterized by an intense longing for a love object and intense rage at the frustration of this need.

In order for the child to maintain a relationship with the parenting figures despite their failure to meet his or her basic needs, the Self develops based upon the repudiation of the infantile ego and the denial of the perception of the parenting figure as a "hateful robber." Instead of feeling robbed, the child feels undeserving and too demanding. The feelings of pain and rage, associated with unfulfilled longing, are avoided by the child's denial of its needs. This alienation from basic needs and feelings creates a fundamental imbalance in the personality. Characteristics are developed which are irreconcilable with the infantile ego. The psyche becomes truly split; passive, dependent, child-like, "feminine" trends are repudiated by forced autonomy, activity, "masculinity," and rigid control. The traits that have been ascribed to the pre-alcoholic, such as aggression, activity, antisocialness, and impulsivity, can be understood as the pre-alcoholic's attempt to reconcile irreconcilable aspects of himself or herself.

In addition to the development of irreconcilable aspects of their personalities, persons susceptible to alcoholism seem to suffer from a lack of inner-directedness and an intense need for approval. Their sense of Self is not buttressed by their needs and feelings. Motivation based upon growth and satisfaction of needs threatens to estrange such persons from the mothering figure, whose approval is

all-important. They are solely motivated to avoid disapproval, experienced by them as a complete loss of the Self and a separation from the mothering figure which cannot yet be tolerated. The internalized framework which enables people to have a sense of themselves independent of situations appears to be lacking. The alcoholic has lacked the anxiety-free interactions upon which the development of such a framework depends. Their vulnerability to other persons' evaluations and their tenuous sense of themselves are coped with by a forced autonomy which helps to insulate themselves from others. Alcohol appears to be a way to reinforce this coping mechanism.

It is hypothesized that alcoholic persons attempt to free themselves of the parenting figure by denying their need for tenderness and support. Such a tactic actually maintains their dependence upon the parent and the limits which the parent has set upon themselves since the infantile ego comes to be experienced as a personal weakness which must be repudiated. Their repudiation of the infantile ego reflects and reinforces their basic identification with the mothering figure's reaction to their basic needs and feelings. Rather, a challenge to their belief of their basic unworthiness would threaten the identification with the parent and precipitate their rage at being robbed of the basic need for a love object. The self-destructive course of alcoholics reveals their degree of resistance to the idea of their worthiness.

Painful emotions and impulses which threaten to emerge are acted out in a disguised manner which bypasses the conscious organization of

the Self. Such feelings may underlie the alcoholic's impulse to take "the first drink" after a period of abstinence despite having experienced great despair associated with prior drunken episodes. In Alcoholics Anonymous, Bill W. describes this psychological phenomenon as a strange mental lapse experienced by the alcoholic as alien and beyond conscious control. Thus, becoming sober through self-control or self-will is seen as an illusion. The alcoholic's impulsivity and reduced capacity for self-reflection are viewed here as the expressions of the infantile ego beyond the structure and control of the identified self.

The act of drinking is initially seen as the blotting out of inner-voices--punitive, failure-predicting messages. Drinking reinforces the alcoholic's denial of his or her need for approval and the alcoholic's vulnerability to loss of self-esteem. Drinking can also be viewed as an act of self-preservation. Impulses and feelings can be expressed which would otherwise be unacceptable. However, blotting out the inner audience leads to a loss of control and to the erosion of the Self. The structure, definition, and direction of the Self are products of the internalization of interactions and are severely undermined by "not being able to talk to oneself."

With alcohol intoxication the inner audience is projected onto others with whom the alcoholic argues. The alcoholic can now assert his or her power over the internalized other without incurring the separation anxiety which would normally follow. With excessive drinking and identity erosion, the alcoholic begins to live solely in

his or her world of fantasized objects. The projection of internalized bad objects onto external reality leads to acting out of paranoia, rage, and jealousy. The inebriated episodes of acting out and the ensuing guilt during sober periods aggravate the alcoholic's already precarious relationships. Finally, at the most advanced stage the alcoholic lives in the most regressed aspects of the Self, the objectless ego. At this stage, it is just the alcoholic and the bottle; the act of drinking is now more accurately described as a transitional phenomenon. Soothing and allaying anxiety, the bottle is a transitional object, both part of himself or herself and part of external reality. The alcoholic's relationship to the bottle, which is the act of drinking, goes unchallenged.

The above theory of alcoholism is not meant to be a definitive account of alcoholism but rather a presentation of a type of personality structure for which alcohol functions as a major coping mechanism. The dynamics presented are likely to underlie other types of psychological manifestations. Of importance may be the level of ego development. The present account supports Glover's idea of alcoholism as a transitional state which has its origin in personality later than the psychoses but earlier than the psychoneuroses. Unlike the psychotic who lives in the inner world and presents a "false self" to the world, the alcoholic attempts to live primarily in a severely truncated Self. The alcoholic's advantage over the psychotic is that s/he is object-related, has found a way to relate to others, and attempts through alcohol to maintain that connection. However, unlike

the psychoneurotic who has developed defensive strategies to cope with internal bad object situations, the alcoholic totally repudiates the inner world. It is this inner split between a repudiated inner world and a truncated outer Self which the recourse to alcohol appears to maintain.

CHAPTER III

THE TRANSFORMATION OF THE INTERPERSONAL SELF

In this chapter an interpersonal approach to the process of change of the Self is presented. The research project outlined focuses upon an examination of that process. The preceding chapter examined how the Self which is conducive to the development of alcoholism is bestowed through interpersonal experiences and how the alcoholic attempts to maintain that Self through alcohol. The research will focus only upon the process by which the Self of the alcoholic is changed. The decision to focus upon the process of change was determined by the unique opportunity presented by the organization of Alcoholics Anonymous to study that process and by the belief that examining how the Self changes will also elucidate the processes involved in the formation and maintenance of the Self.

How the interpersonal Self is transformed. In order to examine how the Self changes, it is necessary to understand what change is in the interpersonal viewpoint. A distinction between the identified self and the unidentified self leads to a clearer formulation of types of change and the respective aspects of the personality which are affected. The Self will be viewed as Guntrip describes it, the entire psyche, whose degree of wholeness will depend upon the quality of early interpersonal experiences. The identified self will be viewed as the aspect of the Self

participating in ongoing interpersonal relationships, the aspect of the Self identified as the good-me. If aspects of the Self are dissociated, split off from the conscious experience of "Me," then the Self will consist of an identified self participating in external relationships and an unidentified self tied to relationships in the inner world based upon the love hunger, anger, and fear of early relationships.

In depicting the process by which the Self changes, we can distinguish between the following: (1) identity formation or the search for an identity; (2) identity transformation, a radical shift from an old to a new identity; and (3) reunification of a split psyche, the working through of bad object relations. Identity formation is an ongoing process; people change as they enact new roles, i.e., parental, professional, sexual, etc. The process involves the internalization and identification with the values, expectations, and attitudes of a person, group, or way of thinking. Identity transformation is more complex, with examples ranging from the "brainwashing" of American prisoners of war to Patty Hearst's transformation as Tanya. Here, a person's former identity must be completely relinquished in order to adopt a new identity. The reunification of the split psyche is the type of change usually associated with dynamic psychotherapy. Dissociated aspects of the patient's Self are worked through in the transference relationship between the patient and therapist. Each type of change will be briefly discussed in order to discern the aspects of the personality which are affected.

Identity formation. Identity represents a Self that is firmly rooted in values and traditions. It is manifested in a sense of integration, of knowing what is right and wrong, of being able to choose,

and of having an awareness that one's endeavors and one's life make sense. Identity consolidation is facilitated if one can deny with finality tendencies that run counter to the dominant trends of the personality. It is the function of the self-system to do just that. Failure to develop a stable identity may be due to either internal conflicts or to a general breakdown in social traditions. Since identity formation is viewed as emerging from the ability to abstract and identify with a composite picture of expectations, definitions, and values, difficulty establishing an identity might be caused by expectations of significant others which are too conflicting or too unrealistic. In order to formulate a sense of "Me," one must have a clear understanding of what behaviors elicit approval or disapproval.

Allen Wheelis in The Quest for Identity discusses the effect of the breakdown of social traditions. Wheelis notes that people turn to psychoanalysis to provide them with an identity whereas psychoanalysis can only uncover identity, provided such was hidden. Identity, he says, is based upon allegiances to parental expectations and cultural roles and ideologies in order to provide the protection and the need for certainty, which he views as man's nature. It is the function of psychoanalysis to strike a blow at all such allegiances. According to Wheelis, a loss of belief in traditional truths, in excess of our ability to get along comfortably without them, creates the enormous potential for transference, which is left dangling. Here, the term transference is used for the longing for parental protection and the need for certainty and is seen as an existential reality. People are in search of the

generalized other to give them meaning and structure to the Self. In contrast to Wheelis, the traditional view of transference is the projection of inner bad objects onto external reality with the associated experience of persecutory or depressive anxiety, depending upon the developmental stage of relating to people. Wheelis' view of transference phenomena refers to the human need for good object experience whereas the latter view pertains to the struggle to cope with bad object experience.

Identity transformation. The interpersonal processes subsumed under the term "brainwashing" are particularly relevant to this discussion because they may bear on the types of processes involved in what goes on in the types of rehabilitative procedures utilized with alcoholics. The symbolic interactionist view of brainwashing is described as a shift in the basis of control of behavior through incorporating a new audience or generalized other. Such radical change is thought to require that a person undergo turmoil and be thrown into self-doubt while simultaneously being led along new ways of seeing himself or herself and the world.

If the reformer is to make use of a crisis, he must help plot the course from there on in order to prepare the convert for difficulties and to help the rationale of the course become part of his thinking... The turning point in the brainwashing appears to have been the genuine public confession when the student got down to rock bottom and accused himself of having been a wastrel, an exploiter, a coward, and so forth. This amounted to a genuine public relinquishing of past identity. (Lindesmith and Straus, 1968, p. 224)

Does the self-system need to be undermined for identity transforma-

tion to take place? Identity is based upon a cluster of roles that one is enacting, whereas the self-system is a set of covert operating hypotheses about the Self and the world of which the person is largely unaware. Identity develops as a result of good object-relations, with the self-system functioning to keep discordant trends from awareness. It might be possible to transform one's identity without seriously challenging the self-system; the content of the identified Self would change, but the basic structure of good-me, bad-me, and not-me would remain intact. In other words, the self-system would co-opt new aspects of identity by making certain that its implications do not challenge covert hypotheses or underlying postulates. Minor rather than major postulates of the self-system would be challenged. Obviously, something more drastic needs to be considered when it comes to alcoholism.

The reunification of a split psyche. If the self-system is seriously undermined, the not-me and bad-me aspects of the Self threaten to emerge along with personifications of parental figures based upon painful, anxiety provoking interpersonal experiences. Dynamic psychotherapy proceeds along this course of focusing upon the resistance and then working through the resulting transference. However, this course often proves too stressful for patients with "weak ego-strength." Such patients have lacked sufficient positive transactions to allow significant portions of themselves to participate in relationships and must cling tenaciously to whatever keeps their Selves functioning. In this case, supportive psychotherapy is recommended in order to build the ego-strength which would allow the person to tolerate feelings associated with dissociated aspects of their experience of themselves and of

others. The therapist would need to be a life line between the patient's self-organization based upon maintaining a relationship with parental figures and a new organization based upon growth and satisfaction of needs. Oftentimes, the therapist cannot provide this crucial life line, which entails a degree of dependence therapists are uncomfortable with because they fear encouraging a full-blown regression.

The transformation of the Self. What effect would an identity transformation which seriously undermined the self-system have on internal bad object experience? Introjection by a person of new attitudes, values, and expectations which are favorable to his or her self-esteem will be called positive introjects. Positive introjects could provide a new audience for the person's behavior, a new source of control for behavior by substituting positive internal dialogues for constrictive and rejecting internal messages. If the incorporation of positive introjects serves to fulfill the need for certainty and protection that Wheelis referred to, a life line could be provided to allay the separation anxiety precipitated by a break with parental prohibitions. However, at the same time efforts of the person to protect himself or herself against persecutory fear or depressive paralysis are seriously undermined and internal rejecting messages would continue to exist. Of both theoretical and practical significance would be an understanding of how a conflict between two conflicting self-organizations gets resolved.

Alcoholics Anonymous provides a setting in which some of these questions can be explored. The hypothesis is that the model proposed by A.A. involves a transformation of identity through challenging an

alcoholic's self-system and through encouraging the alcoholic to incorporate positive introjects, resulting in new behaviors and a new source of inner control. Since alcoholism is viewed as a psychological as well as a physical illness, an investigation of the possible conflict between positive and negative introjects can be examined.

The Research Project

The research project focuses on the process of self-transformation which is hypothesized to account for the achievement of sobriety in Alcoholics Anonymous. What is explored is how the self-organization of which alcoholism is the predominate symptom transforms into a self-organization based upon sobriety. It is hypothesized that alcoholics' increasing control over addiction is a function of the degree to which they have internalized new sources of control for their behavior, a "new" inner audience. The psychic internalization of significant others whose attitudes are favorable to the Self and to abstinence from alcohol will be referred to as positive introjects. The study investigates the experiences in Alcoholics Anonymous which facilitate the internalization of positive introjects, and the way in which positive introjects are incorporated and assimilated into the alcoholic's personality.

A predominant feature of alcoholics prior to this participation in Alcoholics Anonymous is the incorporation of what has been referred to as the personification of the bad mother or bad object. The incorporation of the bad mother affects alcoholics' relationships with

significant others and with themselves in different ways. As a result of the frustration of the basic need of a love object, alcoholics long for primacy and union with an idealized mothering figure whom they seek to totally possess. However, alcoholics cannot tolerate the pain of the inevitable frustration nor the rage at what is experienced as rejection and betrayal. Feelings of rage are often averted through their manipulative efforts to "get what is owed to them" or through masochistic and submissive behavior. The intense needs and conflicted feelings which significant relationships elicit are acted out and coped with through alcohol.

The alcoholics' attitude toward themselves basically reflects the mothering figure's complete dissatisfaction with them. The incorporation of significant others whose attitudes toward the Self are detrimental to self-esteem will be referred to as negative introjects. The incorporation of the mothering figure into a child's personality is viewed as the way children defend and strengthen themselves. Whereas the incorporation of a positive introject provides a strong foundation to the interpersonal Self manifested in an ability to tolerate aloneness, think well of oneself and others, and have an optimistic view of life, the incorporation of a negative introject results in the substitution of identification with the rejecting parent for personhood. Such persons feel a deep sense of shame and guilt about themselves, continue to punish themselves and to act like lifelong victims. Alcoholics attempt to cope with the negative introject through denying its power over them, externalizing blame ("It's your fault, not

mine"), and by grandiose fantasies about themselves. Alcohol very directly silences internal rejecting, failure-predicting messages from the negative introject.

The Alcoholics Anonymous program attempts to help alcoholics gain control over the addiction through the internalization of new attitudes toward the Self and others. The alcoholic who wants to be sober is told to attend ninety meetings in ninety days, the amount of time which is thought to be necessary to learn the program. The Twelve Steps, the basic A.A. program, are viewed as the process which precipitates self-transformation. The shift in self-perception and behavior which the Steps delineate can be summarized as self-renunciation, self-acceptance and self-responsibility. Alcoholics are asked to renounce their previous ways of thinking and to turn their will over to a higher power, which may be their conception of God, or the A. A. organization. Self-acceptance is encouraged by asking alcoholics to accept their role in their problems by admitting to being an alcoholic, admitting wrongdoing and accepting their limitations. Self-responsibility is encouraged by asking alcoholics to make amends for wrongdoing, to help other alcoholics and to take responsibility for the learning process. The research project investigated the process by which this shift in self-perception and behavior comes about.

I have interviewed twenty subjects intensively about themselves, their alcoholism, and their participation in Alcoholics Anonymous. Subjects were recruited in four major ways. I was familiar with several subjects through my work at a community mental health center. Also,

through attending weekly A. A. meetings over several months, I was able to talk with members before and after meetings and directly ask them to participate. Members were very willing to participate and to direct me to other potential subjects. Finally, I contacted a local half-way house for female alcoholics where I met several women participating in the A. A. program.

I was interested in interviewing a wide range of members, with respect to sex, age, length of time in the program, and length of sobriety. However, the major variable which directed my choice of subjects was the degree to which they reported experiencing difficulty controlling the urge for alcohol. Five males and five female subjects reported that they no longer experienced an urge for alcohol or any other drug, or that they experienced no difficulty controlling that urge. Of these subjects, four were sober less than one and a half years, whereas the other six were sober between two and ten years (see Table 1). In contrast to these subjects, the other ten subjects reporting experiencing some difficulty abstaining from alcohol or another drug. Of the ten subjects, three were actively drinking, two had relapsed with a drug other than alcohol, and five reported varying degrees of difficulty (ranging from very difficult to slightly difficult) in abstaining from alcohol. Of these subjects, four subjects had been participating in A. A. less than one year, whereas the other six subjects had been participating in A. A. from between one and a half years to eight years (see Table 2). By interviewing persons at different phases in the process, my analysis of that process could

TABLE 1

THE TEN SUBJECTS WHO REPORTED NO DIFFICULTY CONTROLLING
AN URGE FOR ALCOHOL OR ANY OTHER DRUG

| Name | Age | Length of Alcohol Problem Before Last Drink | Length of Time in A. A. | Length of Time Sober | Frequency of Urge to Drink (or Use of other Drugs) | Designated Phase ¹ |
|----------|-----|---|-------------------------|----------------------------|--|-------------------------------|
| Gwen | 33 | 2 yrs. | 3 yrs. 7 mo. | 3 yrs. 7 mo. | none | 6 |
| Maureen | 43 | 24 yrs. | 5 yrs. | 5 yrs. 3 mo. | twice per year | 6 |
| Kathleen | 33 | 2 yrs. 6 mo. | 2 yrs. 6 mo. | 3 yrs. | none | 6 |
| Lisa | 24 | 8 yrs. | 2 yrs. | 8 mo. | once every few months | 4 |
| Joan | 26 | 5 yrs. | 1 yr. | 1 yr. (6 mo. drug-free) | none (monthly to once every few months) | 3 |
| Jeff | 34 | 16 yrs. | 6 yrs. 6 mo. | 5 yrs. | once or twice a year | 6 |
| Peter | 42 | 11 yrs | 11 yrs. 6 mo. | 10 yrs. | none | 6 |
| George | 48 | 31 yrs. | 3 yrs. | 3 yrs. | none | 6 |
| Mike | 38 | 15 yrs. | 2 yrs. 3 mo. | 1 yr. 3 mo. | weekly | 4 |

Bob 45 30 yrs. 1 yr. 1 yr. 1 mo. none 3

¹In Chapter IV, the meaning of the designated phases is presented.

TABLE 2

THE TEN SUBJECTS WHO REPORTED SOME DEGREE OF DIFFICULTY CONTROLLING
THE URGE FOR ALCOHOL OR ANY OTHER DRUG

| Name | Age | Length of Alcohol Problem Before Last Drink | Length of Time in A. A. | Length of Time Sober | Frequency of Urge to Drink (or Use of other Drugs) | Degree of Difficulty Controlling Urge to Drink (or use other Drugs) | Designated Phase ¹ |
|--------|-----|---|-------------------------|-------------------------------------|--|---|-------------------------------|
| Judy | 26 | 12 yrs. | 1 yr. 6 mo. | presently drinking | several times per week | very difficult | 1 |
| Mary | 25 | 10 yrs. | 9 mo. | 5 mo. | almost weekly | very difficult | 2 |
| Debra | 22 | 8 yrs. | 8 mo. | 6 mo. | almost weekly | somewhat difficult | 2 |
| Nora | 21 | 3 yrs. | 1 yr. 5 mo. | 6 mo. | almost weekly | a little difficult | 2 |
| Claire | 30 | 16 yrs. | 1 yr. 3 mo. | 1 yr. 3 mo. sober (3 mo. drug free) | none (once every few months) | not at all (somewhat difficult) | 2 |
| Roy | 31 | 17 yrs. | 1 yr. | presently drinking | every few months | very difficult | 1 |

| | | | | | | | |
|-------|----|---------|-------------|-----------------------|---|---------------------------------------|---|
| Lenny | 34 | 16 yrs. | 1 yr. 6 mo. | presently drinking | almost weekly | very difficult | 1 |
| Jay | 38 | 23 yrs. | 7 yrs. | 2 yrs. | several times per week | somewhat difficult | 3 |
| Sam | 51 | 30 yrs. | 8 yrs. | 5 yrs. | every few months | a little difficult | 4 |
| Brad | 25 | 10 yrs. | 3 yrs. | 1 yr. 6 mo. | almost weekly (every few months) | not at all (a little difficult) | 4 |

¹In Chapter V, the meaning of the designated phases is presented.

be based upon the description of phases by both persons currently undergoing a particular phase and those who are at a subsequent phase.

Fourteen subjects were interviewed once, though for three of these subjects the interview extended to two sessions. I conducted a follow-up interview with six subjects, two subjects being interviewed one month later and the other four subjects, three months later. The subjects with whom I conducted a follow-up interview were members who seemed to be at a critical juncture of the process such as deciding to stop drinking. Subjects were given a choice of meeting in their homes or at the center where I was employed. I also had ongoing informal contacts with many of the subjects at the various A. A. meetings I was attending.

The interview focused upon the following areas: (1) the experiences in A. A. which antecede the incorporation of the positive introject; (2) how the positive introject helps the alcoholic maintain sobriety on a day-to-day basis; (3) how previously incorporated negative introjects affect the assimilation of a positive introject into the alcoholic's personality; and (4) how alcoholics' intense dependency needs evoked in significant relationships are coped with in their relationships in A. A. Subjects were asked to identify critical turning points in both achieving and maintaining sobriety and to discuss precipitating events. Next, subjects rated each of their experiences in A. A. with respect to their relative importance in both achieving and maintaining abstinence, and described the significance of each of these experiences. In order to understand the external and internal dia-

logues upon which self-control, or lack of, may be based, subjects were asked to describe in detail episodes in which they wanted to drink but did not. The role of the negative introject was examined through discussing relapses, how feelings about the Self have changed, what negative feelings come up and how they are coped with. Finally, subjects were asked to discuss their significant relationships; who in A. A. influenced them or helped them to feel more in control, what their close relationships were like, and how they coped with issues associated with intimacy. Although interviews varied in scope and depth, I closely followed the interview guide (see Appendix C). Each interview was taped and transcribed. I have included a sample transcript in the Appendix (see Appendix D).

C H A P T E R I V
THE PROCESS OF SELF-TRANSFORMATION
IN ALCOHOLICS ANONYMOUS

At the heart of the A. A. program is a simple premise which has profound implications. The A. A. organization maintains that being dry or abstaining from alcohol is different from achieving sobriety. This distinction is based on the belief that sobriety is the result of a significant personality change. It is possible for an individual on his/her own or through participation in the A. A. fellowship to become dry. The change which is accomplished is that s/he is no longer drinking. Abstinence can result in the amelioration of many of his/her social and health problems but that does not mean the problem has been solved. What the A. A. program refers to as the alcoholic's character defects, his/her mental and spiritual impoverishments, will continue to aggravate the need for alcohol. The individual will experience much discomfort and difficulty abstaining from alcohol and/or other substitute drugs. According to A. A. theory, to achieve sobriety the individual must undergo a spiritual awakening, a profound personality change which will result in serenity, an emotional state alien to the alcoholic be s/he wet or dry.

There are two main components to the A. A. program. The most basic component is the A. A. fellowship. The A. A. fellowship is the community of alcoholics who attend A. A. meetings to help each other solve their common problem of alcoholism. It is a supportive network which extends worldwide. In order to insure that the fellowship will

continue as it began--"one drunk talking to another drunk"--the A. A. organization is set up as autonomous, self-governing groups connected by the "Twelve Traditions" and the "Twelve Steps." The "Twelve Traditions" are a common set of principles which state that the organization will remain a nonprofessional, nonhierarchical community-based organization whose only purpose is to help alcoholics become sober. With the exception of coordinating functions, A. A. is not organized beyond the most basic unit, the A. A. group. The second aspect of the A. A. organization is the "Twelve Steps" which comprise the A. A. program of recovery, the sequential process which facilitates the spiritual awakening required for the fundamental personality change. Although participation in the fellowship alone is not associated with achieving serenity, it is the fellowship which provides the foundation for the Steps. The fellowship may help an alcoholic become dry but it cannot help an alcoholic achieve sobriety.

A significant degree of A. A.'s healing power is due to the atmosphere created by the fellowship. The philosophy of unconditional acceptance, as well as the commitment toward personal liberation from the bondage of alcoholism, contributes to a pervading atmosphere of belonging, purpose, and security in each group. A. A. will completely accept anyone regardless of his/her background. Past personal history criminal or otherwise, is not taken into consideration. The only requirement for membership is a desire to stop drinking. On this basis alone the individual will receive extensive attention and support. If necessary, the newcomer's basic social needs will be met by the gener-

osity of members. Like a family member the newcomer will be provided for and protected by the support of the fellowship. It is very difficult to practice unconditional acceptance on both an individual level and on as grand a scale as the A. A. organization. Individuals enter A. A. with prejudices which reflect society at large. Moreover, the authenticity of the acceptance offered must be continually tested by potential members who have never had this experience, who long desperately for it, and who are likely to be terrified by it.

I believe that the philosophy of the organization, embodied in the "Twelve Steps" and the various A. A. slogans, enables this spirit of unconditional acceptance to be a living reality rather than a vacuous goal. The "Twelve Steps" validate the life struggle, the life-long voyage to come to terms with oneself in relation to others. A person's most important tasks are to know him/herself, to act responsibly, and to love others. A. A. believes that if the individual is willing to grow, and has enough faith that that growth is possible, then the issues which s/he must face will be unfolded at a rate s/he can handle. The individual may experience much pain, but the belief maintains that there is meaning in pain; it represents a stage of growth that many others have experienced and have overcome. In like fashion, A. A. believes that if the individual is not growing, then s/he is going backwards. This concept has a concrete manifestation; at every meeting there are people present who incorporate various life stages or steps. Persons at prior stages are reminders of where one came from and persons at succeeding stages reveal the promise of what one may become. At almost any stage one can be a model for someone

else.

A. A.'s attitude toward change is reflected in one of its slogans--"Easy Does It." One cannot hurry learning or changing. A. A. believes that there is an internal timetable which must be respected. The individual new to the organization is encouraged to come to meetings and observe other people and to listen to how these other alcoholics go about living their lives. From this beginning process a prospective member may start to absorb the basic philosophy. It would prove counter-productive to learning to impose experiences on the alcoholic. Those experiences from which the individual can learn about him/herself and his/her disease are always available; the individual must select, reject, and reselect according to his or her readiness for a particular experience. Flexibility pertaining to the process of recovery is almost infinite. It is said of A. A. that a million people work the program in a million ways. I believe that this respect for the individual's internal timetable is paralleled (only) in long-term psychotherapy.

Flexibility to an individual's internal timetable does not mean that there is not a common process which underlies each person's journey to a similar goal, in this case sobriety and serenity. This common process is embodied in the "Twelve Steps" which are a series of attitudinal and behavioral directives couched in quasi-moral, religious language. The Steps underlie the entire logic and structure of the A. A. organization. Members who have achieved sobriety have followed the A. A. series of sequential suggestions. They have undergone a per-

sonal transformation which has enabled them to live comfortably without alcohol and to experience no difficulty controlling the urge for alcohol. Members who experience marked discomfort and difficulty controlling the urge for alcohol and/or a substitute drug are either at an earlier stage in the process or are impeded at some point in the process. An individual may work the Steps in a conscious deliberate way or in a less formal way. Because the Steps correspond to interpersonal experiences of the fellowship, the individual may be taking Steps without being aware of each particular Step s/he is working on. Toward the latter stages of the process, the taking of particular Steps is usually more conscious and deliberate. The ways in which an individual may work through the issues imposed by the Steps may be unique, but the issues themselves are what give the organization its internal logic.

I have interviewed twenty subjects intensively about themselves, their alcoholism, and their participation in Alcoholics Anonymous. Subjects rated the degree of difficulty which they experienced abstaining from alcohol and any other drug on the following scale: very difficult, somewhat difficult, a little difficult, not at all difficult. Ten subjects reported either that they no longer experienced an urge for alcohol or any other drug, or that they experienced no difficulty in controlling that urge. Most of the subjects in this group either completed the process or were at the latter stages of the process. Ten other subjects reported some degree of difficulty controlling the urge for alcohol and/or any other drug. Of these sub-

jects, three were currently drinking, and two had recently relapsed using a drug other than alcohol. This group mainly includes subjects who were either appropriately at an earlier stage according to their time in the organization or who were impeded at a particular stage. Based upon interviews with the ten subjects who had mostly achieved sobriety, I delineated a series of six phases which outline how the Self is transformed (see Table 1). The process described is a psychological construct which closely parallels the "Twelve Steps." My psychological analysis uncovers interpersonal issues. The theory of how the Self transforms through participation in Alcoholics Anonymous is presented in this chapter. In the following chapter, the ten interviews with subjects experiencing difficulty controlling the urge for alcohol will be discussed with regard to the sources of resistance to change and with regard to the limitations in the applicability of theory.

Phase One: Observing

Persons enter A. A. in a variety of ways. They may call a central number and have one or two members come to see them to talk about the organization and to accompany them to some initial meetings. They may be introduced to A. A. through attending an A. A. meeting at a local detoxification center, at a short-term rehabilitation center, or in a prison. A very common route to A. A. is through a local detoxification center. At a detoxification center, the alcoholic receives medical treatment to help relieve symptoms of alcohol withdrawal. It is typi-

cal of an alcoholic to detox many times prior to becoming serious about doing something about his/her problem. One subject detoxed sixty-five times within a three year period, and through this process was able to achieve longer and longer periods of abstinence. A court stipulation is another route to A. A.; the individual convicted of an alcohol related offense must attend A. A. meetings for a period of time.

During this observing phase a potential member is noncommittal. His/her main participation is simply to listen to speakers at open speaker meetings. S/he may or may not interact with other A. A. members before or after meetings. If s/he attends a beginner's discussion meeting--a meeting sometimes offered prior to the larger speaker meetings--s/he may introduce him/herself to the group. In this case the potential member will be approached by other A. A. members after the meetings to help make him/her feel welcome. Members will give out their phone numbers and offer to accompany the potential member to meetings. Those who enter with an A. A. friend have the advantage of being introduced to many people and to the general organization. Others prefer to sit in the back of the room and simply observe.

Two of the major issues that potential members face at this stage are whether or not they are alcoholic, and, if they are clearly alcoholic whether or not they belong in the organization. Listening to the speaker's stories is the most powerful vehicle which helps the potential member to make these decisions. S/he is told to try to "identify" rather than to "compare" him/herself with the speaker's experiences.

Alcoholism is conveyed as a fatal, progressive illness, with each episode, irrespective of the amount of time between episodes, being progressively worse. Also, s/he will hear that the use of any other drug used to substitute for alcohol will lead the alcoholic back to drinking. A. A. hopes that through identification with the speakers, the potential member will be able to avoid some of the worst of the progression of the disease, what is referred to as "the yetts to come." If the potential member can identify with the feelings of loneliness, despair, and turmoil which the speakers' describe, rather than compare the differences in the particulars of the experiences, then the member hopefully will experience a sense of belonging. Nevertheless, at this stage, potential members often need to test the A. A. predictions pertaining to what the next drunk will be like or whether substitute drugs lead to alcohol.

The observing phase corresponds with the potential member's acceptance of the First A. A. Step: "We admitted we were powerless over alcohol-that our lives had become unmanageable." The acceptance of this Step may take years or it may take only a day. This phase is by far the most varied. Of the ten subjects who reported no difficulty controlling the urge for alcohol, five subjects stopped drinking either shortly before or immediately upon entering A. A., and the remaining five drank for varied periods of time while participating in A. A. A. A. believes that for the potential member the crucial factor is to begin to view alcohol as his/her major problem.

Lisa described her drinking during the two months prior to her

last drink as a "very, very, rapid progression." She attended meetings for about two years while either drinking or smoking marijuana. At A. A. being sober means being free not only of alcohol but of all other drugs. Lisa tried just smoking for several months, but as the program had predicted, she returned to alcohol. She had been able to control her use of alcohol until the last two months, which she experienced as a landslide, drinking all the time. Lisa was actually encouraged by an A. A. sponsor to drink as much as she could. The premise is that a person reaches his/her bottom when the problems alcohol creates far outweigh the problems which it might be used to solve. The protection which family and friends offer the alcoholic only serves to maintain the problem. Thus, "bottoming out" often occurs when such protection is withheld. Lisa "chose" to touch bottom at a time when her parents were away. She said that she would never have become sober with all of their protection.

Many people who clearly recognize themselves as alcoholic reach their bottom prior to entering A. A. Often, as a result of alcohol, they have lost something important to them or have endangered their own life or another person's life. Alcohol has ceased to be a way to escape and has created many problems. At his first meeting Mike knew that he was an alcoholic, but he was not ready to do anything about it until a year and a half later, following a suicide attempt while intoxicated. The fact that he would try to kill himself, which he said he would never have attempted while sober, shocked him into returning to A. A. and into taking it more seriously. Gwen also had been to

one meeting nine months before taking her last drink. After that meeting, she tried to convince herself that she had control over her drinking, but instead found herself on a "merry-go-round," seriously suicidal. The break up of a long-term relationship because of Bob's alcohol abuse precipitated his decision to stop drinking and enter A. A.

Members often report a rapid increase in their drinking after their contact with A. A. It is as if the A. A. prediction that their drinking will be aggravated as a result of the progression of the disease creates a self-fulfilling prophecy. Members say that A. A. "screws up their drinking." Peter attributes this phenomenon to the alcoholic's increased awareness of his/her problem which s/he then attempts to eliminate through increased drinking. When Peter entered A. A. he had difficulty seeing the connection between what he considered his major problem, being homosexual, and his abuse of alcohol. His conviction of being different from the group interfered with his believing that he, like the others, was an alcoholic. During his first year and a half in the program, his drinking had increased to the extent that his alcohol problem became the major issue. In his case his increased drinking can be viewed as an attempt to resolve the issue of whether or not he belonged to A. A. He found it difficult to cope with the possibility of being accepted. Peter explains this as follows:

The thing that I couldn't deal with was that even though there is prejudice in A. A. and homophobia, there is also acceptance here that is truly healing of people who put themselves in the atmosphere. (Peter)

For members like Peter and Lisa, who continue to drink for a long

period during their participation in A. A., there seems to be a need to test the acceptance offered. The hypothesis presented is that many of the potential members who enter the organization are in desperate need of human contact and are terrified of it. It is likely that they have alienated themselves from all significant relationships. Alcohol, their solace and retreat, has created its own problems. The observing phase is seen as a period in which the potential A. A. member begins to question whether or not s/he is ready to make the transition from drugs back toward people. Lisa's "very, very, rapid progression" during a two month period can be viewed as the culmination of the conflict of giving up her alcohol and drug abuse to risk personal contact. She describes her new need to belong to A. A. as follows:

And I wanted what all these people had. Just being satisfied with what they had. I wasn't too pleased with who I was. (Lisa)

Jeff's experience also supports the above hypothesis. He is an example of an alcoholic whose life had clearly become unmanageable due to alcohol abuse and he can be described as a seriously progressed alcoholic. When he entered A. A. he was a daily drunk who was off food and who did nothing but drink. He attended meetings for about one and a half years before his last drink and describes the experience as follows:

I didn't believe that it was possible for me to stay sober. That was like a goal I didn't have any confidence to achieve. So I denied wanting it. At the same time though there were people to talk to. People that took an interest in me. And I had a need for that and I think that more than anything

drove me back to meetings in the beginning. (Jeff)

Although Jeff had accepted Step One upon entering A. A., he lacked the confidence to stop drinking. Through the concern he received from other people, he began to experience the possibility of being sober.

Members like Mike and Gwen, who after an initial contact with A. A. go back and drink until they bottom out, can be said to have made the decision to choose alcohol over risking relationships with people. In these two cases the conflict pertaining to their choice to drink had become so acute that they were both suicidal. They experienced living without alcohol as intolerable. They both tried tenaciously to hold on to a way of coping which they either consciously or unconsciously knew was no longer viable. Their conflict about alcohol triggered their bottoming out experiences

There are some members who are able to embrace A. A. without a testing period. These members have made the decision to stop drinking either prior to or immediately upon entering A. A. For these members, being able to identify alcohol as the cause of their problem is experienced as a great relief. At A. A. one hears that one is not responsible for one's behavior while drunk because alcohol drastically alters one's personality, and that the alcoholic is a person who reacts differently to alcohol because of some emotional and physical predisposition. Two women, Maureen and Kathleen, and one man, Bob, were eager to identify themselves as alcoholic. Both women had achieved long periods of abstinence from alcohol prior to entering A. A.

Maureen decided to rejoin so as to avert a relapse due to a current traumatic event. Kathleen, also abstinent at the time, began to identify with the speakers' stories while she attended meetings for her alcoholic husband. Bob, who had been drinking alcoholically for many years, became sober just prior to entering A. A. Maureen describes the sense of self-definition which being alcoholic provided her:

I wanted to blame something and alcohol was mighty fine... I was just delighted that I could just pinpoint that that's the reason my mother and my father called me crazy. That's the reason I had problems with people. And I needed to put a handle on something that I was aware of. (Maureen)

Oftentimes one's negative or conflicted feelings about oneself are displaced onto alcohol. Thus, it is alcohol that is bad, not one's self. Displacement seems to be a necessary initial defense which is based on real evidence but which does not take into account the entire truth. It is only later in the program that A. A. members are encouraged to face that aspect of their emotional make-up which makes it necessary to drink.

For Kathleen and Bob, the knowledge that they were suffering from a disease meant that they were not bad people but were sick people. This knowledge also gave them hope that they could change. Kathleen describes this as follows:

Right off I was very sincere. The minute I found that I could get help, when they said alcoholic I felt I was saved. The whole concept that I wasn't bad, I was sick and that I could change gave me hope. I thought you were stuck with who you are. (Kathleen)

Although A. A. encourages members to make a connection between alcohol and the difficulties one is having, A. A. also suggests that one might be suffering from an emotional illness along with alcoholism. George knew that his emotional problems could not be attributed to alcoholism. Following a month of abstinence, George took a sip of alcohol which precipitated a psychotic episode, an episode which he had been building up to for several months. Rather than to be hospitalized once again for what George claims was paranoid schizophrenia, he allowed a friend to convince him to go to detox and try A. A. George identified with the phrase that the alcoholic is physically, emotionally, and spiritually bankrupt. He resolved his doubts about whether or not he was an alcoholic as follows:

Alcoholic is just a label; alcoholism is only a symptom-- alcohol brings the disease or the defects of character out much quicker. I am an alcoholic. I can't drink safely. But the things that are dangerous about me are the things that lead up to a drink. (George)

It could be argued that some of these subjects who were able immediately to embrace the program had experiences with alcohol that were less severe than those of the other subjects who had a more difficult time. George's definition helps resolve such a debate. They were all people who could not drink safely. However, the subjects who immediately accepted the program were all able to respond very positively to the atmosphere of the fellowship, to the warmth and acceptance. They seemed to have a strong need to belong and were not afraid to admit this. Bob describes his immediate reaction as follows:

I can tell you that in all of my life there's only two places where I ever felt I belonged--one was the first time I got drunk and the other is when I stepped into that room (A. A. meeting). I knew that I was home. (Bob)

The critical factor which seems to determine if one will take the first Step and how long this will take is the degree of willingness to begin to turn toward people rather than to alcohol or any other drug to resolve lifelong problems.

Phase Two: Joining

There are at least six types of A. A. meetings: speaker meetings, one-speaker discussion, beginner's discussion, regular discussion, a Step meeting, and a Big Book study group. Each of these groups meets weekly. Speaker meetings are often attended in large numbers. A chairperson reads the A. A. preamble which states the basic philosophy and purpose of the organization and introduces two speakers whom s/he has selected. Each speaks for a half hour describing what the course of his/her alcoholism was like, how s/he became sober, and what being sober has been like as a result of participating in A. A. Before and after these meetings, people socialize over coffee and donuts. A one-speaker discussion is usually a smaller meeting where a discussion follows after the speaker shares his/her story. A beginner's discussion usually precedes and is a part of a speaker group meeting and is facilitated by a leader who may be a member of that group or who may be one of several leaders brought in from other groups on a rotating basis. Usually, the group is structured around a specific topic pertaining

either to staying away from a drink or to understanding basic A. A. philosophy such as the concept of gratitude or faith, the serenity prayer, or the A. A. slogans. New members are encouraged to introduce themselves. Regular discussion meetings are focused more on personal problems. At each Step meeting, one of the Twelve Steps is discussed with members reading aloud about that Step from the A. A. book Twelve Steps and Twelve Traditions and discussing how to apply that Step to particular problems. The Big Book study group follows the same format but uses the A. A. text, Alcoholics Anonymous.

The speaker meetings and the beginners' discussion meetings are usually the only meetings open to the nonalcoholic. I attended two weekly speaker meetings and two weekly beginners' discussion meetings over several months. From speaking with subjects, I formed the impression that all discussion type groups are problem solving sessions. At these meetings a member is encouraged to share a personal problem. Other members help him/her through sharing their experience with similar problems, which often translates into showing the member how to understand the A. A. approach to his/her problem. In this fashion, the basic A. A. philosophy is assimilated. The purpose of speaker's meetings is to inspire hope and a feeling of belonging rather than to teach. I was very often moved by the authenticity of the speakers' stories, by their descriptions of the depths of despair they have experienced, by their courage to talk about things which were obviously painful, and the changes in themselves that they reported. The definite sense of being a part of something meaningful and, to use the word

of a subject, "decent," pervades.

From the beginning, potential members of A. A. are encouraged to join a group, choose a sponsor, obtain the phone numbers of people they speak with, and attend ninety meetings in ninety days. There is no formal procedure for membership in A. A. other than joining an A. A. group. The A. A. groups are the actual meetings that have been discussed. The purpose of the group is to put on an A. A. meeting and to go on outside commitments. Although a group may put on more than one meeting a week at the same locale, most groups put on one weekly meeting. Each group also provides speakers and facilitators to other groups within and outside the immediate area. A member may belong to one or more groups though most choose to commit themselves to one group. There are no requirements. The members may or may not choose to attend a monthly business meeting.

In order to join a group, the A. A. member simply communicates his/her decision to the chairperson at a particular meeting who then puts the member's name on a roster. The member, however, commits him/herself to a group when s/he takes on any number of positions involved in putting on the weekly meeting and/or accepts invitations to go on outside commitments as a member of that group. Persons join a type of group according to their own psychological needs. Someone who needs to hide from people may join a very large speaker meeting where someone else who fears crowds or craves more personal attention may join a discussion or Step meeting. The discussion and Step meetings differ with the former emphasizing emotional growth and the latter em-

phasizing spiritual growth.

An alcoholic may consider himself/herself a member of A. A. simply by attending A. A. meetings. However, s/he will not feel as if s/he has joined until s/he has joined a specific group and/or has chosen a sponsor. The choice of a sponsor is dictated even more by psychological needs than is the choice of a group. A sponsor is someone to whom the person confides about more personal issues and who can act as a close friend, as a mentor or a guide, or as a parental type figure. The sponsor offers the newcomer, referred to as "the pigeon," his/her knowledge and experience of the program and may accompany the newcomer to A. A. meetings. The relationship may be superficial or intimate and may last anywhere from several weeks to several years. Subjects spoke of growing out of a particular sponsor, feeling that they had gleaned all that person had to offer, and going on to a new sponsor. Others described growing out of a need for a sponsor altogether. The particular variations prove to be very significant since the relationship with a sponsor is often the A. A. member's most significant relationship.

The majority of the subjects cited the relationship with a sponsor as the single most important event at this stage. For six out of the ten subjects, sponsors were the first and only relationship in A. A. for some time. Gwen's sponsor was the woman who came to her house in answer to the phone call she made to A. A. for help while intoxicated. During her first year and a half, Gwen spoke to this woman daily, and only attended one large weekly speaker meeting which she joined. She

was not yet able to commit herself to the group but was able to benefit from the sponsor relationship:

This woman called me and took me to meetings. I'd have to say that, in the beginning, she was my life line to A. A. I still wasn't driving. She made sure I got to meetings. She called me daily. I still wasn't picking up the phone at that point but she would call around 2:00 and I'd hang on everyday knowing that she'd call. For me it was a blessing. (Gwen)

Both Lisa and Bob became sober through the help of their sponsors. Lisa had been attending A. A. meetings and had had a sponsor for about a year prior to her last drink. She would call her sponsor only when intoxicated and ask for help. Finally, she accepted her sponsor's advice to go to detox and a half-way house. Bob had worked for twelve years with a man who was in the program. When Bob called him for help, this man, who was to become his sponsor, came and "held his hand" for the first month he was sober. His sponsor never mentioned A. A. but rather left some booklets on his table. For six months Bob attended A. A. only once a week but he, like Gwen, was in daily contact with his sponsor. For most others, the sponsor played a key role in providing the link between the newcomer and the organization.

From the beginning the sponsor encourages the newcomer to become active in the organization by joining a group, making friends, and calling other A. A. members on the telephone. However, perhaps the most crucial development of this phase, also encouraged by the sponsor, is the A. A. member's trust in what is called in A. A. "a higher power." The higher power is mentioned in Step Two: "Came to believe that a

Power greater than ourselves could restore us to sanity." At first, the higher power may be the A. A. organization, the A. A. group, or the A. A. sponsor. The member takes this next Step by putting his/her trust in the higher power with regard to the Steps that need to be taken in order for the member to get well. Even if members do not believe in God, A. A. suggests that they ask their higher power at the beginning of the day for the strength to stay away from a drink and at the end of the day to thank their higher power for getting them through the day without a drink. They are told to "fake it until they make it," another A. A. slogan that suggests to members that they go through the motions, including getting down on their knees to pray.

At this stage the value of the idea of a higher power to members is in the process of asking for help. Since most members either believe in a God of their childhood or are willing to accept A. A. or their sponsor as a power greater than themselves, they reluctantly go through the motions. By acting in a way that is incongruent with their most resistant attitude, the repudiation of the need for help, they begin to undermine their defense against the personification of the bad mother, the negative introject. In order for the alcoholic to achieve some separation from the mother who failed to meet his/her basic needs for love and security, the alcoholic repudiates the need for tenderness and love and develops traits at odds with the infantile self such as autonomy and denial of weakness. The alcoholic denies his/her need for the mother and tries to avoid the experience of powerlessness. This strategy leads to interpersonal isolation. The belief in a higher pow-

er begins to challenge the alcoholic's isolation and basic mistrust.

Having trust in a power perceived as greater than him/herself is at complete odds with the alcoholic's experience. A basic sense of trust is the outgrowth of having internalized a personification of the good mother, the positive introject, who provided what Winnicott terms a "good enough holding environment" for the infant. The absence of a positive introject is manifested in cynicism, pessimism, and mistrust. Lacking the necessary ego support which provides the foundation of the Self, the alcoholic must always be vigilant to guard against the ever present dangers of rejection, betrayal, and failure which are experienced as a threat of ego loss. Thus, the alcoholic's need for interpersonal control to avoid the threat of ego loss is strong and automatic. During this phase the alcoholic is being asked to behave as if s/he had internalized a positive introject. This step of acting in a way that is basically incongruent with basic attitudes helps the alcoholic to begin to tolerate the anxiety associated with decreasing his/her need for interpersonal control.

At this stage the higher power may be an abstract conceptualization. It is through the alcoholic's participation with other people that the higher power assumes greater meaning. The concrete manifestation of a member's willingness to believe in a higher power is his/her acceptance of the sponsor as a guide. The relationship with the sponsor challenges the alcoholic's basic need to maintain control and independence in order to avoid feeling powerless or dependent. The potential conflict between the alcoholic and the sponsor is resolved

in a variety of ways ranging from complete surrender to a sponsor to complete avoidance of the relationship.

Jeff was in the program for about one year and a half and was sober about five months before asking someone to sponsor him. He felt stalemated in the program; this feeling is often a stimulus to take some step that is being avoided. For him the decision to have a sponsor felt threatening to his sense of independence. The sponsor whom he finally selected was a father figure who provided support by teaching and setting an example:

I found that for a long time I didn't believe in anything but me. When I was drinking I had an attitude that I put the roof over my head. I take care of my food. I take care of my own clothes. I do my own work and I am responsible to nobody but myself....I didn't want to give up my independence. I felt like I would be losing something. And so I was reluctant to go further and I got myself kind of stalemated there....Probably after five or six months things started to ease up. And I think one of the big reasons why it did was that I just plain asked for help. I took myself out of that all important role of nondependence and came down a little bit....I got hold of a sponsor in the program. Someone who is experienced in A. A. and someone I could talk to. I didn't necessarily like him because I wasn't looking for a friend. I was looking for someone to follow...He was the one who introduced me to A. A. All this time I was bucking, laying back and not trying to cooperate. He was the one who stabilized me in. Roger told me that I had a lousy attitude and if I didn't straighten it out I wasn't going to make it around here. And I got pissed and there were other times when I was in awe because he had all the answers. And those are the times you felt good being around him. When you are with somebody that is secure, stable, and strong and has command of the situation, you feel good. (Jeff)

The sponsor relationship is often modeled more on the traditional role of the father than on the role of the mother.² The sponsor often teaches by example and assumes responsibility for the well-being and

growth of his/her pigeon or pigeons. The support that the sponsor provides is based upon knowledge rather than nurturance and encourages independence. In this sense, the sponsor role can be viewed as a very needed alternative to the overdependence of the alcoholic on a mothering figure.

The role of the sponsor as a father figure can be filled by either a male or female. A. A. encourages members to choose same sex sponsors based on the assumption that the experiences of male and female alcoholics are fundamentally different. Nevertheless, Maureen chose a male sponsor. She felt too frightened by females to be able to form a trusting relationship. Her sponsor is described as a nurturing father figure:

I was fortunate that I found an older man. He was a marvelous father figure who was patient and would tell me what I needed to hear in such a way that I couldn't take offense and he was loving with me and we traveled together. I always knew morning, noon, or night I could pick up that phone and call him. So I learned to trust him first, and then very, very slowly I learned to trust others. (Maureen)

Although a female sponsor can fulfill the same function as a male sponsor, a female sponsor will more readily activate conflicts in members because of their very ambivalent relationships to their mothers.

Lisa was able to accept a very dependent role with her female sponsor. Her sponsor seemed to represent an idealized mother toward whom she felt only positive feelings. She describes their relationship as follows:

I've known my sponsor for two years. I've used her as a

sponsor one and a half years and have been sober seven months. She is a woman in her late thirties who can be my friend, my mother. I love her very much. The trust I have in Susan I don't have with anyone. I've never had anything like this before. I told her I would do everything which she told me and I did. I don't make any decisions. I argue. I rant and rave. But I don't make any decisions. I made enough mistakes. (Lisa)

Lisa was more able than most other females to accept a dependent role with another female. She seemed to defend more successfully against negative feelings in general than did other subjects.

At the other extreme is Joan, the only subject in the sober group who described participation in an A. A. group as being more crucial initially than a relationship with a sponsor. She joined a group, and she arrived early each week to set up ashtrays and chairs and stayed late talking to people. She felt very ambivalent toward the sponsor she subsequently chose. She found it difficult to reach out for help and resented that her sponsor did not reach out to her as some other sponsors did. Her commitment to the group appears to have sustained her. Those who need to keep people from knowing them find safety in numbers.

One can stay sober through participating solely in the fellowship by joining a group and not using a sponsor, but one's self-esteem may not be significantly altered. The hypothesis is that the sponsor relationship is a precursor of a positive introject which develops from the relationship with the sponsor and subsequently, with a higher power. How this higher power comes to be experienced as an internal positive presence and the way in which this affects the experience of the Self will be developed in the presentation of the subsequent phases.

A parallel development has its beginning in this phase; the A. A. group acts as a new inner audience, what Mead terms "the generalized other," which is internalized and by which thoughts, feelings, and behaviors are evaluated. These two developments can be distinguished as follows: "the generalized other" provides a new identity, a new way to organize and evaluate experience, and is internalized through a learning process involving role-taking, modelling, and problem-solving; whereas, the positive introject provides a new feeling about the Self and is internalized through more intimate interpersonal relationships.

Members most often join and commit themselves to a group by assuming some responsibility. Gwen had feared people so much that for a year and a half--even though she belonged to a group--she was able to remain anonymous as a result of the large membership. She attended that group faithfully but did not speak with any of the members. When she began informally to sponsor a newcomer, she confronted her fears, joined a smaller group, and participated in the group's commitments, such as chairing meetings and speaking. Mike joined a group upon returning to A. A. after a six month drunk. Immediately he had a circle of people whom he knew and saw on a daily basis. He ended up committing himself to a Step group which he joined two months later in order to act as a temporary librarian to the group. One month later he was elected the chairperson for that month. After three months sober, he found himself chairing a Step meeting, never having formally taken most of the Steps. This sense of responsibility sealed his commitment

to this particular group. After six months of attending meetings only once a week, Bob stumbled into a business meeting. They desperately needed someone to chair the speaker meeting. In order to volunteer, he joined the group and found himself responsible for a number of tasks that marked his inception and commitment to his group.

Jeff's experience in joining a group describes how the fellowship alone can help keep a person sober:

People fall off the edge but if you get right in the middle you won't fall off. When I joined a new group the feeling was almost immediate. The people know about me, a group of people who keep an eye on me, know when I'm not where I'm suppose to be. There is no way out, at least, no accidental way. (Jeff)

Participation in the fellowship not only provides support, but also creates a new sense of self-definition and identity through a range of interpersonal experiences and through the assimilation of new ways of looking at the Self and the world. Members' immersion in the fellowship reflected in a willingness to participate in the full range of A. A. experiences marks the beginning of the next phase, constructing a new identity.

Phase Three: Constructing a New Identity

The sponsor, as was previously discussed, is often a member's initial link to the fellowship. Although the sponsor may continue to act as a guide in the member's learning process, the sponsor cannot provide the foundation upon which the new member's Self will be constructed. The sponsor directs the member to what potentially can give that

kind of support: the A. A. organization and a higher power.

Shifting the member's dependence from the sponsor to the organization is important because the sponsoring relationship often is not a stable relationship. Sponsors move, become ill, or have other commitments which interfere with their relationships with their pigeons. Sponsors may also relapse into alcohol or drug abuse. Of the ten sober subjects, only two had maintained a relationship with their original sponsors during this phase. However, the A. A. organization can provide a stable anchor and source of security throughout the member's life. But, it is the member's dependence on a higher power which begins to set in motion the process of self-transformation. Member's trust in a higher power is often based upon trust in the A. A. sponsor or A. A. group or organization to help them overcome their problems with alcohol. As member's trust deepens, they become willing to take the next Step, Step Three, in the Twelve Step process.

In Step Three members are directed to take the following action: "Made a decision to turn our will and our lives over to the care of God as we understood Him." The "power greater than ourselves" of Step Two is now identified as the member's conception of God. Members who have used their sponsors or A. A. groups as a higher power can no longer make this type of a substitution. Even those who believe in God have trouble making sense of this Step.

Bill Wilson, in his book Twelve Steps and Twelve Traditions, describes a typical attitude of an A. A. member toward this Step.

Yes, respecting alcohol, I guess I have to be dependent

upon A. A., but in all other matters I must still maintain my independence. Nothing is going to turn me into a nonentity. If I keep on turning my life and my will over to the care of Something or Somebody else, what will become of me? I'll look like the hole in the donut. (p. 36)

Members tenaciously hold onto the ways they have learned to survive.

A. A. suggests that members shift control from themselves to God. This Step is clarified by one of the A. A. slogans, "Let Go, Let God." Members shift control through faith. They are told that in order for them to let go of their instinctive reactions to situations, they have to have faith that situations turn out in particular ways for a reason. Instead of worrying endlessly and trying to manipulate the outcomes of situations, they should try to understand the meaning of the outcome, whether it be desirable or undesirable.

Lisa and Mike differ dramatically in the degree of faith that they have in God, though both appear to have come via a similar route to believe in God's benevolence. Lisa was able to enthusiastically embrace the idea of a higher power whom she cared for and who cared for her. Although she had not believed in God, she was very willing to trust the belief of those in A. A. who did believe. Mike, an agnostic who did not believe in a god who had any direct involvement in human affairs, also began to believe by reluctantly going through the emotions. Lisa describes her relationship with her higher power as follows:

I have come to believe in a higher power. I didn't believe in God. I have a higher power now who helps me everyday. I'm still learning everyday more about this higher power. Learning to have a little faith and trust...how you only have to please that one higher power and nobody else. And not to hurt him and to accept his love which I can read and try and

believe. And I will fake it until I make it. That's how it is done and sooner or later you will believe what you are saying. (Lisa)

Lisa was able to surrender herself to a higher power as she had to her sponsor. The hypothesis was presented that the sponsoring relationship is the precursor of the member's relationship with a higher power which in turn is internalized as a positive introject. Lisa, more than other subjects during this phase, began to internalize her higher power as a positive introject who loves and protects her. Members' attitudes toward their sponsors or toward relationships in general will affect how they experience the idea of a higher power or God. Since most members at this stage are generally more mistrustful toward and distant from people than Lisa, their experience of God will be more abstract and less personal. Mike's willingness to be open to the idea of a benevolent God, despite his cynicism and bitterness, was also reflective of his approach to his A. A. relationships. His experience is more typical, and he describes it as follows:

I ascribe to the divine clockmaker theory. God winds up a perfect watch which has a huge mainspring and runs forever. He never has to reset or adjust it. I decided he did not interfere because if he had there were a hell of a lot of things he should have interfered with. On a personal level, I lost a child at the age of nine. On a less than personal level, six million people being gassed. I still have trouble with that. If he did not interfere, then praying to him was pointless...People said believe what we believe, don't question it, just do it and I did. I commenced getting on my knees and asking for help and thanking him. I told him what my problems were and preceded to give him instructions just in case he didn't know. I don't know how much I turned over. I had a couple of incidents which caused me to believe I think. They were not major significant events but they were striking to me at the time. (Mike)

Although he is beginning to believe, he does not yet have a relationship with God. What he means by "I don't know how much I turned over" is that he is unsure how often he actually shifts control from himself to God.

A very concrete manifestation of the practice of letting go is members' willingness to let go of their former ideas and adopt A. A.'s values, attitudes, and goals. As was mentioned in the preceding section on the transformation of the Self, psychotherapy cannot provide one with values, goals, and purpose, but can uncover such motivation providing it is there to begin with. A. A., on the other hand, does provide values and goals, and much of its success can be attributed to its doing so. The organization recognizes the degree to which the alcoholic lacks a sense of identity. The most fundamental way that members come to be involved in the organization and assimilate the values and attitudes that are communicated at every meeting through speakers, discussions, and A. A. sponsors and friends is by assuming some role along with its ensuing responsibilities. In the following passage Jeff describes this new identity, which he developed through participating in A. A., as a "moral character":

A. A. has to do with what life is because what A. A. was doing for me in a way was giving me something productive to do, making me a part of society, making me useful and making me feel useful. All of my life people told me you can't do this, don't do that. But I never had anyone tell me what I was suppose to do. So I never knew how to live. I know that if you touch the fire you will burn your fingers so that was the only reason I had for not doing something wrong; you get burned if you get caught. So I came up with the concept that what was wrong was getting caught. And A. A. came along talking about building a moral character. A new way of life. And

I went for it. I think that would probably bring me up to my first complete year sober. I am at a point where I am interested in A. A. I want everything they can offer. But I am still the same alcoholic. I am still the same person. What mostly I am is strictly on the surface. (Jeff)

The constructing of a new identity is a new way of life that members are converted to during this phase. They appear to have adopted completely the A. A. attitudes, language, and behaviors. In a way they manifest a certain homogeneity despite their different backgrounds and history in the organization: members attend from seven to fourteen meetings each week, are more formally exploring the Steps, frequently travel with other members to speak at A. A. meetings, are forming a circle of A. A. friends and are working either informally or formally with newcomers.

A major tenet of the new moral identity is that people are powerless over people, places and things. An example is that one's feelings do not need to depend upon other people's reactions or upon circumstances. Other people's behavior as well as circumstances are seen as beyond one's control. What one is responsible for is being honest in all affairs and trying to do one's best. Members are told that this new perspective will be difficult to practice because alcoholics are by nature very selfish, self-centered people who "want what they want when they want it." Their tendency will be to want to "run the show," trying to manipulate outcomes to their favor. Bill Wilson explains this in Alcoholics Anonymous as follows:

Each person is like an actor who wants to run the whole show; is forever trying to arrange the lights, the ballet, the

scenery and the rest of the players in his own way. If his arrangements would only stay put, if only people would do as he wished, the show would be great. Everyone, including himself, would be pleased....Whatever our protestations, are not most of us concerned with ourselves, our resentments, or our self-pity? (pp. 60-62)

A. A. does not tolerate self-pity which is referred to as "the pity pot." When people wallow on the pity pot, they are told to help another alcoholic in worse shape than themselves. Resentment is viewed as the number one offender. The idea is that if members are to get well, they have to be free of anger. They are encouraged to avoid resentment toward someone who wrongs them by realizing that s/he is probably spiritually sick. Instead they should look at their reactions to see if selfishness, dishonesty, or fear contributed to their resentment. The serenity prayer is said many times a day by members to help to control their reactions: God grant me the serenity to accept the things I cannot change, courage to change the things I can and the wisdom to know the difference (Twelve Steps and Twelve Traditions, p. 41).

The admission of being powerless in human affairs seems to enable members to feel more in control of themselves. They can begin to free themselves of the complete domination of their emotions by other people. Lisa describes this new focus upon her own behavior rather than upon other people's opinions.

I always wanted to be what other people wanted me to be, not ever knowing who I am. I'm just beginning to find out who Lisa is, what she wants, what she doesn't want. When your lifetime is spent trying to please people, it's hard to stop pleasing and just being. Today if you don't accept me, that's

all right. There are a lot of people I don't like too. Not everyone can like me. Things are all right as long as I feel all right with myself. (Lisa)

Whereas Lisa identifies with the idea that alcoholics are people pleasers, Bob identifies with the idea that alcoholics are basically selfish. Admitting to having used people during most of his life, he confronts this aspect of himself.

You got to think about people, not just about yourself all the time. Drunks are very selfish. They don't care about anyone but themselves. Alcoholics don't relate to people, they use people. (Bob)

Although members are becoming aware of certain personality issues, referred to as "character defects," they are encouraged to think positively and to be grateful and humble. The A. A. slogans, "Easy Does It" and "One Day at a Time," capture the overriding philosophy of the organization. Each day members are to focus upon their accomplishments rather than their failures. A. A. says that if you are sober, you are a miracle. The most major accomplishment is to make it through one day at a time without a drink. However, a relapse is not viewed as a failure but as an opportunity to learn. Members often say that they are grateful to be an alcoholic and speak of being grateful to the organization for having saved their lives. Again, the focus is positive; they are to compare where they are now with where they were when they entered A. A. rather than with where they want to be. Humility is stressed by attributing whatever accomplishment they have made to the A. A. organization and to God. They are reminded as a warning that if

left to their own devices, they would be drunk.

Joan expresses the effect of the A. A. value of gratitude as follows:

I get hung up, let's say seeing someone my age or even younger have a really good direction in life. I become envious which is a lot of crap. I mean what I have today is so much more than what I had a year ago. The pity pot kind of shit...if I just remember to be grateful, a word you hear so much in A. A., and it is such an important word. Just remember what I am and what I was not too long ago. (Joan)

Lisa achieves a positive attitude by trying to replace a negative thought with a positive thought. This practice of replacement is typical in A. A. and is based upon faith that negative experiences have a significance to the individual which needs to be understood.

I try not to think negatively too often because it was told to me that wherever there is a negative thought there can't be a positive thought. A lot of my life that used to be negative I try to turn into something positive if I can. (Lisa)

The final major aspect of the A. A. perspective is the importance of becoming well from the "inside out." What is important is to change who one is rather than what one does. Other people, occupations, and environment, while important, are of secondary importance to learning how to accept oneself and how to grow. Members report that this way of thinking is so alien to them that they must attend A. A. meetings frequently in order to maintain this perspective. Newly sober alcoholics often feel that they must make up for lost time by obtaining what is now missing in their lives, which is most often a job or relationship.

A. A. says that they are expecting external circumstances to make them happy, which is referred to as "trying to run the show again." For example, A. A. members are discouraged from forming romantic involvements before they have been sober for at least a year. Before that time members are said to be capable only of forming sick dependencies. Nevertheless, newcomers do get involved and, as a result of occasional rejection often relapse. Joan tried traveling to solve her alcohol and drug problems. The program refers to changing places to get well as a geographic cure, a good example of trying to get well from the "outside in." Joan's internalization of the A. A. value of getting well from the inside out is well described by her:

A. A. has taught me there's more than putting a cork on a bottle... that I've got to change Joan, what made Joan tick and get drunk and high. I've got to change me and it is a slow process. I can see that. I hear that people for the first couple of years go to meetings every night and they talk about building a foundation....For the most part, I have given into the fact that I am going to stay put here, in this place and work on me. If I can't be happy here really, wherever I go it's going to be the same show. (Joan)

Perhaps the most significant activity of A. A. members during this phase is speaking at an A. A. meeting. Members say that those who do not speak will not stay sober comfortably. Speaking appears to be a critical point in the process. It provides an introduction to many people, a way to have many people know who one is, and a way to feel comfortable speaking to others after a meeting. Speaking is not a static activity; each time members speak, they may present another aspect of their story with different emphasis, perhaps revealing more

feeling. A member's growth is often revealed by emphasizing what life has been like sober rather than presenting "a drunkalogue," a chronicle of their lives while addicted. Speaking can sometimes be a static activity. Certain members who are accomplished speakers can perform very well without revealing themselves. Listening to people's lives is the major social event of the organization. Members comment about the quality of speakers and go to certain meetings especially to hear particular speakers.

Bob, Joan, and Kathleen describe their experiences speaking as follows:

The first time I spoke I told my whole story from the time I was seventeen right on up. I don't know. I just can't explain it, it's kind of an emotional thing. People cheering at you and all the stuff, shaking your hand. Actually, speaking does something to me. It's just like you're not hiding it anymore. It's all hanging out. (Bob)

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I felt a desperate need to speak. I didn't wait until someone asked me, I asked him. And I went up there with my notes and I tried to read my notes. I didn't know what the hell I was doing. I spilled a lot of stuff that night too. It is already done and over with but I don't talk about some of those same things now unless it is with people I know real close. (Joan)

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I have to face fears every time I speak. During the course of thinking about what I am going to say, saying what I say, sitting down and talking with people, I go through pride to humility every time. I feel like I am part of what's going on. I really care about the people who come up to me because maybe I can help someone. When I first go to speak, I'm all full of me. When I sit down I'm all full of them. I have to use it to deflate my ego. (Kathleen)

In these excerpts there is a sense of letting down the ego boundaries

that separate and isolate, which results in an experience of oneness, a kind of spiritual union with others. Such an experience is compelling and is integral to feeling a part of the organization.

Discussion groups are also places where members may experience this sense of belonging through personal disclosure. Mike describes such an experience as a turning point:

I identified so strongly with something that hit home. I got deeply into it when someone threw the God thing at me. I bristled. I marshalled a half a dozen arguments to tell everyone in the room that they were assholes for thinking that. It engendered more and more and more and the first thing you knew I dominated the meeting. It was the first time I allowed anyone to see in a long time the real me--not the veneer, the guy in the grey flannel suit and tie, neatly pressed, shaved, squirted, take charge, whatever he has. When I got through I discovered I was shaking so much I couldn't pour myself a cup of coffee. A couple of people came over who knew I had just joined the group that night. It was a good, good feeling. A day or so later it was just a feeling of immense relief. For the first time I had a place where I didn't have to fit anybody's image of anything. I could be totally who I was. It was all right to have some weaknesses. I didn't have to be a machine, and it was reinforced because I suddenly started to get phone calls from people in the middle of the night. The telephone suddenly became important. (Mike)

Members' belief in a higher power as well as in an acceptance of the A. A. values is vital to members taking the interpersonal risk that Mike describes. The risk involved is disapproval and rejection, experienced as a threat of total loss of self-esteem because of his/her lack of a foundation of the Self. Rather, a raging libidinal ego exists which longs to possess and destroy the negative introject, the personification of the bad mother. As was previously described, the libidinal ego and negative introject are aspects of the infantile self,

which reflect the infant's experience with the mothering figure who did not provide an adequate holding environment. The alcoholic's identification with the negative introject and his/her repudiation of the libidinal ego results in a sense of Self based upon autonomy and repudiation of all need. Self-disclosure begins to undermine the identification with the negative introject and to threaten the security which this identification provides. Thus, it is understandable that the alcoholic can not take the risk of personal exposure without establishing trust and faith in another potential source of support for the Self.

My hypothesis is that a member's identification with the negative introject is being challenged continually and undermined through trust and faith in a higher power, a power ultimately greater than the parent, a Supreme Being. Identification with the negative introject provides the member with self-definition and a sense of power. A threat to this identification would precipitate acute anxiety and depression. Members do not rid themselves of the negative introject by undoing their identification with it. Rather, the negative introject is an aspect of the infantile self and of the libidinal ego. The threat of separation from the negative introject precipitates anxiety and depression. Although the alcoholic's identification with the negative introject evokes pervasive feelings of guilt, threatening this identification would precipitate feelings of rage, which would be experienced as overpowering and terrifying. However, at the same time identification with the negative introject is being challenged, new defenses are being constructed

to control transference reactions of the libidinal ego toward the projected negative introject. The A. A. group and organization help the member to construct a new identity by providing values, goals and attitudes, and the support needed to cope with the anxiety produced by shifting identification from the parental introject to the organization. The member's roles, values and goals begin to create a new sense of self-control and self-esteem. The foundation for this newly constructed Self is still external it is the A. A. supportive network.

The attitudes and values of members' newly constructed identities contradict members' basic reactions to situations. Alcoholics constantly feel robbed, betrayed and shortchanged. Focusing upon what they have to be grateful for and viewing their reverses as a necessary part of a growing process enables them to begin building defenses against feelings which might precipitate a relapse. Similarly, grandiosity, which results from the denying the power of the negative introject, is kept in check through an emphasis on humility and on asking for help. Depression is coped with through positive action and faith. Reactions of rage are tempered by the idea that one should not expect others to behave as one would want.

Bob describes how his faith enabled him to cope with the depression he felt about finding a mate and with his feelings of having less than other people, of being shortchanged. By believing in the will of God, he was able to lose his sense of urgency and experience a greater sense of control:

In the beginning when I was going to the dances and a Sat-

urday came I would have to go, or I might miss the girl of my dream or whatever...I must have gone through my loneliness. Finally it didn't matter. I had this feeling that someone will enter my life...like I said God will provide. You know I used to go around telling myself the will of Allah like the Arabs. The average person lives in abject poverty. Many Arabs could be walking side by side with an overly stuffed rich business man, and they are not envious. If you ask them they will say the will of Allah that he is rich and I am poor; but when I die we will all be equal. If Allah wishes, I will shower in riches tomorrow. Just kidding around like that things really got better. In other words I really took it out of my hands. I stopped chasing things and started letting something else guide me. (Bob)

Joan describes how she controls her anger by saying the serenity prayer which allows her, like Bob, to accept an otherwise uncomfortable situation:

Sometimes during the day if I find my anger rising, I'll just stop and say to myself "calm down." I will say the serenity prayer just to get away from what I was doing or thinking. Just to stop the film from running, just cool down. (Joan)

Although these new attitudes do not always work to suppress disconcerting feelings, members' belief in these particular values seems to sustain them through crises.

Identification with the negative introject is in the process of being displaced by faith in God. The conceptualization of God, though effective in undermining the power of the negative introject, is too abstract to provide a new source of control. Rather, the A. A. group and A. A. organization act to support the alcoholic from onslaughts by the negative introject. At this stage one observes members as active students trying to grasp new ideas. In order for members to maintain

to maintain some control over the greedy, raging libidinal ego and the oppressive negative introject, daily contact with the organization is necessary. Members describe meetings as medicine which is needed daily because old ways of thinking resurface. Thus, the negative introject is still in the control seat; it is temporarily toppled over but continues to try to return to its key position. Anxiety evoked by the attempt to shift control away from the negative introject is often manifested by a members' lack of tolerance for being alone. Members run from one meeting to another, often lose themselves in helping other people, or become A. A. scholars. This frenetic activity not only quells separation anxiety but also, along with new attitudes and slogans, acts as a shield against the negative introject.

It was previously stated that unless members' faith and trust in a higher power are manifested in interpersonal risk-taking, the new attitudes and values, while providing a new sense of self-definition, will not facilitate a reorganization of the Self. If faith in God enables members to take interpersonal risks, it is these risks which give their relationships to God its meaning and significance. If members' self-esteem is to be altered, it seems that they must allow at least one other person to act as an audience for their behavior. Mike's close circle of A. A. friends, who meet daily as a group, act as his audience. As a result, they are able to provide the functions of the positive introject which he is lacking; his self-esteem increases through being in their presence. However, after being away from the group, he again becomes depressed and experiences an intolerance of being alone. He is re-experiencing an early stage of development in

which the infant must be in the mother's presence in order to maintain positive feelings about itself. This stage is prior to the internalization of the mothering figure's love and acceptance. Members' willingness to allow their A. A. group of friends to serve this function may enable them eventually to work through this developmental stage. Mike's group provides for him that which he cannot provide for himself:

I have to steal from people to feel good enough about myself. I can't generate that from the inside. It is probably another aspect of my illness. I have to let other people reinforce that for me. And it doesn't last either. Two or three days later I'm back again, not in a conscious sort of way, but that's what I'm there for--acceptance. They accept me so therefore I know that I'm O. K. (Mike)

Bob does not mention increased feelings of self-worth, but rather describes a loss of urgency and anxiety as a result of speaking and joining a group. He describes no longer having to look for happiness outside of himself. My interpretation is that because of his self-disclosing, his A. A. group has come to provide the sense of basic security brought about by the internalization of a positive introject. He describes the change as follows:

When I joined the group and I started to speak, I started losing the feeling of urgency and anxiety I spoke of--you know going out and looking for happiness. I found out that happiness started right here, not out there. (Bob)

Subjects who have a strong resistance to the risks of self-disclosure often experience a crisis or impasse. Kathleen and Jeff both interpreted their respective crises as a battle with their egos or pride which I interpret as an identification with the negative introject.

After one year in the program, Kathleen moved away from her sponsor and group. She spent the following year flitting from group to group and sponsor to sponsor. Praying and going to a lot of meetings helped her through her second year. She knew the program thoroughly and nicknamed herself the "A. A. queen." So as to avoid a relapse, she went to detox, which accepts sober alcoholics not only so that they will dry out but also to help them avert relapses. She describes her experience as follows:

The Big Book says that the only path to serenity was emotional turmoil and that described the second year. A lot of pain, tears, temper tantrums....It was a year of praying all the time. I had some initial experiences with prayer in the first year, just enough to believe that there was a God. I didn't know who he was. I was frightened and hopeful at the same time. I could totally lose my concept of who God was or a higher power. The second year I was trying to find out who he was and who I was, and I understood that as I figured out who I was, I would figure out who he was. I tried thinking the other way for awhile. God will come to me. I was on every kind of cloud you can go on. I was going to become a nun for awhile. I could just serve God and follow some kind of rule. I'll change and then I'll face who I am...I was flitting from one group to another. I didn't have a sense of belonging but a strong sense of "I'm an alcoholic." I gave into my sickness and let it run, and went to 14 meetings a week; it came to a head in June. My ego was still very strong. I hadn't realized how strong it was. And the idea of getting a one-to-one relationship that intense, and being that dependent and admitting I was that dependent, was very hard for me. I needed to go to detox to get rid of that damn ego. I felt tremendously responsible for being sick. The bad thing was I knew I was sick but I didn't want to be sick. I never want to go through that again--that's humiliation. Being super-sober Katie, that A. A. queen, and sitting there in a bathrobe watching my friends come in, and saying I didn't drink. I didn't drink. Now I see I had enough humility to get help before, so I won't drink.
(Kathleen)

Kathleen reiterates an important point. She says that she had to begin

to know who she was before she could know who God was. When she had tried to find herself through God, she began going on all sorts of "clouds," the A. A. term denoting self-delusion, an experience which is an often temporary but nonetheless a necessary part of the process. It was difficult for her to avert a crisis because she appeared to have convinced herself and everyone else that she was "super-sober Katie." However, it was her commitment to the values and ideas of the program which enabled her to come through the crisis.

Jeff, like Kathleen, became caught up in presenting an image to others which he refers to as "the great statesman of A. A." He expressed his identification with the negative introject by his unwillingness to admit weakness or to risk any loss of self-esteem. He reached an impasse in the program, followed by a depression which stimulated him to examine what he was doing wrong. He describes his experience as follows:

I began to look at myself as some kind of great statesman of A. A. With all these wonderful words of wisdom and how I was going to have a following of all kinds of people who were going to listen to me. And again I was going back to where I was getting sick of A. A. and you know it was like an emotional roller coaster. And shortly in my second year I was slowly going down. But this time I knew what was happening. I also knew what to do about it. I would go to meetings and talk to people when I didn't want to do either. In many ways my life was getting better. Things were getting better, but psychically, I wasn't feeling it. I was faking that part. There were a lot of times I felt like drinking and didn't. Yeah, I went to A. A. meetings every single day. I was fighting to hang on. I just didn't have a desire to hang on. I went down into a low, a depression, and I was getting sick of using the same thing over and over again. I was getting bored with the whole program. I just wanted something new. I wanted to be able to move onto the Big Book of A. A. part two. And there is only one book. So the excitement is out of it now. The thrill is gone. It

becomes normal living. And I didn't want that. I always wanted bright lights and sunshine. (Jeff)

Finally, Peter also avoided being dependent by helping others, by being the person upon whom other people are dependent. As soon as he began the Young People's Group, he did a lot of running around, took five or six newcomers to meetings all the time. Peter describes how this fulfilled his own psychological needs:

I needed to be with people who needed help. There is something about me that I have to have a lot of chemistry all the time. I feel if I don't have it I feel very, very, very empty. Not bored but I feel hungry. They were people who had trouble being in touch with themselves. They weren't conscious of themselves, they were troubled, and they were muddled thinking, and I was there. I was able to help them sift their thinking. I got a sense of my own self in helping them get in touch with themselves. It was like an electrical connection. And it gave me a sense of being fulfilled. (Peter)

He was finally confronted by the Young People he was helping:

And they just started saying why don't we start talking about you. Why don't you let us in? Why don't you stop being everybody's everything and why don't you start looking at yourself. They cared about me, they loved me, and they were a lot more aware of me than I was. (Peter)

Re-encountering the Self, involves close relationships with other persons who encourage members, through their caring and acceptance, to go deeper into themselves, to begin to face some of the feelings and thoughts they are deeply ashamed of. Phase three, constructing an identity, has helped them lay the foundation for facing their feelings, adopt new attitudes in order to evaluate experience, and experience the

necessary ego support to go further.

Phase four: Re-encountering the Self

Although by this stage members may be aware of the need to face themselves and to be honest about their feelings, they have great difficulty identifying what they are actually feeling. As was previously discussed, impulses and feelings, rooted in spontaneous expression of infancy and childhood are split off from the developing Self, thus prohibiting the interplay and modulation between impulse expression and impulse control. Rather, controls are rigid based on the identification with the negative introject; feelings and impulses are experienced as both frightening and muddled.

Maureen expresses the above as follows:

I became acutely aware of my feelings in that first year, but I didn't know what they were. They were kind of all mashed together. Once in a while one would swing out and I'd recognize it--ah, I'm lonely, or ah, I'm sad, ah, I'm happy. I didn't know what happiness was. I didn't know what anything was--just a mash of feelings. (Maureen)

Her alienation from her feelings is dramatically illustrated in an episode that occurred after she was nine months sober. A man with whom she had been having an affair quite suddenly broke off the relationship. She was unaware of how badly she was feeling and how close she was to a relapse. She describes the incident as follows:

I was heartbroken. And I didn't know I was hurting inside. I didn't know what was bothering me. I went to bed and woke up around 2:00 A. M. and a voice came to me in my head--Go pour the red wine for cooking out--and I got up and obe-

diently came down and took that whole bottle of wine and poured it down the sink. I had a cup of tea and went to bed. I woke up at 4:00 A. M. and I was sobbing and you know my first thought was I think I will go down and have a drink. I woke up and you know what I did? I got down on my knees and said thank you. Well He (God) had to wake me at 2:00 and tell me to dump it. (Maureen)

Her newly developed control of her drinking habit is still experienced as being outside herself and is not yet linked with her emotional self. She attributes her subconscious warning as divine guidance. Clearly she did not want to drink, but when she did become aware of her feelings, she experiences an uncontrollable urge to drink.

Whereas Maureen felt out of touch and confused by her feelings, Gwen was aware of having negative feelings and of having denied them because of her negative evaluation of them:

I think for so long I denied, denied, and denied until I couldn't deny any longer, and that's where the booze came in. And I never dealt with that when I first got sober. I accepted that I had a disease and that helped me get rid of a lot of guilt. For a year and a half it was O. K. just not to be drinking. I had never faced any of my feelings. I had never taken responsibility for a lot of feelings I was having. I started to look at them and a lot of them were very negative. I was finding out that I wasn't feeling the way I should be, or thought I could be....I tried to be a perfect person. When I started to feel a lot of the same emotions, I felt that there was something wrong--thinking that they should be gone, not knowing I was going to have feelings for the rest of my life and then putting a judgement on all these things. It was good and bad, right and wrong all the time. (Gwen)

During his relationship with one of the new A. A. members he was helping, Peter describes a very similar experience of having his feelings linked with his thoughts:

And through that one person, through his love and through his acceptance of me as a person...something started to happen which the psychiatrist had been trying to do which was to get some kind of connectedness between my feelings and my language so that I could start believing what I think and saying what I mean, and feeling what was coming out of my head. But the uncomfortableness about it is when I talk about great suffering. (Peter)

All these excerpts indicate a growing awareness, acceptance, and integration of split off aspects of the Self. These subjects are clearly moving in the direction of growth through personal relationships. Their respective negative introjects have been effectively undermined. The hypothesis presented was that the challenge to the identification with the negative introject would precipitate depression and anxiety. The newly constructed identity contradicts the infantile self while the fellowship provides the necessary support. However, at this phase, the negative introject is in control of the personality. There are a variety of ways in which members attempt to resolve the conflict between the Self based upon identification with the negative introject and their newly developing Self. During this phase the three dominant trends are as follows: reclaiming aspects of the Self through immersing oneself in the interpersonal experiences of the fellowship; accepting aspects of the infantile self through an intimate, primary relationship; and minimizing the effects of the infantile Self through strengthening the defenses of the newly constructed Self. These trends, while not being mutually exclusive, result in differing degrees of integration of the new Self with the old Self.

One subject noted that in A. A. one can find whatever life experience which one needs to get well. A. A. recognizes the alcoholic's emotional immaturity and frequent lack of interpersonal skills. Members are told that they stopped developing emotionally when they began to drink. Consequently they will be developmentally significantly younger than they are chronologically in years. Through a variety of interpersonal experiences in the fellowship, members are able to work through lapses in their development. In fact the course of a member's participation mirrors the developmental sequence of the life cycle in general. The sponsor who acts at first as a primary life line to the A. A. world encourages the pigeon to move from his/her sole attachment to the sponsor on toward relationships with other people. Although members may be "babied" during their first year, they are thereafter weaned from their dependency on the sponsor. The A. A. peer group begins to assume primary significance.

Peter's description of his A. A. peer group captures its dynamic nature:

There was a kind of network, an interconnected society built up of people: we did things together and went places together; we had fights; we had resentments; we had fun; and all the time this was going on there was a continuing process of self-awareness and working through emotional problems, attachments, resentments, little power struggles within the group, carrying the message kind of experiences, going out and helping people and them talking about it...all this stuff we call living your life....It was a kind of thing of getting out there in the front line and getting your ass kicked...and getting your ego shot down and your feelings hurt, and little by little pulling up the pieces together and building...a sense of who you are and a sense of who others are that corresponds with reality. (Peter)

The developmental lapse which Peter as well as other subjects need to work through are issues of adolescence. Because of being homosexual, Peter had felt that his very existence was invalid. Having failed to establish a sexual identity which he felt could be accepted by his peers as well as by society at large, he felt devoid of any sense of self-definition. He began the first Young People's group in his area, partly as an act of rebellion against the established society he felt excluded from. Peter viewed the A. A. establishment as people who ascribed to middle-class values. When this type of A. A. people began to recognize his achievement with the Young People's meeting, he began to have a sense of himself which later enabled him to confront others about his sexuality. To feel accepted as a homosexual took years of working through different levels of feeling; each time he confronted "the enemy, the great they," he found "a paper tiger." His choice of sponsor was also part of working through this conflict:

He was largely symbolic, but was also therapeutic in a sense that Tom is the kind of man my mother would like. He was like her father. He was two fisted and he was rough and he was insensitive. He didn't show his feelings, and he couldn't even say thank you! He was rude and blunt. All these things she greatly admired. For whatever it is worth I think that is the reason I gravitated toward him. He became sort of a mother-chosen father. (Peter)

This excerpt clearly substantiates Sullivan's view that the new inner audience must be acceptable to the significant others of childhood in order for unacceptable aspects of the Self to be validated. Even though Peter did not often interact with his sponsor, his sponsor's symbolic value helped Peter to begin to view himself as a man as well

as a homosexual.

During adolescence the struggle to separate from the parent is again waged. This is a particularly difficult period for the alcoholic because of his/her having failed to work through successfully the earlier issues of separation from the mothering figure. The prealcoholic adolescent's extreme sensitivity to disapproval and rejection as well as forced autonomy are handicaps to developing a sense of belonging and interpersonal skills. A. A. makes possible a constructive replay of this period.

In her late thirties, Maureen has moved from preadolescence through adolescence to early adulthood during her first three years in the A. A. program. Six months sober, she has the realization of being age twelve. She further realizes that she should not be having affairs with men since all she was capable of was "people pleasing"--being somebody that she thought someone else would like. Instead she chews bubble gum and has pajama parties with A. A. girlfriends. She describes this period as follows:

I was six months sober when I discovered that I was emotionally about twelve. How could you be thirty-nine and be twelve? I said my God I brought a family up. But I was praying at the time so I knew I wasn't alone anymore. And I would grow emotionally if I just hang in there with God. He would help me grow. Then I discovered that twelve year olds do not mess around with men. And that meant that I had to change some of my patterns. That lasted four months. Just tremendous changes. My sponsor would laugh but I felt protected by him. I felt like I could be twelve. I could be silly. My emotions could be anywhere they wanted to be. For me I didn't have to be grown up anymore. Bubble gum was a big thing. I would have pockets full of bubble gum. Everyone would chew bubble gum and sit around and blow bubbles. (Maureen)

Maureen's sponsor provides the foundation, the security, that helps to make these experiences possible. Her relationship with her sponsor parallels her relationship to God. She has as much faith and trust in God's protection as she experiences with her sponsor. Her sponsor, rather than an A. A. group or A. A. circle of friends, provides her with the positive introject she is lacking. Maureen's experiences very closely follow a developmental sequence of adolescence. She dates a lot, goes back to college, spends a summer at the beach learning how to have fun, learns how to be close to other women, and marries.

Mike describes a discovery similar to Maureen's; he realizes that he is a scared seventeen year old inside a thirty-eight year old body. However, his lag in development focuses on a particular issue-- social inhibition. Mike's sponsor left the area after Mike was six months sober. His leaving precipitated a depression that left Mike bedridden for three days. About this time he joined a new A. A. group where he met a new circle of people and a new sponsor. Like Peter, Mike began to see A. A. as a way of life when he realized that some of the needs he had could be met through relationships with these people. Mike describes his group as follows:

The most important meeting meets almost nightly at a local coffee shop downtown at 10:00 and runs until 2:00 A. M. if you care to stay that long. There is a group of us any night. I can count on walking in and there being half a dozen people I know and at least two or three people from the little group I run with. It's a discussion meeting of a free wheeling nature. Jokes are crude and gross, and it seems like a lot of nonsense going on and you really have to read between the lines to see that there is rather serious

work being done there. It is where I began to start thinking about why I really drank. (Mike)

Mike is aware that this nightly informal meeting provides the foundation he desperately needs. He is experimenting with staying home alone only one evening a week, because he finds being alone so intolerable. Having not yet internalized a positive introject, he may not be ready to be alone. Recently, Mike has had an intimate relationship with a woman in his informal group. Through this relationship he is learning how to date. He acknowledges his difficulty in confronting his anxiety about relating to women, a problem he had previously masked through the use of alcohol. During this phase it is common for members to find a mate. The members are seeking basic security through intimate relationships. Although this can have positive consequences, the danger is that the member will begin to act out the feelings of the infantile self.

Kathleen, because of her inability to feel dependent upon a group or sponsor, ended up in detox for depression rather than because of drinking. Through romantic involvement she overcame her depression:

My awareness grew. I became aware of things outside me-- first my daughter and her needs. Then I became slowly aware of myself. I was aware that I was a very sick person. My most immediate influence was the person who nursed me. In the name of romance he would sit with me until one or two in the morning. He cared about me and I couldn't deny it. I tried and I still try. I was able to talk to this man. I talked about my feelings about my first husband, and about men in general, about my second husband, about my fears and anxieties. I used him as a higher power. I talked about wanting to be close to God. I shared everything, even sex. I'm an emotionally dependent person. I'm striving to become an emotionally independent person. I needed this

relationship in order to grow. I needed to hold someone's hand. (Kathleen)

After this experience Kathleen was able to commit herself to a group and become part of an interconnected society of people. If a primary relationship is in trouble, the group can provide the support needed to help that person through such a crisis.

One gets the impression that a close relationship with one other person provides a function different from one's relationship with a group. Whereas the group experience helps to overcome developmental lapses and can provide a supportive foundation for the newly created Self, a primary relationship meets more basic needs for nurturance and involves greater self-exposure. Greater self-exposure involves both greater risks as well as greater opportunities for acceptance. The A. A. sponsor, however, is not necessarily the person to whom members expose themselves on a deeper level. The sponsoring relationship is often described by members as superficial. Although one can count on the sponsor's presence, one does not necessarily develop a relationship involving much self-exposure.

Gwen met Joe, another A. A. member, after she was in A. A. for about two years. Due to her sponsor's illness, she had drifted apart from her sponsor during the six months previous to meeting Joe. Gwen describes her relationship with Joe as a turning point:

Joe was very in touch with his feelings. A lot of his ideas were different. At that time I had been hearing a lot of shouldn'ts and he was the first person who wasn't talking shouldn'ts but was talking about acceptance....This really

helped me....He opened up a whole new world. He helped me to get to know Gwen by sharing of his own self and feelings. I don't think I was aware of how vulnerable I was becoming, that the walls were coming down. I reached a point where I realized that he had become a part of my life, and that was a very scary thing. There was the fear of people going away, the fear of becoming too dependent on somebody. (Gwen)

Gwen and Kathleen allowed themselves to be close with another A. A. member, the former a friend and the latter a lover. Maureen had a male sponsor over several years and after three years sober married another A. A. member. There is a sense in which her relationship with her sponsor did not involve any real risk; rather, he was a very safe, secure presence. She describes herself prior to her marriage as being on a "pink cloud," an expression which denotes a feeling of being high but which ends when reality intrudes. Rather than exposing more of herself, she rallied her defenses to cope with a tumultuous marriage. During this phase Lisa maintained a very close relationship with her sponsor, mainly due to the speed with which she was going through the process. The four males in or beyond this stage all exposed themselves to other A. A. members to differing degrees. The degrees to which members have risked personal exposure in a close relationship affects the degree to which they are able later to accept themselves through the internalization of a positive introject.

The Steps which correspond to this phase explicitly suggest that members reveal their character defects to another person. In Step Four, "Made a searching and fearless moral inventory of ourselves," members list all of their resentments and wrongdoings, as well as the cause of and effect of each, and as far back as they can remember. In addition,

one's good qualities and deeds are also listed. In Step Five, "Admitted to God, to ourselves, and to another human being the exact nature of our wrongs," members choose someone with whom to share what they have written. Thus, self-exposure with at least one other person is viewed by A. A. as a critical part of the process. In a sense this Step provides a safeguard against members' sliding by on the surface. If they do not choose to do this Step, they are at least aware of the direction in which they need to go. However, the formalization of the self-disclosure process appears to have a critical function for all A. A. members.

My hypothesis is that these Steps both identify and expose the infantile self and in so doing free members of the guilt which fortifies their identification with the negative introject. The use of the word "moral" is noteworthy. Almost all subjects mentioned guilt as a feeling that had been or still was pervasive. By stating each of the experiences about which one feels guilty, members are allowing someone besides the negative introject to serve as an audience. Jeff describes this as follows:

The Fourth Step is a moral inventory, and that was a very difficult thing for me. First, I didn't want to write it. Then I didn't want to get into it. I was going to breeze right through it. I was going to railroad it. And I have gone over it again and again, probably ten times to date. And everytime I've gone through it I discovered more about Jeff. One thing I discovered is there are a lot of things that I have done that have happened to me that left a mark on me--shame or guilt or confusion. Anyways, my past has always been a thing of fear. Because you did something and now you are ashamed of it or you are afraid of it or you are afraid that someone is going to find out about it. You are afraid that you are going to do it again. And so

I opened it up. I sat down with someone else and told them. I also sat down and told God. I stopped feeling guilty. (Jeff)

Lisa and Mike were the two subjects currently going through this phase. Mike had not yet done his Fourth and Fifth Steps. Although he had become very close to several members of his group, he has been reluctant to take this risk. Lisa, on the other hand, has taken Steps Four through Eight and thus can serve as an example of this process. At the time of her first interview, Lisa obviously was on a "pink cloud." She felt that her parents now loved her and she felt only love from them. Her father, a sober alcoholic, wrote her weekly letters now. While she was drinking, her father rescued her but did not seem to provide any guidance whatsoever. During the second interview I noted a marked change. In just a few months she had faced some of the realities that her fantasies disguised. I was quite surprised that she now spoke about her hatred of her mother and especially her father:

At first I hid it. I didn't want to see that I hated my father and my mother. I started talking to Sally, who is in Alanon, about my mother being a down freak. For a period of time I hated my father because he didn't do something. Granted, he is sober and has his own sobriety but Jesus, that's your wife. She went through hell with you and yes you've gone through hell with her but why can't you do something? (Lisa)

However, there is a reluctance to hold her parents' responsible for any of her own feelings:

And I always needed just a little bit more attention than my brothers and sisters. I always needed that just to get by. I was not secure at all within myself. My

parents tried very hard to make me feel loved, and I couldn't, I just couldn't. I didn't have it within me to accept their love and feel secure. I was just incapable of feeling it. I don't know why. I must have felt so badly about myself as a person that I couldn't imagine or except their love. I really don't know why I felt that way because they are very loving people. They haven't changed. Even now it is hard for me to accept their love, love with no ties. I used to think that in order for my mother to love me I would have to be good or do this. In a way that was the way it is-- she was a very sick woman....There is no hate within me. It's all love and I don't know what to do with it half the time. I just don't think I feel worthy of it. I always felt like I was a bad girl. (Lisa)

This passage is an excellent example of what object-relations theorists refer to as the depressive position--I am bad, they are good. She accepts her reaction to her parents as a character flaw. Thus, members' moral inventories include self-derogatory statements based on the relationship with the negative introject, such as Lisa's statement about not having it within herself to accept her parents' love.

In object-relations theory the depressive level of development, where I hypothesize alcoholics are fixated, is characterized by the infant's impulse to destroy the significant other experienced as a hateful robber. The infant experiences destructive impulses as a total reality. Thus, the conviction of one's badness is deep-rooted and pervasive. The way in which a person might cope with such a conflict is either to repudiate all moral feelings or to live out a morally idealized version of the Self. Thus, common traits of alcoholics are never to admit that they are wrong and not to permit themselves to be wrong. Their sense of themselves as fundamentally bad threatens depressive paralysis, resulting in a total loss of hope. Kathleen de-

scribes this as follows:

It was one thing for me to say I had defects, that I was sick. Being sick to my way of thinking was better than being bad. I felt that I was bad. Every time I saw something bad in myself I would give up hope completely.
(Kathleen)

She attempted many times to do a moral inventory before she had committed herself to an A. A. group and had enough faith in God to help to contradict her sense of hopelessness. Members cannot generate the support to counter such feelings from inside themselves. The nature of the depressive position is that the feelings of worthlessness and hopelessness are the person's entire reality. Kathleen's experience reveals why many members fear this Step and put it off until they have been in the program for at least a couple of years.

Members prepare themselves for Steps Four and Five by building a secure foundation from which they can generate the ego strength which was lacking. The member's newly constructed identity, buttressed by a faith in a Supreme Power and by supportive relationships, provides a constructive defense against depressive paralysis. The faith in a Supreme Power, in addition to other A. A. members who can provide the functions of a positive introject, enables members to borrow the strength necessary to counter-balance the threat of ego collapse. The strategy is to build new traits that contradict the bad self rather than to challenge the validity of the negative self-evaluation. Jeff describes his practice of replacing a negative feeling or experience with a positive:

And I got news for you, if you try to stop lying and you are a liar you are going to spend the rest of your life right there. If you want to lead a good life give it to somebody else because it is out of your control, and get onto leading a good life. In other words, stop thinking negatively, live positive. Live! I was the kind of guy who would sit down and bitch about the price of soap. Take a bath. It is worth it. I was in too much of a hurry. And to get out of that rut you have to stop worrying about the negative. You have to do one thing positive. One thing in the right direction and it makes all the difference in the world. (Jeff)

Jeff stated that he might have killed himself when certain character defects, such as stealing, re-emerged. However, he coped by having learned to concentrate on a positive action, and by deciding not to take himself too seriously. Thus, the foundation for a positive experience of the Self begins to be internalized so that there exists within oneself a protection against the negative introject.

Phase five: Internalizing a Positive Introject

Soon after taking Step Five, sharing one's moral inventory with another person, members take Steps Six and Seven. These are as follows: "Were entirely ready to have God remove all these defects of character"; "Humbly asked Him to remove our shortcomings." In the major A. A. text, Alcoholics Anonymous, directions are given for taking these Steps. Members are to take an hour by themselves to reflect upon how far they have come since being in A. A., whether or not they have built a good foundation, and if they have been as thorough and honest as possible in the preceding Steps. If they feel they have built a solid foundation and have been honest, they are ready to let go of their character defects

by turning them over to God. Jeff describes this as follows:

In the Sixth Step there were a lot of things I did wrong-- character defects, cardinal sins, but I was mainly lazy, I was dishonest, I was...it could go on and on and I never have been able to do anything about it. The Sixth Step took it right out of my hands. I am admitting to God that I can't handle it, and I am asking Him to do it for me. (Jeff)

There appears to be a difference between the letting go of negative character traits and the working through of negative character traits. Whereas the psychotherapist and client try together to understand the meaning of a particular character trait in relation to the entire personality, the letting go of traits judged as bad means that they are to be accepted and ignored. In Steps Four and Five the "bad self" or "bad-me" has been identified and exposed. In Steps Six and Seven the bad-me is symbolically encapsulated and let go.

My hypothesis is that members let go of the bad-me by replacing the negative introject as the primary evaluator with a positive introject which is personified as God. The negative introject continues to exist and may at times usurp control, but its key position as the determinant of self-esteem has been shifted. This shift in the replacement of the negative introject by the positive introject is sometimes described as a dramatic emotional or spiritual experience. Kathleen describes such an experience while taking the Sixth Step:

I was willing to have God remove my defects of character. There was a feeling of release, my ego was gone and my self-worth was growing. I remember I got on my knees and I held the Fourth Step all written out in front of me and I held my

hands open and I put them on the Step. It flashed through my mind that there was a little girl Kathleen who I felt sorry for all my life, and then there was that poor, poor woman whose husband died, and then there was that bad, bad woman who drank. It was just as if my life was flashing in front of me and I felt all these different parts of me coming together....I'm just one person, I'm human, I accept my defects. The thing that happened in the Fourth and Fifth is that I found out I've got a lot of good. So rather than working on improving myself in the sense of looking at the bad things, I just replace them....I have desires for a lot of good things, so I follow these desires. (Kathleen)

In Steps Eight and Nine the shift from the negative introject to the positive introject is reinforced. Steps Eight and Nine are as follows: "Made a list of all persons we had harmed and become willing to make amends to them all"; "Made direct amends to such people wherever possible except when to do so would injure them or others." Kathleen's realization that there is a lot of good, that she is not all bad, is reinforced by facing those people about whom she feels guilty. The value of making direct amends is to help further to allay guilt. The message is that one can make mistakes and be forgiven. Although members have admitted wrongdoings in the Fifth Step, the real test of whether or not they can contradict their tendency to deny responsibility for their actions is actually to confront this tendency in their past and present relationships. Since the response of people to whom the member makes amends is often very positive, the member begins to have more faith in the idea of basically being good.

The experience of feeling God's presence inside oneself often occurs following the Seventh, Eight, or Ninth Step. Risking self-exposure and allowing another person to be an audience for the aspects of

the Self associated with guilt and shame are precipitating events. However, risking self-exposure will not necessarily result in the internalization of a positive introject. Rather, the risk of self-exposure undermines the defensive system. Members are then more capable of experiencing painful feelings; nevertheless, experiencing feelings precipitates despair and desperation. Members turn to God for help to cope with problems usually pertaining to relationships with other people.

In the previous phase members began to form intimate relationships, usually with another A. A. member. Such relationships present certain challenges which members might have avoided in their relations with their sponsors. The sponsor relationship has certain safeguards; sponsors, though present whenever members need help, discourage dependency by encouraging members to turn towards their higher power and other A. A. members, and to take responsibility for their learning by putting out efforts to help themselves and others. Despite such safeguards, members do in fact act out dependency and authority issues with sponsors. Some members often experience their sponsor as an over-idealized mothering figure from whom they expect nourishment on demand or against whom they rebel in order to protect themselves from their dependent feelings. In both cases the sponsor attempts to wean members once they are immersed in the program. Members often leave their sponsor when they discover the sponsor's limitations or when they cope with conflicts by distancing themselves. The presence of a myriad of other people, including potential new sponsors helps keep this process constructive by the time the problems emerge.

Maureen describes the crisis that her relationship with her sponsor of several years underwent:

One of the things I have found through A. A. is that I would put people on pedestals and then they would come crashing down. They've got to. My sponsor came crashing down and I hated him for months because I wanted him on that pedestal. I was angry at him for doing human things and being human. (Maureen)

Maureen's tendency toward idealization is not worked through in her relationship with her sponsor. This problem seems typical of alcoholics. Since alcoholics cannot experience themselves as separate because of a lack of a positive introject, they attempt to fulfill those early needs by submerging themselves in relationships; they either act submissively, or they dominate their partners to insure control. Bill Wilson, in Twelve Steps and Twelve Traditions writes:

The primary fact that we fail to recognize is our total inability to form a true partnership with another human being. Our egomania digs two disastrous pitfalls. Either we insist on dominating the people we know, or we depend upon them far too much. If we lean too heavily on people, they will sooner or later fail us, for they are human too, and cannot possibly meet our incessant demands. In this way our insecurity grows and festers. When we habitually try to manipulate others to our own willful desires, they revolt, and resist us heavily. Then we develop hurt feelings, a sense of persecution, and a desire to retaliate. (p. 53)

Thus, the mates of alcoholics often contribute to the alcoholic's illness by playing the complimentary role, either the manipulative, dominant caretaker role or the submissive, dependent victim. Members attempt to resolve the conflicts that close relationships elicit through greater and greater reliance on a higher power which is experienced as

God. The sponsor relationship cannot provide members with the foundation needed to experience a partnership on an equal basis; the new relationship often supercedes the relationship with the sponsor. Members experience the new relationship as primary, and thus the importance of the sponsor greatly recedes. Although the daily A. A. meetings, the A. A. group, and the network of A. A. friends and acquaintances function as a life line between a former Self and a newly emerging Self, this supportive network does not seem to be internalized as a positive introject. Members may become much more able to view themselves and others adequately, and to overcome inhibitions, but they remain dependent upon the organization to bolster their basic sense of self-esteem and trust in the world.

The positive introject for A. A. members is a personalized God. The three females who have been through this phase (Maureen, Kathleen, and Gwen) show marked similarity in their experience of internalizing this introject. For each their experiences of God grew out of their experiences in an intimate relationship with other A. A. members.

Kathleen began a relationship that helped to alleviate a severe depression. She gave into her need to be cared for. For a time her A. A. friend was both her caretaker and her higher power. She describes this as follows:

Sobriety came before our relationship and that is my first real experience with male-female love. I can do things to harm other peoples' sobriety and I didn't want to harm him. Through his example I was able to see a lot of things people talk about in the program. I saw him "Live and Let Live." I saw him "Easy Does it." I felt his love... I've seen God in him. (Kathleen)

Their relationship began with deep concern for the other's sobriety or growth, rather than their own needs. As this began to change, Kathleen describes an increasing need for a relationship with God in order to be able to cope with the threat of the relationship ending and to be able to function well in a relationship. In the following excerpt, she describes how her emotions got out of hand and how she began to repeat old patterns:

I went through enough pain when I realized the relationship was going downhill or was going to be nonexistent or worse than that, it was going to be a dead relationship like I suffered through in my marriage, and like my parents' marriage. I didn't want to be part of a dead relationship so I really dove into the Steps harder. We were beginning to establish patterns. Every Thursday I was extremely moody. Sunday would be the day we would break up. I was a robot. My feelings were in control I'm a whirlwind. I'm an alcoholic. You do not want to put that on somebody. My brain has to do some of it. Jealousy, lust, possessiveness, "you don't love me." When I let my head run the show the emotions that I feel are very nice, love, caring. I was willing to let go of the whole relationship. I knew I'd be all right if I could get a better understanding of God, who he is and what he wanted from me. (Kathleen)

Through incorporating A. A. values, Kathleen is now aware of the difference between a relationship based upon love as opposed to a relationship based solely on fulfilling one's own needs. She is determined not to repeat old patterns and feels that being close to God is a way to help harness her emotions. She is describing a lack of a sense of an adult ego to control impulses and feelings. As hypothesized, the infantile self of the alcoholic is split off from a developing Self which is identified with the rejecting parent; inner controls

are rigid and inhibiting and at complete odds with the infantile self. Realizing that her companion cannot provide her sense of Self, she turns to God to help resolve this conflict. She describes the experience of simultaneously internalizing a positive introject and rejecting the negative introject:

It seemed to take forever to get the feeling that God is within me but he is. After the Seventh, somewhere in the past month I feel this. God loves me enough to live inside me. I have to be all right. It is hard to say it aloud still. I thought that that was insanity to believe that strongly. I still carry my mother and father around in my head and it's going to take a lifetime. They were wrong! Thank God! (Kathleen)

Maureen faced the same dilemma. After being three years sober, she married a fellow A. A. member whom she had known for only one month. She describes herself on that "pink cloud," completely trusting that "the guy upstairs" was not going to give her more than she could handle. She repeated her pattern; as in her first marriage, she married a man she hardly knew. Within two weeks she realized that he was totally frightened and potentially violent. Their marriage was a continual clash of wills. She recognized that she was feeling sick and went to Alanon, an organization for the spouses of alcoholics. Everyday during the past year, her husband went to a minister and she to the minister's wife to read the Bible. What she learned about marriage corresponds to what she knows from A. A.:

A. A. has taught me this too in the Twelve Steps, that unless you are both grounded in your higher power, then your relationship isn't going to be one with any serenity and harmony. It just can't be... We have tried praying,

praying together and we have had some pretty good times in the fact that we are working together as a couple. But the minute one of us splits from that, the chaos comes in and the confusion and the fear. I've learned about getting even in this relationship. I was doing the same things he was doing -- plotting and planning.... I have been having temper tantrums on a regular basis. I never had a temper tantrum since I was five or six. I don't know how to deal with those--just letting the emotions get way out of control. (Maureen)

Maureen's husband had left three weeks prior to the interview.

It was not clear whether or not this was a temporary separation. She spent the three weeks trying to improve her contact with her God which entailed a lot of praying and reading the Bible. Although friends came "out of the woodwork" to cushion and support her, she found she needed to rely more on God--letting go and trusting in her higher power:

These three weeks have taught me patience and tolerance of a situation I found totally unacceptable. And the fear of him leaving again is gone because I know that he is not my supply--that I will be taken care of as long as I am willing to do the footwork. He (God) never abandoned me once. Nope, he was there when I needed him....I had such trouble because I was constantly trying to make things change or happen. I wanted my husband to be a certain way and he just didn't have it in him to be that way. I think I have more compassion and understanding. The fear of him going was always there because I just didn't have the faith that the guy upstairs knew what He is doing. (Maureen)

With God as her foundation, she not only can cope with her husband's rejection, but also she can begin to experience some genuine compassion for her husband's plight. Her faith allows her to be free of the fear and anger which overwhelmed her. Like Kathleen, her relationship to God harnesses her feelings which are based on fear of abandonment and makes it possible to accept her partner as a separate person with his

own limitations.

However, Maureen seems to differ from Kathleen with respect to the process of internalizing God. Maureen talked about learning that God is personal through identifying God with Jesus Christ, whereas Kathleen described experiencing God as personal:

A. A. gives you an idea of God, but He is way out here some place. The God in A. A. and the higher power is like something so far you can never touch it. And going back to church and finding out about Christ made it a personal thing. I am like a little baby again. I hate being a baby but I am a little baby in A. A. I am learning again about a personal God. I am learning that He lives inside me. (Maureen)

Unlike Maureen, Gwen found that her belief in the God of her Catholic upbringing impeded, rather than facilitated, her coming to experience a positive introject. She strongly felt that God's love of her was conditional and thus, after joining A. A., proceeded to become a good wife and mother. Her sponsor's increasing unavailability and the re-emergence of painful feelings helped her immerse herself in the fellowship after a year and a half in the program. She noted that her concept of God changed after befriending another A. A. member. Through his love and acceptance of her, she began to feel that God loved her unconditionally. However, her worst fear of being close to another person materialized; during the relationship her friend learned that he was dying. Thus, like Kathleen and Maureen, her relationship with God made bearable the unbearable. She describes the above as follows:

Somehow I think I was able to see that love, that spirit that is in all of us, in Joe. That's what I believe today. I was able to get more in touch with God through Joe.... It just seemed like the presence of God was becoming more and more real to me. For awhile I only knew in my head that God loved me unconditionally. I was starting to feel it inside more and more. Going through many experiences and not having to escape anymore, to feel the pain of a lot of things, and not have it be unbearable helped me to become closer to God. (Gwen)

For George and Jeff, the internalization of God is based upon knowledge of a traditional religious figure like Jesus Christ. For them the positive introject appeared to provide enough stability and ego support to function in general, and precedes rather than follows from an intimate relationship.

Prior to entering A. A., George had turned to God to help cope with an impending divorce and with debilitating sexual conflicts. During confession he revealed his "dirty sexual thoughts" of a homosexual nature for the first time and expected to be free of them. He was sober for two months and free of guilt. The thoughts returned and he described taking only a sip of alcohol, which precipitated an acute psychotic breakdown. For several days he experienced what he describes as "the wrath of God" who judged and condemned him. He feared that he would lose control and be taken over by a sinful man who would murder his family. He asked to be committed to a mental hospital where he had been previously admitted. While waiting for the arrangements to be made, a friend who was in A. A. visited him and encouraged him to go to detox. Through the A. A. fellowship's atmosphere of unconditional love and support, he came to believe that God loved him. What was being

condemned was what he had become, not what he could be or was born as. He began to see himself as having been corrupted by the outside-- "injected with fantasies from the outside, dirty books and a couple of sexual experiences with my father." Although this sounds like projection, the view presented here is that his inner world is a mirror of the external world, and that, in a sense George is beginning to view himself as basically lovable and acceptable.

The God of wrath, a clearly negative introject, then comes to be replaced by a God of love. The impression that George gives is that God becomes a way to bolster his self-esteem. In the following passage, he describes how his relationship with God helped to insulate him from the rejection of a woman:

I just feel his presence all the time. I feel he is inside me. I feel his warmth. Sometimes when I am sad I can feel him going through it with me. I can feel him crying too and as a result I cry. I can be all by myself and I'll cry. Like tonight I know that I'm sad and I am crying not only for myself, but because of what he is losing too. I feel his pain, but there is nothing I can do. It's to know that we both tried to give her this good news and we failed, but it really wasn't us that failed. It is her. It is her decision. She has that right. She has her will, and she chose her way. (George)

This relationship with God seemed to have a tranquilizing effect on the pain that George was experiencing at the time of the interview. He is no longer alone in his pain, and he can accept this woman's right to reject him without internalizing the rejection. Since he described himself as a person who was incapable of functioning without a woman, his ability to cope well with this present rejection is an achievement,

an achievement which is made possible through the internalization of a positive introject.

You have to depend on something stronger than yourself.
You have to have that thing that's forever. The only
thing that lasts is God, that's what I want. (George)

These excerpts also reveal that George's identification with God can lead to an exaggerated sense of self-importance, which can potentially insulate and isolate him. Here the A. A. fellowship is very valuable; the focus always is on relating to other people. George's relationship with God, while initially providing a foundation, takes on meaning and growth within the medium of the fellowship.

Jeff's relationship to God followed his depression, which was precipitated by a "boredom" with the program. He was not growing but was experiencing himself as a great A. A. spokesman, a wise man. The Steps helped him to come to terms with what would have been a dangerous position for him--feeling as if he had learned it all. Through the Steps he could pursue a spiritual path which bolstered his self-esteem without leading to an impasse. Like George, his identification with God or with being God's servant provides an inflated sense of himself which helped insulate him against feelings of worthlessness. His faith provided him with security, direction and values that encouraged rather than stifled growth. He describes this as follows:

The forgiveness for sin is the greatest gift. You know a seed grows best in garbage and when things aren't going right today, when they are frustrating, upsetting, I feel that I am very close to God. I feel that I am very well

protected and that he hasn't failed me....I believe, for me, that if I do the things I am supposed to do the rest is taken care of...and you can believe that or not, but it works. And so hard times are times to be understood. I think there is something waiting for us. But I think like steel, you are still being tempered. I believe in patience, trust, and tolerance. (Jeff)

Females are more apt to look to their mates by the security and self-esteem they lack. Their relationship with God grows out of the realization that they need to provide this, in part for themselves, in order to avoid the destructive behaviors elicited by fear of abandonment and by low self-esteem. Close relationships serve another important function: the experience of the partner's love and acceptance affects how much of themselves comes to be experienced as acceptable to an internalized positive introject. Whether aspects of the Self experienced as "bad-me" come to be experienced as "good-me" or whether the "good-me" becomes fortified, providing insulation against the experience of the "bad-me" is an important issue. The extent to which one is willing to learn about him/herself and God through personal relationships is the key.

Phase six: The Emergence of a Spiritual Self

Through the internalization of a positive introject, a new Self, with God as its foundation and primary evaluator, emerges. The composite of attitudes, values, and goals which are learned and experienced in the fellowship identifies the new Self. This new identity is of a spiritual nature, stressing responsibility, humility, honesty, giving to others, and trust and faith in God's plan. Whereas the positive intro-

ject provides a new feeling about the Self, the composite of new attitudes and behaviors provides direction to one's thoughts, feelings, and behavior.

The need for a positive introject, which emerges from the infant-mothering relationship, is an earlier phenomenon than identify formation. If the relationship provides the infant with what Winnicott calls "good enough environment," then the infant will internalize the mother's love and support in the process of separating from her. The presence of the positive introject will be manifested in basic trust, optimism, and faith. If the environment is not good enough, then separation from the mothering figure cannot be tolerated, and the developing Self will lack a solid foundation, manifested as basic mistrust, pessimism, and cynicism. In order to cope with this developmental mishap, the infantile ego, along with its experience of the mothering figure who failed to provide the necessary support, withdraws into the inner world. The effect on the developing psyche is that a major aspect of the Self remains infantile. My hypothesis is that the personification of God provides members with a positive introject that allows them to counter the infantile self.

The issue explored in this phase is the way in which the new spiritual Self, which is based upon the internalization of a positive introject, is integrated with the former Self, based upon the internalization of a negative introject. The six subjects who had completed the self-transformation process revealed the following three trends relating the new spiritual Self to the former alcoholic Self: (1) a

highly developed spiritual Self which suppresses a primitive infantile self; (2) a spiritual Self which acts as a defense against the negative introject in an ongoing, dynamic conflict; and (3) a spiritual Self which provides the self-acceptance necessary for self-exploration and self-examination. Each subject primarily manifested one of the trends, though the other trends were also present to different degrees.

The most notable characteristic about both Jeff and Maureen was the strength of their faith in God. Both can be described as having a clearly developed spiritual Self; they both had a set of beliefs about themselves and the world that was essentially religious in nature. Both also appeared to be experiencing a minimal amount of conflict. Their lack of conflict appeared to be attributable more to their need for unambiguous solutions to very complex issues rather than to a new inner integration. However, their close relationship with God seemed to provide them with a calmness and centeredness which had a profound effect on their ability to function well in the world.

During his five years sober Jeff had married another A. A. member, had two children, bought a house, worked at a job which he enjoyed, and very skillfully built furniture as a hobby. It was clear that he had worked very hard and was quite pleased with his life. When he came to A. A. he had clearly bottomed-out; he was an emaciated, physically sick, daily drunk who lacked any confidence in his ability to abstain from alcohol. Jeff's emphasis was on spiritual rather than emotional growth. It was as if an independent, spiritual Self was growing which overshadowed a separate, very stunted and aborted self. Although he

did not give much historical information about himself, my impression was that within the newly created spiritual Self was an undeveloped, small, and frightened person. Several things he said during the interview substantiated this impression. He described himself as follows:

I had an outward cockiness about myself, an outward pride. I guess pride is a good word because pride is fear and arrogance. But deepwards and inside myself and when I was alone, I always felt cheated. I really felt that I was passed up by life, and I really knew that I was insane. (Jeff)

He related that early in the program he was very fearful that he was incapable of being honest since he was beginning to believe his own lies. He also became aware of his tendency to need to say words of wisdom, to be a "great A. A. statesman." Although he now felt that he no longer needed to be wise, he spoke in an elevated, sermonizing way. He appeared to believe sincerely in the virtue of humility, but seemed to be fundamentally incapable of being humble. It was as if his need to be superior continued to entrap him. An example of how Jeff's humility is used to cope with tendencies in himself that he has trouble escaping from is revealed in the following dialogue:

Jeff: I never would stand over anybody, so if someone asks me to sponsor them, they sponsor me. Don't ever follow in my footsteps. I've fallen too often and I've faltered too much. Walk besides me.

Interviewer: I can see how one might get caught up in one's own importance.

Jeff: Yeah. I've been through that during the beginning when I thought I was wonderful. A lot of people shied away from it. In a sense I put myself above them. It hurts me. It hurts them.

Interviewer: Was that a difficult realization?

Jeff: Things are revealed in this program but no faster than you can handle. I also realized at the time that you don't take yourself too seriously: don't drink, go to meetings, the rest is bullshit.

What is striking about this passage is Jeff's awareness. As a result of feedback from interacting with people, he has become much more aware of himself but cannot yet acknowledge these issues as present concerns. Rather, he presents these issues as past problems that have been solved in order to feel "normal." When asked about his present concerns and issues, he exclaimed that "The things that I am involved with are normal things that any other married man with three kids would be involved with." Jeff's need to be normal and his shame about those aspects of himself that he senses are abnormal reveal the power of the negative introject.

His spiritual Self does not preclude his working on these issues. It is an open system in that a major tenet is honesty with himself and others. Step Ten calls for a daily personal inventory: "Continued to take personal inventory and when we were wrong promptly admitted it." Moreover, another premise is that one is responsible for one's reactions. Thus, both negative and positive reactions are to be understood as having to do more with oneself than with others. Although this can result in a kind of interpersonal insulation, it also promotes the development of an observing ego or internalization of controls necessary to a conscious modulated expression of feeling. Step Eleven calls for meditation to improve one's contact with God: "Sought through prayer and

meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out."

Jeff describes himself as a person of strong spiritual faith who gets excited by his contact with God and who feels that he is "taking up more room spiritually." His attitude toward himself, others, and life in general is positive. As a result of his contact with God, he no longer experiences extreme highs and lows of emotion, but is rather on an even keel. His relationships with other people are stable. His spiritual relationship has enabled him to overcome personal limitations and to achieve many things he thought impossible. Now he views his experiences as a gift which he has been given in order to pass it onto others. He achieves a sense of purpose and self-worth through the Twelfth Step: "Having had a spiritual awakening as the result of these Steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs."

Whereas Jeff was reluctant to acknowledge negative tendencies in himself, Maureen was markedly open. There was no attempt to hide any details of painful personal experiences. Her five years in the fellowship had provided her with a rich variety of interpersonal experiences that enabled her to turn to other people for help. During the past six months, Maureen was most involved with Step Eleven, improving her conscious contact with God. It was during this time her higher power became identified with Christ. This new concept of a personal God appeared to have a marked effect on her life. She felt that she was a-

adopting a new way of life. The Bible, which she interpreted literally, was becoming her guide.

A tumultuous marriage during the past two years with another A. A. member precipitated this change. She felt herself becoming sicker as a result of living with a very frightened, potentially violent man. She began to act in ways that she did not like: outbursts of anger, tantrums, plotting revenge, etc. She turned to other people, but they did not have any answers. Alanon helped in that she learned to stop taking responsibility for his behaviors, which she was doing out of guilt. Thus, she tried to separate herself from the entanglement in which they were both caught.

Maureen's relationship with God finally helped her to cope with her husband's constant threats of leaving and his eventual departure three weeks prior to the interview. However, her spiritual Self was beginning to take on the characteristics of a closed system. Her focus was solely on her relationship to God. She said that the people whom she now wanted to turn to were people who were going to encourage her to pray and who could talk about faith and Christ. She also began to interpret all her problems from a religious perspective and looked for unambiguous solutions in the Bible.

Her relationship with God helped her to be the kind of person she wanted to be, kind and loving, and enabled her to cope with what she recognized as a dependency problem. Always setting people on pedestals, a manifestation of her inability to separate and individuate from the mothering figure, she now chose to set God on that pedestal and depend

more upon him than other people. But her sense that what is good about herself comes from God creates a split between her spiritual Self and her former angry and revengeful Self. She describes this as follows:

I can't decide I am going to be a kind, loving person unless I ask Him to help me. I may give the facade, but it isn't coming from the heart. I don't think you can make things happen. You have to ask Him and He can give it to you. (Maureen)

A distinction needs to be made between the splitting of ambivalent feelings and the splitting between the infantile self and the new spiritual Self. The splitting of feelings has its roots in the depressive phase of development. The "bad object" is split by the infant into two aspects which reflect the dual nature of the bad object experience with the mother: "the exciting object" who tantalizes but does not satisfy and "the rejecting object" who is experienced as a hateful robber. Ambivalent feelings are split; love and hate when acted out are not experienced toward the same person. The person one longs for to fulfill one's need is overidealized; the rage is suppressed, displaced, or experienced as depression. A final split exists between the infantile self and the adult self; the feelings of pain and rage associated with unfulfilled longings are avoided by the child's denial of its needs, and by perceiving the mothering figure as good and the child as bad. The emotionally disturbing aspects of the mothering figure and the ego have been split off. In the hope of at least gaining approval, the child conforms to a mothering figure who is viewed without much feeling. Unless the child's real life relationships are

actually good enough to keep him/her in genuine touch with the outer world, s/he will become more and more dominated by fear and retreat to an inner world of fantasized objects. The adult will then be devoid of feelings and live in a detached, withdrawn, depersonalized state.

The internalization of a new positive introject provides an alternative to the experience of all aspects of the mothering figure: the exciting, rejecting, and morally idealized version. The new positive introject, along with the internalization of new attitudes, values and goals provides the possibility of the creation of a conscious self which can mediate between the infantile ego and the negative introject. Jeff's experience reveals that his new spiritual Self repudiates the infantile self. In this sense he maintains the split between the infantile self and his adult self through creating a morally idealized version of the Self. However, this new Self differs fundamentally from the depersonalized childhood self which seeks to conform with the mothering figure in hope of approval. The acceptance by the positive introject is unconditional, fostering greater independence than dependence upon other people's opinion. The possibility for integration of impulses and feelings associated with shame and guilt exists.

When Maureen says that she cannot make things happen from inside herself, she may be quite astutely conveying her inner reality. Only a positive introject can make one love oneself. However, her new positive introject also seems to function to reinforce the split of her ambivalent feelings toward her mother. Her positive introject begins to fuse with an idealized version of her mother. The way she described

her mother was very similar to the impression she gave of herself:

She was a very strong woman but at the same time she wasn't. I have a great deal of respect for her today and a little bit better understanding of her. I don't hate her anymore at all. She had a great love for God and for Christ. And without it she would never have had the good life that she had. She did what she had to do, but she never lost sight of her oneness with God, never. (Maureen)

Maureen is struggling through a complex inner and outer life which could work out in a number of ways. A key factor is her relationships. Her relationship with her husband seemed to reinforce her need to repudiate rage. On the other hand, her original sponsor was still acting as her guide by arguing with her about her literal interpretation of the Bible.

George and Kathleen were both involved in an ongoing dynamic conflict between their positive and negative introjects. Although they too showed aspects of splitting their feelings to cope with shameful impulses and feelings, there was also a sense of struggle and conflict that essentially was absent in Jeff and Maureen. The focus of the conflict was the struggle for the positive introject to be the audience for the "bad-me" experience of the Self.

George's conflict pertains to profound shame over sexual impulses and homosexual fantasies. Through the program he begins to see himself as being born "a clean thing" that had been corrupted through experience. Thus, what is bad about himself came from outside himself. Being sexually abused and beaten, he exclaimed that he didn't have a chance from the very beginning. He can begin to accept his sexual im-

pulses only if "God" is part of his experience:

I was a human being. God made me. Why am I having these feelings. I had to put them in a constructive part of my life. I learned to turn those feelings into something good. I still think sex is dirty if done for selfish reasons. And I'm a pretty selfish person when it come to that. Now I realize that there is another human being involved. (George)

He cannot accept sexual feelings without a strong spiritual commitment between himself and his partner. At the time of the interview, his partner's interest in sex without commitment was extremely disturbing to him. However, if he gave in to behaving selfishly, his experience is one of never getting enough, of being manipulative, and of not being able to live without it. Thus, what he is describing is the split off infant of the alcoholic Self. He is attempting to bring these feelings under the control of the positive introject so that he can act with some degree of independence and stability.

In viewing that which is bad within him as coming from outside him, he projects the negative introject and uses the positive introject as a protective shield. He feels that part of himself, the part that has been corrupted by the negative introject, must be destroyed and that he must protect himself against the onslaughts of the projected negative introject. In referring to his psychotic episode, he makes sense of it as follows:

I was being condemned for what I was, not for what I could be. An inner part was being destroyed... the dirty thoughts... the garbage and the rest of it, is slowly being ripped out. It is a battle against myself. I know this is coo-coo talk but I know what it means to me. I have to dress in a war-

like fashion. I can't see it but I know it is trying to destroy me, and the only person that can destroy me is myself. (George)

A split develops between George's Self based upon the negative introject and his Self based upon the newly internalized positive introject. Although his thinking sounds paranoid and unstable, the defensive strategy that George has erected enables him to be more stable than he has ever been before. The foundation that the positive introject provides him gives him real strength manifested in his honesty, his willingness to take responsibility for his feelings, and his openness. He knows what sounds "coo-coo" and is also aware of his confusion about his sexuality: "The sex thing is so disfigured in my head." There is not the sense, as there was with Maureen, that the split reflects deep ambivalence but rather that the split enables him to build ego strength. This impression is supported by the fact that he frequently turns to other people to help sort out his confusion.

Kathleen showed significantly greater acceptance than George of what the program refers to as character defects. Like George, she struggled to maintain her sense of self-worth by shifting the control of her reactions to the positive introject. At times, she uses her positive introject as a protective shield against her negative introject, but she did not appear to split off the part of herself experienced as "bad-me."

Her conflicts, like George's, focus around feeling immoral and bad. However, as a result of her relationship with God, she felt that all the different parts of her personality came together. Following

her realization that God had always accepted her, she experienced herself for the first time as a whole person who was acceptable, defects and all. However, in her attempt to integrate the different aspects of herself, she must struggle to keep the negative introject from usurping control. It is easier to split off the part of oneself associated to the negative introject, than to shift the audience for those behaviors to the positive introject. Thus Kathleen's need to be positive often takes on a somewhat desperate, compulsive quality. Her way of coping with guilt is somewhat suggestive of this:

I used to live in guilt. Maybe I experience it once a day now... I usually cope with that by instead of admitting guilt, I say something positive about myself because guilt is usually my own insecurity. So I make a positive statement, and if that doesn't sound right I make another one, until I hear my total voice level out. (Kathleen)

The struggle between her positive and negative introjects is experienced in a variety of ways. At times it appears that she is attempting to integrate aspects of herself which elicit guilt. She works hard to be honest about her reactions rather than give people what she thinks they want to hear. At other times, through her identification with her positive introject, she attempts to bring such reactions under the control of the positive introject rather than to act out. Thus, the reactions that she views as immature and childish such as extreme possessiveness and jealousy, she attempts to control by experiencing the feelings and thoughts elicited by the positive introject rather than by the negative introject. She expressed some confusion about which feelings are legitimate or illegitimate. There is a sense

that if she accepts some of the behaviors of her alcoholic Self, then she will get carried away by negative transference reactions. In this sense, her new spiritual Self fortifies her against her infantile self.

Her identification with the positive introject provides her with a foundation that is manifested in self-acceptance, direct expression of needs, greater emotional stability, and a willingness to face reality. However, at times her inner struggle was projected, which she perceived as a struggle between good and evil. She describes this as follows:

On my knees at night I get a feeling that something is going to get you. I went through a big thing about evil in the world. Tremendous turmoil about Satan. It is very hard to admit evil in the world when you don't have a God. (Kathleen)

Her faith in God now provides her with a protective shield. George also used projection as a coping strategy. The projection of the negative introject appears to be a necessary part of the process of strengthening the Self in order eventually to achieve greater integration.

Gwen and Peter appear to represent a process that seems fundamentally different than that described for the previous subjects; neither Gwen nor Peter had the sense of the creation of a new Self. Gwen's internalization of a positive introject enabled her to begin to experience and accept previously suppressed feeling. Unlike any of the other subjects, she describes the emergence of a more authentic inner self. Peter did not appear to have internalized a positive introject but had experienced a new sense of self-acceptance and

growth. Mainly through the interpersonal experiences of the fellowship, he was able to work through sexual identity issues.

Gwen describes an inner struggle between what felt like two different people: a self based on conformity to the expectations of others and a self which represents more authentic feelings. She is learning that she does not need the defenses that she has erected, and that her initial emotional reactions, precipitated by anxiety, are out of balance with her inner feelings. She describes the struggle between these two aspects of herself as follows:

The old me is dying very hard. I never thought of myself as a fighter but god it's like two people in there and I'm just starting to let that other part come alive. It's almost like there is a little voice inside me that is very quiet. I guess I never really trusted it. I never took the time to listen, so for a long time I felt like there was just one person. Any of the sounds from the little voice I would deny. I didn't want to hear that little voice for some reason. It seemed like I was always running away because a lot of times it didn't coincide with what I was being told I should be or what I thought I should be. I still have this stronger voice. It's not a voice, "I'm just using that, that comes first. I never took the time to say, "Think." Whatever it was I reacted to. I still find it hard not to fight with this other part, because it doesn't seem to coincide with what I always thought I knew as right. (Gwen)

Like the other subjects, Gwen is describing a part of herself that does need to be controlled, but that part seems to be identified with the oppressive parental introject rather than the uncontrolled infantile ego. Peter's experience is similar. Greatly ashamed of his homosexuality, he felt as if he was not legitimate as a person. The societal acceptance within A. A. helped him to overcome this develop-

mental crisis. But what he describes as just as crucial was getting in touch with his feelings, so that, as he described it, he could start believing what he thought, and say what he meant. He was able to start connecting feelings, thoughts, and behavior through the many close relationships he had in A. A.

My hypothesis is that the difference between Gwen's and Peter's experience and that of the other subjects in this phase is that Gwen and Peter have already achieved a greater level of ego development. For the other subjects, the infantile self dominated; the inner drama between the infantile ego and the negative introject was continually re-enacted. Their feelings were experienced as intolerable and overpowering leading these subjects to act out rather than consciously experience their feelings. In order to tolerate and modulate intensely painful and terrifying emotions, these subjects needed to develop the inner strength which only a new foundation could provide. On the other hand, Gwen and Peter had highly constrictive, but more developed adult selves. Their relatively more successful defense mechanisms indicate that though they experience conflicts similar to other subjects, they probably had experienced a greater degree of nurturance. The infantile self appears to be integrated within rather than split off from their constrictive self-systems. Thus, both primarily needed to begin to break free of inner restrictions. As did the other subjects, Gwen and Peter experienced issues and conflicts regarding intimacy but were better equipped to cope in general. Gwen described an inner emptiness that is manifested in a compulsive buying habit. Her close relation-

ship with God helps to alleviate her pain around the loss of an intimate friend. Peter copes with issues of intimacy through his role as caretaker and through his reliance on his superior intellect. He devotes himself to helping other alcoholics, often working with a fairly large number of people at a time. This role allows him to take greater risks with those who are dependent upon him and, symbolically, to take care of his dependency needs which as yet are unacceptable to himself. He reports intimate relationships as cannabilistic, indicating the depressive stage of development, and is continually plagued with the need to "nail his partners" to know where they stand. His commitment to self-awareness and his impressive support system enable him to keep working on the issues.

The six subjects discussed cannot be described as having reached a particular stage of adjustment or level in A. A. Rather, they were in the midst of change, and their final course is difficult to predict. The three tendencies described pertaining to the relationship between the positive and negative introjects appear to be representative of the type of changes that are facilitated through participation in the A. A. organization.

Summary

The hypothesis presented is that among alcoholics associated with A. A. a new Self is created through the internalization of both a new inner audience and a positive introject. The inner audience is viewed as the attitudes, expectations, and values of significant others that

act to evaluate and direct what one thinks, feels, and does. The positive introject is viewed as an earlier phenomenon emerging from the infant-mothering relationship. If the mothering relationship provided the infant with a "good enough environment" then the infant will internalize the mother's attitude of basic trust and acceptance in the process of differentiation from her. If the early environment is not supportive, then separation from the mother cannot be tolerated, and the developing Self will lack a solid foundation.

In order to avoid ego loss, the personification of the bad mother, the negative introject is internalized and the drama is re-enacted in one's inner world; the infantile ego seeks to totally possess and destroy the mother. As a result of the lack of tolerance for separation and loss, the developing Self is completely oriented toward seeking approval and avoiding disapproval since disapproval is experienced as total loss of the ego. The need to possess and destroy the mother elicits intense anxiety which is experienced as a pervasive sense of guilt. The developing Self seeks security rather than expression and substitutes identification with the parenting figures for personhood. However, in order to achieve some separation from the mother, the child comes to repudiate the need for tenderness and love, and develops traits, such as autonomy and denial of any weakness, at complete odds with the needs of the infantile self. This scheme backfires in that the interpersonal isolation that is created does not allow for development of the Self based upon new audiences for behavior. Rather, the parenting figures remain the sole audience. Alcohol silences the inner

audience and bolsters the alcoholic's coping strategy of autonomy and denial.

In A. A., breaking through interpersonal isolation creates a new audience for behavior. The opening of oneself to a new audience leaves one more vulnerable to depression due to separation from the negative introject. However, the internalization of new attitudes, values and goals through participation in the fellowship helps members build constructive defenses against depression as well as anger. The "pink cloud," experienced by some as they "try on" this new perspective, serves the important function of internalizing a new inner audience prior to the re-emergence of feelings in general.

The sponsor, the initial link to the fellowship, acts as a guide or mentor in the member's learning process. The sponsor also may act as a kind of transitional parent figure, a life line between the old Self and an emerging new Self. The sponsor does not become the foundation upon which the new Self is built but rather directs the member to what potentially can give the member that kind of support: a belief in a Supreme Power.

The member's belief in a higher power begins to undermine the power of the negative introject. Although the member may come to believe in and value openness, honesty, and responsibility in relationships, the need for interpersonal control to avoid disapproval is strong and automatic. What members are told to do is to practice behaving as if they did believe in a higher being. Since most members either believe in God or in some conception of a power greater than

themselves, they willingly or reluctantly go through the motions. Thus, to begin to undermine their most resistant of attitudes, the repudiation of the need for help, they begin to act in a way that is incongruent with their beliefs. Moreover, there is an abundance of persons modelling this behavior so that the willingness to talk about one's inadequacies becomes a virtue.

At first the value of the idea of a higher power is in the process of asking for help. The higher power per se is often an abstract conceptualization of little personal significance. It is through participation with other people that the higher power begins to have significance. As members begin to reveal more of themselves through speaking, discussion meetings and personal relationships, they also become more aware of their feelings. But after immersing themselves in learning and activities, members often begin to experience a depression. The depression seems to signify not only an underlying rage but also a fear of loss of the mothering figure. The fear of ego loss and feelings of worthlessness are intolerable. Rage is suppressed from awareness as its acknowledgement signifies separation and loss.

Members often "dive" into the Steps, become more active in the fellowship, and form close relationships in a desperate attempt to ward off depression. Through taking on various roles within the organization, members experience themselves more positively, feel a sense of purpose and meaning, and develop an identity as a sober alcoholic. As important, the A. A. experience makes possible a constructive replay of adolescence. During adolescence, members' interpersonal isolation, drug dependence, and extreme sensitivity to disapproval and rejection

were a marked handicap to developing interpersonal skills and a sense of belonging. The course of a member's participation mirrors the developmental sequence of the life cycle in general and, as such, provides an arena for working through important issues.

Close relationships and the widening circle of friends provide the support needed for members to examine themselves closely. The acceptance that is experienced in relationships begins to help give concreteness to the conceptualization of the higher power. Members experience being loved and being able to feel genuine concern for others, perhaps for the first time. They begin to depend less on their primary sponsors and more upon their A. A. group and their circle of friends. As this shift takes place, close relationships are formed with other A. A. members in which greater self-disclosure takes place. To insure that the member moves in the direction of self-disclosure, members are encouraged to take Step Four and Five, writing a moral inventory and sharing it with another person and "God."

These Steps appear to be a very critical part of the process since they act to further undermine the negative introject. Members admit their wrongdoings and, thus, let themselves be "weak" in the presence of another person. Moreover, by making public their shame and guilt, they make a permanent inroad into their isolation. In Steps Six and Seven members become ready to let God remove their shortcomings. They are told to let go of their reactions to the negative introject and, in so doing, to let go of the hold which the negative introject has over them. By replacing the negative introject as the primary evaluator

with a positive introject that is personified as God, the bad self is symbolically encapsulated and let go of. The negative introject continues to exist and may at times usurp control, but its key position as the determinant of self-esteem is shifted. Their relationship with God now is described often as their most important relationship.

At this point, a new Self, with God as its foundation and primary evaluator, emerges. The composite of attitudes, values, and goals, which are learned and experienced in the fellowship identifies the new Self. This new identity, spiritual in nature, stresses responsibility, humility, honesty, giving to others, and faith in God's plan. Three trends emerge which depict the way in which the new spiritual Self, which is based upon the internalization of a positive introject, is integrated with the former Self, which is based upon the internalization of a negative introject. In the first trend, the new spiritual Self reinforces the split between the repudiated infantile self and morally idealized version of the adult self. In the second trend, the new spiritual Self acts as a protective shield against the negative introject in an ongoing dynamic conflict. In the third trend, the spiritual Self provides the self-acceptance necessary for self-exploration and self-examination. The subjects manifesting this trend seemed to have a relatively greater degree of ego development. In all three trends, self-transformation is viewed as a process of shifting control of the personality to a new foundation which enables A. A. members to begin to control as well as tolerate their impulses, feelings, and needs.

C H A P T E R V

OBSTACLES TO SELF-TRANSFORMATION

In contrast to the subjects presented in the previous chapter, all the subjects in this chapter experienced some degree of difficulty abstaining from alcohol. Of the ten subjects, three were actively drinking, two had relapsed with a drug other than alcohol, and five reported varying degrees of difficulty (ranging from very difficult to slightly difficult) abstaining from alcohol. With the exception of the three members actively drinking, A. A. would view this group as "dry" as opposed to "sober." A dry member, though abstinent, experiences much discomfort from living without alcohol and may relapse or use a substitute drug to allay discomfort. Members who are dry have learned how to control the desire for alcohol but have not basically changed their Self. A sober member has experienced a profound personality transformation that frees him/herself from the desire for alcohol and other forms of escape. However, the sober alcoholic, like the dry alcoholic can never use alcohol safely. A. A. claims that the disease will be rekindled and will resume from the point where the alcoholic stopped drinking.

The distinction which A. A. makes between dry and sober members reflects the degree to which members have successfully undergone a process of self-transformation. Of the ten subjects who reported no difficulty staying sober, eight could be described as representing the latter three phases of the process of self-transformation presented in the preceding chapter. Likewise, all ten subjects who reported a

varying degree of difficulty could be included in the initial three phases of the process (see Table 2).

However, a model based only on those who have succeeded does not necessarily elucidate critical transitions in the process, such as the abstinence from alcohol and other drugs, or the transition from controlling one's addiction to altering one's personality. At best, one can only surmise which experiences appear to be associated with various changes. By examining the experience of subjects who are not overcoming obstacles or who are deviating from the designated course, one can better understand the issues in the process which are most critical and the possible limitations of the theory.

Problems with Phase One: Observing

The Step which the prospective member encounters during this phase is the First Step of the Twelve A. A. Steps of recovery: "We admitted we were powerless over alcohol-that our lives had become unmanageable." The willingness of a member to make this admission depends on a number of factors, the major factor being what is called "bottoming out"; the problems created by alcohol now far outweigh any functions initially served by alcohol. Nevertheless, acknowledging that one is an alcoholic and that one's life has become unmanageable as a result of alcohol will not necessarily result in a willingness to attempt to live without alcohol. The critical factors which then affect the acceptance of the implication of the First Step, complete abstinence, include a member's confidence in his/her ability to stay sober as well as the degree to

which a member can risk living without alcohol.

The three subjects who were actively drinking had been participating in A. A. for a period of one to two years. Judy had been in the program one and a half years, had abstained from alcohol during her initial six months in the program, but had then begun to drink again on a weekly basis. At the time of the interview, she was three weeks sober. Several times per week she experienced an urge to drink which she found very difficult to control. During the time of the interviews she reported having greater success. Lenny has been actively drinking through the year and a half he had participated in A. A. He experienced the urge to drink, which he found very difficult to control, on a weekly basis. He had experienced six dry weeks but was presently drinking once every few weeks. Roy was in the program for one year, was sober during the initial five months, but then began drinking on a monthly basis. He did not experience an urge to drink during his dry period, but when he had an urge, he usually could not resist it.

All of these subjects admitted to being alcoholic and recognized that their lives were unmanageable as a result of alcohol. The negative consequences resulting from their alcoholism were similar to those experienced by other members who were able to stop drinking. Since the dry A. A. members were able to abstain from alcohol for significant amounts of time and had continued to participate actively in the A. A. program, their current inability to abstain from alcohol could not be attributed to lack of confidence or motivation.

What then distinguishes this group from those who were able to stop drinking? The hypothesis presented is that these dry subjects, with differing degrees of awareness, experienced the problems for which they used alcohol as a coping mechanism as greater than the problems resulting from alcohol abuse. Thus, "the bottoming out" experience that alcoholics cite as a primary motivation to stop drinking would be the point at which the alcohol problem is experienced as the main problem in the person's life. The point will be different for each member since it depends upon the degree of balance between personal problems which are coped with through alcohol and the problem that alcohol creates. An additional hypothesis is that if the problems that alcohol abuse creates have interpersonal significance, then alcohol abuse is functioning both as a defense against a problem as well as the expression of it. Alcohol abuse is then a symptom that might be perpetuated indefinitely.

Judy was aware from the beginning that her alcohol abuse was an expression of very strong dependency needs. She repeatedly staged drinking binges and suicide attempts from which she would need to be rescued. Professionals had confronted her about the acting out of her dependency needs, but as Judy said, they never provided her with a solution to how to cope with these needs. For Judy drinking was an act of self-preservation; there was no other way that she knew to communicate the intensity of her needs and feelings. A rift would develop between her outer, seemingly self-composed exterior adult self, and her inner loneliness and desperation. This rift made alcohol seem

necessary as a way of life.

Judy's alcohol problem was not her major concern. Like an infant who is only aware of the mother, she was unconcerned with anything other than finding that which I term "the good mother." Without such a relationship she found that she could not cope with her depression unless she used alcohol. It was only after she found a counselor at a local clinic, about a year after going to A. A., that she began to face her alcohol problem and make a greater commitment to A. A.

The need for a good mother is not unique to Judy. Other members use their sponsors as their primary support. However, her fear and awareness of the intensity of her need prevented her from forming this type of relationship in A. A.:

I need a parent who can help me grow up. I don't think I would have made it this far in A. A. I don't think I would have trusted anybody on that level yet. I wasn't ready to. When you start talking about things like you don't want to live anymore and when you start planning suicide, then you do need some help. I do not think it is fair to lay that on somebody that intensely. Now I do believe I am ready for a sponsor sort of thing because I am willing to listen and open up.
(Judy)

Although she is not yet sober, she is finally coming to realize that her alcohol problem is now her major problem. Her problem with alcohol was not solved through finding other solutions to major personality problems. It was only through forming a primary relationship that she could endure the intense depression she experienced while abstaining from alcohol. Perhaps even more significant, the negative consequences from drinking were beginning to outweigh the advantages;

alcohol abuse was now viewed by her as interfering with the relationships that she was forming with her counselor and with A. A. friends.

Lenny admitted that he was an alcoholic from his first meeting at A. A. and committed himself to the program: he found a sponsor, joined a group, and went to meetings almost daily. He appeared to have a good understanding of the program. Although he had not been able to stop drinking, he had made some changes; he had reduced his consumption of alcohol and had formed several supportive A. A. friendships.

For Lenny, alcohol served a dual function: it enabled him to express impulses and feelings that otherwise were unacceptable to him; it directly expressed his conflicts toward his wife. Lenny was aware of using alcohol to cope with marital problems during his previous two marriages. He said that he had assumed more responsibility than he could handle at an early age. While sober he was dutiful, responsible, very controlled, and unassertive and placed his family's needs before his own needs. He described feeling guilt-ridden about the effects of his alcoholism on his family. His wife could be described as what Alanon refers to as a co-alcoholic, a domineering, intrusive martyr. Thus, the patterns between him and his wife typify the early relationship between the alcoholic and the mothering figure. He only expressed his anger toward his wife when intoxicated; then he would become abusive and violent. Despite his abusive episodes, he was largely unaware of the intensity of his anger toward her. However, a major function of his continued use of alcohol seemed to be a way for him to assert his independence. He could disobey her and be irresponsible as

a result of a disease that was beyond his control. To give up alcohol then would mean being imprisoned by his dependency upon her and his fear of her disapproval.

During a follow-up interview Lenny seemed to have made a greater move toward abstinence; he was taking antabuse. Used on a daily basis, antabuse is a substance that produces nausea whenever alcohol is ingested. What seemed to be helping him to resolve the conflicts that he was expressing through alcohol however, was his A. A. group and friends. A. A. was becoming a legitimate way to separate from his wife without experiencing guilt and resentment. His wife, acting out the co-alcoholic role, was against Lenny's involvement in A. A. But the displacement of their conflicts from alcohol to A. A. seemed to enable Lenny to have less of a need to act out his independence-dependence conflict via alcohol.

Whereas Judy's and Lenny's conflicts were acted out in alcohol interpersonally, Roy's conflicts were acted out mainly with himself. Like many alcoholics, Roy seemed fiercely independent. He had admitted that he was an alcoholic before entering A. A. but was trying to believe that he could use other drugs. The idea of complete abstinence panicked him. He was intent on somehow "beating" his drug problem through his "iron will."

His goal was to get back what he had lost as a result of alcohol. He said that all he had ever wanted had been at his fingertips, but he had let it all slip away. He realized at that point, that he would rather drink than succeed. The function alcohol seemed to serve him was

the avoidance of success. He always had a relapse or a setback when things were going well. Recently, when it seemed as if he was going to get himself together, he dived off a cliff, breaking both legs, and then relapsed into drinking during his recovery. Thus, his desire to get back what he had lost and his inability to allow himself to do so, kept him in a vicious circle.

Roy's need to feel invincible, to put his life on the line, or as he described it, to "dance with the devil," was his way of avoiding emptiness and rage. When things were going well, when he could relax his will, he felt endangered. His rage was then directed at himself; he stated that when he drank he did so with a vengeance, as if he was punishing himself.

Of the three members discussed, Roy seemed least likely to succeed in the organization. The strength of his identification with the negative introject seemed to prevent him from letting himself receive help. It was clear to him that A. A. was his only real hope; his repeated failures had made him more open though he continued to fear commitment.

To conclude, there appears to be a balance between the function which alcohol serves for a person and the problems which alcohol creates. When the problems which alcohol creates outweigh its positive significance, the person will be stimulated to do something about the alcohol problem. However, if the positive function which alcohol serves either outweighs the problems it creates, or expresses such problems, the person will be resistant to giving up alcohol.

The person then needs to find alternative ways in or outside of A. A. to cope with personality issues in order to experience alcohol as the major problem. The alternative coping mechanism for Judy and Lenny involved formation of new relationships upon which they could depend. For others like Roy, the negative introject was too strong. However, there is the possibility that through repeated failures his resistance will be weakened.

Phase Two: Obstacles to Joining

The A. A. step that corresponds to this phase is Step Two: "Came to believe that a power greater than ourselves could restore us to sanity." The psychological issue involved in taking this Step is basic trust; the member begins to depend more on people than on alcohol as a solution. The concrete manifestations of taking this Step are asking another A. A. member to act as a sponsor and joining a group. The member's involvement with a sponsor and group facilitates a belief in a higher power as well as the formation of a new identity as a recovering alcoholic.

Those who do not successfully complete this phase have difficulty either in forming a relationship with a sponsor and/or joining a group. Nora was interviewed twice, once after she was four months sober and again after she was seven months sober. She has not yet joined a group or selected a sponsor. Claire had been both sober and in A. A. one year when she relapsed with another drug. Until that time she also had not selected a sponsor or joined a group. After the first interview,

Mary was three months sober and had a sponsor but had not yet joined the group. By the time of the second interview, two months later, she had dropped her sponsor and still had not joined a group. Debra had joined a group almost immediately upon re-entering A. A. but, after three months in the program, had not yet selected a sponsor.

The question that needs to be explored is the nature of the psychological issues that make this phase more of a problem for some members than others. Based on the experience of the ten subjects who successfully managed this phase, the sponsor was the key figure who mediated between the member and the A. A. organization. The sponsor guides, directs, and supports the member. The sponsoring relationship does challenge a basic tenet of the alcoholic: the repudiation of the need for help. How much control a member is willing to give up varies from complete surrender to the sponsor to avoidance of the relationship. For some members, joining the A. A. group serves as the initial link to the organization and to the selection of a sponsor, rather than the more usual route, from sponsor to an A. A. group. It is not evident what the issues are that underlie the avoidance of both sponsor and group.

The obstacles experienced by the four subjects who were impeded at this phase varied. Nora's resistance both to selecting a sponsor and to joining a group reflected an investment in maintaining an outside observer status. She talked about A. A. as if she was a very reluctant participant despite the fact that she was attending meetings daily. Her problem with joining appeared to relate to her conflict with authority;

she seemed to experience the A. A. organization as an authority to which she could comply but which she deeply resented. Even the interview was experienced as a chiding for her failure to do more.

Her attitude is revealed as follows:

I go because I feel I should go. I know I'm an alcoholic and I know I can't drink but I'm not happy. I'm not one of those happy grateful alcoholics. But once I go, I can relate this to somebody and they say it is all right as long as you're coming and not drinking. But I get really angry, frustrated, plain old pissed off.
(Nora)

The A. A. organization had come to symbolize her conflict with her internalized parental introject about which she felt intensely ambivalent. She expressed this conflict mainly through her passive resistance and guilt about not doing enough.

Like Nora, Claire had avoided joining a group and choosing a sponsor until a relapse with drugs after a year in the program. Though she attended meetings several times a week, she always participated from a distance. She associated her relapse to feeling stuck in the program, specifically her inability to surrender her will, which she associated with needing other people and expressing humility. She could not allow herself to get down on her knees and pray. She associated this general issue with guilt:

I had so much guilt it filled up everything inside me...letting go of the guilt is tied up with the surrender stuff...not holding onto the old ways...old way everything was tied to drink. (Claire)

Prior to her relapse, she felt that things were going well and that a sponsor might "rock the boat," "call her on something." She

experienced other's help as being potentially harmful. A sponsor was someone who would point out her inadequacies, which she often did herself. Acting out of identification with the negative introject, she greatly resisted the need to let go. She had been attempting to take Step Three, surrendering her will, prior to Step Two, trusting another person's help. She was becoming more open to the idea of a sponsor by looking at the relationship as a mutual sharing.

During the first interview, Mary had described her relationship with her sponsor of one and a half months quite positively. They spoke on a daily basis. Her sponsor was helping her to control her anger at her family, Mary's major issue. Her pattern was to feel hopeless and depressed when angry, which precipitated a relapse. She describes their relationship as follows:

We are really close. I can talk to her about anything and I know she's not going to put me down about it. And she's been through almost the exact experiences I've been through so that really helps. That's why I chose her. (Mary)

Mary related feelings about being stuck in the program. Her sponsor was encouraging her to join a group, to get involved with the Steps and to talk to people, all of which she refused to do. She did not like being told what to do and would agree with suggestions, but not act on them. Two months later, during the second interview, she reported having dropped her sponsor since she would not go along with her sponsor's suggestions. She felt that she did not want further involvement in the program, saying only that she was not yet

ready. Her lack of self-confidence and mistrust was apparent. What was most noticeable from the first to the second interview was that she had erected a wall around herself, distancing and protecting herself from others. She had planned to continue to attend A. A. meetings, but was experiencing an increasingly difficult time staying sober.

Debra had contacted A. A. twice before her current re-entry. Injuries incurred during an alcohol related accident punctured her resistance to committing herself to the program. She immediately joined a group that appeared to involve little risk to her; she was very outgoing and sociable. Though she had made many friends, she did not turn to anyone when she needed help. She also avoided selecting a sponsor, feeling that a sponsor would make her face issues with which she did not yet want to deal. She cited selfishness as an example. She did not know if she wanted to give up her selfishness, which for her seemed associated with deprivation and frustration. Her feelings toward herself fluctuated from an inflated egotism to self-hate, suggestive of the struggle described in object-relations between the libidinal and antilibidinal ego. A sponsor to her meant growing up, giving up the intense demands of her infantile self which, however, she was trying to do. The part that she projected onto a sponsor was an aspect of the dependence-independence conflict which plagued her. The sponsor would be someone who would make her "stand on her own two feet." She describes this conflict as follows:

I wanted to stand on my own two feet without having to answer to anybody or without anybody answering

to me. I wanted it to be just me. And yet at the same time the physical comfort, the physical pleasure, all the stuff I was depending on a man for I wanted to hang on to....That's my insecurity; I just had to have somebody there that would comfort me, that would wrap me up like a baby and say "Debbie, it's going to be O.K.." And the other part is saying "Get the hell out. Stand on your own two feet!" Just the whole thing, fighting back and forth. I didn't know how to deal with that so I drank about it. (Debra)

What the other three subjects seem to share with Debra is an angry independence, a defiance, that allowed no one to tell them what to do. This attitude is the manifestation of the antilibidinal ego which is based on surviving in an environment of extreme deprivation. Although the need for dependence is great, help is basically experienced as harmful, intrusive and unreliable. Thus, the resistance to joining seems to depend less on a fear of one's needs than on anger and mistrust toward those who might be in a position to help. Potential helpers, and perhaps even the organization itself, are experienced as persons to whom one must sacrifice one's needs and feelings. Nevertheless, persons do begin to trust through exposure to new ideas and support which undermines the messages of the negative introject.

Those who are able to form a sponsor relationship seem to be more able to split off their negative feelings, which often results in an idealization of the sponsor. By the time negative feelings emerge, defenses have been constructed to tolerate negative emotions. The persons who have the most difficulty are obviously those who have been hurt the most in dependent relationships. What seems very crucial to

the success of such persons is the enormous flexibility of the organization. Persons have the opportunity to test others many times before making a commitment.

Phase Three: Obstacles to Constructing a New Identity

The step which characterizes this phase is Step Three: "Made a decision to turn our will and our lives over to the care of God as we understood him." The trust in a higher power, which in phase two is often represented by the sponsor, is now shifted to a Supreme Being. The member is encouraged to practice letting go of his/her will. The need for interpersonal control is replaced by a faith in God's will and protection. Behavior is to be determined by a member's assessment of the "right" thing to do in a situation rather than by his/her self-interest and self-gain.

Members who successfully negotiate this phase are those who are able to let go of their previous beliefs and who are willing to experience a new outlook and perspective reflective of the A. A. philosophy. New attitudes and values are adopted through assuming new roles in the organization, through acting in ways that are incongruent with former attitudes, and through immersion in A. A. activities. A new identity of a recovering alcoholic emerges: members begin to evaluate their thoughts and feelings through a new internalized framework based upon such values as faith, humility, honesty, gratitude, and responsibility. The new values and attitudes do not support the infantile or oppressive aspects of the alcoholic's

Self, but, rather, provide the foundation of a new adult Self directed toward interpersonal expansion rather than isolation.

The member's belief in a higher power, however, begins to undermine the power of the negative introject. Although members may come to value and believe in openness, honesty, and responsibility, the need for interpersonal control, as a result of a lack of a positive introject, is very strong and very automatic. Practicing faith in a higher power allows members to take interpersonal risks. However, at this stage a positive introject, based on a personal relationship with "God," has not yet been internalized. Rather, during this shift of values and attitudes, the member depends totally upon the A. A. organization itself as a source of basic security.

Only one of the subjects appeared to be stalemated at this phase. Jay, age thirty-eight, had been participating in the program for about five years before he was able to stay away from alcohol for a substantial period. At the time of the interview, he was two years sober, but several times a week, he was experiencing an urge to drink which he found somewhat difficult to control.

Jay had a sponsor for the past three years and had participated in a group which he attended weekly. His job was to collect money for a raffle from people attending that meeting. He described attending meetings mainly to talk to friends. Also, he belonged to a club for sober alcoholics where he went to escape from his apartment. Despite these activities he was very isolated and lonely in settings where others found companionship and support. Although he had clearly

joined the organization, he had not yet immersed himself in A. A. activities. He did not participate in any activity in which he would risk self-exposure; he did not chair or speak at open meetings nor attend any discussion or Step groups.

His interpersonal isolation was a manifestation of the power of his inner isolation. He described himself as a river bank drunk who had done just about anything for a drink. Alcohol, which he very reluctantly gave up, was viewed by him as his only friend. In four years he had been detoxified sixty-five times during which he tested again and again the authenticity of those who acted as if they wanted to help. At meetings he was quick to criticize others for not being real alcoholics, was easily offended, and was capable of great anger at any sign of disapproval and rejection. Although his attitude had much improved during the time he was sober, he continued to hold a deep conviction that people did not care. He describes this as follows:

I have no one close to me and I get lonely. I was brought up to never admit a weakness. I hate to go up and say "I'm a lonely person, please talk to me." It is against my whole fabric of life, my make-up. I'm not going up to you and tell you how I feel. It's a very bad thing but it's bad to go up to the wrong person. What if someone doesn't give a shit? (Jay)

His repudiation of the need for help and his feelings of weakness, hallmarks of the negative introject, continue to direct his behavior. However, the fact that he was able to share this very personal information during the interview revealed he had in fact internalized A. A. values and attitudes. The strength of his new

beliefs enabled him to control his urge for alcohol despite his discomfort. He clearly recognized that alcohol would not solve his problems; he had faith that being sober would someday "payoff," which for him meant relief from his loneliness.

However, he had reached an impasse by using new ideas to reinforce rather than challenge his more familiar way of thinking. He was aware that something was very wrong. He felt that he had overcome his alcohol problem, but was acutely unhappy, experiencing a devastating emptiness and feeling of being unwanted. Although A. A. was providing him with some effective defenses to tolerate such feelings, he was also using such defenses to avoid the course of action which A. A. suggest to work through the re-emergence of feelings. Jay's idea of not indulging in self pity--"the pity pot"--and of taking responsibility for one's behavior was being used by him to perpetuate his self-sufficiency. His attitude was that A. A. had worked for his alcohol problem, but was not relevant to his personal problem: finding someone with whom to share his life.

His separation of his alcohol problem from his emotional problems was his way to avoid having to face the next Step in the program: reliance on a higher power in order to take interpersonal risks. For example, the A. A. activity that helps to break through the alcoholic's isolation, speaking and chairing A. A. meetings, might have provided the turning point that Jay obviously needed. In order to take this risk, his faith in a higher power needed to deepen. Jay's attitude toward God was that he was thanking God by leading a decent life. He could not bring himself to get down on his knees and pray. His

attitude toward his sponsor, often the member's precursor of his/her attitude toward God, was not to ask directly for help but to put out the solution and to seek out his sponsor's and other's reactions.

Faith in a higher power and interpersonal risk-taking are mutually reinforcing. Jay had excluded himself from interpersonal risk-taking due to a profound lack of trust and through screening out those aspects of the program which would threaten his self-system. Members may become stuck at this point or may undergo some experience which stimulates them into the step which they are resisting. Jay said, "I can't take twenty-five years of garbage and correct it in two years." Time and flexibility appear to be the crucial elements in the A. A. process that keeps members sober and struggling emotionally.

Phase Four: Obstacles to Re-encountering the Self

Phase four is often initiated by the re-emergence of the feelings of depression which underlie the drinking problem. The member is encouraged to cope with his/her depression by involvement both in the Steps and in the personal relationships of the fellowship. The member is told that though his/her participation in the fellowship has helped to control his/her alcohol problem, s/he can alter the personality which needed the alcohol only through the A. A. Steps. Once the member has placed his faith in God, Step Three, s/he is then ready to take Steps Four and Five to help alleviate guilt and depression. Steps Four and Five are as follows: "Made a searching and fearless moral inventory of ourselves"; "Admitted to God, to ourselves, and to another human being the exact nature of our wrongs." These

Steps help members overcome their interpersonal isolation.

The depression that a member experiences is precipitated by an attack on the hold the negative introject has over his/her Self. The defensive maneuvers that helped to defend against depression were based upon the identification with the negative introject. The depression reflects both the loss of and deep ambivalence toward the negative introject. Steps Four and Five help the member to both identify and expose the negative introject. The member lets someone else know how very badly s/he feels about himself/herself. Such exposure allows the member to be receptive to reactions from a new audience towards him/herself. The Self is now geared toward growth rather than security. At this point, developmental needs of adolescence and early adulthood, which were arrested through alcohol abuse, emerge. The member becomes part of a circle of friends and often forms a primary, intimate relationship.

The major obstacle that impedes progress through this phase is the inability to expose oneself to another person. The member continues to deny personal limitations and weaknesses. The relationship with a sponsor, speaking at A. A. meetings and discussion groups, and forming a supportive network of A. A. friends are all experiences that help members take interpersonal risks at a pace that they can tolerate. Some members, especially those who have developed a social facade, seem to glide through these experiences and thus stay on the surface of interpersonal relationships. Their relatively greater success in denying the negative introject makes it that much more

difficult for it to be challenged. Although they may report trust and faith in a higher power, they cannot translate that trust into personal relationships.

Sam came into the program with a long history of alcohol abuse and alcohol related arrests; he was belligerent, defensive, and anti-social. He remarked that he had spent his life "being right no matter what and would fight to prove it." He had what A. A. calls a big ego; false pride and excessive anger precipitated his alcohol abuse and acting out. The change in his attitude was dramatic. Through the fellowship, he learned that people were not out to hurt him and that he could be responsible and trustworthy. Through the Steps he began to take responsibility for his reactions rather than to externalize blame, to examine his attitudes, and to tolerate others. He had experienced the serenity that the program promised, though he was still bothered every few months by the urge to drink which he reported having a little difficulty controlling.

Sam's need for autonomy in personal relationships was marked. He knew that he needed the group's help to stay sober, but feared being trapped into speaking or some other commitment. When he joined, he warned the group that if they ever "backed him into a corner," he would drink. In time, he frequently spoke at meetings. He protected his autonomy with his sponsor by agreeing to call him when he needed him, but withheld what was troubling him. They would talk about sports and other external topics. At times he called him at "ungodly" hours but still did not discuss the problem. His sponsor's

availability seemed to have a calming effect. Sam's explanation of how this helped him reflected his general philosophy of how the program works for him. It is the willingness to try, to make an effort which kept him sober, i. e., attending a meeting, making a phone call, etc.

During the interview Sam began to see a connection between his having identified making an effort as the most important aspect of the program, and his resistance to taking Step Five. He had been working on the Fourth Step for some time, and everytime he thought he was ready to share it with another person, he remembered more things he needed to add, and postponed the Fifth to improve the Fourth. He acknowledges his fear of talking to someone about many events in his life. Since he feels that reaching the end of the Fourth Step seems like an insurmountable obstacle, he focuses on making the attempt as an adequate measure of his success.

Sam's resistance appears to be based upon a lack of confidence and morbid fear of rejection. His need for autonomy and his seeming self-assurance appear to mask a deep sense of inferiority. Although he sincerely works the program and continually practices letting go of attitudes and values based upon his old system, he avoids personal exposure. As Sam remarked, he still finds it difficult to prevent himself from lying to himself.

It is unclear what elements in the program might help Sam overcome the obstacle. He does not lack faith that God will help him, but his relationship with God reflects his basic issue with other

people. He wants to feel closer to God, to feel His presence, but does not know how to achieve this. Sam does not appear to be experiencing the feelings of depression which were the stimulus for other A. A. members. He seems to have reached a plateau where he feels relatively comfortable.

Brad's recourse to marijuana seems to be closely connected with his resistance to Step Five. Nine months into the program, he began to smoke marijuana, a drug on which he had been psychologically dependent along with his addiction to alcohol. Sensing that his relapse might be associated with his resistance to taking Step Four, he began working on the Step. He was experiencing great difficulty so it was suggested that he take Step Five. He was told that what he had thus far accomplished on Step Four was too abstract, that it was more a description of other people's inventories than his own. It was suggested that he ask for help to be as honest as he could, that he think back as far as he could remember, and that he write about specific incidents without erasing anything.

At that time his understanding of himself was extremely limited. Although he was committed and very involved in the program, his efforts were directed at grasping ideas rather than developing relationships. The relationships he did have were superficial. Although he had two sponsors, he seldom used them but rather collected opinions from various people on how to deal with different issues. He was still at the stage of externalizing his problems.

Alcohol was the reason for his past difficulties, and his present frustrations were attributed to having not yet found the right companion. Thus, the task of writing about himself was very difficult. Three months after his first relapse with marijuana, he smoked again in order to see if he could come up with any further information. This led to a continued use of marijuana and his abandonment of the task. Nevertheless, he was pressured by his roommate, an older man with some sobriety, to share what he had written. Prior to the set date he went on a short binge with various drugs.

Brad finally shared with his roommate the seventeen pages he had written. His roommate noted that he very much needed someone to trust as an adolescent but had never found such a person. This statement seemed to reflect his present dilemma, a lack of trust, the degree of which he was largely unaware. Following the Fifth, he took the Sixth and Seventh, which resulted in a feeling of being close to a Supreme Being. For the next two weeks he felt very high until certain feelings emerged. He felt deeply depressed and suicidal. He again turned to God for help and then suddenly realized that he was never completely honest with people. He then asked God to let him cry which led to heavy sobbing and a deep sense of relief.

In the ensuing three months, Brad continued to use marijuana occasionally. He had not quite assimilated his experience with the Fifth Step or the spiritual experience he had described. He feared that by talking about this experience, he might actually lose it.

There was a sense that he had taken Steps in the program for which he had not been ready but which nevertheless had a positive effect. His faith in God had strengthened and he had trusted another person. On an interpersonal level, his experiences had given him the trust and faith necessary to begin to re-encounter himself, to experience his feelings without endangering himself. At the time of the interview, he was only beginning this process.

Taking the Fourth and Fifth Step has been described by sponsors as a critical turning point that determines whether or not a member will succeed or fail in the program. If the trust and faith of the preceding Steps have been abstractions rather than interpersonal realities, a member might either avoid these Steps altogether or struggle through to face his/her lack of trust and faith. The resistance to interpersonal exposure is very deep rooted. Those members who cannot tolerate it may be those who are described as "dry" rather than "sober." The two subjects discussed cannot be described as either dry or sober. Rather, they are in a state of transition from a Self based upon a negative introject to a Self based upon a positive introject.

Conclusion

This chapter examined the experience of members of Alcoholics Anonymous who were impeded in the process of self-transformation or who were deviating from the designated course. My purpose was to understand the issues which are most critical in facilitating the

process as well as to identify the limitations in the applicability of the theory. The major difference between the subjects presented in the previous chapter and the subjects presented in this chapter is the degree of reported difficulty experienced controlling the urge for alcohol and/or a substitute drug. Of the ten subjects whose experience provided the basis for the model of self-transformation, five reported no difficulty controlling an urge for alcohol and/or a substitute drug, and five reported no longer experiencing an urge for alcohol or any other drug. Of the ten subjects discussed in this chapter, three continued to use alcohol, two had relapsed using a substitute drug, and five, while alcohol and drug-free, were experiencing some degree of difficulty remaining abstinent. The investigation of the subjects experiencing obstacles to change helped to clarify the following critical transitions of the process of self-transformation: giving up one's addiction to alcohol, gaining control of one's addiction, changing those aspects of the personality which made recourse to alcohol necessary.

What appeared to distinguish the subjects who continued to abuse alcohol from those who had achieved abstinence was the degree to which they had accepted alcohol as their major problem. The problems alcohol created had not yet outweighed the problems it was solving. The hypothesis previously presented was that the function of alcohol abuse is the silencing of a failure-predicting, rejecting inner audience based upon the identification with a negative introject. An additional purpose was revealed: the alcohol abuse itself is often interpersonally meaningful, helping to maintain a balance between

success and failure, and intimacy and isolation, both types of opposing experiences being threatening to varying degrees. Alcoholics Anonymous does not intervene directly by challenging the functions alcohol serve in the person's life. Rather, it makes available a positive, supportive experience with other people that can provide an alternative to the coping mechanisms based upon identification with the negative introject. What makes the relationships in A. A. safe enough to be perceived as an alternative is that nothing is being expected or demanded of members in order to experience unconditional positive regard. Likewise, because of the lack of such a direct challenge to the alcoholic's defenses, the alcoholic may or may not come to respond to the alternative. Those whose identification with the negative introject is strongest, manifested by an intense need for control over themselves and others, will experience A. A. as too direct a challenge to their negative introject. Only many years of repeated failures will wear down their resistance, if at all.

Those who accept A. A. as an alternative begin to develop a new identity as a recovering alcoholic, an identity which enables them to maintain control over their addiction. Learning new values and attitudes, and identifying with and modeling new behaviors all contribute to the internalization of new norms. The new norms and activities are geared toward strengthening the functioning of the adult self, building defenses against the infantile self, and undermining the power of the parental self by challenging the

identification with the negative introject. During this transition from old to new attitudes, the A. A. sponsor, groups, and organization act as an anchor or foundation for the newly developing adult Self.

A major difficulty experienced by some subjects at this stage of involvement is that they act out their internal conflict between the infantile ego and the negative introject with the A. A. organization. The sponsor and/or A. A. group is perceived as an authority figure whose demands, expectations, and intrusiveness are fended off through passive aggression and rebellion. Thus, as a result of such negative responses, the new system, which might help to prevent such reactions, is resisted. Markedly positive interpersonal responses in which the sponsor is perceived as an over-idealized parent present less of a problem. Such a relationship enables the member to develop new attitudes and relationships necessary to cushion the member's reaction to the inevitable fall of the sponsor from the pedestal upon which he or she has been placed by the member.

The resistance of members based upon negative transference reactions with the A. A. organization appear to be worked through eventually. In reality A. A. makes no actual demands, with the exception of certain sponsoring relationships which the member chooses. The structure of A. A. is such that all groups are independent and can determine format and procedures so long as the guiding principles, the A. A. principles, are respected. Members who have been highly rebellious and critical of a group format have

been encouraged to start a new group. Since there are no real bosses in A. A. the potential for authority conflicts diminishes. However, the inability, due to the influence of the negative introject, to form or sustain a sponsor relationship has ramifications for what has been termed self-transformation.

The meaning of self-transformation in A. A. is a shifting of the locus of control of the personality from the negative introject to a new source of control, identified as the God of the person's understanding. The control by the negative introject is undermined through the member's practice of giving up control to a higher power and through taking interpersonal risks with the A. A. sponsor, at A. A. meetings and with A. A. friends. However, in order for the negative introject to be dethroned, its most basic tenets, the repudiation of personal weakness and the need for tenderness, must be challenged in interpersonal relationships. It is only then that control can be shifted to an authority experienced as greater than the parental authority--a Supreme Being, an ultimate authority. The negative introject must be identified and exposed in order to allow for a new source of control.

The adult self of the alcoholic, strengthened through the building of a new identity, cannot function without basic ego support provided only by "the good mother" of infancy, the positive introject. While the source of control is shifting from the negative to the positive introject, the A. A. sponsor, group, and organization provide an external anchor for the adult self. However, an organization or group cannot be internalized as a positive introject; this internalization

appears to be achieved only through the experience of being loved unconditionally by another person. Thus, it is often only after a person exposes himself/herself to another person who offers such acceptance, that s/he experiences a personalized contact with God. It appears that one experiences God's acceptance only to the degree to which one has experienced another person's acceptance.

The subjects who could not risk self-exposure, admit personal limitations and the need for tenderness, continued to be controlled by the negative introject. New values and attitudes which did not threaten the relationship with negative introject were internalized within the framework of the old system, whereas others, more directly threatening, were ignored. Those subjects who actively attempted to let go of the negative introject through trust and faith in a higher power, but could not yet act on this trust in personal relationships, were dependent upon the A. A. organization on a daily to weekly basis. They need continual external support to maintain the new perspective; only then could they counter the negative introject and use God to challenge rather than to reinforce control of themselves and others. Nevertheless, trust and faith in such a power creates the eventual possibility for taking the interpersonal risks that are necessary for self-transformation.

C H A P T E R V I

SUMMARY AND CONCLUSION:

SELF-TRANSFORMATION IN ALCOHOLICS ANONYMOUS AND
ITS IMPLICATIONS FOR CLINICAL THEORY AND PRACTICE

I became interested in alcoholism as a clinician working with alcohol and drug addicted persons. I was aware that Alcoholics Anonymous is effective in helping alcoholics gain control of their addiction, but I had no understanding of how this was accomplished. In the literature pertaining to the treatment of alcoholism, psychotherapists are advised that A. A. should be an adjunct to individual therapy, but an explanation of how A. A. and psychotherapy could be mutually reinforcing is left unanswered. Working with clients who were active participants in A. A., I began to question whether the self-exploration which psychotherapy involves would conflict with or complement the specific prescriptions for behavior which seemed to characterize the A. A. program. This questioning eventually led me to the broader question of what change is and how it occurs. My goal was to formulate a conceptualization of change that could include such dramatic manifestations of change as A. A. as well as the more subtle long-term change which characterizes psychotherapy.

The construct which helped me to integrate a social approach to personality change with a psychoanalytic approach is the interpersonal Self--the Self as the embodiment of interpersonal experiences. The central premise of the interpersonal approach is

that the Self is bestowed, maintained, and transformed through interpersonal experiences. Contrary to the humanistic viewpoint, the Self is not realized in the medium of relationships, but it is actually created through interpersonal experiences. The experience of having a Self depends upon the capacity for self-reflectiveness, the ability to become an object to oneself. One becomes an object to oneself by viewing oneself as one views any other object. However, only through taking the role of another can one experience oneself as an object. Thus, the patterns of responses of others toward the Self are transformed into internal dialogues which give the Self its meaning and definition. The important implication is that one's experience of oneself is primarily through the responses of significant others.

I depicted the growth of the Self as a process of differentiation through interactions whereby the Self develops from an undifferentiated, unified whole into a more complex structure. The growth of the Self can be compared with the developing infant's acquisition of language. Through interpersonal experiences, the infant's potential for language is shaped with respect to both content and structure. Likewise, the person's undirected tendencies--impulses, needs, and feelings--are given direction, form, and meaning through interactions with others. Moreover, the very structure of the Self with respect to the degree of unity as well as level of development or complexity is determined by the quality of early interaction with

significant others.

The interpersonal Self however is not dependent upon each new interaction for self-definition. The sense of Self as a coherent entity which manifests consistency across situations emerges when the child is able to abstract a composite picture of the expectations, attitudes, and meanings of significant others toward itself. This composite picture enables one to identify a single 'me' through viewing oneself from the viewpoint of the abstract composite. Since we are fundamentally dependent upon others to define ourselves, we are always in the process of knowing ourselves; but a coherent sense of Self depends on having a stable, internal frame of reference.

However, what accounts most for the stability of the Self and its resistance to change is anxiety. Anxiety is viewed as the most central emotional state to understanding human behavior. The conscious or identified self is not only a social product, but is also a product of anxiety. If anxiety did not come into the picture, one could be maximally self-observant, directly aware of oneself and one's appraisal by others. Anxiety is experienced as a loss of connection with the significant other to whom one depends upon for love and support. Thus, when the child is able to develop a composite picture of the parental expectations, attitudes, and definitions, the child will begin to organize his or her attitudes and behavior according to this composite in order to maintain a connection with significant others. The child's version of reality will be that of the significant others. Perceptions, thoughts, feelings, and behaviors which elicited anxiety in the parent as well as

aspects of the parent which elicited anxiety in the child are symbolized in a distorted fashion or not symbolized at all in order to avoid anxiety and to maintain a relationship with the parent. A defensive system develops which controls the content of consciousness by focusing only upon events which elicit minimum anxiety and by selective inattention to internal and external perceptions which elicit moderate or severe anxiety. The degree to which one is unaware of oneself and needs to orient oneself toward interpersonal security rather than toward growth will depend upon the degree to which aspects of the Self are associated with anxiety.

Persons are able to break free of parental expectations, values, and beliefs; this breaking away is especially apparent during adolescence. However, breaking away is most possible for persons who have internalized a positive introject: a personification of the mothering figure who provided enough tenderness and support to allow the developing infant to be completely certain of the mothering figure's presence and love. Thus, the connection with the mothering figure exists within oneself and provides a basic sense of trust, optimism and faith. The positive introject is internalized at the end of infancy during the stage when the infant is psychically separating itself from the mothering figure. The developing child continues to be dependent upon and shaped by parenting figures, but will be geared toward satisfaction and expression of needs and will not experience disapproval or rejection as a complete loss of self-esteem. For the person lacking a positive introject, disapproval or rejection is

experienced as a threat to his or her existence. If the mothering figure failed to provide enough support and tenderness for the newly developing psychic Self, the psychic Self splits in order to cope with this developmental mishap. This split results in a lack of a solid foundation of the Self, what is referred to as ego-weakness. In order to avoid ego-loss, aspects of the infantile ego withdraw into the inner world along with the personification of the bad mother, the negative introject. The drama is then re-enacted in one's internal reality. The infantile ego seeks to totally possess and destroy the mother who tantalizes but does not satisfy. What the infant does is to take into its inner world aspects of the parent and of its developing Self which are too threatening to experience. The inner reality comes to mirror the "bad" aspects of external reality, but, as a result, the external world can be experienced as "good." However, since the infantile ego withdraws from external interactions a major aspect of the developing Self, its foundation, remains relatively undifferentiated and characterized by an intense longing for a love object and by an intense rage at the frustration of this need. Lacking a positive introject, the developing Self cannot tolerate separation or loss and, thus, is completely oriented toward seeking approval and avoiding disapproval. Loss of self-esteem, signifying separation from the parent, is experienced again as ego-loss, the basic terror with which the person must continue to live. In order to cope with this basic vulnerability to disapproval and rejection, s/he either turns to a good object in order to work through rage and separation or, if this alternative is lacking, develops a

Self based mainly on the need to survive rather than on the need to grow. The needs and feelings of the infantile self are repudiated and the basic vulnerability to the reaction of others is defended against through forced autonomy and interpersonal isolation.

The type of personality structure for which alcohol functions as a major coping mechanism is characterized as being fundamentally imbalanced due to the lack of a positive introject. A major aspect of the Self is infantile; the conflict between the infantile libidinal ego and the negative introject dominates the alcoholic's internal reality. The feelings of pain and rage which are associated with unfulfilled longing are avoided by the child's denial of its needs and by the child's perception of the mothering figure as good and the child as bad. Characteristics are developed which are irreconcilable with the infantile ego. The Self is not rooted in its needs and feelings but rather is characterized by a ceaseless drive to gain control and power over the Self. The need for power is the need to deny the control by the negative introject. The experience of powerlessness must be avoided since vulnerability triggers the terror and rage associated with the all-powerful mothering figure. The alcoholic's conviction of his or her badness is deep-rooted and the sense of guilt is pervasive. The developing Self defends against the underlying depression by either repudiating all moral feeling or by living a morally idealized version of the Self. Fear is avoided through interpersonal insulation and isolation. Thus, the alcoholic can admit neither fault nor weakness.

Alcohol reinforces the alcoholic's need to assert his or her power over the negative introject through silencing evaluative messages and thus incapacitating the hold of the negative introject. The alcoholic state is experienced as omnipotence; the "I" is no longer under the influence of the definitions and expectations of others. For the non-alcoholic such an experience may serve as a pleasant release that enables him or her to withstand the frustrations of living. For the alcoholic the need to shut off the inner audience in order to risk interpersonal exposure is constant.

The major obstacle to change that the alcoholic faces is the defensive system, the self-system which s/he has erected to cope with his or her basic vulnerability to the threat of ego loss. The major tenets of the defense system are a repudiation of the need for tenderness and the denial of personal weakness or failure. However, as a defensive strategy, the denial of the need for tenderness and weakness leads to greater dependence on the negative introject by cutting off the possibility of new sources of validation. People require validation for every point of progress in their interpersonal relationships. In order for the mothering figure to be replaced as the primary evaluator, the major tenets of the self-system must be challenged. As a result of the challenge to the connection with the mothering figure, the person should experience profound disorganization of the Self as well as a severe depression. In order for such a change to take place, a transitional life line connecting the initial self-organization to a new self-organization is needed.

The research project investigated how a self-organization whose predominate symptom is alcoholism transforms to a self-organization based upon sobriety. My hypothesis is that the A. A. program of recovery involves a transformation of identity through challenging the alcoholic's self-system and through encouraging the alcoholic to incorporate a new source of control for his or her behavior. My purpose was to attempt to understand the process by which a shift in the basis of control of behavior comes about.

In order to clarify which aspect of the Self is restructured and which aspect of the Self does the restructuring, a distinction has been made between the identified self and the unidentified self. The identified self has been viewed as the aspect of the Self participating in ongoing interpersonal relationships, the aspect of the Self identified as the good-me. If aspects of the Self are dis-associated, split off from the conscious experience of 'me', then the Self will consist of an identified self participating in external relationships and an unidentified self tied to relationships in the inner world based upon the love hunger, anger, and fear of early relations. The self-system functions to maintain the split between the identified and unidentified aspects of the Self. In depicting the process by which the Self changes, I distinguished between identity formation which involves a content change in the identified self and an identity transformation which involved a restructuring of the Self through a direct challenge to the self-system. My hypothesis is that the challenge to the self-system would undermine the member's identification with the negative introject, upon which the organization

of the Self is based. This challenge would precipitate the danger of depressive paralysis. Of theoretical and practical significance would be the understanding of how A. A. enables the member to cope with terrifying and painful feelings, which have been previously avoided through a functioning self-system and through recourse to alcohol, and which would re-emerge during the transition from one self-organization to another. Of additional significance is understanding how a new source of control is introjected and assimilated. The positive introject was defined as the internalization of new attitudes and expectations which were favorable to a person's self-esteem, but I was unclear about what the nature of the positive introject needed to be and what its relationship to the member needed to be in order to become internalized within the Self and to act as a new source of control. Finally, I hypothesized that the negative introject would impede the possibility of accepting needed support, i.e., the positive introject, and was uncertain about how this could be overcome.

I interviewed twenty subjects intensively about themselves, their alcoholism, and their participation in Alcoholics Anonymous. Based upon the interviews of ten subjects who reported either that they no longer experienced an urge for alcohol or any other drug or that they had no difficulty controlling that urge, I delineated a series of six phases which outlines how the Self is transformed. I related the A. A. program of recovery, the Twelve Steps, and the interpersonal experiences of an A. A. member to an intrapersonal process involved in achieving abstinence and a transformation of the Self. Based upon the interviews of the ten subjects who reported difficulty either

controlling or abstaining from alcohol and/or any other drug, I examined the nature of the obstacles involved in the process of change.

My hypothesis that the A. A. program of recovery involves a transformation of identity through challenging the alcoholic's self-system and through encouraging the alcoholic to incorporate a new source of control for his or her behavior was substantiated. A major finding is that the process by which an alcoholic gains control over his or her addiction represents only the initial phases of the process of self-transformation. The alcoholic's development of control over his or her addiction is a necessary precondition of self-transformation but does not always proceed any further. Members' control over their addiction to alcohol is based upon the construction of a new aspect of identity which represents a way of organizing and evaluating their experience with alcohol. Through a learning process involving role-taking, modeling, and problem solving, the member assimilates new attitudes and values that are communicated at every meeting through speakers, discussion and A. A. friends. This experiential base helps the member to build a defense against using alcohol as a problem solving strategy. Through the repetition of slogans and concrete acts, such as attending A. A. meetings or picking up the phone instead of a drink, the member internalizes new controls and norms. The process of self-transformation in A. A. is a shifting of the locus of control of the entire personality from the negative introject to a new source of control--a positive introject identified as the God of one's understanding. The positive introject, emerging from the infant-mothering relationship, is viewed as an

earlier phenomenon than the development of self-control which develops through the internalization of the reactions of others. A positive introject provides a sense of protection and certainty, trust in others and in the world, optimism, and a positive feeling about the Self. A new Self emerges with God as its foundation and primary evaluator. However, it is the composite of attitudes, values, and goals, "the generalized other," which is learned and experienced in the fellowship and that gives direction and meaning to the new Self.

The distinction between the function of the positive introject and the function of the generalized other does not explain how each development affects the overall organization of the Self. A finding of major significance is that the basis upon which the Self is organized is determined by who controls a person's self-esteem. If the negative introject is in control, the attitudes, beliefs, behaviors, etc. will be organized to maintain the connection with the negative introject. Subjects who had developed control over their addiction to alcohol but who had not yet shifted control from the negative introject, internalized only those attitudes and values which could be assimilated within their current self-system. Other attitudes and suggestions which were directly threatening to the connection with the negative introject were ignored. These subjects experienced discomfort abstaining from alcohol or other drugs since the problems that alcohol was used to solve continue to aggravate the member. When the control by the negative introject was seriously undermined but a positive introject was not yet internalized, the member was dependent

upon the organization on a daily to weekly basis to maintain the new perspective in order to guard against having the negative introject usurp control. When the control of the personality is shifted from the negative introject to a positive introject, the new attitudes and values provide a framework by which the former Self will be evaluated. Former attitudes and values which do not threaten the relationship with the positive introject will be assimilated into the new system, whereas other attitudes and values more directly threatening will be ignored.

In order for a positive introject to be incorporated, the control by the negative introject has to be completely undermined. The major way in which A. A. accomplishes this is to encourage members to act in a manner that is completely incongruent with their beliefs. The alcoholic is asked to practice having trust and faith in a higher power's benevolence and protection by going through the motions of asking for the higher power's help. The alcoholic's need for interpersonal control to avoid the threat of ego-loss is strong and automatic. Lacking a positive introject, the alcoholic is always vigilant against the ever present dangers of rejection, betrayal and failure. By allowing himself or herself to give up power to an imagined benevolent higher being, the member is actually able to feel more powerful and to begin to let go of the need for complete interpersonal control.

Whereas the psychotherapist attempts to gain the client's trust and faith in the therapeutic process by exploring the client's

resistance and feelings, A. A.'s strategy is to focus only on building the foundation that the member lacks. The components of the foundation which the A. A. program proposes give concrete meaning to the concept of building ego strength. The ego is strengthened through assuming a number of roles and responsibilities, internalizing new attitudes and goals to organize and evaluate experience, developing a supportive network of relationships, and having faith in a benevolent God. Although faith in a Supreme Power helps the member to undermine the power of the negative introject, the member's experience of a Supreme power is at first too abstract and distant to provide the life line which is needed in transforming a former self-organization to a new one. Rather, the A. A. organization itself along with the supportive network of relationships, provides that life line on a twenty-four hour a day basis.

A member's newly constructed identity, buttressed by a faith in a Supreme Power and by supportive relationships, provides a constructive defense against the depressive paralysis which inevitably follows from challenging the self-system. The control by the negative introject is undermined through the practice of giving up control to a higher power and through taking interpersonal risks. However, in order for the negative introject to be dethroned, its most basic tenets, the repudiation of personal weakness and the need for tenderness, must be challenged via interpersonal relationships. It is only then that control can be shifted to an authority experienced as greater than parental authority--A Supreme Being. The risk of self-exposure

per se does not precipitate the internalization of a positive introject. Rather, self-exposure finally undermines the defensive system which has kept the member isolated. As painful and overwhelming emotions re-emerge through greater risks in personal relationships the member turns in desperation to God for help.

The internalization of God provides an inner sense of security, protection, and certainty which appears to transform the alcoholic's terror-filled world into a benevolent universe. The importance of a positive introject personified as God as well expressed by one of the subjects: "You have to depend on something stronger than yourself. The only thing that lasts is God." Whereas people inevitably disappoint each other, a spiritual presence can be a constant reality. However, an important finding is that the relationship to God that the member experiences reflects the member's level of achievement in interpersonal relationships. Only the aspects of themselves which have been accepted by another person are experienced as acceptable to God. However, the acceptance by God helps members to take interpersonal risks. The level of integration of the members' new spiritual Self with their former Self depends upon members willingness to learn about themselves and about God through interpersonal relationships.

Of theoretical interest to me was the resolution of the conflict between the two opposing self-organizations. A significant finding is that a new spiritual Self emerges which can exist independently of and alongside with the former alcoholic Self. Thus, when a member's emphasis is on spiritual rather than emotional growth, as it was

clearly with one subject, it was as if an independent, spiritual Self was growing which overshadowed a separate, very stunted aborted Self. In general, three trends emerged which depict the way in which the new spiritual Self, which is based upon the internalization of a positive introject, is integrated with the former Self, which is based upon the internalization of a negative introject. In the first trend, the new spiritual Self reinforces the split between the repudiated infantile self and morally idealized version of the adult self. Unlike the former Self, through unconditional acceptance by the positive introject, the new spiritual Self provides the possibility for integration of impulses and feelings associated with guilt and shame. However, when the positive introject is also used to resolve ambivalent feelings toward the personified mothering figure by splitting off negative feelings and reinforcing positive feelings, the new spiritual Self may be oriented more toward maintaining security than toward interpersonal growth. In the second trend, the new spiritual Self acts as a protective shield against the negative introject in an ongoing dynamic conflict. The focus of the conflict is the struggle for the positive introject to become the audience for the aspects of the Self experienced as bad and shameful. It seemed to be easier to split off the part of oneself associated with the negative introject than to shift the audience for those feelings to the positive introject. A frequent coping strategy is to project the negative introject so that the Self is unified in its defense from the external onslaughts. In the third trend, the spiritual Self provides the

self-acceptance necessary for self-exploration and self-examination. The subjects manifesting this trend seemed to have a relatively greater degree of ego development. They needed self-acceptance and support rather than a new foundation in order to begin to tolerate their feelings.

The above findings have profound implications for clinical practice with an alcohol or drug addicted population. Individual psychotherapy has been generally viewed as being largely ineffective. The findings presented shed light on the limitations of individual psychotherapy with alcoholics. As the psychotherapist attempts to challenge and outflank the negative introject, the client's feelings emerge which cannot yet be tolerated, precipitating a relapse. A. A.'s strategy is to build defenses against the infantile self prior to directing the member to any self-exploration. However, the experiential base of A. A. through which repetitive acts and slogans are internalized provide effective internal controls which cannot be paralleled. But this is just the beginning of the therapist's and the client's problems. Lacking a positive introject, the alcoholic looks to the therapist to provide the anchor, the foundation for a sense of Self. Even if the therapist could provide a crucial life line, a holding environment, the therapist will come to be experienced by the client as all powerful. The stage is then set for a re-enactment of the infantile drama around possessing and destroying the needed love object, a drama which the client does not have the strength of Self to constructively replay.

Besides providing new defenses, A. A. actually helps construct a new identity that provides a member with a sense of self-definition, self-esteem, and self-control, all of which may enable him or her to tolerate at some point transference feelings. However, since some A. A. members experience obstacles based upon the projection of the negative introject onto the organization and the organization's potential helpers, the psychotherapist can help those members establish relationships with others. However, the psychotherapist needs to avoid the pitfall of presenting himself or herself as a potential foundation for the alcoholic's Self but may develop a beneficial relationship when that foundation is provided elsewhere.

FOOTNOTES

¹ Billig & Sullivan, 1943; Halpern, 1946; Kissin, 1976; Knight, 1937; Lisansky; 1960; Lolli, 1956; Machover & Puzzo, 1959a; McClelland, 1972, Rado, 1933, Sharoff, 1969; Zwerling, 1959; Williams, 1976.

² For a distinction between the role of fathering and mothering. see R. H. Turcotte, "Fathering," 1980, unpublished manuscript.

³ A social club for sober alcoholics.

⁴ The tests administered were included in the general data pool but were not formally analyzed.

⁵ Standard instructions indicated by Murray for the administration of the T.A.T. see William E. Henry. The Analysis of Fantasy (New York: Robert E. Krieger Publishing Co., 1973), pp. 267-268.

⁶ The description of each of the cards to be presented is Murray's descriptions. see William E. Henry. The Analysis of Fantasy (New York: Robert E. Krieger Publishing Co., 1973), pp. 237-266.

⁷ Name of an A. A. speaker meeting.

⁸ A club for sober alcoholics.

⁹ Stephan P. Spitzer et al., "Interrupting the Career Cycle of Chemically Dependent Criminal Offenders Via Identity Transformation Techniques" (Paper presented at the National Drug Abuse Conference, New Orleans, August, 1979), p. 3.

¹⁰ He is referring to a man at an A. A. meeting who was very drunk.

¹¹ Last set of questions on interview guide which were omitted during first interview.

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APPENDIX A: THE TWELVE STEPS--THE SUGGESTED PROGRAM OF RECOVERY OF
ALCOHOLICS ANONYMOUS

1. We admitted we were powerless over alcohol--that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory, and when we were wrong, promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him praying only for knowledge of His will for us and the Power to carry that out.
12. Having had a spiritual awakening as the result of these steps we tried to carry this message to alcoholics, and to practice these principles in all our affairs. (Wilson, 1952, pp. 5-8)

APPENDIX B: THE TWELVE TRADITIONS OF ALCOHOLICS ANONYMOUS

1. Our common welfare should come first; personal recovery depends upon A. A. unity.
2. For our group purpose there is but one ultimate authority--a loving God as He may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.
3. The only requirement for A. A. membership is a desire to stop drinking.
4. Each group should be autonomous except in matters affecting other groups or A. A. as a whole.
5. Each group has but one primary purpose--to carry its message to the alcoholic who still suffers.
6. An A. A. group ought never to endorse, finance, or lend the A. A. name to any related facility or outside enterprise, lest problems of money, property, and prestige divert us from our primary purpose.
7. Every A. A. group ought to be fully self-supporting, declining outside contributions.
8. Alcoholics Anonymous should remain forever nonprofessional, but our service centers may employ special workers.
9. A. A., as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.
10. Alcoholics Anonymous has no opinion on outside issues; hence the A. A. name ought never be drawn into public controversy.
11. Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level

of press, radio, and films.

12. Anonymity is the spiritual foundation of all our traditions, ever reminding us to place principles before personalities.

(Wilson, 1952, pp. 9-13)

APPENDIX C: INTERVIEW GUIDE

1. History of drinking and A. A. participation.

- a. How long have you had a drinking problem?
- b. When and under what circumstances did you contact A. A.?
- c. When did you begin to attend meetings regularly?

2. Index of self-control.

- a. How long have you been sober?
- b. Since coming to A. A., how often do you drink?
 _____ almost daily; _____ several times per week;
 _____ almost weekly; _____ almost monthly; _____ once every few
 months; _____ about twice a year; _____ about once a year;
 _____ never or almost never (less often than once per year).
- c. Since coming to A. A. how often do you feel the urge to drink?
 (Same scale as 2b.)
- d. How difficult is it to control the urge to drink?
 _____ very difficult; _____ somewhat difficult;
 _____ a little difficult; _____ not at all difficult.
- e. Have you ever had a problem with a drug other than alcohol?
 If yes, how long have you had this problem?
- f. Since coming to A. A., have you used any drug other than
 alcohol? (Same scale as 2b.)
- g. Since coming to A. A., how often do you feel the urge to use
 a drug other than alcohol? (Same scale as 2b.)
- h. How difficult is it to control the urge for this drug(s)?
 (Same scale as 2d.)

3. Turning points.

- a. At what point did you admit to being an alcoholic? Was there a significant event or person which influenced you?
- b. At what point (if relevant) did you commit yourself to the A. A. program? Significant event or person?
- c. At what point (if relevant) did you take your last drink? Significant event or person?
- d. In thinking about your experience in A. A., was there any other turning point in the process of achieving or maintaining sobriety?

4. Rating A. A. experiences.

- a. Please rate the following experiences along the following scale with respect to the importance of that experience for (a) achieving sobriety (taking the last drink), and if relevant (b) maintaining sobriety.

(1) critical

(2) somewhat important

(3) not too important

(4) have not yet had experience

a b

___ ___ attending A. A. speaker meetings

___ ___ taking A. A. Steps

___ ___ attending A. A. discussion groups

___ ___ speaking at an A. A. meeting

___ ___ relationship with sponsor

___ ___ relationship(s) with another A. A. member(s)

- ___ ___ A. A. network of social contacts and social activities
 ___ ___ joining a group
 ___ ___ sponsoring another A. A. member(s)

5. Significance of A. A. experiences.

- a. A. A. speaker meetings. How often do you attend? How do they work for you? Could you give a couple of examples of how they have or have not helped you?
- b. A. A. Steps. Have any of the Steps been particularly significant to you? How?
 Which Step(s) do you have the most trouble either practicing or understanding?
 Which Steps have you taken and practice in your life?
 Which Step (s) are you currently working on taking?
- c. A. A. discussion meetings. How often do you attend? How do they work for you? Could you give a couple of examples of how the discussions are or are not helpful?
- d. A. A. Step meetings. (Same question as 5c.)
- e. Speaking at an A. A. meeting. If, when, and how often do you speak? How is this helpful to you?
- f. Sponsor. How long have you had this relationship. How often do you see or speak with your sponsor? Could you describe what your relationship is like? Could you give a couple of examples of how s/he has helped you?
- g. Another A. A. member(s). (Same questions as 5f.)
- h. Network of social activities. Describe the network and your participation in it. How does it work for you?

- i. Joining a group. When did you join a group? How often do you attend? What does being a member of your group entail? How is the group important to you? Could you give a couple of examples of how the group has or has not helped you?
- j. Sponsoring another A. A. member(s). How many A. A. members have you sponsored? Over what period of time? What is your relationship(s) like with the person(s) you sponsor? How is this experience helpful to you? Could you give a couple of examples?

6. Incidents of self-control.

Could you describe two or three most recent experiences in which you wanted to drink but did not? What did you do? Who did you speak with? What was the conversation like? What went through your mind?

7. Relapses.

- a. If applicable, could you describe your last use of alcohol and/or drugs since coming to A. A.?
- b. Do you have any ideas about what led to the relapse?
- c. How was it that you could not use the A. A. program in this instance?
- d. Did the alcohol or drug use influence your understanding of the program at all? If so, how?

8. Self-Image.

- a. How did you feel about yourself before coming to A. A.? Has this changed? How?
- b. What kinds of bad feelings come up for you? How often?

Under what circumstances?

- c. How do you get through these experiences? Could you describe a couple of examples?

9. Significant relationships in A. A.

- a. Who are the people who are currently important to you?
- b. How are they important?
- c. What kinds of problems come up? How are they coped with?
- d. Has being in the A. A. program changed your relationship with people you are close with? If so, how do you think?

APPENDIX D: SAMPLE TRANSCRIPT

First Interview with Jay1. History of drinking and A. A. participation.

Interviewer: How long have you had a drinking problem?

Jay: For twenty-three years. I'm thirty-eight years old. The first time I drank I was thirteen and blacked out. I started hitting the bottle heavily in the service when I was seventeen.

Interviewer: When and under what circumstances did you contact A. A.?

Jay: I was first introduced to A. A. in 1961 by a chaplain. I was getting into trouble in the army. In 1965, I went to A. A. meetings in prison, but I did not pay attention to it until 1973 through detox. In prison I went to meetings just to get cigarettes and coffee. I did not have desire to stay sober until detox opened in 1973.

Interviewer: When did you begin to attend A. A. meetings regularly?

Jay: I went to meetings at detox, and I'd go to outside meetings about once a week. In August, 1977, I had six months sobriety. I was keeping sober on my own, and I was feeling better about myself. In 1977, I went on a ten day drunk. I knew that next morning, when I woke up after drinking, that is was all over. There was no more fun with booze. I was just as sick as when I had stopped six months

before. I just went through the motions for the next nine days. I went to Leeds (V. A. Hospital) for only three days and I was still sick. This doesn't mean sitting here that I'll never drink.

2. Index of self-control.

Interviewer: How long have you been sober?

Jay: Two years.

Interviewer: Have you taken any other drug during the past two years.

Jay: No, I never had a problem with any drug other than alcohol.

Interviewer: How often do you feel the urge to drink? Please rate the average frequency on the following scale:
almost daily; several times per week; almost weekly;
almost monthly; once every few months; about twice a year; about once a year; never or almost never
 (less often than once per year).

Jay: Two or three times a week--several times a week. I think of a drink in my head but not in my heart. Every time I wanted to take a drink and did not, I say to myself, "You wanted to take a drink and look, it passed." I just have to watch myself. When anything goes wrong, it's the first thing that pops into my head.

Interviewer: How difficult is it to control that urge? Would you say it was very difficult, somewhat difficult, a little difficult, or not at all difficult?

Jay: Sometimes it's not really too difficult. A little difficult during the week but I know I'll be going to work the next day. Friday night I go to a movie or to a meeting. On weekends sometimes it's somewhat difficult. It's automatic.

3. Turning points.

Interviewer: At what point did you admit to being an alcoholic? Was there a significant event or person which influenced you?

Jay: Years ago. When I was actively drinking I didn't care whether or not I was an alcoholic. In 1973, I started getting some sobriety without being in jail. People started saying hi to me and smiling. I started caring about myself. I'd say "Hey Jay, you ain't such a bad guy after all."

Interviewer: Who started saying hi to you?

Jay: The nurses at detox and the people in A. A. They wanted to shake my hand instead of throwing me out of the door. People would spit on me. I was only welcomed when I had money. I couldn't count the times I'd be thrown out--ten times in one day. I wanted to get money so I could sit in some alley. I realized I was sick, that I was in trouble within myself. I was brought up a certain way. All those things that were pounded into me for years came back to me when I stayed sober; I don't want anything for nothing. I didn't want anyone to see me. I knew I was wrong. Dirty,

crawling off the railroad tracks on a Sunday morning, trying to hide from people.

Interviewer: At what point did you commit yourself to the A. A. program? Was there a significant event or person who influenced you?

Jay: Well, slowly through the fellowship of A. A., I found a different way of life. Now if I drank it would be the stupidest thing. I know that booze will not help. It will give me a high for an hour and that's it. I began to like myself, but I'm short-tempered sometimes. I go to the chapel and say, "God, let me be nice to people. Please I don't ask for twenty suits." I get edgy and say something and feel sorry. Not too long ago, I wouldn't be in this room. I'm an inward person, kind of shy.

Interviewer: Was there a significant event or person which influenced you to stop drinking two years ago?

Jay: It wasn't the A. A. program that was responsible for taking my last drink. I went through some terrible stuff with alcohol. I had convulsions on the street. I had lost forty pounds. The last drunk there was nothing there. Alcohol had whipped me. Before that I didn't want to give up alcohol. Drinking was my friend. I wasn't going to give that up for what. It was something I did all my life. Sobriety, what's in it for me? How do you get through a day without a drink?

Interviewer: How did A. A. influence you before that time?

Jay: Before 1977, I went to meetings all the time. I realized that there was another way of life. My drunks were getting shorter and periods of sobriety longer. I went to detox sixty-five times in about three years, and sometimes stayed four or five days. People were wonderful to me, not like prisons.

In 1965, I started drinking in the streets. Sometimes I have a problem going to meetings; I criticize people. When I first started going to meetings, when I was drunk, I'd put the bum on somebody--bum a dollar or something. Often they made me sit through a meeting to get the money. I'd think, "they aren't an alcoholic, they don't know how to drink." Everything they'd do I'd find fault in. As bad as I was I couldn't look down on anyone. I had to look up and criticize the person because they didn't drink enough to be there. That's how screwed up I was. I was on the river bank. I'd done just about everything for a drink except sell my body to a homosexual--who would want it! I won't go that far! That's where I drew the line short of murder. I sold a refrigerator out of an apartment that wasn't mine.

What I found in A. A. was people who cared. Now I go to meetings and I've got friends. Some of them are concerned about me. I don't criticize the speakers as much. I hear things now. I don't look for the bad as much. A guy drank somewhat different, but I can identify with feelings. Now I can accept people for what they are.

Interviewer: How did you come to change your attitude?

Jay: The real change was my last drunk. I had the realization I had enough. Recently, I quit a job at Friendly's because it was second shift. It was getting in the way of going to meetings. I am feeling better with myself. A person said to me that, "You better make sure you know what you are doing--you quitting a job like that." Whether the decision is right or wrong, I don't have to drink. I don't have to drink when things go wrong.

I found it very hard not to drink for myself since I had a very low opinion of myself. So there is times now when I think about it and say to myself, "O. K., your're digging yourself into the poor me shit." Things ain't going right. Gratitude is what I get when I go to my father's house. I see after all these years of robbing him, he ain't got to hide it. If I went out to drink, I know it would kill him. It keeps me going that's what counts. Slowly I began to like myself a little more and eventually, I won't need him to fall back on.

Interviewer: You mentioned that you had been sober for six months before your last drink. How come you drank again?

Jay: You're lonely coming out--companionship. You want something more intimate, a special person. The person was just as sick as I was. Me, being an alcoholic, I'm emotional. I found an excuse. Now I can accept it. Last time I drank, I

didn't prove anything. People are people, life is life.

Interviewer: You were involved with someone in the program and it didn't work out.

Jay: Yeah. The first six months sober. I was just going to meetings, not listening. Maybe I was staying sober for her. I met her the first month and a half to two months into that six month time. Before that time maybe I was sober four months. I can't allow my emotions to get the best of me.

Interviewer: In thinking about your experience in A. A., was there any other turning point in the process of achieving or maintaining sobriety?

Jay: Staying sober for myself. I walked off a job with a lot more money and security. My social life was zero. I wasn't seeing people I should see. I would be downtown and see drunks. Now I can go to meetings. I try to make a Wednesday, Thursday, Friday meeting. I try to make myself feel good inside. Material things can't keep me sober.

4. Rating A. A. experiences.

Interviewer: I would like you to rate the following A. A. experiences with regard to the importance of each experience at two different time periods. First, you will be rating how important you feel each of these experiences were for getting sober, taking your last drink two years ago. In other words, how important were these experiences from the time you

began to attend A. A. meetings up until the time you took your last drink. Second, you will be rating how important you feel each of these experiences are for maintaining sobriety, keeping away from a drink now. You are to rate the degree of importance on the following scale: (1) critical; (2) somewhat important; (3) not too important; (4) have not yet experienced.

Jay: For me to stop drinking these experiences did not come in at all. Alcohol had whipped me. So I will rate them now for maintaining my sobriety.

Interviewer: That's fine.

Jay: Attending A. A. speaker meetings - somewhat important
 Taking the A. A. Steps - somewhat important
 Attending A. A. discussion groups - not too important
 Attending Step meetings - not too important
 Speaking at an A. A. meeting - not too important
 Relationship(s) with another A. A. member(s) - critical
 A. A. network of social contacts & social activities -
somewhat important
 Joining an A. A. group - somewhat important
 Sponsoring another A. A. member(s) - not too important

5. Significance of A. A. experiences.

Interviewer: I would now like to ask you about each of these experiences. Let's start with speaker meetings.

How often do you attend?

Jay: Several meetings a week, between three and six a week.

Interviewer: How do they work for you? Could you give me a couple of examples of how they have or have not helped you?

Jay: I can't lose contact with A. A. I'm going to need it for the rest of my life. Sometimes I can't listen to a speaker who is off the wall or listen to trivia--an ironing board breaking. But I've accomplished something. I've been there and met my friends. I try to go to a meeting a half hour early. Mostly I go there to talk to my friends--for companionship. I can't go to the bar.

Interviewer: What about the speakers?

Jay: The speakers are important. They say identify and don't compare. I can't seem to relate to a lot of experiences, like a man with a sixty thousand dollar home passed out on the rug. When I identify I realize that I'm not unique. That the three percent of people on the river bank are not the only people who experience certain feelings like the D. T.'s.

Interviewer: You said taking the Steps have been somewhat important. How have they been important?

Jay: The First Step is important. Making amends--when I see my father I don't want to be a belligerent bastard who fights at the drop of a hat. I make amends by staying sober. Some people say they get down on their knees and thank God.

I don't do that. I can't force myself. He sees that I am trying to do something right. He is giving me a chance. I thank Him by trying to live right, be decent, help people.

I really felt for this little three or four year old kid in the news. It was Christmas and they were taking her mother. There were weapons in the house or something. It reminded me of when they came and took my mother. She had a nervous breakdown, and they took her away. She stabbed my father. It's my earliest memory.

Interviewer: Seeing this kid on the news brought back your experience?

Jay: Yeah. What's the next question?

Interviewer: Which Steps have you taken and practice in your life?

Jay: I'm still on the First Step which I took in 1977. I have not written a fearless and moral inventory, digging inside yourself. It's no good to sit down and think all the time and start the poor me bullshit. I try to work all the Steps, live every one of them since I've been sober.

Interviewer: Have any of the Steps been particularly significant? How?

Jay: Taking personal inventory, taking stock. I try to better myself. I ask myself where have I come from in the last year or the last six months. I can see a change even month to month.

Interviewer: What kind of changes do you see?

Jay: I look at things differently. I realize that I ain't the

only person in the world. You get rejected, that's life. Everyone isn't going to like me. I was a people pleaser. I'd be doing things I didn't want to do. If you did something to offend me--rejection was devastating. I say the serenity prayer a hundred times a day. I take a moral inventory every day. How am I getting better? Am I still a kid? Can I accept things if I don't have my way? Defects of character, I have a lot of them. It's a character defect to get mad at things. I'm mad at myself and take it out on others. I used to hate cops but now I see that they were trying to save my life. If you don't drink, you won't get into trouble.

Interviewer: What about a higher power or God?

Jay: I believe that God watches us. I am not ready to carry the message to others. I do not want to sponsor anyone but I will help.

Interviewer: Next, I want to ask you about discussion and Step meetings. How often do you attend?

Jay: I don't go to discussion or Step meetings. It's a lot of bullshit. People do not stick to the topic. They get carried away. They do not stick to A. A.

Interviewer: How about speaking at an A. A. meeting?

Jay: I only spoke once. I don't like to get up in front of a group of people so I don't do it.

Interviewer: How about your sponsor? Can you describe what your

relationship has been like?

Jay: My sponsor is a very good friend. I've known him for about three years. I still think of him as my sponsor even though he went out and got drunk a couple of weeks ago. He looks to me for advice now.

Interviewer: How often do you see or speak with him?

Jay: When I first started staying sober, I saw him on a daily basis. I owe my sobriety to him. He was lonely and got involved with the wrong person. I don't see him too much now.

Interviewer: How did he help you?

Jay: Just talking and pointing out things, being there when I needed him. We talk about petty problems, how you feel inside, remorse. You're not an alcoholic. You would not understand.

Interviewer: I can try to understand.

Jay: Well I get into why did I do this or why did I do that. Why, because I wanted to drink. My sponsor would help make me laugh. I would realize things were not so serious. The last time I saw him was about two weeks ago. But the difference is that I talk to a lot of different people.

Interviewer: I was just going to ask you about other A. A. members. How are they critical?

Jay: Someone will come up to me and ask me how I'm doing. It makes me feel good. Or like Sam and Betty are important

friends. I go to their house, sit around, have coffee, people to be with.

Interviewer: What about the network of social activities? Can you describe it and how it is important to you?

Jay: I was brought up never to say this. I have no one close to me and I get lonely. I was brought up never to admit a weakness. I find it hard to say that. When I start to think that I can drink now I say, "Jerk, you better get your ass to the Club.³ Stand there and feel lonely. At least you know your're not going to drink and at least someone will say hello."

6. Incidents of self-control.

Interviewer: Could you describe two or three most recent experiences in which you wanted to drink but did not? What did you do? Who did you speak with? What was the conversation like? What went through your mind?

Jay: Three years ago if the battery in my car died that would be my excuse to drink. The only thing I have to watch out for is the poor me bullshit. I keep in mind that if I drink things will be worse. It passes. I start thinking about things lost. People who were close to me that I hurt. They have moved on to different lives. I know this in my heart that as long as I stay sober, I'm going to make this payoff, my sobriety. It might not be tomorrow or next year. I'll

find someone. I know if I drink, things are going to get worse. That's guaranteed. I'm able to reach out to someone. I'm ready to have things happen. Just recently I took a bank loan. I borrowed one thousand dollars. They said, "Come on down and pick up your money," and off I went. But thinking lonely shit. Getting into depressing bullshit. Instead of feeling better, I'm feeling worse. I see these guys with families. I'm getting to an age when things are hard for me. What was going through my mind that I did all those things. People would say, "You're killing yourself. You're going to lose everything. Some of the best years of your life going down the drain." I am afraid of waking up one day and knowing they were right.

Interviewer: I can see how feeling regretful can be very upsetting.

Jay: I'm kind of an emotional guy anyways. I hate to die without leaving nothing behind. Lived, drank, and died. "Let's not have a wake, bury him. Guys been around sixty or seventy years. What has he done?"

Interviewer: You said that you are more able to reach out to people.

Jay: I hate to go up and say I'm lonely, please talk to me. It's against my whole fabric of life, my make-up. I'm not going up to you and tell you how I feel. It's a very bad thing. But it's a bad thing to go up to the wrong person. What if it is someone who doesn't give a shit. I never

related to anyone unless I was drunk. I didn't talk for years. They had to take me to a psychiatrist. When I was seven or eight my father slapped me. He said, "Talk or they will put you away." When I found alcohol boy then I talked. I was equal to someone.

7. Relapses. Not Applicable

8. Self-image.

Interviewer: We have already talked somewhat about this question but maybe you have something to add. What kind of bad feelings come up for you? Also, how have your feelings about yourself changed?

Jay: How am I going to make myself happy? Stay sober. I was feeling good up until a half hour ago.

Interviewer: Is it something we have been talking about?

Jay: Yeah. Loneliness. This may sound like I'm on an ego trip. There are girls I could go with in the program but I found out that the relationship between two sick people doesn't make it. The fellowship of A. A. is nice for the alcohol problem, but a lot of people get into personal problems. This gets into running to a sponsor every time you have a problem. I believe that there are certain things in life you have to work out for yourself. When I left one job and went to another, someone asked me if I knew what I was doing, did I go to my sponsor. I'm thirty-eight years

old and for me to change jobs is nothing. I've got to stand on my own two feet.

Interviewer: Have your feelings about yourself changed?

Jay: I want to feel good. That's a priority. I found out that I am not all that bad. I still have a long way to go. I don't want to feel depressed the rest of my life. At least when your're drunk you don't have those feelings anymore. I know that the way I see things now will be different from the way I'll see things next December. People with twenty-five years of sobriety are still changing. You can't take twenty-three years of garbage and correct it in two years. I started out emotionally disturbed and I went further.

Interviewer: I can see how your attitude can help you get through hard times.

Jay: Sometimes I compare myself to my coworkers. The guys I work with are not alcoholics. They seem happy all the time. What is wrong? What's eating me? Should I go to Leeds sober and seek psychiatric help? Alcohol is not a problem, then why am I feeling so bad? A lonely, empty feeling. I still have bad feelings about myself. I want to get to the bottom of it. I know they are excuses to drink. If I get that depressed and drink then there is something wrong with me.

Interviewer: Yes, I think that's so.

Jay: I didn't know people feel as deeply, as extreme. I want to reach out but I'm scared to reach out. What will their reaction be? That I'm weak inside. That's why I have to go to meetings.

Maybe I'll hear something. I've got to hear something. If I didn't go things would get worse. At least I'm not sitting in my room, looking at the wall--why, why, why bullshit.

Interviewer: So you force yourself to take some kind of action to help counter those feelings.

Jay: I know I hold a lot of things inside. I'm afraid of rejection. I'm afraid I'm going to say something stupid--"Look at that goddamn fool." If I was drinking, the fear is gone. I can make everyone laugh. The fear is gone. False shit. If I could feel better at least I could carry on an intelligent conversation. It's hard for me to start a conversation. I can't just talk to one person my whole life.

Interviewer: Talking to one person is a start. You seem very able to communicate your thoughts and feelings.

Jay: You can't know how I feel. You can identify but you don't know, just as I couldn't know about some woman problem. It's got to be an extreme if I go out and drink now. What's the use of talking to you if you don't know what I am talking about? If I go through another period like I went through six months ago, I'll get in my car and go to Leeds.

Interviewer: I do think I understand what you are saying. I have felt a lonely, empty feeling at times in my life. I may not feel these feelings as deeply as you feel them, but I do understand what you are saying.

Jay: I just want to be part of life. Some things I'm just not able to do for myself. I changed jobs. Now when I feel lonely

on a Wednesday evening, I can go to a meeting. I feel better now, talking, trying to explain. It seems like you're my friend. See how it passes.

Interviewer: This looks like a good place to end the interview. I appreciate your sharing your experience with me, your honesty.

Second Interview with Jay

The initial dialogue which pertained to a brief explanation of what the interview would entail was not taped. I basically communicated that there were two parts to the interview. In the first part, he would be asked to tell stories to some pictures, and in the second part, he would be asked to describe himself in brief sentences.⁴

Thematic Apperception Technique (T.A.T.).

Interviewer: This is a test of imagination. I am going to show you some pictures, one at a time; and your task will be to make up as dramatic a story as you can for each. Tell what has led up to the event shown in the picture, describe what is happening at the moment, what the characters are feeling and thinking; and then give the outcome. Speak your thoughts as they come to your mind. Do you understand?⁵

Card 1 - Murray's Description:⁶ A young boy is contemplating a violin which rests on the table.

Jay: Well, it looks like a kid doing his homework or something.

Interviewer: How does he feel about it?

Jay: Looks to me like he's disgusted about it.

Interviewer: What do you think will happen?

Jay: Eventually he'll do it. He is thinking about it now and is disgusted that he's got to do it.

Card 4 - Murray's Description: A woman is clutching the shoulders of a man whose face and body are averted as if he were trying to pull away from her.

Jay: Oh, it's like a husband and wife having an argument and the husband is ready to walk out.

Interviewer: What led up to it?

Jay: Oh, I don't know.

Interviewer: Try to make up something.

Jay: Financial problems or something. He's mad. I can tell that. She's kind of sorry.

Interviewer: What do you think will happen?

Jay: He goes. I imagine he'll come back when he cools down. He's kind of mad right now.

What's this about anything. Something they show you in psych class?

Interviewer: We can discuss it afterwards. For now, please try to think of it as a test of your imagination.

Card 14 - Murray's Description: The silhouette of a man (or woman) against a bright window. The rest of the picture is totally black.

Jay: It looks like a person all alone in the room looking out.

That's all.

Interviewer: What is the person thinking or feeling?

Jay: It is a person who's lonely. Just thinking of what to do with himself. What's he going to do.

Interviewer: What led up to this?

Jay: Whatever brought him there. It's like he's trying to figure out what to do with himself.

Card 6BM - Murray's Description: A short elderly woman stands with her back turned to a tall young man. The latter is looking downward with a perplexed expression.

Jay: Looks to me like it's something that happened. Mother and a son. It's like something happened to the father. Like he's hurt and in the hospital. They are thinking about it. She looks kind of bewildered and she's looking out the window. He looks kind of sad and he doesn't know what to do to comfort her.

Interviewer: What do you think will happen?

Jay: Well it looks like he's going to figure out a way to comfort her and do something. It looks like he just doesn't know how to go about it.

Card 20 - Murray's Description: The dimly illuminated figure of a man (or woman) in the dead of night leaning against a lamp post.

Jay: Guy out in the street. Just walking around by himself. Just standing out by the pole. Just looks like he could be coming out from work.

Interviewer: How is he feeling?

Jay: Looks like he's kind of tired and depressed. Hands in pockets, like he's just down all the time.

Interviewer: What's going to happen?

Jay: I guess he's going to go home. He's heading home.

Card 7BM - Murraray's Description: A gray-haired man is looking at a younger man who is sullenly staring into space.

Jay: Something like the other picture, but this is the father and son and something happened to the mother. They are in a hospital or waiting room. The father is trying to say something to the son. Do you know what I mean?

Interviewer: What is he trying to say?

Jay: Like the son doesn't quite know where he's at. How he is feeling about this, and the father is trying to say like, ah-- how his mother was--how the mother actually felt about him-- and the son just doesn't know.

Interviewer: How is the son feeling?

Jay: He's sad and confused all at once. The father is trying to fill a gap in.

Interviewer: What's your sense of what's going to happen?

Jay: I don't think the son will really know himself.

Card 3BM - Murray's Description: On the floor against a couch is the huddled form of a boy with his head bowed on his right arm. Beside him on the floor is a revolver.

Jay: What's that a gun? Evidently she ain't shot herself. She was gonna but she's thinking she just couldn't do it.

Interviewer: What led up to this?

Jay: I don't know.

Interviewer: Try to make up something.

Jay: Well it could start out with that picture where they were fighting and he walked out the door. And he was probably putting the blame on her about all the financial problems.

Interviewer: What's going to happen?

Jay: Like I said he'll be back and she'll be O. K.

Interviewer: That was the last card.

Jay: What's this got to do with alcoholism? A thousand people are going to look at these cards in a different way. I'm kind of on the defensive. What the hell could I tell you? I can look at them pictures and really get into it but I'm not going to tell you.

Interviewer: Yes, it takes a lot of trust.

Jay: Yeah, I don't trust you. I don't know what you're going to do with the pictures after you leave here.

Interviewer: Do you want me to tell you what I'm going to do with them?

Jay: I don't care.

Interviewer: I think you do care.

Jay: (Laughing) O.K., what are you going to do with them?

Interviewer: It is for the paper I am writing on alcoholism and A. A. Your responses will hopefully give me more insight into the two hour interview I had with you.

Jay: I don't care who you're going to get. Everyone's not going

to give you all of their thoughts.

Interviewer: I don't have to know everything. I know that would be a breach of privacy.

Jay: But what does this have to do with alcoholism? Are you trying to get at how alcoholics think?

Interviewer: No, not necessarily. Let me think about that.

Jay: Getting at my feelings--what does that have to do with alcoholism?

Interviewer: Well, your feelings have to do with your sobriety.

Jay: But those pictures don't tell.

Interviewer: The test does reveal some of your feelings and how you see things which may help me better understand how you feel about yourself and how this has changed since coming to A. A.

Jay: Your feelings change everyday. You are talking about your basic feelings. It's your attitudes that change.

Interviewer: Yes, you may be right. I feel like I am stretching your patience.

Jay: Well I feel like I've been through these things a hundred times at the V.A. Hospital and I feel like I never got anything out of it. Just a bunch of mumble jumble from the doctor, telling me I was all right, just don't drink; because I really thought I was crazy. I'd look at those ink blots and I'd think I'm going to tell this guy because he is a doctor. He's not going to go around telling anyone. I got done. I think there

were ten of them. Then he went through them again with me. I said, "So I'm crazy." He said, "No your're not. Everyone sees something different."

Interviewer: I can understand your wanting an adequate response to your thoughts and feelings that you communicate. My purpose is basically to try to understand how your feelings about yourself change through being in A. A.

Jay: Well, it changes. Basically, I'm beginning to like myself. Before I came to A. A. I was drunk all the time. I didn't feel nothing toward myself nor anyone else. I ain't such a bad guy. People do things to me and I think they are trying to use me because I've used people some, being on the streets. I get these guys that come up to you--they think you are stupid. Just ask point blank what you want and I'll give it to you. I can give you an example. I was at the Not Alone⁷ meeting. Charlie walks in and comes up to me and asks me a question. Apparently I didn't give him the answer he wanted to hear. I got in my car to drive off, and he had stuck a wine bottle underneath my tire. They say you should forgive and forget, love thy neighbor bullshit. I was going to go right in and knock his teeth down his throat. But I waited a week. I found out where he was holding up with the boys drinking. I went in and grabbed him by the throat and said, "Don't you ever do that to me." He said, "I didn't do it." Four of us winos, only one of us is drinking. I bailed him out, gave him clothes, and did other things for him. Now there's a

guy that's trying to say that you are stupid. Wine bottles don't drop out of heaven. If I let him get away with it, who's stupid?

Interviewer: You were saying that you liked yourself better.

Jay: Yes, I have a long way to go. I have to be more patient with people. I am sometimes, sometimes I ain't. I guess I'm like everyone else. I don't want to listen to bullshit. Like I walk in the club⁸ the other night and all I hear is money and the club. The club is for enjoyment. You mean every time I come in, I've got to listen to this ain't clean and that ain't clean. We need to raise money for this. We got to raise money for that. Let's say we hold a dinner and lose thirty dollars. What's important is that people enjoyed themselves. I don't want to work all week to come in and scrub walls. So we just sit around with clean walls and then say what do we do.

Interviewer: You've got a few gripes this week.

Jay: (Laughing) The price of gas. I made a comment yesterday. I went all week and never thought of booze, and I had a bad week. It might have passed through my mind. Sometimes I have thought of it seriously and I've come close. The real desire is leaving. I hope it's permanent and not just a temporary thing. I don't imagine it's permanent.

Interviewer: I'd like to apologize about that test.

Jay: I tell you I can look at that picture about the man and the woman and it's something very personal to me, in my lifetime,

in my childhood. I don't want to tell you because there is nothing you can do about it. I mean I look at these pictures (he picks up some cards), this here is a sad kid, he's bored. And this is a mother and father fighting. So what the hell is that going to prove, me telling you that shit? That's where I got to stop. And I can't use that excuse for drinking. I never have. Like this kid in the program crying on me, "My mother was a drunk." I said to him, "Look, your're a grown man now. You gonna use that excuse? Come back with another excuse and I'll give you the money." It's dead and gone. I really didn't have any excuse because people had it worse than me. So whatever caused me to drink I don't know and I don't care. I don't know how I turned into an alcoholic. My sister is four years younger. She lived through the same shit. She doesn't drink. My father didn't turn into an alcoholic and he went through hell.

O.K., what's the second part?

Shortened version of the Twenty Statement Test (TST).⁹

Interviewer: On this piece of paper, there are fifteen lines, numbered. Please write as many answers as you can to the simple question--asked of yourself--"Who am I?" Answer as if you were giving the answers to yourself--not to somebody else. You are to try to give 15 different answers, beginning each with the words I am. How does that sound to you?

Jay: I'm following it and it sounds fine. I don't know what to say about myself.

Interviewer: It's not easy. For example, I might say, "I am a counselor" or "I am an understanding person." I think I'll do it also, while you are filling out yours.

Jay: I could only think of five.

Interviewer: That's fine. Now I'd like you to rate how satisfied or dissatisfied you feel about each of the above statements about yourself on the following four point scale: 4-very satisfied; 3-satisfied; 2-dissatisfied; 1-very dissatisfied.

| | | |
|------|--|-----|
| Jay: | I feel right now as a responsible person. | 4 |
| | I feel that I am a kind person. | 3 |
| | I feel that I am a generous person. | 3 |
| | I feel that I am a thoughtful person to some degree. | 4 |
| | I feel that I am a selfish person with my feelings. | 3/2 |

Interviewer: I am now going to ask you if the ways you described feeling about yourself are or are not new ways of seeing yourself. How about being a responsible person?

Jay: Before I came into the program I wasn't responsible at all. I sold a refrigerator right out of a guy's apartment. I ran a friend's car into a pole. Now, I look at it differently. On the job I feel I owe the guy a day's work and I try to do the best I can. I like responsibility now. I know it's my responsibility to support myself.

Interviewer: Do other people see you as a responsible person?

Jay: Very much so. On the job I'm given things to do that people who are making more money aren't asked, even in Friendly's ice cream. A. A. has sobered me up so I can see this. This is the way I was brought up.

Interviewer: How about being a kind person?

Jay: Sometimes overly kind though there are some things I'm very hard on. I have no feelings for that man in the hall at the meeting.¹⁰ That guy has no business on the street. Lock the son-of-a-bitch up. I was always a kind person, always sensitive.

Interviewer: Generous?

Jay: Always was. I know what it is to be sick.

Interviewer: A thoughtful person?

Jay: I hate to see anyone hurting, especially lying and shit. There are girls I could go out with and go to bed with. That ain't my bag. I don't like to lie or use people. I am a very forward person. I lay it on the line. I've always been like that but more so now. I can't see hurting someone just to gain something.

Interviewer: Selfish?

Jay: I don't want to get my feelings hurt. Maybe one day I'll think of something else and send them to you (laughing).

I'm just starting to clear up more and more. I don't think I've scratched the surface yet. If I live to be ninety I don't think I'll be completely right. But I could look back over six month periods and see changes.

9. Significant relationships.¹¹

Interviewer: I have just a few more questions about your relationships. Is there anyone who says, "Hey, Jay, this is what I think of you or this is what I see."

Jay: No, there is no one I've let get that close to me. I don't believe this is the real me. I'm still screwed up.

Interviewer: How about your sponsor?

Jay: I don't use him. I'm kind of tricky. I put it out so that they give me an answer what they'd do. I don't come right out and ask them. Like I say I'm thinking about doing this. I try to make alot of decisions myself.

Interviewer: Has there been any person in the past two and a half years that has influenced the way you feel about yourself?

Jay: You mean they have changed looking at me. Yeah, my father. I go out once a week. This summer I put a new roof on his house. I don't know how many times he's paid my fines, bailed me out of jail, gave me money, let me go up there, even though I've robbed him. I just can't go up to him and say, "Dad, I love you." But I can do something for him. He sees this son--it ain't his fault--when I was drinking, he blamed himself. "What did I do to deserve this bum." Now he sees that I ain't drinking. At least he can leave his wallet on the table and know that the wallet is going to be there when I leave. Once, in an argument, I took his watch and car keys.

I figure that I owe it to him. If I hurt anyone, I'm sorry. I can't make amends to other people. A lot of times when I want to get drunk I say to myself, "You selfish son-of-a-bitch. Poor Jay, go out and get drunk." But there's other people. He ain't got too much longer.

Interviewer: How about people in A. A.?

Jay: At first I thought that people loved each other. There are jealousies, personalities, but they keep their feelings in check. If you passed some booze around they'd be in fist fights.

Interviewer: Is that what you mean about your attitude changing and not your feelings?

Jay: I am responsible. I have a good attitude. I get up and go to work.

-End of Interview-

